

MEETING AGENDA

Meeting: Finance Committee
Date: April 14, 2016
Time: 1:45 PM
Location: Trust Authority Building, 3745 Community Park Loop, Anchorage
Teleconference: (866)-469-3239 / Session Number: 800 428 933 # / Attendee Number: #
Trustees: Carlton Smith (Chair), Paula Easley, Laraine Derr, Mary Jane Michael, Larry Norene, Jerome Selby, Russ Webb

Thursday, April 14, 2016

Page No.

1:45 pm	<u>Call Meeting to Order (Carlton Smith, Chair)</u>		
	Roll Call		
	Announcements		
	Ethics Disclosure		
	Approve Agenda		
	Approve Minutes – 01/26/16		4
2:00 pm	<u>Staff Report Items/Approvals</u>		
	Cash Management Reports – Kevin Buckland, CFO	Hand-Out	
	DHSS Medicaid Transfer Memo – Kevin Buckland, CFO		16
	Medicaid Reform Funding Memo – Jeff Jessee, CEO		17
2:30 pm	<u>Approvals</u>		
	Trust Land Office		
	• Icy Cape Airborne Magnetic Survey	\$ 175,000	20
	• FY17 Real Estate and PRI Facility Budgets	\$5,971,500	26
	Focus Area Allocations		
	• Substance Abuse Treatment & Prevention	\$ 400,000	30
	• Beneficiary Projects Initiative Grants	\$ 1,358,100	32
	• Housing and Long term Services & Supports	\$ 250,000	35
	FY16 Unallocated Partnership Funds – \$ 125,000		
	FY17 Unallocated Partnership Funds – \$ 1,500,000		
	Partnerships		
	• Norton Sound Health Corp; Savoonga Clinic (FY16)	\$ 50,000	39
	• Norton Sound Health Corp; Gambell Clinic (FY16)	\$ 50,000	45
	• City of Dillingham (FY16)	\$ 25,000	51
	• Alaska Native Tribal Health Consortium (FY17)	\$ 125,000	56
	• Alaska Community Foundation (FY17)	\$ 100,000	62
	• Hydaburg Cooperative Association (FY17)	\$ 75,000	69
	Total Partnership Requests:	\$ 425,000	
4:00 Adjourn			

Future Meeting Dates

Full Board of Trustee / Planning / Resource Management / Finance
2016 / 2017 / 2018

(Updated – March 21, 2016)

Planning Committee Dates:

- April 14, **2016** (Thu)
- May 18, **2016** (Wed)
- June 15, **2016** (Wed)
- August 9-10, **2016** (Tue, Wed)
- October 20, **2016** (Thu)

- **January 5, 2017** (Thu)
- **April 13, 2017** (Thu)
- **August 1-2, 2017** (Tue, Wed)
- **October 17, 2017** (Tue)

- **January 4, 2018** (Thu)
- **April 12, 2018** (Thu)
- **Jul 31- Aug 1, 2018** (Tue, Wed)
- **October 17, 2018** (Wed)

Resource Management Committee Dates:

- April 14, **2016** (Thu)
- August 11, **2016** (Thu)
- October 20, **2016** (Thu)

- **January 5, 2017** (Thu)
- **April 13, 2017** (Thu)
- **August 3, 2017** (Thu)
- **October 17, 2017** (Tue)

- **January 4, 2018** (Thu)
- **April 12, 2018** (Thu)
- **Aug 2, 2018** (Thu)
- **October 17, 2018** (Wed)

Future Meeting Dates

Full Board of Trustee / Planning / Resource Management / Finance
2016 / 2017 / 2018

(Updated – March 21, 2016)

Finance Committee Dates:

- April 14, **2016** (Thu)
- August 11, **2016** (Thu)
- October 20, **2016** (Thu)

- **January 5, 2017** (Thu)
- **April 13, 2017** (Thu)
- **August 3, 2017** (Thu)
- **October 17, 2017** (Tue)

- **January 4, 2018** (Thu)
- **April 12, 2018** (Thu)
- **August 2, 2018** (Thu)
- **October 17, 2018** (Wed)

Full Board of Trustee Meeting Dates:

- May 3-4, **2016** (Tue, Wed) – Anchorage – TAB
- September 7-8, **2016** (Wed, Thu) – Anchorage – TAB
- November 17, **2016** (Thu) – Anchorage – TAB

- **January 25-26, 2017** (Wed, Thu) – JUNEAU
- **May 4, 2017** (Thu) – TBD
- **September 6-7, 2017** (Wed, Thu) – Anchorage – TAB
- **November 16, 2017** (Thu) – Anchorage – TAB

- **January 24-25, 2018** (Wed, Thu) – JUNEAU
- **May 9, 2018** (Wed) – TBD
- **September 5-6, 2018** (Wed, Thu) – Anchorage – TAB
- **November 15, 2018** (Thu) – Anchorage – TAB

ALASKA MENTAL HEALTH TRUST AUTHORITY
FINANCE COMMITTEE MEETING

January 26, 2016
2:45 p.m.

Taken at:

Alaska Permanent Fund Corporation
Hugh Malone Board Room
801 West 10th Street, Third Floor
Juneau, Alaska

OFFICIAL MINUTES

Trustees present:

Carlton Smith, Chair
Laraine Derr
Larry Norene
Russ Webb
Paula Easley
Mary Jane Michael

Trust staff present:

Steve Williams
Jeff Jessee
Miri Smith-Coolidge
Carley Lawrence
Amanda Lofgren
Kevin Buckland
Mike Baldwin
Katie Baldwin-Johnson

TLO staff present:

John Morrison
Wyn Menefee

Others participating:

Kate Burkhart, ABADA and Mental Health Board; Kathy Craft; Millie Ryan, Patrick Reinhart, Casey Anderson, Mobility Coalition; Scott Ciambor, Mental Health Board; Chief Bryce Johnson, Juneau Police Department; Mary Becker, Mayor; Mariya Lavishchuk, Glory Hole; Norton Gregory, Tlingit and Haida Regional Housing; Amy Skilbred, Stephen Soresen, Juneau

Community Foundation; Sarah Dewane, Providence Family Medical Center; Keith Hamilton, ACC; Linda Soriano; Cynthia Brandt, Sitka Community Hospital.

PROCEEDINGS

CHAIR SMITH convenes the Finance Committee and notes that all members are present. He asks for any announcements.

MR. JESSEE states that all members are present except Jerome Selby.

CHAIR SMITH asks for ethics disclosures. Hearing none, he moves to the agenda.

TRUSTEE DERR makes a motion to approve the agenda.

There being no objection, the motion is approved.

CHAIR SMITH moves on to the minutes of October 21, 2015.

TRUSTEE WEBB makes a motion to approve the minutes of October 21, 2015.

TRUSTEE NORENE seconds.

There being no objection, the motion is approved.

CHAIR SMITH recognizes Kevin Buckland for the cash management report and the budget update.

MR. BUCKLAND states that there is headway being made on the IRIS project and goes through the report, explaining as he goes along. He continues that there is \$10 million negative, the earnings between the Permanent Fund and Treasury netted against the \$4 million at TLO, which is positive, and leaves a \$6.5 million negative. He moves through the rest of the report, explaining in greater detail.

TRUSTEE NORENE asks how bad is the news from the first of the year.

MR. BUCKLAND replies that the official results for the performance are not in, and we are hopeful that it will rebound. He states that there is a lot of negative news with everything happening in China, and the price of oil and commodities being down. He continues that the good news is that consumer confidence has been high and people will continue opening their wallets to spend. He goes through the fiscal year payout calculation and a more realistic projection for the fiscal year.

CHAIR SMITH asks for any other questions. There being none, has asks for a payout motion.

TRUSTEE DERR makes a motion that the Finance Committee recommend to the Full Board of Trustees the authorization to transfer \$20,030,000 from the Alaska Permanent Fund Budget

Reserve Accounts to the Mental Health Settlement Income Account to finance the FY2016 base disbursement payout calculation. The CFO may fulfill this motion with one lump sum or multiple transfers.

TRUSTEE NORENE seconds.

There being no objection, the motion is approved.

CHAIR SMITH moves on to the four approvals and begins by recognizing Katie Baldwin-Johnson.

MS. BALDWIN-JOHNSON states that this request follows the discussion with trustees earlier in the month about the need to authorize funding to move forward with procuring a contract for national-level expertise and experience to provide some guidance and consultation to the Trust through the legislative session, and to work with the Trust in partnership with the Department of Health and Social Services on implementation of some of the reform and redesign initiatives that are currently being considered. She continues that if these funds are approved, the procurement process can move forward.

TRUSTEE WEBB makes a motion that the Finance Committee approve \$350,000 of FY15 Substance Abuse Prevention and Treatment Focus Area funding for contractual services to support the Trust during the 2016 legislative session and through implementation of Medicaid reform and system redesign efforts.

TRUSTEE MICHAEL seconds.

TRUSTEE EASLEY states that when this focus area was approved the plans were for spending that \$350,000 on substance abuse prevention and treatment. She asks about the idea that this was not needed or was not able to be implemented in the proper time frame. She continues that that is an awful lot of money for a contract.

A discussion ensues.

TRUSTEE MICHAEL asks if this money is not spent on this, how would it otherwise be used immediately in this focus area.

MS. BALDWIN-JOHNSON replies that the funds were set aside in the focus area for a strategy under access to treatment and did not have a specific plan on how to spend those funds. She continues that by assisting to implement the reforms and some of the redesign that is being considered, the outcome would be improved access to services. She adds that this is sort of laying the groundwork, which then can help build our system and figure out, more specifically, what the priority investments are around actually improving access to treatment services.

CHAIR SMITH asks for any further comments on the motion.

There being no objection, the motion is approved.

CHAIR SMITH moves on to FY16 housing and long-term services and support for the Juneau Housing First.

TRUSTEE DERR makes a motion to approve a \$350,000 FY16 Housing and Long-Term Services and Support Focus Area allocation to the Juneau Housing First Collaborative for the Juneau Housing First Collaborative project. \$250,000 is from the FY16 Housing and Long-Term Services and Support Focus Area funds, and \$100,000 is from FY17 Housing and Long-Term Services and Supports Focus Area funds.

TRUSTEE EASLEY seconds.

TRUSTEE MICHAEL asks if there is anyone in the room that would like to speak to the issue.

MS. LOFGREN states that this project has come forward with many partners. She thanks them for coming, and states that the evidence of the collaboration and partnership with this project is very evident in the room.

TRUSTEE WEBB thanks everyone for all of their hard work on this project and for showing up today. He states that it is an impressive group of folks.

TRUSTEE MICHAEL asks if there is anyone who would like to speak.

MS. LOFGREN states that it is important to note that today was the Juneau homeless count, and there were a little over 210 people that showed up.

MR. CIAMBOR states that it is the annual outreach component to the annual point-in-time homeless count. He explains that this is the biggest event which reiterates not only the continued need and support for projects like this, but also housing philosophy and policy for the future. He adds that this will put a dent in a big component of the most vulnerable homeless population in this community, but there will still be a need for more housing in the community as we move forward.

MS. LOVISHCHUK thanks the trustees for entertaining the request and states that it is a really great project. She explains that it will provide 32 units of quality housing to the most vulnerable citizens of Juneau. She states that it will also include a public health center as well as a dining facility and the offices for mental health provision, and a garden.

MR. SORENSEN states that he is president of the collaborative, an attorney in town, and has been involved in affordable housing for most of his professional life. He continues that he likes this project because it takes the most vulnerable people off the streets and puts them in safe and decent housing.

CHAIR SMITH recognizes Norton Gregory from the housing authority.

MR. GREGORY states that he represents Tlingit Haida Regional Housing Authority which plans to be the developer for the project. He continues they have very extensive experience developing in Juneau, as well as the rest of Southeast Alaska. He adds that they also understand the great need to serve the most vulnerable segment of the community. He states that the project is going to be located next to their facility in Lemon Creek, and how excited they are to see this project get underway. He continues that the housing authority has very generously donated the use of the land adjacent to their facility for this project, and it is a very buildable piece of land.

CHAIR SMITH thanks Mr. Gregory and recognizes Mayor Mary Becker.

MAYOR BECKER states that this project has been supported as an Assembly and as a City. She continues that they have made two commitments to this project of \$1.5 million and \$1.8 million. This will make a big difference in the city to have these people cared for in such a compassionate way. She thanks that Trust for their support.

CHAIR SMITH thanks the mayor and recognizes Chief Johnson.

CHIEF JOHNSON states that it is quite a collaborative. He continues that, from a police perspective, it will allow using resources for things that should not be crimes, like homelessness. It should allow for more resources to be put where they are really intended, and we are very supportive of it.

MS. LOFGREN adds that this project also has space for the Front Street Clinic, which will be on site not only to serve the residents, but also the community.

MS. SKILBRED states that she is with the Juneau Community Foundation and thanks the Trust for all the work in supporting this project and numerous other projects in Southeast and throughout Alaska. She continues that the Community Foundation has put this as a priority and it is phenomenal. She adds that this is a complete package community effort making this happen.

MS. LOVISHCHUK, again, thanks the Trust and states that every stakeholder is here and will make sure the project succeeds and provides housing to the homeless population.

TRUSTEE EASLEY states that these facilities are in Anchorage, Fairbanks, and Juneau, and thinks the fact that the other two are very successful that Juneau is off to a wonderful start. She adds that she thinks this will encourage other communities to address this situation.

CHAIR SMITH asks for any objections.

There being no objection, the motion is approved.

CHAIR SMITH asks for the trustees to join in congratulating this group.

(Applause.)

CHAIR SMITH calls a five-minute break.

(Break taken.)

CHAIR SMITH calls the meeting back to order and moves on to approving an FY16 Housing and Long-Term Services and Support Focus Area.

TRUSTEE DERR makes a motion for \$50,000 FY16 Housing and Long-Term Services and Support Focus area allocation to Alzheimer's Resource of Alaska for person-centered care coordination, supplemental.

TRUSTEE EASLEY seconds.

CHAIR SMITH recognizes Amanda Lofgren.

MS. LOFGREN states that Karl Garber, the executive director for Alzheimer's Resource of Alaska, is on-line. She continues that this request is for \$50,000 to address the conflict-free case management or what is now being called person-centered care coordination. She states that the Department is currently in transition from the current service delivery model where services and care coordination are combined in one organization, which is no longer allowed by CMS. She continues that Alzheimer's Resource of Alaska is the only organization in the state that decided to divest their services and take on case management. It is about \$100,000 short of expanding case management services in Anchorage, Mat-Su, Southeast, as well as other areas of the state, and are requesting half of that for this fiscal year.

CHAIR SMITH asks for any objection.

There being no objection, the motion is approved.

CHAIR SMITH moves on to an Authority Grant, Providence Alaska Medical Center, Sultana New Ventures, FY16.

MS. BALDWIN-JOHNSON states that Tiffany Hall, new executive director for Recover Alaska, and Joan Fisher, who has been working with Recover Alaska in the capacity of providing some consultation and contract services to work with them, are on the line. She states that the Trust has been a partner in the Recover Alaska initiative from the beginning. She continues that the initiative is a 22-member coalition that provides steering and guidance to the work of Recover Alaska and the strategies that are currently being prioritized. The focus of Recover Alaska is on making systems, policy, practice, and statutory changes ultimately with the long-term goal of impacting the negative consequences of alcohol abuse and dependency in Alaska. She states that the trustees previously authorized funding to contribute to the operational funding for the Recover Alaska partnership in the FY16 budget. Those funds are currently located in the Substance Abuse Prevention and Treatment Focus Area. This request is essentially pulling those funds from the focus area and granting them to Sultana New Ventures, LLC, which is part of Foraker, who is providing the fiscal oversight for the Recover Alaska Initiative.

A discussion ensues.

TRUSTEE WEBB makes a motion to approve \$85,000 FY16 Substance Abuse Prevention and Treatment Focus Area allocation combined with \$100,000 receipt service authorization, RSA funds, from the Department of Health and Social Services for the purpose of the Recover Alaska initiative to Sultana New Ventures, LLC, doing business as the Foraker Group.

TRUSTEE DERR seconds.

There being no objection, the motion is approved.

CHAIR SMITH moves to the next item, the Providence Alaska Medical Center, FY16.

MS. BALDWIN-JOHNSON states that Sarah Dewane with Providence Family Medical Center, and Rebecca Robinson, with UAA, are on-line.

MR. BALDWIN states that Virginia Parret, also from Providence, is also on the line.

MS. BALDWIN-JOHNSON states that the trustees have previously approved nonfocus area funding in the budget in FY16 to support evidence-based behavioral health practices for primary-care settings. This is a carryover from previous years' work done about SBIRT, which is the depression screening intervention for primary-care settings. She continues that this is being brought forward because what Providence Family Medicine is proposing is to implement the SBIRT model in serving the refugee population that they are the holder and facilitator of the contract to provide the health-care assessments for all refugees that are coming to Alaska. She adds that Providence Family Medicine has taken this role very seriously and are looking at how to better screen for mental health issues that many of the refugees that are coming to Alaska experience. A recent needs assessment conducted by UAA identified multiple gaps in the mental health services to those refugees. Providence Family Medicine proposes to use Trust funding to develop, implement and evaluate a culturally responsible trauma-informed and evidence-based mental screening that is modeled after the SBIRT model.

TRUSTEE NORENE asks how this will be sustained.

MS. BALDWIN-JOHNSON replies that the plan is by Providence itself. She asks Sarah Dewane to address that specifically.

MS. DEWANE states that the funds are needed to actually help develop a model for doing this type of screening and brief intervention within a primary-care clinic in Alaska. She continues, explaining the need to put this in place in a way that will be able to be maintained for the life of the grant.

A discussion ensues.

TRUSTEE DERR asks how many people in Anchorage will be served.

MS. DEWANE replies that they are looking at approximately 150 refugees that will most likely enter Alaska in the next year and would like to do universal screening for all of them. She gives an overview of the clinic for better understanding of what they do.

TRUSTEE EASLEY asks how they connect with the refugees.

MS. DEWANE replies that there is a State coordinator for all of the refugees who brings them to their first clinic appointment. She states that, during that time, the screening and brief intervention for them and their entire family would be done.

TRUSTEE DERR asks if this funding is from leftover funds.

MS. BALDWIN-JOHNSON replies that the funds are nonfocus area funds specifically for that strategy. They are specifically approved for integration, evidence-based practices.

CHAIR SMITH asks for any objections.

There being no objection, the motion is approved.

CHAIR SMITH states that there are three items remaining and moves to the first partnership, Alaska Christian College, FY16. He reads the motion: To approve a \$32,340 FY16 partnership grant to the Alaska Christian College for the associate degree program in behavioral health, planning, and marketing project.

MS. BALDWIN-JOHNSON states that Keith Hamilton, president of Alaska Christian College, is on-line and will be available to answer more specific questions. She continues that this request is being brought forward to the trustees as a follow-up to the trustee visit on the Kenai. On that visit, their interest in developing an associate's degree in behavioral health for their students was discussed. She adds that they serve primarily Alaska Native students from communities and villages throughout Alaska, and a high percentage of those students are coming from a background with personal experience with addiction, suicide, and other things that result in one becoming a beneficiary or creates the risk of becoming a beneficiary. She states that this is an opportunity to not only serve the students by drawing them into a field and getting the education and training to take back to their communities as behavioral health aides, or to build upon the AA degree and seek higher education in the behavioral health field. She continues that the funding would support ACC in bringing on the expertise in curriculum development.

TRUSTEE EASLEY states that this is a good workforce development project.

CHAIR SMITH asks for further comments. There being none, he states that there is a motion.

TRUSTEE MICHAEL seconds.

There being no objection, the motion is approved.

CHAIR SMITH states that the next item is the FY16 partnership grant to Sitka Community Hospital and reads the motion: To approve a \$27,300 FY16 partnership grant to Sitka Community Hospital for the enhanced access to care via telehealth services project.

MS. BALDWIN-JOHNSON states that Linda Soriano, who has been assisting Sitka Community Hospital with this project, is on-line. She continues that this project is focused on addressing the lack of access to specialized care in Sitka by introducing the telehealth capability, which would allow Sitka Community Hospital to move forward with their partnership with Providence Alaska Medical Center to provide the consultation support around the patients that are being seen in the hospital. She adds that the telehealth will provide enhanced and immediate access to telestroke and other specialty services, and telepsychiatry, with Providence and other consulting entities that are available to them. The funding that the Trust would provide would specifically cover the project costs, the hard-wiring equipment, the telehealth cart, and access, as well.

CHAIR SMITH asks for a second.

TRUSTEE WEBB seconds.

There being no objection, the motion is approved.

CHAIR SMITH states that the final item is the Alaska Mobility Coalition, FY16. The motion is to approve a \$47,500 FY16 partnership grant to the Alaska Mobility Coalition for the capacity-building project.

MR. WILLIAMS states that Casey Anderson, the interim executive director of the Mobility Coalition, is on-line, and Millie Ryan and Patrick Reinhart, members of the Mobility Coalition's board, are here to answer any questions about the request. He continues that the grant that is being requested is a one-time grant to assist in operational capacity-building development for the Mobility Coalition. He adds that the previous executive director resigned and Casey has been filling in in the interim, which provided the board the opportunity to look at the mission and where the Mobility Coalition is going to go into the future. He states that the funds requested are to allow the Mobility Coalition to maintain their current staffing capacity to address some critical programmatic needs that have been identified; but, more importantly, to allow Casey and the board to continue the discussion about where the Mobility Coalition is going in the future.

A short discussion ensues.

CHAIR SMITH asks for any further questions or comments.

TRUSTEE WEBB seconds.

There being no objection, the motion is approved.

MR. WILLIAMS states that a particular motion was not read into the record and asks the Chair to go back to item No. 6, the Providence Alaska Medical Center.

CHAIR SMITH makes a motion to approve a \$49,500 FY16 Authority Grant to Providence Alaska Medical Center for the mental health SBIRT and primary care for resettled refugees. The funding would be from previously approved FY15 SBIRT primary care integration of funds.

TRUSTEE DERR seconds.

There being no objection, the motion is approved.

CHAIR SMITH asks if there is anything further. There being none, he adjourns the meeting.

(Finance Committee meeting adjourned at 4:07 p.m.)

	Item Type	Proposal	Organization	Page #	Proposed Motion
1	Trust Item	Transfer to finance August 2015 Trustee-approved \$1.59mm DHSS Medicaid expansion appropriations	The Trust	16	The finance committee recommends that the full board of trustees authorize the transfer of \$1,590,700 from the Alaska Permanent Fund Budget Reserve accounts to the Mental Health Settlement Income Account to finance the FY 2016 DHSS Medicaid expansion funds approved in August 2015. The CFO may fulfill this motion with one lump sum or multiple transfers.
2	Trust Item	Medicaid Reform Funding Options	The Trust	17	The Finance Committee recommends that the full board of trustees instruct staff to implement a reversion of previously-approved Authority Funds totaling \$3,804,400 to make funding available for Medicaid reform, ABLE act and Technical Assistance to providers through MHTAAR and Authority Funds during FY16-FY17. The funding reversion consists of \$2,736,300 originally authorized in FY13-FY15, \$781,000 originally authorized in FY16, and a \$287,100 reduction of initial commitments originally planned for FY17.
3	Trust Land Office Item	Icy Cape Airborne Magnetic Survey	Trust Land Office	20	The Finance Committee recommends that the Alaska Mental Health Trust board of trustees approve the expenditure of principal funds for parcel research and exploration of the parcel known as Icy Cape in the amount of \$175,000 from the TADA (fund code 3320). These funds do not lapse.
4	Trust Land Office Item	FY17 Real Estate and PRI Facility Budgets	Trust Land Office	26	<p>Proposed Motion One: The Finance Committee recommends that the Trust Authority board of trustees concur with the recommendation to approve the incremental building expenditures, totaling \$5,759,700 budgeted for FY17 to be paid by the property manager from rents and other income collected from the properties.</p> <p>Proposed Motion Two: The Finance Committee recommends that the Trust Authority board of trustees approve funding the expenditures for the PRI properties in the amount of \$212,200 for the fiscal year 2017, which appropriation shall not lapse.</p> <p>Proposed Motion Three: The Finance Committee recommends that the Trust Authority board of trustees instruct the CFO to transfer up to \$212,200 to the third party property manager, as requested by the TLO, for management of the PRI properties.</p>
5	Focus Area Allocation	Local Prisoner Reentry Coalition Coordinator and Coalition Capacity Development	Multiple Grantees	30	Approve a FY17 focus area allocation in the amount of \$300.0 from the FY17 Local Reentry Coalition Coordinator line of the Disability Justice focus area and a \$100.0 from the FY16 Coalition Capacity Dev/Advocacy line from the Substance Abuse Prevention and Treatment focus area funds for the purpose of Local Prisoner Reentry Coalition Coordinator and Coalition Capacity Development. The funds for this project will be allocated to the fiscal agents listed in the below table.

	Item Type	Proposal	Organization	Page #	Proposed Motion
6	Focus Area Allocation	FY17 Beneficiary Employment and Engagement Program Grants	Multiple Grantees	32	Recommend approval of \$1,358,100 Beneficiary Employment and Engagement focus area allocation for the purpose of FY17 BPI grant funding.
7	Focus Area Allocation	Assisted Living Home Transition Program	Statewide Independent Living Council of Alaska	35	Approve a \$100,000 FY16 housing focus area allocation to the Statewide Independent Living Council of Alaska for the Assisted Living Home Transition Program. Approve a \$150,000 FY17 housing focus area allocation to the Statewide Independent Living Council of Alaska for the Assisted Living Home Transition Program.
8	Partnership	Savoonga Health Clinic	Norton Sound Health Corporation	39	Approve a \$50,000 FY16 partnership grant to the Norton Sound Health Corporation for the Savoonga Health Clinic.
9	Partnership	Gambell Health Clinic	Norton Sound Health Corporation	45	Approve a \$50,000 FY16 partnership grant to the Norton Sound Health Corporation for the Gambell Health Clinic.
10	Partnership	Dillingham Senior Center Repairs	City of Dillingham	51	Approve a \$25,000 FY16 partnership grant to the City of Dillingham for repairs at the Dillingham Senior Center.
11	Partnership	Behavioral Health Aide Training Curriculum and Materials Development and Implementation	Alaska Native Tribal Health Consortium	56	Recommend approval to the full board of trustees for a \$125,000 FY17 partnership grant to the Alaska Native Tribal Health Consortium for the Behavioral Health Aide Training Curriculum and Materials Development and Implementation project.
12	Partnership	Domestic Violence Shelter Improvement	Alaska Community Foundation	62	Recommend approval to the full board of trustees for a \$100,000 FY17 partnership grant to the Alaska Community Foundation for the Statewide Domestic Violence Improvements initiative.
13	Partnership	Hydaburg "Naa Iwaans" (Big Cedar House) Project	Hydaburg Cooperative Association	69	Recommend approval to the full board of trustees for a \$75,000 FY16 partnership grant to the Hydaburg Cooperative Association for the Hydaburg “Naa Iwaans” (Big Cedar House) project.

MEMO

To: Carlton Smith, Finance Committee Chair
From: Kevin Buckland, Chief Financial Officer
Date: March 31, 2016
Re: Transfer to finance August 2015 Trustee-approved \$1.59mm
DHSS Medicaid expansion appropriations
Fiscal Year: 2016

REQUESTED MOTION:

The finance committee recommends that the full board of trustees authorize the transfer of \$1,590,700 from the Alaska Permanent Fund Budget Reserve accounts to the Mental Health Settlement Income Account to finance the FY 2016 DHSS Medicaid expansion funds approved in August 2015. The CFO may fulfill this motion with one lump sum or multiple transfers.

BACKGROUND

During the August 26-27, 2015, full board meeting, trustees approved \$1,590,700 in Trust funds (to be leveraged by an equal amount of federal funds) to assist the administration in its Medicaid expansion implementation efforts.

The Governor submitted a Revised Program-Legislative (RPL) request to the Legislative Budget & Audit Committee (LB&A) to approve the incremental funding that trustees authorized. LB&A did not take up the **Governor's RPL** request specifically however under statute the funds became available September 1, 2015.

The Office of Management & Budget established appropriations for the Department of Health & Social Services with expenditure authority in IRIS¹ for the full amount trustees authorized. This request is to authorize the transfer of funds to finance appropriation expenditures.

1

Agency	Authorization Amount	Appropriation	APGRP APTYP
DHSS Public Assistance	\$1,385,700 MHTAAR (BFY16)	062350010	H006 / H057
DHSS Health Care Services	\$205,000 MHTAAR (BFY16)	062331110	H004 / H044

MEMO

To: Carlton Smith, Finance Committee Chair
From: Jeff Jessee, Chief Executive Officer
Date: April 14, 2016
Re: Medicaid Reform Funding Options
Fiscal Year: 2016-2017

REQUESTED MOTION:

The Finance Committee recommends that the full board of trustees instruct staff to implement a reversion of previously-approved Authority Funds totaling \$3,804,400 to make funding available for Medicaid reform, ABLE act and Technical Assistance to providers through MHTAAR and Authority Funds during FY16-FY17. The funding reversion consists of \$2,736,300 originally authorized in FY13-FY15, \$781,000 originally authorized in FY16, and a \$287,100 reduction of initial commitments originally planned for FY17.

BACKGROUND

During a March 16, 2016 Full Board of Trustees meeting, Trustees committed just under \$4 million in MHTAAR and/or Trust Authority Funds (for FY16-FY17) to assist the Department of Health & Social Services in its Medicaid reform implementation efforts, to fund technical assistance for providers to bill Medicaid, and startup costs associated with the ABLE Savings Program Act¹. Trustees directed staff to review the existing budget and provide options to fund commitments.

The options to cover the Medicaid reform and other commitments through FY17 essentially entail (1) revisiting prior existing and/or upcoming budget commitments; (2) fund from reserves or (3) some combination thereof.

¹ Fiscal Note 1 for Senate Bill 104 & House Bill 188 totals \$100,000 for FY16-FY17.

Below is a summary of existing funding commitments and potential funding sources:

Commitments		Potential Funding Sources	
Medicaid Reform FY16-FY17, Alaska ABLE Act Implementation Fiscal Notes & Behavioral Health Technical Assistance for providers	\$3,804.4	Budget reversion of previously-approved FY13-FY15 Authority Funds	\$2,736.3
		Budget reversion of previously-approved FY16 Authority Funds	\$781.0
<i>Running total</i>	<u>\$3,804.4</u>	<i>Running total</i>	<u>\$3,517.3</u>
		Budget reversion of previously-approved FY17 Authority Funds	\$1,170.0
<i>Running total</i>	<u>\$3,804.4</u>	<i>Running total</i>	<u>\$4,687.3</u>
		Projected remaining unobligated funds available for FY17	\$548.8
Totals	\$3,804.4	Totals	\$5,236.1

As the table above shows, there is \$4.7 million in identified funding sources available for the commitments made to date without tapping unobligated funds or budget reserves. As a point of reference, the budget reserve balance in excess of the 400% annual payout, and net of the FY16 payout (as well as previous commitments made to fund the USFS Land Exchange and the August 2015 Medicaid expansion authorizations that went to the LB&A Committee) totaled \$15.1 million as of February 29, 2016.

Trustees expressed a desire to see the estimated effect that a reversion of previously-approved funding which would otherwise lapse in normal course may have on future base funding calculations.

Trustee appropriations of Authority Funds are initially established with a four-year life. At the end of that life, the unobligated and unexpended balance of the appropriations lapse back to the Mental Health Trust Fund. Because lapsing does not occur until after the end of August (upon the close of State's two-month "reappropriation period"), there is a lag between when funds lapse and when lapsed funds work back into the Trust's base funding calculation. The table below delineates the timing of original Authority Fund appropriations, the normally scheduled lapse, and when those lapsed funds roll back into a base funding calculation.

Original Approp. Year	Lapse Term Year	Base Funding Recycle Year
FY13	FY16	FY18
FY14	FY17	FY19
FY15	FY18	FY20
FY16	FY19	FY21

Appropriations which lapsed at the close of FY14 were included in the FY16 base funding calculation; appropriations which lapsed at the close of FY15 are available for the FY17 base funding calculation; appropriations which will lapse at the close of FY16 are available for the FY18 base funding calculation. A year-by-year breakout of the potential effect a reversion of previously-approved FY13 – FY16 Authority Funds would have is attached to this document. In essence, a reversion of \$3.5 million in previously-approved funding that would normally begin lapsing in FY16 would first be observed in the FY18 base funding calculation and phase out in the FY24 base funding calculation.

Staff recommendation is to avoid accessing projected unobligated or budget reserves at this time and instead make funding available through a reversion of previously-approved FY13-FY16 Authority Funds and a portion of previously-approved FY17 Authority Funds.



To: Carlton Smith, Chair
Finance Committee
From: Dr. Karsten Eden, CPG, EurGeol
Date: 4/14/2016
Re: Icy Cape Airborne Magnetic Survey - Item 1
Fiscal Year: 2017
Amount: \$175,000

Approval

Proposed Finance Motion:

"The Finance Committee recommends that the Alaska Mental Health Trust board of trustees approve the expenditure of principal funds for parcel research and exploration of the parcel known as Icy Cape in the amount of \$175,000 from the TADA (fund code 3320). These funds do not lapse."

Background:

Transaction/Resource: Request/proposal for a low altitude airborne magnetic survey over the coastal plain and delta areas at Icy Cape to detect high concentrations of heavy minerals placers and associated gold placers.

Property Description/Acreage/MH Parcel(s): All of MHT parcel no. CRM-0001 and CRM-0003, and parts of CRM-0002, CRM-0004, CRM-0005, CRM-0006, CRM-0007A, CRM-0008 and CRM-0009 as part of the Icy Cape Block, located in CO22S019E, CO22S020E, CO22S021E and CO22S022E. The total magnetic survey area on the Icy Cape land block comprises approximately 25,000 acres, more or less.

General Background: Icy Cape is located on the coast of the Gulf of Alaska near Icy Bay approximately 75 miles northwest of Yakutat. Placer gold in garnet-rich sands ("ruby sands") have been described in the Icy Cape region and exploited since the early 1900's. The TLO is currently evaluating the potential for industrial heavy minerals placers such as garnet, zircon, rutile, ilmenite, magnetite and epidote as well as the potential for gold placers as co or by-product. The TLO is in dialog with global heavy minerals mining companies and global producers of industrial mineral products to promote development of this unique mineral property and to develop a market for its unusual variety of valuable industrial mineral species. It is absolutely critical to demonstrate to the industry that the Icy Cape heavy minerals property has the potential to produce high grade ore material in bulk tonnage over an extended period of time. A low altitude airborne magnetic survey of the area will show areas of high concentration of heavy minerals placers (including gold) that represent prime targets for testing for ore grade material. Low altitude airborne magnetic surveys in

heavy minerals exploration are industry standard and have proven to be most effective for determining areas of high heavy minerals concentration and outlining potential areas for mining.

Anticipated Revenues/Benefits: The benefits of the airborne magnetic survey are tremendous. Not only will the survey show areas of high concentration of heavy minerals and therefore outline prime target areas for drill testing and mining, but it will upgrade the property's value and therefore increase its marketability.

Icy Cape is a unique and minerals-rich prospect. It has the potential to become the Trust's flagship property and to outperform any other mineral property the Trust owns in terms of revenue generation over an extended period of time. It is probable that a successfully developed project would at least double our annual mineral revenues.

Anticipated Risks/Concerns: No anticipated risks and concerns.

Project Costs: The project cost is estimated to be \$175,000.

Other Considerations: The Icy Cape land block is located within the Yakutat gold province. Within the Yakutat gold province, active placer mining activity clearly demonstrates the fertile characteristics of this geologic environment.

Due Diligence: TLO staff is familiar with the Icy Cape land block, having last visited the property and conducted bulk concentrate sampling in July 2015. The necessity for an airborne magnetic survey has been determined as a result of lengthy internal analysis and review of publicly available and internally produced exploration data and reports.

Alternatives: Do not conduct the proposed airborne magnetic survey. This would limit the information available to market this exceptional resource to potential developers, a key piece of information that most large heavy minerals mining companies expect when evaluating a prospect.

Consistency with the Resource Management Strategy: The proposal is consistent with the "Resource Management Strategy for Trust Land" (RMS), which was adopted January 2016 in consultation with the Trust and provides for the TLO to focus first on land or resources at the high end of their market values ("best markets").

Trust Land Office Recommendation: The TLO recommends expending principal funds to conduct the low altitude magnetic survey of the Icy Cape lowlands.

Applicable Authority: Alaska Statutes 37.14.09(a), 38.05.801, and 11 AAC 99 (key statutes and regulations applicable to Trust land management and disposal).

Trust Authority Approval: This briefing document fulfills the approval requirements that are applicable to the transaction.

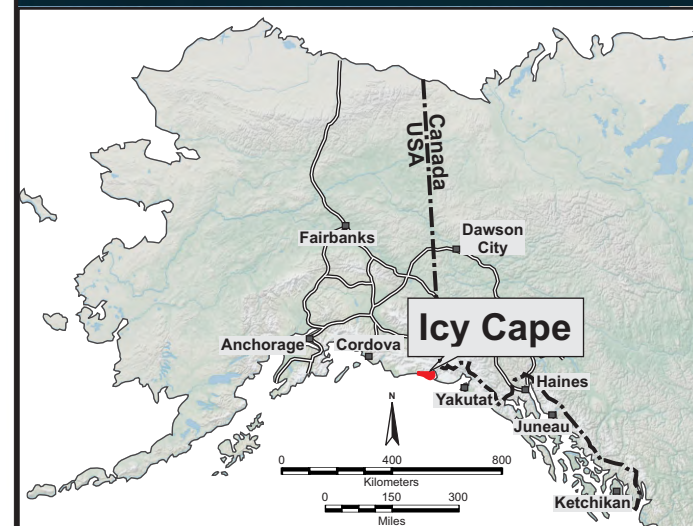
Schedule of Actions:

Finance Committee Approval:	April 14, 2016
Resource Management Committee Approval:	April 14, 2016
Trust Authority Approval:	May 4, 2016
Complete Best Interest Decision:	Not required
Public Notice:	Not required

Exhibit(s):

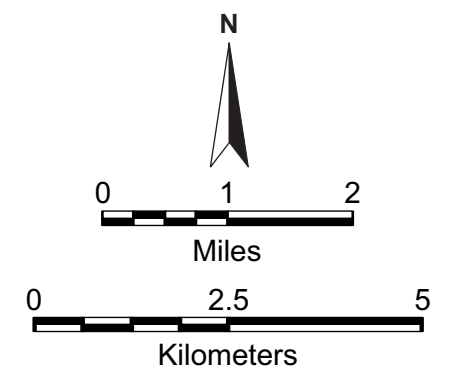
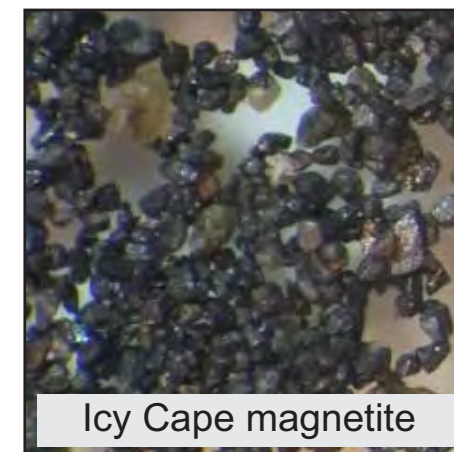
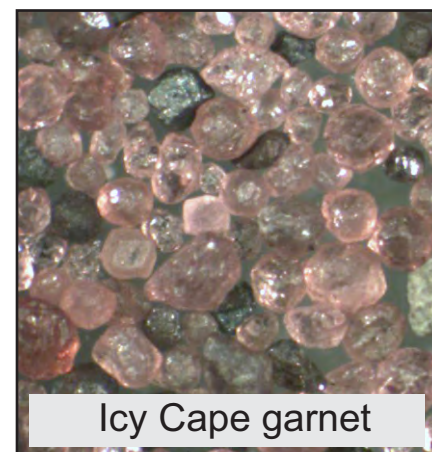
- Exhibit 1 – Icy Cape Land Block Map
- Exhibit 2 – Photos of Icy Cape Placer Deposits
- Exhibit 3 – Example of Low Altitude Airborne Magnetic Survey

Exhibit 1



Explanation of Symbols

- Heavy minerals and gold-bearing sand and gravel
- Outline of proposed airborne magnetic survey
- Road



Datum: NAD 83, UTM Zone 7

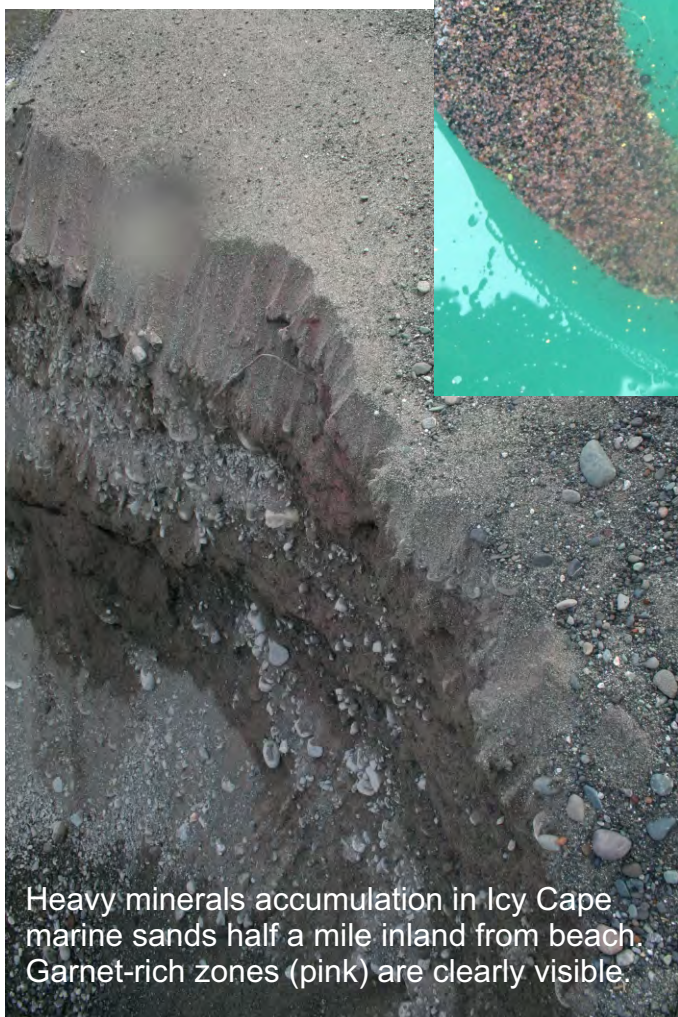


Exhibit 2

Dr. Eden and Connor Michael wet sieving heavy minerals concentrates collected from upper beach on Icy Cape Land Block.



Panned heavy minerals concentrate mostly consisting of garnet (pink), epidote (green) and magnetite (black) minerals on the left and placer gold on the right.



Heavy minerals accumulation in Icy Cape marine sands half a mile inland from beach. Garnet-rich zones (pink) are clearly visible.



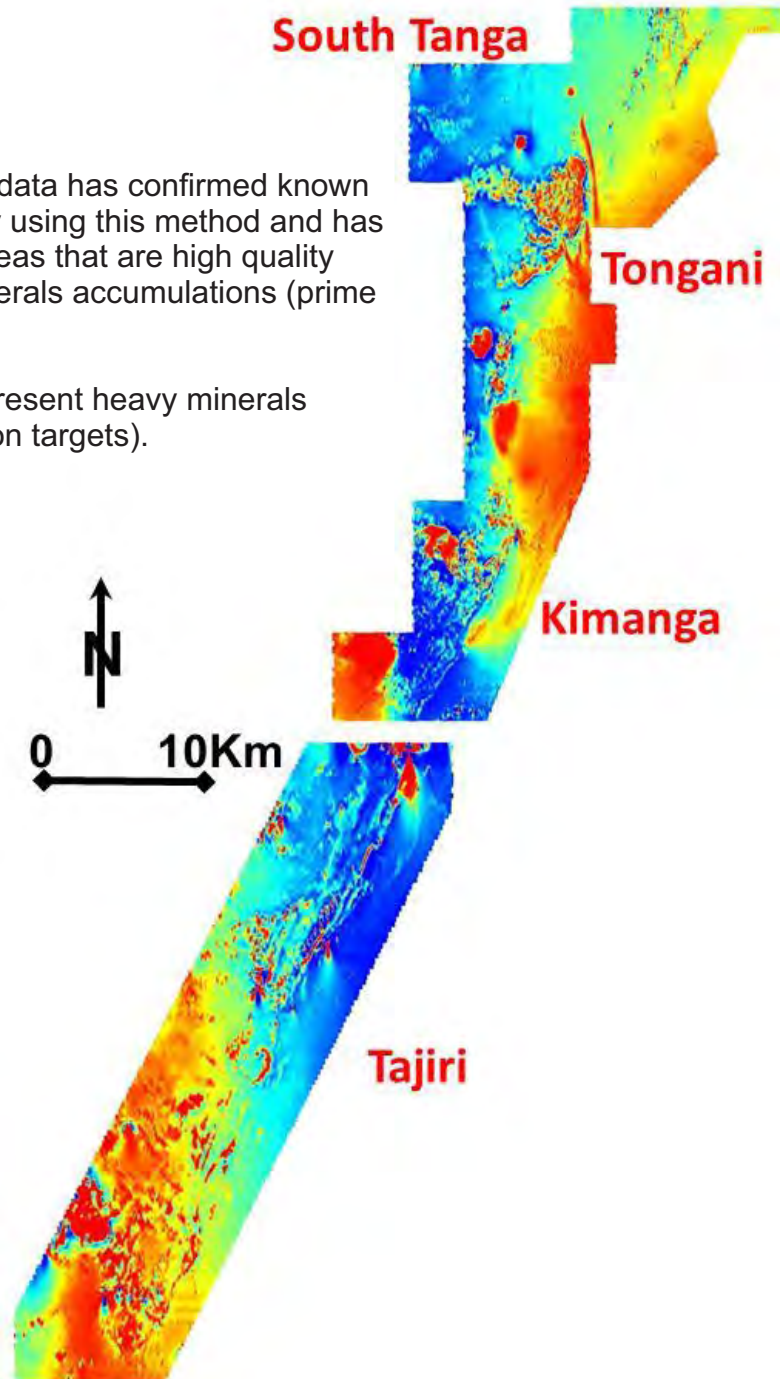
Heavy minerals accumulation in Icy Cape marine sands above mean high tide on Trust Land. Garnet (pink) is clearly visible.

Exhibit 3

Example of a low altitude airborne magnetic survey flown over heavy minerals containing sands on the east coast of Tanzania, Africa

Detailed analysis of the survey data has confirmed known heavy mineral sand deposits by using this method and has further detected several new areas that are high quality prospects for further heavy minerals accumulations (prime exploration targets).

Sausage-shaped red areas represent heavy minerals accumulations (prime exploration targets).



Source: ASX Announcement by Syrah Resources Limited on April 18, 2013



To: Carlton Smith, Chair
Finance Committee
From: Craig Driver
Date: 4/14/2016
Re: FY17 Real Estate and PRI Facility Budgets – Item 2
Fiscal Year: 2017
Amount: \$5,971,900

Approval

Proposed Finance Motion:

Proposed Motion One: “The Finance Committee recommends that the Trust Authority board of trustees concur with the recommendation to approve the incremental building expenditures, totaling \$5,759,700 budgeted for FY17 to be paid by the property manager from rents and other income collected from the properties.”

Proposed Motion Two: “The Finance Committee recommends that the Trust Authority board of trustees approve funding the expenditures for the PRI properties in the amount of \$212,200 for the fiscal year 2017, which appropriation shall not lapse.”

Proposed Motion Three: “The Finance Committee recommends that the Trust Authority board of trustees instruct the CFO to transfer up to \$212,200 to the third party property manager, as requested by the TLO, for management of the PRI properties.”

Background:

FY17 Real Estate Budget (Proposed Motion One)

Transaction/Resource: Budgets are presented to seek approval from the board of trustees for the expenditures necessary to service the properties. The proposed property expenditures are funded by tenant rents and other income collected from the properties.

Property Description/Acreage/MH Parcel(s): Real Estate Management Plan and other AMHT Properties are as follows:

Real Estate Management Plan Properties

1111 Israel Road; Tumwater, WA
1973 North Rulon; Ogden, UT
2600 Cordova Street; Anchorage, AK
2618 Commercial Drive; Anchorage AK
2420 & 2500 Ridgepoint Drive; Austin, TX
17319 San Pedro Avenue; San Antonio, TX

Other AMHT Properties

3745 Community Park Loop Road; Anchorage, AK
650 Yonker Court; Fairbanks, AK

General Background: We have established a system to adequately plan, manage, and report activity in the real estate portfolio. Through the use of professional management services, the property information is accounted for by:

- 1) matching income to expenses;
- 2) comprehensive reporting and budgeting for each property; and
- 3) capital expense forecasting.

Consistency with the Resource Management Strategy: The proposal is consistent with the “Resource Management Strategy for Trust Land” (RMS), which was adopted January 2016 in consultation with the Trust and provides for maximization of return on investment and provides for long term income generation at prudent levels of risk.

Trust Land Office Recommendation: The TLO recommends that it is in the Trust’s best interest to approve the incremental building expenditures for FY17 to be funded by tenant rents and other income collected from the properties.

Applicable Authority: AS 37.14.009(a), AS 38.05.801, 20 AAC 40.710-720 and 11 AAC 99.

Trust Authority Approval: This briefing document fulfills the approval requirements that are applicable to the transaction.

FY17 PRI Facility Budget (Proposed Motions Two and Three)

Transaction/Resource: Budgets are presented to seek approval from the Alaska Mental Health Trust board of trustees for the expenditures necessary to operate and maintain the properties. The proposed property expenditures are an incremental increase to previously approved expenditure amounts.

Property Description/Acreage/MH Parcel(s): The Program Related Investment (“PRI”) properties are as follows:

2330 Nichols Street, Anchorage, AK
1300 Moore Street, Fairbanks, AK
1423 Peger Road, Fairbanks, AK

General Background: The Trust Land Office (TLO) has established a system to adequately plan, manage, and report activity in the real estate portfolio. Through the use of third party professional management services, the property information is accounted for by:

- 1) matching income to expenses;
- 2) comprehensive reporting and budgeting for each property; and
- 3) capital expense forecasting.

Consistency with the Resource Management Strategy: The proposal is consistent with the “Resource Management Strategy for Trust Land” (RMS), which was adopted January 2016 in consultation with the Trust and provides for assuring that the real estate needs of mental health programs sponsored by the Alaska Mental Health Trust Authority are met as appropriate. In addition, 11 AAC 99.020(c)(3) cites protection and enhancement of the long-term productivity of Trust land.

Trust Land Office Recommendation: The TLO recommends that it is in the Trust’s best interest to approve the incremental building expenditures for FY17.

Applicable Authority: AS 37.14.009(a), AS 38.05.801, 20 AAC 40.710-720 and 11 AAC 99.

Trust Authority Approval: This briefing document fulfills the approval requirements that are applicable to the transaction.

Schedule of Actions:

Finance Committee Approval:	April 14, 2016
Resource Management Committee Approval:	April 14, 2016
Trust Authority Approval:	May 4, 2016
Complete Best Interest Decision:	Not required
Public Notice:	Not required

Exhibit(s):

Exhibit 1 - Property Budget Summary

FY17 Real Estate Budget Summary

Real Estate Management Plan

Name	City, State	Operating	Capital Improvements	Principal	Interest	Total
Parks	Tumwater, WA	455,657		525,332	383,488	1,364,477
IRS	Ogden, UT	814,063	163,000 ¹	303,924	315,847	1,596,834
Commercial	Anchorage, AK	13,480		51,443	47,624	112,547
Cordova	Anchorage, AK	257,428	175,000 ²			432,428
Promontory Point	Austin, TX	411,453		159,468	476,474	1,047,395
North Park	San Antonio, TX	389,510		213,414	319,451	922,375
Totals		2,341,591	338,000	1,253,581	1,542,884	5,476,100 *

Non-Investment Real Estate

Name	City, State	Operating	Capital Improvements	Principal	Interest	Total
TAB	Anchorage, AK	245,467	25,000 ³			270,467
Detox	Fairbanks, AK	13,180				13,180
Totals		258,647	25,000	-	-	283,600 *

Motion 1 Subtotal 5,759,700 *

PRI Properties

Name	City, State	Operating	Capital Improvements	Principal	Interest	Total
Assets	Anchorage, AK	10,229				10,229
Fahrenkamp Center	Fairbanks, AK	64,138	70,000 ⁴			134,138
Denardo	Fairbanks, AK	67,841				67,841
Totals		142,208	70,000	-	-	212,200 *

Motions 2 and 3 Subtotal 212,200 *

Capital Improvements

- 1 - IRS Parking lot, break room flooring, HVAC unit replacements
- 2 - Cordova HVAC/VAV box replacements, building improvements, tenant improvements
- 3 - TAB Contingency to cover potential mechanical, electrical & plumbing needs
- 4 - Fahrenkamp Roof replacement, contingency to cover potential mechanical, electrical & plumbing needs at Family Centered Services lease expiration

* Rounded Numbers

MEMO

To: Carlton Smith, Finance Committee Chair
Date: April 14, 2016
Re: Local Prisoner Reentry Coalitions
Fiscal Year: 2017
Amount: \$400,000.00
Grantee: Fiscal agents outlined below
Project Title: Local Prisoner Reentry Coalition Coordinator and Coalition Capacity Development

REQUESTED MOTION:

*Approve a FY17 focus area allocation in the amount of \$300.0 from the FY17 Local Reentry Coalition Coordinator line of the Disability Justice focus area and a \$100.0 from the FY16 Coalition Capacity Dev/Advocacy line from the Substance Abuse Prevention and Treatment focus area funds for the purpose of **Local Prisoner Reentry Coalition Coordinator and Coalition Capacity Development**. The funds for this project will be allocated to the fiscal agents listed in the below table.*

Assigned Trust Staff: Steve Williams

PROJECT DESCRIPTION

A core element of criminal justice reform and reducing the incarceration Trust beneficiaries is implementing systems that promote the successful reentry of returning citizens into Alaska's communities. This request will continue the FY16 effort with the reentry coalition coordinators and coalition capacity development in Anchorage, Fairbanks, Juneau, and the Mat-Su.

FY17 Local Prisoner Reentry Coalition Coordinator and Coalition Capacity Development Funding Allocation		
Coalition Name	Fiscal Agent	FY17 Award
Anchorage Coalition for Prisoner Reentry	Anchorage Neighborhood Housing Services, Inc. dba Neighbor Works	\$100,000
Fairbanks Reentry Coalitions	Interior Alaska Center for Non-Violent Living	\$100,000
The Juneau Reentry Coalition	National Council on Alcoholism and Drug Dependence, Juneau Affiliate	\$100,000
Mat-Su Prisoner Reentry Coalition	Valley Charities, Inc.	\$100,000

PROJECT UPDATE

For returning citizens to successfully reintegrate into the community a foundation based upon the following is key:

- 1) collective community understanding of the criminal justice system
- 2) identification of community service and support challenges facing returning citizens
- 3) identification of available community service and supports present to support a returning citizen
- 4) strong and consistent partnership between the Department of Corrections and local community

In FY16, the aforementioned communities with support from the Trust took a significant step forward by elevating the existing local grassroots community reentry coalitions' structure through the hire of a full-time reentry coalition coordinator and the establishment of tri-chairs to lead each community coalition. The tri-chair seats include a representative from the Department of Corrections institution probation, the Department of Corrections community probation and a local community provider. The implementation of this structure has resulted in, but not limited to, the following achievements:

- 1) Community education
 - a. meeting with chambers of commerce and local businesses
 - b. participation on panel presentations focused on smart Justice and reentry efforts
 - c. meetings with local funding organizations
- 2) Community assessments
 - a. each coalition has completed a quantitative and qualitative comprehensive assessment of its respective **community's** service and support assets and challenges for returning citizens
 - b. coalitions have interviewed returning citizens to identify services and supports that were critical to success as well as any barriers successful reintegration
- 3) Partnerships
 - a. established of memorandum of agreements between the community fiscal agent organization and the reentry coalition
 - b. established partnerships with the Department of **Corrections'** divisions of probation and institutions
 - c. established in-reach transition programming at Lemon Creek Correctional Center

In SFY17, the coalitions will analyze and use the quantitative and qualitative community assessment data to develop a comprehensive community strategic reentry plan to include, but not limited to:

- 1) improving access to existing community services and supports for returning citizens
- 2) identifying solutions for addressing service and support gaps and other barriers to returning citizens
- 3) developing a communication protocol with Department of Corrections for coordinating reentry transition plans for returning citizens
- 4) developing an implementation transition plan protocol between the coalitions and the Department of Corrections for returning citizens
- 5) developing an implementation transition plan protocol across community service and support providers for returning citizens

MEMO

To: Carlton Smith, Finance Committee Chair
Date: March 31, 2016
Re: FY17 Beneficiary Employment & Engagement program grants
Fiscal Year: 2017
Amount: \$1,358,100
Grantee: Authorized grantees (attached)
Project Title: FY17 Beneficiary Employment and Engagement Program Grants

REQUESTED MOTION:

Recommend approval of \$1,358,100 Beneficiary Employment and Engagement focus area allocation for the purpose of FY17 BPI grant funding.

Assigned Program Staff: Katie Baldwin

This request seeks approval of the attached FY17 funding allocation for programs supported through the Beneficiary Employment and Engagement focus area. Trustees authorized \$1.62 million in the 16/17 budget specifically for beneficiary run and directed programs with primary missions to serve Trust beneficiaries.

In FY16, a total of \$1,380,100 of the authorized \$1.62 million was allocated to program grants. In FY17 an additional reduction of \$22,000 is reflected, bringing the total grant allocation down to \$1,358,100.

The Trust continues to evaluate the organizational capacity and effectiveness of programs funded through the focus area with specific emphasis on sustainability - or lack thereof, as well as overall impact of services on Trust beneficiaries. To inform this process, the Trust engaged Agnew::Beck Consulting through an existing technical assistance contract to work with organizational leaders and key stakeholders to facilitate a thorough organizational assessment of each organization. The product of this effort will identify the following:

- 1) organizational strengths, achievements and impact/outcomes;
- 2) potential areas for growth and/or improvement;
- 3) recommendations for increasing organizational capacity; and
- 4) strategic objectives and timelines around funding and sustainability.

This information will provide important information about the general capacity and impact of these programs as well as help inform future direction of Trust engagement and support. An overview of the outcomes identified in the assessment will be presented to trustees at a future planning committee meeting prior to FY18/19 budget approvals.

Initiative background:

The Trust's Beneficiary Employment and Engagement (formerly Beneficiary Projects Initiative (BPI)) **began in 2008 to "help beneficiaries conceive and manage programs that focus on peer-to-peer support."** The primary purpose of the initiative focused on development of safe, effective and sustainable services for Trust beneficiaries. A related, but secondary initiative purpose focused on providing beneficiary projects with the resources they need to build organizational capacity, become more programmatically and fiscally efficient, and to, ultimately, deliver services that have measureable positive outcomes for individual beneficiaries and the beneficiary community as a whole. The initiative was intended to establish and support these programs that provide options for beneficiaries and meet important needs by filling gaps in services created by a primarily Medicaid driven service delivery system.

The programs funded through the focus area provide a range of supports and services including:

- Employment, housing and engagement services (Polaris House, Juneau) – A clubhouse model providing a community of people working together toward a common goal of recovery from mental illness through meaningful activities and supported employment
- Peer support services in a community nonprofit utilizing an outreach and community-based model and Assertive Community Treatment (ACT) (CHOICES, Anchorage)
- Education, referral, support and advocacy for individuals and families affected by mental illness (NAMI affiliates, Anchorage and Juneau)
- Peer support for individuals and families experiencing Alzheimer's disease or related dementia conditions (Brave Heart Volunteers, Sitka)
- Beneficiary led/facilitated training, advocacy and technical assistance (Alaska Peer Support Consortium, Anchorage)
- Peer support, outreach, advocacy and system navigation for youth and families (Alaska Youth and Family Network, Anchorage)

Attachment

FY17 BPI Authority Grants will be distributed as proposed in the accompanying spreadsheet.

**FY2017 Beneficiary Project Initiative Grantee
Funding Allocation**

Organization	Beneficiary Group	Program Information	FY15 Award	FY16 Award	FY17 Request
Alaska Peer Support Consortium	All	AKPSC is a statewide network of peer operated, peer support organizations collectively taking the lead to enhance Alaska's system of care with peer and consumer services.	\$137,800	\$137,700	\$137,700
Alaska Youth and Family Network	MI/DD/SA	AYFN is a peer-run, peer delivered service that provides peer navigation services (independent case management and advocacy in a peer/family driven model).	\$147,600	\$147,600	\$147,600
Braveheart	Seniors ADRD	Braveheart, located in Sitka, strives to help fill healthcare gaps, offer assistance, visiting and compassionate care to frail elders, those homebound, isolated, disabled, chronically ill and suffering from dementia or another terminal illness.	\$47,000	\$47,000	\$25,000
Choices, Inc.	MI	CHOICES is a consumer run, mental health service provider that offers beneficiaries strategies, opportunities, resources and supports for personal growth, recovery, and successful community integration.	\$324,000	\$347,700	\$347,700
NAMI Anchorage	MI/SA	NAMI Anchorage provides support, education and advocacy to people and families who have experienced mental illness.	\$146,500	\$146,500	\$146,500
NAMI Juneau	MI	NAMI's mission is to provide education, support and advocacy to people and families who have experienced mental illness in Juneau.	\$90,600	\$90,600	\$90,600
Polaris House	MI/DD/SA	Polaris House is an accredited clubhouse located in Juneau serving persons with co-occurring issues.	\$159,000	\$159,000	\$159,000
The Web	MI/SA	The Web is a recovery-based, peer-run drop in center in Anchorage.	\$304,000	\$304,000	\$304,000
Total FY17 Trustee Authorized			\$1,620,000		
Total FY17 Allocation			\$1,358,100		
Remaining unobligated FY17 funds			\$261,900		

MEMO

To: Carlton Smith, Finance Committee Chair
Date: March 31, 2016
Re: Housing and Long Term Services & Supports Focus Area Allocation
Fiscal Year: 2016 & 2017
Amount: \$250,000
Grantee: Statewide Independent Living Council of Alaska
Project Title: Assisted Living Home Transition Program

REQUESTED MOTION:

Approve a \$100,000 FY16 housing focus area allocation to the Statewide Independent Living Council of Alaska for the Assisted Living Home Transition Program.

Approve a \$150,000 FY17 housing focus area allocation to the Statewide Independent Living Council of Alaska for the Assisted Living Home Transition Program.

Assigned Program Staff: Amanda Lofgren

STAFF INTRODUCTION

Alaska was awarded \$7.7M from the U.S. Department of Housing and Urban Development to provide permanent supportive housing to 200 Alaskans with disabilities. This Section 811 Project Rental Assistance (PRA) program is designed to create more efficient and effective use of housing and health care resources to substantially increase integrated affordable rental housing units for extremely low income persons with disabilities. This will be accomplished within existing, new, or rehabilitated multifamily properties with a mix of incomes and disability status. Supportive housing combines affordable housing with support services to promote recovery and self-sufficiency and has been used as a tool to improve care, improve health, and lower health care costs for people who face some of the most significant barriers to housing and health care.

This new program is a strong collaborative partnership between the Alaska Housing Finance Corporation (AHFC) and the Department of Health and Social Services (DHSS). In addition to the funding awarded to AHFC, DHSS has committed an additional \$5.8M in matching funds for supportive services. The goal is to provide rental assistance and enhanced support services for an initial five year period with continued funding available upon federal appropriation.

The 811 PRA Program components include:

- Available to extremely low income individuals and families with at least one person with a disability between the ages of 18 and 61 and eligible for community-based long-term services.
- Target population for this program are individuals who are currently in assisted living care supported by state general relief funds and are appropriate candidates for independent supportive housing. By moving individuals into lower-cost and more integrated settings, this program will demonstrate immediate and long-term cost savings to the state.
- Initial program implementation is expected in Anchorage, Fairbanks, Juneau, and Mat-Su Valley.
- Rental assistance may be used in new, existing, or rehabilitated multifamily properties.
- Federal funding is restricted to rental assistance and cannot be used for capital development.
- **No more than 25% of a project's total units can be restricted to/set aside for persons with disabilities.**
- AHFC will coordinate project sponsors and administer rental assistance subsidies.
- DHSS will oversee community services to locate and engage participants for the program.

PROJECT DESCRIPTION

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

Each Independent Living Center has an expertise in their communities on existing housing and service resources. They have also worked closely with the Division of Senior and Disabilities Services to ensure the Nursing Home Transition Program has been successful in supporting people to transition out of skilled nursing homes and live independently in their communities. The Nursing Facility Transition funds are to be used by the Independent Living Centers to facilitate transition to eligible individuals from a nursing home to a community based setting. Independent Living Centers will coordinate with the nursing homes to identify individuals who are interested and eligible for transition. NFT funds are limited to \$3,500 per individual and may only be used for one-time costs associated with the transition, unless approved by SDS Program Manager; thereafter, the Medicaid program will pay for all services. Independent Living Centers will develop a transition plan with the individual to ensure services and supports are available once the individual has transitioned. The Assisted Living Home Transition Program will be modeled after this project. The transition funds may include: move in costs, tenancy supports and

in-home services, assistive technology. The services would be designed so that they can be reproducible and are compatible to be added to a future Medicaid waiver service.

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

EVALUATION CRITERIA

The evaluation for this project will look at the number of beneficiaries who transitioned from an Assisted Living Home setting into an independent housing with an 811 voucher and maintained tenancy for 12 months.

SUSTAINABILITY

The Center for Medicare and Medicaid Services has issued guidance to Medicaid authorities through which states can be reimbursed for transition services. These transition services may be sustained through 1915c waivers but also through 1915i and k state plan options set of services called Community Transition Services. The 1915k waiver option allows for transition costs from an institution to the community, which may include a temporary stay in an ALH prior to moving to an independent housing setting as well as covering the costs for security deposit and first month rent.

For beneficiaries who do not have or qualify for Medicaid, there will be a continued effort to reform the General Relief program, which includes reviewing the possibility of utilizing a portion of its budget for transition services as well as supported housing.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Mental Illness:	40
Developmental Disabilities:	5
Alzheimer’s Disease & Related Dementias:	5
Substance Abuse	5
Traumatic Brain Injuries:	5

BUDGET

Other Costs	\$250,000.00
Other Costs Narrative:	<p>\$25,000: Administrative costs. This includes project management, purchasing items and outreach.</p> <p>\$225,000: Beneficiary grants. Funding to be used for 50-60 clients to purchase items or services needed to achieve successful transition. Maximum assistance per beneficiary</p>

	is \$3,500.
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Total Amount to be Funded by the Trust	\$250,000.00
Total Amount Funded by Other Sources	\$13,500,000.00

Other Funding Sources	
DHSS	\$5,800,000.00
HUD	\$7,700,000.00
Total Leveraged Funds	\$13,500,000.00

MEMO

To: Carlton Smith, Finance Committee Chair
Date: March 31, 2016
Re: FY16 Partnership Grant Request
Fiscal Year: 2016
Amount: \$50,000.00
Grantee: Norton Sound Health Corporation
Project Title: Savoonga Health Clinic

REQUESTED MOTION:

Approve a \$50,000 FY16 partnership grant to the Norton Sound Health Corporation for the Savoonga Health Clinic.

Assigned Trust Staff: Steve Williams

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

PROJECT DESCRIPTION

A new clinic for the community of Savoonga has been the top priority of all interested organizations for more than 10 years. The clinic was built in 1997. Currently there are 8 health providers and only 2 exam rooms. The current size of the clinic is not conducive to protecting the privacy of the 718 residents and does not provide enough exam space for visiting doctors or other providers from Nome.

The City of Savoonga, Native Village of Savoonga, Kukulget and Sivuqaq Native Corporations, and Norton Sound Health Corporation (NSHC) are partnering to construct a 5,200-square-foot-clinic in Savoonga. Savoonga is a rural, isolated community located in the Bering Sea, 200 miles southwest of Nome. There are 7 Health Aides, 1 Mid-Level, and 1 Administrative Assistant staffing the existing clinic. Monthly patient encounter numbers are currently between 290-310 patients. There are only 2 exam rooms and 1 ER for the 8 providers to share. On occasion, the waitlist is so long that a patient must wait up to one month to be seen.

The proposed clinic design doubles the current size to support the community of Savoonga. The added space will allow staff to increase the number of patients seen daily, house 2 dental chairs for the Dental Health Aide Therapists, and accommodate Nome-based provider visits. As importantly, this larger clinic will allow NSHC to reach its goal of integrating primary medical care with Behavioral Health Services (BHS) so the 127 Trust beneficiaries and other patients/clients have access to a full continuum of care. NSHC's BHS department employs 2 Village Based Counselors who are located off-site in a non-ADA accessible building, prohibiting

some service provision and creating a barrier to holistic access for patients needing both medical and behavioral health services. Having access to medical and behavioral health care in one facility will ease referrals for patients requiring care across multiple disciplines, decrease missed referral appointments, provide near-instant access for consultation, and allow providers to collaborate on patient medical care that may be resultant from mental health, substance use, or trauma histories.

To further promote greater access to services for all beneficiaries, the new clinic will be outfitted with the latest telemedicine infrastructure to provide a higher level of care from medical and licensed BHS staff in Nome during emergency and inclement weather situations when providers cannot make their scheduled visits. Currently, the Village Based Counselor offices do not have access to telemedicine equipment.

A new clinic was priority number 1 on Savoonga's Local Economic Development Plan 2009-2013, a strategy developed by the Corporation, City, Tribe and community citizens. A new clinic has been a priority for all parties involved for over 10 years. The heating system is old and the amount of fuel used is 50 gallons or more per week. To purchase fuel, it costs approximately \$289 per week. The inadequate size of the clinic creates a challenge for providers to abide by the requirements for patient confidentiality established in the 2003 Health Insurance Portability and Accountability Act (HIPAA), particularly when multiple patients are waiting to be seen.

The community met with consultants from Bettisworth North along with Norton Sound Health Corporation staff to discuss the floor plan (attached) as well as condition of the current facility, future needs of the community and the steps that need to be taken to accomplish the project.

EVALUATION CRITERIA

1. NSHC tracks the number of patients we see in each clinic. We currently see between 290-310 patients per month in Savoonga but estimate we will be able to triple that number with a larger clinic to accommodate all 8 in house providers plus visiting providers. Visiting providers include licensed behavioral health staff, doctors, dental, eye care, audiology, diabetes prevention, health educators, Infant Learning, DD Care Coordinators, WIC and others. We will continue to track number of patients seen in CERNER, an electronic health record program in use since 2014.
2. NSHC tracks all major health issues and patient outcomes, particularly cancer, STD's, TB, Hepatitis B&C, Diabetes, Hypertension, Heart disease, Respiratory diseases, Skin disorders, Obesity, Childhood Ear problems, Substance Abuse and Mental Health Conditions (Alcohol and Drugs, Tobacco, Depression, ADD, Anxiety and PTSD), Obstetrics, and the quality of care patients receive. We have a Quality Assurance department and staff within Primary Care, Village Health Services and Behavioral Health Services departments who will continue to track all of these conditions as well as patient outcomes, i.e. the appropriate treatment of patients' conditions and satisfaction of care.
3. NSHC tracks Trust Beneficiaries, including those patients with mental health, substance abuse, and traumatic brain injury issues as well as other major health conditions. Part of that

tracking includes whether treatment (counseling, medication, etc.) contribute to the improvement of their condition. We will continue to track number of patients and % of patients who improve quality of life (stop drinking, become more independent, etc.).

SUSTAINABILITY

Yes this clinic will be sustainable after the Trust's funding ends. NSHC receives village built clinic lease funds from Indian Health Services to operate clinics for our tribal beneficiaries in each of our region's villages. We also receive patient revenue from billing insurance companies including medicaid, medicare and private insurances for patient services.

WHO WE SERVE

We estimate the number of Trust beneficiaries to be 127 individuals. Our Behavioral Health Department employs 2 Village Based Counselors in the Village and a Clinician based in Nome who travels to Savoonga a minimum of once per month.

The benefits provided to the community of Savoonga by this project include:

1. Integrating medical and behavioral health services to provide an improved continuum of care, increased access to all services and more effective referral systems
2. Reducing the number of missed appointments and patients who fall through the cracks by providing all services within 1 facility
3. Increasing access to patients with disabilities and Elders by providing an ADA-approved facility
4. Increasing the effectiveness of telemedicine for a higher level of care from Nome based staff during emergent and weather incidents
5. Providing more efficiency in seeing patients as well as reducing the costs of patient travel to Nome to see a provider due to clinic scheduling
6. Reducing operational costs of community health services and using those savings to provide expanded services
7. Improving patient confidentiality measures and increasing access to regular clinic appointments

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Mental Illness:	37
Developmental Disabilities:	1
Alzheimer's Disease & Related Dementias:	0
Substance Abuse	77
Traumatic Brain Injuries:	12
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	254
Non-Beneficiaries:	337
Number of people to be trained	0

BUDGET

Other Costs	\$50,000.00
Other Costs (Other Sources)	\$6,200,000.00
Other Costs Narrative:	If funded, the entire \$50,000 we are requesting from The Trust will be used to pay the successful construction firm, UIC Construction, for their work in building the clinic. Please see the construction contract and bid in the attachments section

Total Amount to be Funded by the Trust	\$50,000.00
Total Amount Funded by Other Sources	\$6,200,000.00

Other Funding Sources	
Norton Sound Economic Development Corporation-secured	\$300,000.00
Norton Sound Health Corporation Board of Directors-secured	\$2,764,760.50
Denali Commission-pending	\$400,000.00
Rasmuson Foundation=pending	\$500,000.00
Indian Health Services-pending	\$300,000.00
Alaska Municipal Bond Bank Authority-pending	\$1,935,239.50
Total Leveraged Funds	\$6,200,000.00

Capital Project Questionnaire

Organization name: Norton Sound Health Corporation (NSHC)

Contact: Angie Gorn, President/CEO

Email: agorn@nshcorp.org

Phone: 907-443-3286

A. Organizational Issues

A1	What is your organization's core mission? How does this project fit into your core mission?	Response: Norton Sound Health Corporation's mission is: Providing quality health services and promoting wellness within our people and environment. Construction of a new clinic will help to provide quality health services in Savoonga by increasing services and health outcomes.
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?	Response: NSHC's strategic plan was created and approved in FY14. The Board and Administration review it on an annual basis. We are currently updating the plan by division. One of the goals in our strategic plan is to: Improve the village infrastructure through clinic designs, renovations, and new construction and village housing support. The St. Lawrence Islands clinics are listed under this goal. Several strategies in our plan relate to construction of a new clinic as well, including: to improving patient confidentiality, and increasing access to and quality of services.
A3	Does this project fit into a community or regional plan or process? How?	Response: Yes, this fits into the community of Savoonga's Local Economic Development Plan (LEDP) 2009-2013. A new clinic is the Community's #1 Priority.
A4	How many months of operating reserves do you maintain?	Response: NSHC currently maintains 7 months of operating reserves.
A5	Have you explored opportunities for collaboration with other organizations on this project? If so, how?	Response: Yes, we have partnered with the Native Village of Savoonga, City of Savoonga and the Kukulget Native Corporation. Various of these organizations have applied for different funding sources. Kukulget, along with Sivuaqa Native Corporation has donated gravel and the use of the site the clinic will be located.

B. Program Issues

B1	What are your current services and how will the project enhance/expand your services?	Response: Currently we provide all rural health clinic medical services in Savoonga. We have 8 providers including 1 midlevel. By constructing a new clinic, patients will have increased access to timely appointments, increased patient confidentiality, as well as an increased number of visits from Doctors, Dentists and other Providers based in Nome.
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C. Site Issues

C1	Has a site been identified for this project?	Response: Yes, the site has been chosen for the health clinic and plans are available for review.
C2	Were alternative sites fully evaluated?	Response: Coordination between the design teams and NSHC along with community meetings allowed for the current site to be chosen. This

		process included a trip by NSHC CEO, lead Architect, and civil engineer to determine the best available location.
C3	Has the selected site been evaluated for appropriate size, access, utilities, and environmental constraints?	Response: Plans have been created for the site which includes road/transportation access, utility plan, and environmental review. These have all been completed during the final design process before the site construction started.
C4	Has a site plan been completed?	Response: Yes, a full plan set and specifications are completed.
C5	What is the status of site ownership?	Response: NSHC has a long term lease for the site from Sivuqaq and Kukulget Native Corporations for the purpose of building a new clinic.

D. Facility Issues

D1	Explain why you need a new, expanded, or remodeled facility.	Response: The current facility's size cannot hold the capacity of health clinic patients. The new site will also bring better trauma, dental, and general care equipment.
D2	How much total square footage do you think you will need?	Response: The current plans show the building as 5350 square feet.
D3	Has a construction cost estimate been prepared? Who prepared it?	Response: Yes, UIC Construction has been selected as the contractor for this project. The construction fair cost estimate for the building was \$4,189,177. Completed under a different contract was the site preparation and foundation work with a cost of \$837,125.

E. Financial Issues

E1	Is the full cost of the project identified?	Response: Yes, it is \$6.25 million.
E2	What funding has been identified for the capital project? Please provide amounts and sources.	Response: Between NSHC, and the 3 Savoonga entities, we have applied to multiple sources for grants. The City of Savoonga was awarded \$300,000 from NSEDC towards this project. NSHC's Board of Directors has contributed \$2,764,761. We are in the process of applying to AMHTA, Rasmuson Foundation, Denali Commission, and Indian Health Services (equipment only) for additional grants. We are in the process of applying to the Alaska Municipal Bond Bank Authority to fund the balance.
E3	How will increased operating expenses be covered?	Response: NSHC now receives funding from the Indian Health Services for operating the clinic in Savoonga. We are asking I.H.S. to fully fund the Village Built Clinic lease program. We also receive patient revenue from 3 rd party insurances, this amount will increase when the number of clinic visits increases.

F. Other information that helps explain your project:

	NSHC is fully committed to building a new clinic in Savoonga. We have already identified the site and completed the site work earlier this summer. The project is shovel ready. Construction of the clinic will begin in the spring of 2017 as soon as the first barge arrives with the materials, usually in June. The current clinic was built in 1997. The current clinic has mold, water and sewage problems and has been closed for weeks at a time. Patient confidentiality is compromised due to the small clinic size (only 2 exam rooms) and building configuration and condition.
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MEMO

To: Carlton Smith, Finance Committee Chair
Date: March 31, 2016
Re: FY16 Partnership Grant Request
Fiscal Year: 2016
Amount: \$50,000.00
Grantee: Norton Sound Health Corporation
Project Title: Gambell Health Clinic

REQUESTED MOTION:

Approve a \$50,000 FY16 partnership grant to the Norton Sound Health Corporation for the Gambell Health Clinic.

Assigned Program Staff: Steve Williams

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

PROJECT DESCRIPTION

A new clinic for the community of Gambell has been a top priority of all interested organizations for more than 10 years. The clinic in Gambell was built in 1970. Currently there are 7 health providers and only 2 exam rooms. The clinic has been closed multiple times for mold or sanitation issues due to freeze up. The current size of the clinic is not conducive to protecting the privacy of the 722 residents and does not provide enough exam space for visiting doctors or other providers from Nome.

The City of Gambell, Native Village of Gambell, Sivuqaq and Kukulget Native Corporations, and Norton Sound Health Corporation (NSHC) are partnering to construct a 5,200-square-foot-clinic for Gambell's 722 residents. Gambell is a rural, isolated community located in the Bering Sea, 200 miles southwest of Nome. There are currently 6 Health Aides, 1 Mid-level, and 1 Administrative Assistant staffing the existing clinic. Monthly patient encounter numbers are between 225-334 patients. There are only 2 exam rooms and 1 ER for the 7 providers to share.

The proposed clinic design doubles the current size to support the growing community of Gambell, which has grown by 75 residents (10%) in the last 10 years. The added space will allow staff to increase the number of patients seen daily, house 2 dental chairs for the Dental Health Aide Therapists, and accommodate Nome-based provider visits. As importantly, this larger clinic will allow NSHC to reach its goal of integrating primary medical care with Behavioral Health Services (BHS) so the 145 Trust beneficiaries and other patients/clients have access to a full

continuum of care. NSHC's BHS department employs two Village Based Counselors who are located off-site in a non-ADA accessible building, prohibiting some service provision and creating a barrier to holistic access for patients needing both medical and behavioral health services. Having access to medical and behavioral health care in one facility will ease referrals for patients requiring care across multiple disciplines, decrease missed referral appointments, provide near-instant access for consultation, and allow providers to collaborate on patient medical care that may be resultant from mental health, substance use, or trauma histories.

To further promote greater access to services for all beneficiaries, the new clinic will be outfitted with the latest telemedicine infrastructure to provide a higher level of care from medical and licensed BHS staff in Nome during emergency and inclement weather situations when providers cannot make their scheduled visits. Currently, the Village-Based Counselor offices do not have access to telemedicine equipment.

Health Care is a priority in Gambell's Local Economic Development Plan 2012-2017, a strategy developed by the Corporation, City, Tribe and community citizens. A new clinic has been a priority for all parties involved for over 10 years. In addition to being old and too small to meet **the growing population's** needs, the clinic has mold, and water and sewage issues that have caused it to close down for several weeks at a time. The inadequate size of the clinic creates a challenge for providers to abide by the requirements for patient confidentiality established in the 2003 Health Insurance Portability and Accountability Act (HIPAA), particularly when multiple patients are waiting to be seen.

The community met with consultants from Bettisworth North along with Norton Sound Health Corporation staff to discuss the floor plan (attached) as well as condition of the current facility, future needs of the community, and the steps that need to be taken to accomplish the project.

EVALUATION CRITERIA

1. NSHC tracks the number of patients we see in each clinic. We currently see between 225-334 patients per month in Gambell but estimate we will be able to triple that number with a larger clinic to accommodate all 7 in house providers plus visiting providers. Visiting providers include licensed behavioral health staff, doctors, dental, eye care, audiology, diabetes prevention, health educators, Infant Learning, DD Care Coordinators, WIC and others. We will continue to track number of patients seen in CERNER, an electronic health record program in use since 2014.
2. NSHC tracks all major health issues and patient outcomes, particularly cancer, STD's, TB, Hepatitis B&C, Diabetes, Hypertension, Heart disease, Respiratory diseases, Skin disorders, Obesity, Childhood Ear problems, Substance Abuse and Mental Health Conditions (Alcohol and Drugs, Tobacco, Depression, ADD, Anxiety and PTSD), Obstetrics, and the quality of care patients receive. We have a Quality Assurance department and staff within Primary Care, Village Health Services and Behavioral Health Services departments who will continue to track all of these conditions as well as patient outcomes, i.e. the appropriate treatment of patients' conditions and satisfaction of care.

3. NSHC tracks Trust Beneficiaries, including those patients with mental health, substance abuse, and traumatic brain injury issues as well as other major health conditions. Part of that tracking includes whether treatment (counseling, medication, etc) contribute to the improvement of their condition. We will continue to track number of patients and % of patients who improve quality of life (stop drinking, become more independent, etc).

SUSTAINABILITY

Yes this clinic will be sustainable after the Trust's funding ends. NSHC receives village built clinic lease funds from Indian Health Services to operate clinics for our tribal beneficiaries in each of our region's villages. We also receive patient revenue from billing insurance companies including medicaid, medicare and private insurances for patient services.

WHO WE SERVE

We estimate the number of Trust beneficiaries to be 145 individuals. Our Behavioral Health Department employs 2 Village Based Counselors in the Village and a Clinician based in Nome who travels to Gambell a minimum of once a month.

The benefits provided to the community of Gambell by this project include:

1. Integrating medical and behavioral health services to provide an improved continuum of care, increased access to all services and more effective referral systems
2. Reducing the number of missed appointments and patients who fall through the cracks by providing all services within 1 facility
3. Increasing access to patients with disabilities and Elders by providing an ADA-approved facility
4. Increasing the effectiveness of telemedicine for a higher level of care from Nome based staff during emergent and weather incidents
5. Providing more efficiency in seeing patients as well as reducing the costs of patient travel to Nome to see a provider due to clinic scheduling
6. Reducing operational costs of community health services and using those savings to provide expanded services
7. Eliminating the threat of public health/safety issues by decreasing mold, fuel spills, health emergencies, and increasing access to regular clinic appointments

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Mental Illness:	44
Developmental Disabilities:	5
Substance Abuse	84
Traumatic Brain Injuries:	12
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	290
Non-Beneficiaries:	287

BUDGET

Other Costs	\$50,000.00
Other Costs (Other Sources)	\$6,200,000.00
Other Costs Narrative:	If funded, the entire \$50,000 we are requesting from The Trust will be used to pay the successful construction firm, UIC Construction, for their work in building the clinic. Please see the construction contract and bid in the attachments section.

Total Amount to be Funded by the Trust	\$50,000.00
Total Amount Funded by Other Sources	\$6,200,000.00

Other Funding Sources	
Norton Sound Economic Development Corporation-secured	\$300,000.00
Norton Sound Health Corporation Board of Directors-secured	\$2,764,760.50
Denali Commission-Pending	\$400,000.00
Rasmuson Foundation-Pending	\$500,000.00
Indian Health Services-Pending	\$300,000.00
Alaska Municipal Bond Bank Authority-Pending	\$1,935,239.50
Total Leveraged Funds	\$6,200,000.00

Capital Project Questionnaire

Organization name: Norton Sound Health Corporation (NSHC)

Contact: Angie Gorn, President/CEO

Email: agorn@nshcorp.org

Phone: 907-443-3286

A. Organizational Issues

A1	What is your organization's core mission? How does this project fit into your core mission	Response: Norton Sound Health Corporation's mission is: Providing quality health services and promoting wellness within our people and environment. Construction of a new clinic will help to provide quality health services in Gambell by increasing services and health outcomes.
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?	Response: NSHC's strategic plan was created and approved in FY14. The Board and Administration review it on an annual basis. We are currently updating the plan by division. One of the goals in our strategic plan is to: Improve the village infrastructure through clinic designs, renovations, and new construction and village housing support. The St. Lawrence Islands clinics are listed under this goal. Several strategies in our plan relate to construction of a new clinic as well, including: to improving patient confidentiality, and increasing access to and quality of services.
A3	Does this project fit into a community or regional plan or process? How?	Response: Yes, this fits in the community of Gambell's Local Economic Development Plan (LEDP) 2012-2017. Health Care (including a new clinic) is listed as the Community's #3 Priority.
A4	How many months of operating reserves do you maintain?	Response: NSHC currently maintains 7 months of operating reserves.
A5	Have you explored opportunities for collaboration with other organizations on this project? If so, how?	Response: Yes, we have partnered with the Native Village of Gambell, City of Gambell and the Sivuqaq Native Corporation. Various of these organizations have applied for different funding sources. Sivuqaq, along with Kukulget Native Corporation has donated gravel and the use of the site the clinic will be located.

B. Program Issues

B1	What are your current services and how will the project enhance/expand your services?	Response: Currently we provide all rural health clinic medical services in Gambell. We have 7 providers including 1 midlevel. By constructing a new clinic, patients will have increased access to timely appointments, increased patient confidentiality, as well as an increased number of visits from Doctors, Dentists and other Providers based in Nome.
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C. Site Issues

C1	Has a site been identified for this project?	Response: Yes, the site has been chosen for the health clinic and plans are available for review.
C2	Were alternative sites fully evaluated?	Response: Coordination between the design teams and NSHC along with community meetings allowed for the current site to be chosen. This

		process included a trip by NSHC CEO, lead Architect, and civil engineer to determine the best available location.
C3	Has the selected site been evaluated for appropriate size, access, utilities, and environmental constraints?	Response: Plans have been created for the site which includes road/transportation access, utility plan, and environmental review. These have all been completed during the final design process before the site construction started.
C4	Has a site plan been completed?	Response: Yes, a full plan set and specifications are completed.
C5	What is the status of site ownership?	Response: NSHC has a long term lease for the site from Sivuqaq and Kukulget Native Corporations for the purpose of building a new clinic.

D. Facility Issues

D1	Explain why you need a new, expanded, or remodeled facility.	Response: The current facility's size cannot hold the capacity of health clinic patients. The new site will also bring better trauma, dental, and general care equipment.
D2	How much total square footage do you think you will need?	Response: The current plans show the building as 5350 square feet.
D3	Has a construction cost estimate been prepared? Who prepared it?	Response: Yes, UIC Construction has been selected as the contractor for this project. The construction fair cost estimate for the building was \$4,094,560. Completed under a different contract was the site preparation and foundation work with a cost of \$1,015,330.

E. Financial Issues

E1	Is the full cost of the project identified?	Response: Yes, it is \$6.25 million.
E2	What funding has been identified for the capital project? Please provide amounts and sources.	Response: Between NSHC, and the 3 Gambell entities, we have applied to multiple sources for grants. The City of Gambell was awarded \$300,000 from NSEDC towards this project. NSHC's Board of Directors has contributed \$2,764,761. We are in the process of applying to AMHTA, Rasmuson Foundation, Denali Commission, and Indian Health Services (equipment only) for additional grants. We are in the process of applying to the Alaska Municipal Bond Bank Authority to fund the balance.
E3	How will increased operating expenses be covered?	Response: NSHC now receives funding from the Indian Health Services for operating the clinic in Gambell. We are asking I.H.S. to fully fund the Village Built Clinic lease program. We also receive patient revenue from 3 rd party insurances, this amount will increase when the number of clinic visits increases.

F. Other information that helps explain your project:

	NSHC is fully committed to building a new clinic in Gambell. We have already identified the site and completed the site work earlier this summer. The project is shovel ready. Construction of the clinic will begin in the spring of 2017 as soon as the first barge arrives with the materials, usually in June. The current clinic is one of the oldest clinics in the Norton Sound/Bering Strait region, having been built in 1970. The current clinic has mold, water and sewage problems and has been closed for weeks at a time. Patient confidentiality is compromised due to the small clinic size (only 2 exam rooms) and building configuration and condition.
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MEMO

To: Carlton Smith, Finance Committee Chair
Date: March 31, 2016
Re: FY16 Partnership Grant Request
Fiscal Year: 2016
Amount: \$25,000.00
Grantee: City of Dillingham
Project Title: Dillingham Senior Center Repairs

REQUESTED MOTION:

Approve a \$25,000 FY16 partnership grant to the City of Dillingham for repairs at the Dillingham Senior Center.

Assigned Program Staff: Amanda Lofgren

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

PROJECT DESCRIPTION

The proposed project will provide much needed repairs to the Dillingham Senior Center. The repairs to the facility will extend the life of the building so that we can continue to serve our elders. The project will do much needed repairs to the Senior Center such as: replace the main entrance double door which is in very bad shape and doesn't have the required panic hardware; heating system has issues that need repairs and also make it energy efficient as it was intended; crawl space needs water and humidity controls put in place; replace windows in solarium with energy efficient ones, replace the flooring in the porch and in the solarium that is rotting, replace the gutters around the building to direct water away from the building and excavate around the building to get the water draining away from building.

The City of Dillingham is proud to be able to have a program that serves the elderly population and without this building we would not be able to provide the daily lunches and activities for the elders. The program provides meals to elders on a daily basis for little or no cost to them.

The front entrance was added to the original design and does not have a proper foundation nor is it insulated. The floor is beginning to rot causing the front door to shift making it hard to open.

The solarium section is leaking water under the foundation of the building causing rotting in some areas of the floor and water is getting into the foundation of the building. The heating system was not installed completely nor were issues with the system addressed such as leaking pipes, improper wiring, chimney leaks etc. We also need to address the water draining into the foundation of the building by diverting standing water away from the building. The repairs on the Senior Center will benefit the elderly that use the facility for daily meals and activities within the Dillingham census area. We provide about 65 – 75 meals on a monthly basis and activities to about 44 individuals a month. Those we serve include elders who experience dementia, beginning to show signs of memory loss, elders with mental health conditions, and their family and friends.

EVALUATION CRITERIA

The measurement we will provide is the completion of the construction work that is needed for the building. We will make sure that the work is completed in a fashion that will extend the life of the building. We are currently keeping data on a daily basis as to the number of elders served and will use this collection process as a method to report the number of beneficiaries served. To determine how well we did we will be monitoring the work on the building on a daily basis to assure that the work is done to our expectations. We will also monitor the energy efficiency of the building by monitoring fuel consumption after the heating system, windows replaced and crawl space insulated made a difference in cost of operation.

SUSTAINABILITY

The project is an on-going program for the City of Dillingham. There are not plans to discontinue the program in the future as the building and services are there for the elders in our area. The program relies on a State grant for the daily lunches and transportation which we have been getting over 20 years. The City has contributed general funds to the program and will continue to do so as long as it is feasible.

WHO WE SERVE

The Senior Center serves all elders 60 years or older that live independently in Dillingham as well as the elders living in Marrulut Eniit Assisted Living. The staff has developed a close relationship with the elders in this area. They assist them with paperwork they may need to complete, provide them rides to the hospital, shopping and to the center. The Senior Center provides a gathering area for the elders as well to visit and do activities. The program is very much needed by our elders and is sometimes the only way they could afford to go to their hospital appointments and shopping. If the Senior Center needed to close because of the building deficiencies the elders in our region would have a big void in their lives.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Mental Illness:	6
Developmental Disabilities:	7
Alzheimer's Disease & Related Dementias:	8
Substance Abuse	6
Secondary Beneficiaries (family members or caregivers)	11
Non-Beneficiaries:	50

BUDGET

Personnel Services Costs	\$0.00
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Personnel Services Costs (Other Sources)	\$200,667.00
Personnel Services Narrative:	This includes wages and fringe for the Senior Center Director and the Van Driver.

Space or Facilities Costs	\$0.00
Space or Facilities Costs (Other Sources)	\$52,129.00
Space or Facilities Narrative:	This includes expenses for heating fuel, telephone, electricity and gas.

Supplies Costs	\$0.00
Supplies Costs (Other Sources)	\$30,000.00
Supplies Narrative:	This includes food supplies for the daily lunches, household supplies, misc. materials & office supplies.

Equipment Costs	\$0.00
Equipment Costs (Other Sources)	\$4,000.00
Equipment Costs Narrative:	Maintenance and repair of Senior Vehicles.

Other Costs	\$25,000.00
Other Costs (Other Sources)	\$40,000.00
Other Costs Narrative:	Repair of the Senior Center as described earlier.

Total Amount to be Funded by the Trust	\$25,000.00
Total Amount Funded by Other Sources	\$376,058.00

Other Funding Sources	
City of Dillingham General Fund	\$202,058.00
City of Dillingham Equipment & Replacement Fund	\$40,000.00
St. of Ak Nutrition & Transportation Grant	\$134,000.00
Total Leveraged Funds	\$376,058.00

Capital Project Questionnaire

Organization name: City of Dillingham

Contact: Rose Loera

Email: manager@dillinghamak.us

Phone: 907-842-4228

A. Organizational Issues

A1	What is your organization's core mission? How does this project fit into your core mission?	Response: The City of Dillingham's Purpose is "Support and strengthen the Community of Dillingham." We feel that our operation of the Dillingham Senior Center is a huge support for our elderly and provides services that helps them in their daily lives. We have operated the Sr. Center for many years and the City is proud to have this service for our elders. The city owns the Dillingham Senior Center and it provides daily lunches as well as daily transportation services throughout town.
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?	Response: We have a strategic plan that was developed in 2013 and we are now setting a date to have it updated. One of our Near Term Goals at the time was Capital Infrastructure – to prioritize our infrastructure needs which included some improvement to the Senior Center. We addressed all the safety issues last year and this project is intended to fix the front porch foundation, change the windows in the solarium, put up gutters and get the water to drain away from the building. These projects meets with our goal of prioritizing our infrastructure needs.
A3	Does this project fit into a community or regional plan or process? How?	Response: The City of Dillingham has begun to prioritize our facility needs and each year we set aside some funding to address those needs. The Senior Center repairs is one of the top priorities in our Equipment & Facility Replacement fund. During our budget cycle we present the prioritized needs to the council for funding.
A4	How many months of operating reserves do you maintain?	Response: We have about 6 months of operating reserves currently in the bank.
A5	Have you explored opportunities for collaboration with other organizations on this project? If so, how?	Response: We have just applied for a new Sr. Center grant through the Section 5310 funds with the Department of Transportation and received funds from Rasmuson last year for some equipment replacement. For this particular project we have not explored other areas other than City funds.

B. Program Issues

B1	What are your current services and how will the project enhance/expand your services?	Response: Currently at the Dillingham Sr. Center we serve a daily lunch, we also have a home delivered lunch program and also provide daily transportation services throughout town. The Center is open from 9 am until 4 pm for elders to come and hang out, socialize, exercise if they want and do various activities such as putting together puzzles with each other.
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C. Site Issues

C1	Has a site been identified for this project?	Response: Yes at the Sr. Center.
C2	Were alternative sites fully evaluated?	Response: No need. This facility is a fully functional facility.
C3	Has the selected site been evaluated for appropriate size, access, utilities, and environmental constraints?	Response: No need it's has been operation for many years providing the above mentioned services.
C4	Has a site plan been completed?	Response: No
C5	What is the status of site ownership?	Response: Owned by the City of Dillingham.

D. Facility Issues

D1	Explain why you need a new, expanded, or remodeled facility.	Response: We need to make some improvements to the facility since we have discovered that the front porch flooring is rotting, the solarium area windows are leaking and is causing rotting through the wall, we need gutters placed around the building to prevent water from flowing into the crawl space and we need to slope the parking lot so that the water flows away from the building into a manhole.
D2	How much total square footage do you think you will need?	No extra footage needed. Just repairs.
D3	Has a construction cost estimate been prepared? Who prepared it?	Response: Our project manager, Gary Gordon, has many years of construction experience. He estimated the project may cost around \$60,000 - \$100,000 but until we put it out for bid will we know for certain.

E. Financial Issues

E1	Is the full cost of the project identified?	Response: yes – as stated above.
E2	What funding has been identified for the capital project? Please provide amounts and sources.	Response: We currently have \$40,000 set aside in our Equipment Replacement fund that will be used for this project.
E3	How will increased operating expenses be covered?	Response: There will not be increased operating expenses for repair of this building. We're hoping the work will decrease our heating costs with an insulated porch and solarium.

F. Other information that helps explain your project:

	The Dillingham Sr. Center provides an important services to the elders in our community. After age 60 elders can eat for a donation of \$2 a meal. We serve a well-balanced meal. Not only does the center serve Dillingham residents it also provides meals for elders traveling through from the surrounding villages. The center has a fully functional kitchen and therefore is rented out to the community for functions such as birthday parties, wedding receptions, serving lunches to dignitaries and groups such as pinochle and quilters. It is a great facility with a very welcoming atmosphere that we would like to preserve for years to come.
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MEMO

To: Carlton Smith, Finance Committee Chair
Date: March 31, 2016
Re: FY17 Partnership Request
Fiscal Year: 2017
Amount: \$125,000.00
Grantee: Alaska Native Tribal Health Consortium
Project Title: Behavioral Health Aide Training Curriculum and Materials Development and Implementation

REQUESTED MOTION:

Recommend approval to the full board of trustees for a \$125,000 FY17 partnership grant to the Alaska Native Tribal Health Consortium for the Behavioral Health Aide Training Curriculum and Materials Development and Implementation project.

Assigned Program Staff: Katie Baldwin

STAFF INTRODUCTION

The Trust has supported the Alaska Tribal Health Consortium's efforts over the years to expand and enhance the behavioral health workforce in rural communities and villages across Alaska. A Behavioral Health Aide (BHA) is by definition, a counselor, health educator, and advocate that helps to address individual- and community-based behavioral health needs, much of which is focused on alcohol and drug abuse and mental health. The BHA program is modeled after the Community Health Aide Practitioner program which has been in existence for 20+ years, is quite successful, and has established practitioners in rural clinics across Alaska.

In 2009, the Trust provided funding through the Bring the Kids Home Initiative to ANTHC to support development of the first phase of the Behavioral Health Aide Manual (BHAM). This manual is intended to serve as the primary training and treatment reference resource for BHAs working in remote settings. It provides guidance to a workforce which is often geographically separated from clinical supervision due to the distance between regional and sub-regional clinics. The first edition of this project resulted in the main structure of the BHAM being established along with the child and adolescent section. This funding request will support development of the second phase of the BHAM which is focused on the adult and senior population.

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

PROJECT DESCRIPTION

Behavioral Health Aides provide behavioral health care in rural Alaska, particularly for Alaska Native individuals, families, and communities. The Alaska Behavioral Health Systems Assessment indicated that BHAs need more structured training to increase their competencies to provide services. This project proposes to develop the second edition of the Behavioral Health Aide Manual (BHAM), a teaching resource and guide for BHA clinical practice. This edition of the BHAM will focus on providing fundamental information and best practices for BHAs to address behavioral health concerns for adult and senior beneficiaries.

The Behavioral Health Aide (BHA) program is a certification intended to train a statewide workforce to provide a wide range of behavioral health services to individuals, families, and communities in rural Alaska. By increasing the availability of behavioral health services, BHAs enhance the potential for prevention, early identification and intervention, case management, and the overall continuity of care within home communities or regions of Trust beneficiaries. Providing behavioral health services in rural communities requires a unique set of knowledge and skills, which largely emphasizes the development of clinical skills which are integrated with the knowledge of cultural practices, community history, and traditional ways of understanding and treating behaviors. The Behavioral Health Aide Manual is a tool intended to complement this process and ultimately build the capacity of rural-based providers to better serve beneficiaries.

This proposal requests funds to assist in reaching our goal of developing the second edition of the BHAM, which will be used as a training resource and guide for the treatment of beneficiaries across their lifespan. By improving BHA training, we intend to increase the availability, reliability, and overall quality of care for behavioral health services provided to beneficiaries in rural Alaska, while also increasing BHA retention and decreasing costs related to turnover.

The Child and Adolescent Edition of the BHAM was finalized in 2014, after five years of development that was funded by the Trust. That project offered many 'lessons learned' regarding the process of development, including writing, reviewing, and editing, establishing a design/layout, and routing the document through the many layers of approval. The project included piloting the BHAM with BHAs and their supervisors from three regions and they provided us with feedback which was integrated back into the final document. This provided an excellent foundation for our plans to efficiently manage the development of the second edition of the BHAM. This includes the BHAM format and design which will be easily transferrable into an electronic format once the training center is established and the ANTHC Distance Learning Network capacity is expanded.

The ANTHC BHA program manager will manage the project overall, establish subcontracts and ensure grant requirements are met. BHAM content experts will write specific chapters of the BHAM. The editor will assure the BHAM is written grammatically correct and at an appropriate reading level, as well as confirm content consistencies that flow between chapters. The BHAM committee consists of 10 members, including previous BHAM committee members, BHAs, BHA supervisors, clinical practitioners, subject matter experts, and cultural experts. General

correspondence will occur via email, monthly teleconferences; and the full group will meet in person two times annually. The graphic designer will take the written content and transform it into the final document presentation. We will seek approvals with our legal department, the Behavioral Health Academic Review Committee, and the CHAP Certification Board before the final printing.

EVALUATION CRITERIA

A full draft of the BHAM will be completed by March 31, 2017. The draft will be piloted with BHA/Ps and their supervisors from June-August 2017. Feedback from the pilot will be integrated into the final version (October 2017), which will be submitted for approval at the various levels. We anticipate the project will be completed, with full approval, by December 2017.

The completed BHAM will be distributed to all Behavioral Health Aides and their clinical supervisors (approximately 160 individuals). Distribution of the BHAM will occur simultaneously with a series of live courses to orient users to the manual; all recipients of the BHAM must complete the orientation prior to using it. Evaluation of the BHAM will be conducted in the following ways:

- Number of BHAMs distributed
- Number of people who completed the BHAM orientation
- Demographic description of those who completed the orientation
- An initial survey conducted immediately after the orientation course regarding participants' satisfaction and increased knowledge and confidence in their ability to begin using the BHAM
- A follow-up survey, distributed 3-6 months after individuals have completed the BHAM orientation; this survey will strive to gather insights into the BHA's experience using the BHAM, including its overall utility as a resource, its ability to guide a BHA in their scope of practice, and its ability to assist them in providing quality services to beneficiaries
- An open survey that is available for BHAM users to submit feedback and/or recommendations for edits at any time

SUSTAINABILITY

The BHAM is developed specifically for Behavioral Health Aides and their clinical supervisors, which currently amounts to approximately 160 people. There will be an initial effort made to orient all users to the document; subsequent users will be identified as they are hired into these positions by our tribal health organization partners. New users will complete the BHAM orientation by attending a regularly scheduled orientation or by completing an asynchronous version of the orientation course.

Feedback from the various evaluations will be compiled and reviewed by ANTHC staff and the Behavioral Health Academic Review Committee regularly. This review will identify the need and timeline for any edits that need to be made to keep the document up to date. The BHAM design was developed in a manner which is easily transferred into an electronic document; as such, edits can be made easily and reflected immediately in a document that is accessible by BHAs and BHA

supervisors through a secured network within the training center ensuring the continued use of the BHAM as a valuable resource for many years.

WHO WE SERVE

This project focuses on the development of materials specific to adult and elder beneficiaries in rural Alaska. This document will work hand-in-hand with the previous edition of the BHAM (Child and Adolescent), allowing BHAs to have guidance in providing behavioral health services to beneficiaries across the lifespan. The BHAM will provide BHAs with a fundamental understanding about various topics, guidance on observations to make and questions to ask regarding signs and symptoms of the topic, and insights into when to seek additional supervision, make a referral, and complete follow-up documentation.

A preliminary list in the Adult and Elder BHAM include:

- Historical trauma (what does it look like and how to address outcomes)
- Parenting (child development, ages and stages, connecting with elders)
- Marriage and relationships
- Anger management
- Reintegration (family members with an incarcerated family member, adults raised in foster care/OCS system)
- Overlapping BH issues (developmental disabilities, substance abuse, mental illness, homelessness)
- **Alzheimer's Disease and Related Dementia**
- Brain based disorders
- Medically induced behavioral health problems (pain management, chronic illness/pain) and Traumatic Brain Injury (TBI)
- Aging, death, and dying
- Changes in individuals and family roles (lifespan)
- Supporting elders with changes (where do I belong? How do I advise someone?)
- Elder care
- Traditional ways of interacting with elders
- Elder values
- Elder abuse and neglect
- Grief
- Engaging elders in the process of addressing community concerns/needs
- Journey of connecting with culture
- Sexuality, sexual health, wellness
- Challenging personalities, disorders
- Climate change / economics

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Number of people to be trained (BHAs providing rural behavioral health services to Trust beneficiaries).	160
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BUDGET

Personnel Services Costs	\$32,500.00
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Personnel Services Costs (Other Sources)	\$0.00
Personnel Services Narrative:	<p>-Content experts to write BHAM chapters (\$18000)</p> <p>-An editor to assure continuity in BHAM contents, flow and structure (\$11000)</p> <p>-A graphic designer to transform the contents into a final document (\$3500)</p>

Travel Costs	\$66,440.00
Travel Costs (Other Sources)	\$0.00
Travel Narrative:	<p>-Airfare, lodging, and per diem for 10 BHAM committee members to attend three 2-day meetings in Anchorage. These meetings will focus on the review, edits, and approval of content by the statewide committee, which will then be advanced to the Board for final approval (\$33,220)</p> <p>-Airfare, lodging, and per diem to host two representatives from 15 tribal health organizations to attend a 2-day workshop to train BHAs and supervisors to use the BHAM and prepare them to support their regional teams' use of the BHAM (\$33,220)</p>

Supplies Costs	\$6,280.00
Supplies Costs (Other Sources)	\$0.00
Supplies Narrative:	<p>-Printing and binding copies of the drafted BHAM for use during the pilot (\$2530)</p> <p>-Printing and binding copies of the finalized document (\$3750)</p>

Other Costs	\$19,780.00
Other Costs (Other Sources)	\$27,650.00
Other Costs Narrative:	<p>-Catering breakfast, lunch, and beverages for the BHAM committee during three in-person meetings (\$3600)</p> <p>-Catering breakfast, lunch, and beverages for participants in the BHAM workshop training (\$4200)</p> <p>-Other Costs Total \$7,800</p> <p>Indirect Cost Rate, 10.6% (11,980)</p> <p>-Total Direct Costs \$113,020</p> <p>-ANTHC: 20% ANTHC Program Manager designation + associated Indirect (\$27,650.00)</p> <p>\$25,000 Direct Costs + \$2,650 Indirect (10.6%)</p>

Indirect Cost rate 10.6%	\$11,980.00
Total Direct Costs	\$113,020.00
Total Amount to be Funded by the Trust	\$125,000.00
Total Amount Funded by Other Sources (ANTHC)	\$27,650

MEMO

To: Carlton Smith, Finance Committee Chair
Date: March 31, 2016
Re: FY17 Partnership Request
Fiscal Year: 2017
Amount: \$100,000
Grantee: Alaska Community Foundation
Project Title: Domestic Violence Shelter Improvement

REQUESTED MOTION:

Recommend approval to the full board of trustees for a \$100,000 FY17 partnership grant to the Alaska Community Foundation for the Statewide Domestic Violence Improvements initiative.

Assigned Program Staff: Katie Baldwin

STAFF INTRODUCTION

Trustees approved \$100,000 in FY16 partnership funding to support the first year of a two-year statewide project focused on addressing improvements and deferred maintenance issues for domestic violence shelters in communities across Alaska. In 2014, the Alaska Community Foundation became the fiscal sponsor for over \$4 million in funding (over 2-year period) to address deferred maintenance needs for 17 domestic violence and sexual assault shelters in the state. The 2016 funding came from multiple entities including the Trust, State of Alaska, Rasmuson Foundation, as well as other partners including Wells Fargo and the Mat-Su Health Foundation.

Management of the planning, design and construction of the shelter improvements is being spearheaded by the **Foraker Group's Pre-Development** program. The Pre-Development program has a history of providing professional services to nonprofit, tribal and municipal organizations in developing or improving capital infrastructure. A steering committee made up of funders and stakeholders is guiding the steps forward in this project.

Each of the funding entities preferred a coordinated and combined funding approach paired with the expertise available through the Pre-Development program versus separately funding individual shelters, recognizing shelter operators often lack the capacity to carry out planning, design and construction of capital improvements.

This \$100,000 FY17 request is to fulfill the second year of Trust commitment to this project to finalize the shelter improvements identified at the onset of the project. Supporting documents include the FY16 Trust memo, map of the distribution of domestic violence shelters, an estimate of behavioral health space/function and associated costs, and an estimate with detail of each shelter's project plan.

PROJECT DESCRIPTION & UPDATES

Seventeen shelters located throughout Alaska are benefitting from the \$4 million DVSI improvements and upgrades program. The shelters participating in this project are:

- [AWAIC](#), **Anchorage**
- [Arctic Women in Crisis](#) **Barrow**
- [Tundra Women's Coalition](#), **Bethel**
- [Safe and Fear-Free Environment](#) , **Dillingham**
- [Emmonak Women's Shelter](#), **Emmonak**
- [Interior Alaska Center for Non-Violent Living](#) , **Fairbanks**
- [South Peninsula Haven House](#) , **Homer**
- [Aiding Women in Abuse & Rape](#) , **Juneau**
- [The LeeShore Center](#), **Kenai/Soldotna**
- [Women in Safe Homes](#) , **Ketchikan**
- [Kodiak Women's Resource and Crisis Center](#), **Kodiak**
- [Maniilaq Family Crisis Center](#), **Kotzebue**
- [Alaska Family Services](#), **Palmer**
- [Bering Sea Women's Group](#), **Nome**
- [Sitkans Against Family Violence](#), **Sitka**
- [Unalaskans Against Sexual Assault](#), **Unalaska**
- [Advocates for Victims of Violence](#) , **Valdez**

- Of the 17 shelters, the Barrow shelter project is complete.
- Two of the shelters, in Anchorage and Sitka, have opted to combine the DVSI funded upgrade and maintenance projects with other capital projects being undertaken. The smaller DVSI projects will be less expensive when combined with larger project and having only one contractor minimizes disruption to the shelter.
- The Maniilaq shelter in Kotzebue is self-performing the work; they have access to local maintenance staff.
- **Five of the shelters, Juneau, Nome, Palmer, Unalaska, and Valdez have “construction”** (deferred maintenance and/or upgrades) contracts awarded and in varying stages of preparing for construction this summer.
- The remaining eight shelters all have technical design assistance contracts emplaced and are in various stages of design completion. The goal is to have all construction contracts awarded this spring so that projects may be completed in FY17.

Some of the biggest challenges have been the projects in eastern Alaska, off the road system. The sizes of the projects are rather small compared to what a contractor must do to mobilize for a project. Project management staff are negotiating where feasible, identifying maintenance work that can be accomplished through purchase orders and continuing to look for cost-effective local resources.

The procurement approach of pricing line items separately is working. It allows ACF Properties to award projects on budget, matching the scope to budget. This approach also easily facilitates an increase in scope (get more work done) if additional funding becomes available, either through the DVSI program or through efforts from the shelters to secure alternate funding.

It is worth noting that of the 17 shelters, six have secured additional funding to augment what the DVSI program is providing. However, approximately \$1.6 million worth of upgrade and maintenance needs have been identified and remain unfunded.

EVALUATION CRITERIA

The program will continue receiving services from the Pre-Development program in the form of project management to ensure the work is completed; this is coordinated through ACF. Evaluation of the program will take the form of a final report on the project activities, costs associated with the repairs needed at each location and a summary report. This information will be provided to the leadership at ACF and the funding partners of the Pre-Development program and steering committee members to help inform future funding for shelters across the state.

SUSTAINABILITY

Funding for domestic violence shelters in Alaska remains very thin and sustainability is an ongoing concern. This project will assist in preserving a number of shelters by prolonging use of the buildings or preventing health and safety hazards from disrepair. The Pre-Development program project managers and contractors will be able to communicate important information about the new equipment and systems being installed to the shelter operators in order to help them continue the regular routine maintenance of the buildings.

WHO WE SERVE

Individuals who stay at domestic violence shelters are community members in need of assistance to remain safe from violence in relationships. There is a need to protect the privacy of the families who stay at the shelter and as a result, reporting the exact numbers of people who experience conditions that qualify as Trust beneficiaries is challenging. The parents and families served by domestic violence shelters have experienced high levels of trauma, violence, and disruption to safe community living and experience addictions, mental illness, brain injury and/or developmental disabilities. The estimates were taken from the FY16 funding request.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING – FY16 ESTIMATES

Number of people served by shelters statewide	9,330
Number of bed nights provided statewide	99,524

BUDGET

Space or Facilities Costs	\$100,000
Space or Facilities Costs (Other Sources)	\$4,040,000
Space or Facilities Narrative:	Detailed project plans have been prepared through the Pre-Development program.

Total Amount to be Funded by the Trust	\$200,000 (\$100,000 authorized FY16 & \$100,000 requested FY17).
Total Amount Funded by Other Sources	\$4,040,000

Other Funding Sources	
State of Alaska Capital grant	\$2,000,000
Rasmuson Foundation matching grant	\$2,000,000
Mat-Su Health Foundation	\$15,000
Wells Fargo	\$25,000
Balance of funding for remainder of project(which includes other funders):	\$760,000
Total Leveraged Funds	\$4,040,000

ANDVSA Domestic Violence / Sexual Assault Programs in Alaska

ANCHORAGE

AWAIC- Abused Women's Aid in Crisis

STAR- Standing Together Against Rape

BARROW

AWIC- Arctic Women in Crisis

BETHEL

TWC- Tundra Women's Coalition

CORDOVA

CFRC- Cordova Family Resource Center

DILLINGHAM

SAFE- Safe and Fear-Free Environment

FAIRBANKS

IAC- Interior Alaska Center for
Non-Violent Living

HOMER

SPHH- South Peninsula Haven House

JUNEAU

AWARE- Aiding Women in Abuse
& Rape Emergencies

KENAI/SOLDOTNA

The LeeShore Center

KETCHIKAN

WISH- Women in Safe Homes

KODIAK

KWRCC- Kodiak Women's Resource & Crisis Center

KOTZEBUE

MFCC- Maniilaq Family Crisis Center

NOME

BSWG- Bering Sea Women's Group

SEWARD

SCS- Seaview Community Services

SITKA

SAFV- Sitkans Against Family Violence

UNALASKA

USAFV- Unalaskans Against Sexual Assault
& Family Violence

VALDEZ

AVV- Advocates for Victims of Violence



The State of Alaska encompasses 587, 878 square miles of land. It is 1,400 miles long and 2,700 miles wide, with over 47,000 miles of coastline. Less than 10% of the state has road service. U.S. Census Bureau 2010 population was 710,231.



DVSI Project Status by Location
22 March 2016

Location	Name	Status Notes
Anchorage	Abused Women's Aid in Crisis (AWAIC)	No change: MOA signed. No time extension contemplated.
Barrow	Arctic Women in Crisis (AWIC)	No change: Done
Bethel	Tundra Women's Coalition (TWC)	Verifying scope w/Exec. Dir. Design complete, being reviewed.
Dillingham	Safe and Fear-Free Environment (SAFE)	Engineers developing stand alone sewer system. Submittal to DEC shortly. Goal is to bid and build ASAP, this summer. Exec.Dir. has requested financial assistance with pumping.
Emmonak	Emmonak Women's Shelter	Bids received, \$80k over budget. YKHC, using local maintenance crews, to provide proposal.
Fairbanks	Interior Alaska Center for Non-Violent Living (IAC)	Re-roofing and self performed tasks complete. Design Alaska developing purchase orders. Exec. Dir. coordinating hardware specs with consultant.
Homer	South Peninsula Haven House (SPHH)	ECI developing documents.
Juneau	Aiding Women in Abuse & Rape Emergencies (AWARE)	Contract awarded for base bid. Negotiating for mechanical repairs and improvements.
Ketchikan	The LeeShore Center	ECI developing documents, plumbing as-builts done.
Ketchikan	Women in Safe Homes (WISH)	Design to be completed by end of month. Borough grant funding to be combined with DVSI work.
Kodiak	Kodiak Women's Resource and Crisis Center (KWRCC)	ECI developing documents. Concerns with occupancy levels and sprinkler requirements.
Kotzebue	Maniilaq Family Crisis Center (MFCC)	No change. MOA emplaced. Work is progressing slowly due to winter.
Nome	Bering Sea Women's Group (BSWG)	Contract signed December 18. Submittals process in progress. Work is scheduled this summer. Facility to close temporarily during work.
Palmer	Alaska Family Services (AFS)	Interior construction will complete this month. Exterior work to be accomplished later this spring. Possible change order (approx. \$1,000) for thermostat and control covers.
Sitka	Sitkans Against Family Violence (SAFV)	No change. MOA emplaced. May proceed with design work.
Unalakleet	Unalaskans Against Sexual Assault & Family Violence (USAFV)	Purchase order issued for first portion of work. Working with electrician for remainder.
Valdez	Advocates for Victims of Violence (AVV)	Construction contract awarded, \$5,071 over budget. Work to begin when weather breaks.

For additional background documentation on this agenda item, please see the hand-out at this [link](http://mhtrust.org/meeting/meeting-1420480728/):

<http://mhtrust.org/meeting/meeting-1420480728/>

MEMO

To: Carlton Smith, Finance Committee Chair
Date: March 31, 2016
Re: FY16 Partnership Grant Request
Fiscal Year: 2016
Amount: \$75,000.00
Grantee: Hydaburg Cooperative Association
Project Title: Hydaburg "Naa Iwaans" (Big Cedar House) Project

REQUESTED MOTION:

Recommend approval to the full board of trustees for a \$75,000 FY16 partnership grant to the Hydaburg Cooperative Association for the Hydaburg "Naa Iwaans" (Big Cedar House) project.

Assigned Program Staff: Katie Baldwin

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

PROJECT DESCRIPTION

The Hydaburg Cooperative Association plans to construct "Naa Iwaans" (**Big Cedar House**), a traditional rendition of a Haida Long House that will serve as a cultural gathering place in the Native Village of Hydaburg. Naa Iwaans is the centerpiece of Hydaburg's three-phase plan to re-instill cultural pride, and a sense of belonging within the youth and adults in our village. Naa Iwaans will enable the Tribe to use a community-based approach to offer an array of cultural activities and programs that will have a positive and direct impact on the community's struggles with substance abuse and suicide.

Problem being addressed: Over the past several years, the Native Village of Hydaburg has faced its share of alcohol and other drug abuse and suicides. Another recent suicide in the community has painfully brought to light the need for effective community-based and culturally-focused programs that reach youth and adults in Hydaburg who are struggling with substance abuse and mental health issues.

Target Population: Individuals with mental illness and chronic alcoholism and other substance related disorders, as well as children and youth at risk for becoming Trust beneficiaries.

Area Served: Hydaburg (located on Prince of Wales Island (POW)), as well as youth from across POW who participate in Hydaburg's annual Culture Camp.

What HCA Will Be Doing: A key component of the Tribe's Strategic Plan is to construct a community cultural center to replace the village's Alaska Native Brotherhood and Sisterhood (ANB/ANS) Hall that was recently torn down. The ANB/ANS Hall was the hub for healthy cultural and community activities in Hydaburg. Over the past several years, the Hydaburg Cooperative Association (HCA), the City of Hydaburg, and Haida Corporation have been collaborating to develop plans to construct "Naa Iwaans Big Cedar House."

In November, 2015 the Rasmuson Foundation approved a "Top Off" grant of \$400,000 to construct Naa Iwaans, with the provision that HCA raises the balance of funds needed (\$160,000). HCA has committed \$85,000 in cash to help meet this provision. This Trust proposal requests the remaining \$75,000 needed to meet the Rasmuson Foundation match.

HCA is aware that the Trust typically does not support construction of cultural center projects. However, the Tribe views the construction of Naa Iwaans, and the programs that will be offered within, as a critical part of its strategy to combat substance use and suicide in the community. Naa Iwaans will host culturally-based programs and activities that research and history have shown to develop important protective factors in Native American well-being.

Expected Outcomes: The construction of Naa Iwaans will increase the Tribe's capacity to offer cultural programs for youth and adults including: cedar bark weaving, paddle and mask carving, beading, Haida language and dance groups, and traditional food gathering and preparation. Naa Iwaans will offer local youth and adults a safe place to go in a rural village that has very few other recreational and after-school drug and alcohol-free options. Additionally, the Tribe has hosted a Culture Camp for the past 15 years. In 2015, over 2,000 people participated in Hydaburg's Culture Camp. Naa Iwaans will provide a permanent "home" for this important prevention program.

Evidence of Community Support: The City and Tribe are donating staff time and the use of heavy equipment to complete all site work; Four Square Church volunteers, including architects and engineers have donated all A&E work and will assist in construction; the lumber has been donated by the local village corporation, Haida Corp.; and the Tribe has committed \$85,000 in cash.

EVALUATION CRITERIA

As noted above, we understand that the Trust typically does not support construction of cultural center projects. Since grant funding will not be used to create or support a specific program, but rather to help build the cultural center where these important programs will eventually be offered, the evaluation-performance measures during the duration of the grant, will be very straight forward. These measures will include:

- The construction will be completed on-time, by 12/31/2016
- The construction project will be completed on or under budget (\$560,000 cash and \$571,500 in-kind)
- Over 25 local and visiting volunteers will donate their time to assist in the construction

Once Naa Iwaans is constructed, there are several evaluation-performance measures that will be tracked beyond the scope of this grant, using a "Naa Iwaans Activity Logbook":

- Number and type of cultural programs, classes, and activities that are held in Naa Iwaans
- Number of youth and adults that participate in activities and events
- Number of youth and adult participants in Hydaburg's annual Culture Camp
- Number and type of programs and activities that are held at Hydaburg's annual Culture Camp
- Number and type of community gatherings including: potlatches, memorial events, and dance performances that are held in Naa Iwaans, along with the number of attendees

SUSTAINABILITY

With the recent demolition of Hydaburg's ANB/ANS Hall, Naa Iwaans will be the cultural hub of Haida and other community activities in Hydaburg for many decades to come. The Tribe will own the building, and has committed to paying for all ongoing maintenance, repairs, utilities, and janitorial costs. The source of these ongoing facility operation costs will be from facility rental fees from outside groups renting the facility, donations from tourists and visitors to the facility, and from the Tribe's unrestricted funds. The Tribe has a "Housing Department" that includes several skilled carpenters and laborers who will be responsible for facility maintenance and repairs as needed. The majority of the programs that will take place in Naa Iwaans are already self-supporting, including the annual Culture Camp, monthly Haida dance practices, Haida language classes, etc.

WHO WE SERVE

Beneficiaries include individuals with mental illness and chronic alcoholism and other substance related disorders, as well as children and youth at risk for becoming Trust beneficiaries.

In Hydaburg, our biggest asset is our Haida culture. Strengthening cultural ties to the past, and finding ways to incorporate Haida culture into everyday life are essential protective factors for our children, adults and Elders. A strong connection to culture builds self-confidence, a sense of belonging, and an appreciation for one's place in the world. These developmental assets build resiliency in our youth and families, and reduce the destructive impacts of substance abuse and substance related disorders.

Substance abuse research literature contains ample examples of the essential role that culture plays in prevention and treatment programs for American Indian and Alaska Native individuals. A strong sense of belonging, an important protective factor, comes from an emphasis on cultural ties and social relationships, as well as a sacred sense of connection to one's ancestry and Tribal history. Youth and adults who continue to return to the beliefs and activities that sustained their ancestors will be healthier and less likely to be caught up in the snare of substance use, depression, and suicide.

HCA's Tribal Administrator recently said, "We feel that teaching our children and young adults about their culture will give them self-identity and show them the Haida way of life as it used to be. This improves their self-esteem and a sense of pride for their heritage."

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Mental Illness:	40
Developmental Disabilities:	10
Substance Abuse	60
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	200
Non-Beneficiaries:	150

BUDGET

Personnel Services Costs	\$0.00
Personnel Services Costs (Other Sources)	\$166,000.00
Personnel Services Narrative:	Four Square Church volunteers and existing HCA staff will provide all of the labor to construct Naa Iwaans. This total labor cost is estimated to be \$166,000.

Supplies Costs	\$75,000.00
Supplies Costs (Other Sources)	\$605,000.00
Supplies Narrative:	This \$680,000 in "supplies" includes \$379,080 for building materials, \$170,000 for HVAC, equipment and supplies, \$120,000 for lumber, and \$10,920 for electrical supplies. Of this total amount, the Rasmuson Foundation has committed \$400,000, the Hydaburg Cooperative Association has committed \$85,000, and the Haida Corporation has committed the lumber that is valued at \$120,000. The remainder constitutes the AMHTA grant request of \$75,000.

Other Costs	\$0.00
Other Costs (Other Sources)	\$285,500.00
Other Costs Narrative:	Other Costs include: - Architecture and Engineering Work completed by Four Square Church volunteer architects and engineers - \$110,500 - Land donated by Hydaburg Cooperative Association, valued at \$75,000 - Site Work to prepare for construction is valued at \$100,000. All heavy equipment, fill material and labor for site work will be donated by the City of Hydaburg and the Hydaburg Cooperative Association.

Total Amount to be Funded by the Trust	\$75,000.00
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Total Amount Funded by Other Sources	\$1,056,500.00
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Other Funding Sources	
Hydaburg Cooperative Association	\$210,000.00
City of Hydaburg	\$50,000.00
Haida Corporation	\$120,000.00
Four Square Church	\$276,500.00
Rasmuson Foundation	\$400,000.00
Total Leveraged Funds	\$1,056,500.00

Capital Project Questionnaire

Organization name: Hydaburg Cooperative Association

Contact: Jonathan Wunrow, HCA Program Manager and Grant Writer

Email: jonwunrow@gmail.com

Phone: (907) 617-9956

A. Organizational Issues

A1	What is your organization's core mission? How does this project fit into your core mission?	<p>Response: The mission of the Hydaburg Cooperative Association is, <i>"to honor, strengthen, and preserve our Haida culture and language through fostering healthy children and families who have pride and dignity in the community and culture, and by creating economic development opportunities for all of our people."</i> HCA is committed to nurturing the resurgence of the Haida culture to re-instill a sense of pride, dignity, and traditional values that lead to healthier families and a healthy community.</p> <p>The Hydaburg Cooperative Association plans to construct "Naa Iwaans - Big Cedar House," a traditional rendition of a Haida Long House that will serve as a cultural gathering place in the Native village of Hydaburg. Naa Iwaans is the centerpiece of Hydaburg's three-phase plan to re-instill cultural pride, and a sense of belonging within the youth and adults in our village. Naa Iwaans will enable the Tribe to use a community-based approach to offering an array of cultural activities and programs that will have a positive and direct impact on the community's struggles with substance abuse and suicide.</p>
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?	<p>Response: The Hydaburg Cooperative Association has a Strategic Plan that was approved and adopted by the Tribal Council. The Plan is reviewed and monitored several times throughout the year. The Strategic Plan includes a significant focus on nurturing a resurgence of Haida culture by completing a three-phase plan. The goal of the plan has been to re-instill a sense of pride in Haida culture and values. Phase I was the re-carving of 21 totem poles that once stood in the village, but had fallen into disrepair. The final three poles were raised during Hydaburg's annual Culture Camp in 2014. Phase II included the construction of a carving building where local Master Carvers could work and share their knowledge and skills with others. The Hydaburg "Carving Shed" was completed in 2013. Phase III focuses on the construction of "Naa Iwaans – The Big Cedar House," a traditional rendition of a Haida Long House that will serve as a cultural center, and this is the focus of a funding proposal to The Trust.</p>
A3	Does this project fit into a community or regional plan or process? How?	<p>Response: The Hydaburg Cooperative Association (federally recognized Tribe), the City of Hydaburg, and Haida Corporation (ANCSA Village Corporation) have come together to form a collaborative organization called the "United Front." The purpose of the United Front</p>

		is to share assets and resources of the three respective organizations, to strengthen Haida culture and foster a healthier community. The Naa Iwaans construction project is currently the highest priority of the United Front's efforts for 2016.
A4	How many months of operating reserves do you maintain?	Response: 12 Months
A5	Have you explored opportunities for collaboration with other organizations on this project? If so, how?	Response: HCA is already collaborating with several organizations on the Naa Iwaans construction project. These organizations include: the City of Hydaburg (assisting with site work, providing heavy equipment, and assisting with local utility planning and hook-ups); Haida Corporation (providing the majority of the lumber that will be used for the project); Four Square Church Volunteers (including carpenters, engineers, architects, and general laborers) have all been involved in the project. All A&E work has been donated by Four Square volunteers; Hydaburg Master and Apprentice Carvers (will be carving 8 interior house posts, two carved cedar panels, and 2 exterior totem poles).

B. Program Issues

B1	What are your current services and how will the project enhance/expand your services?	Response: Governed by a seven-member elected Tribal Council, the Tribe provides an array of services to the 450 community members of the village of Hydaburg including: traditional carving, Haida language, youth programs, housing, social services, environmental protection, transportation, and economic development. Once it is built, Naa Iwaans will be the community's hub for providing Haida language, dance, and other cultural programs and activities for Hydaburg's youth and families.
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C. Site Issues

C1	Has a site been identified for this project?	Response: As in most SE Alaska Native communities, the Alaska Native Brotherhood and Sisterhood (ANB/ANS) Hall in Hydaburg has served the village since the 1930's as a central gathering point for cultural activities, celebrations, language classes, Haida dance group practices, and the annual youth culture camp. Over the past few years, the local Hall's state of disrepair has rendered the building unsafe for public use. The Hydaburg ANB/ANS Hall was demolished in February 2016. This site will serve as the location for the construction of Naa Iwaans.
C2	Were alternative sites fully evaluated?	Response: Other locations in Hydaburg were discussed, however, the ANB/ANS Hall site is located in the center of the community, and for decades has been the place where locals have come for important community and cultural events. All of the planning entities have determined that it is the obvious site for Naa Iwaans to be constructed.
C3	Has the selected site been evaluated for appropriate size, access, utilities, and environmental constraints?	Response: Yes. Naa Iwaans will be built within the footprint of the original ANB/ANS Hall and so no additional ground disturbance is anticipated that would result in environmental concerns. There are already city utilities at the site.
C4	Has a site plan been completed?	Response: Yes. A site plan along with all A&E construction drawings are complete and available upon request.
C5	What is the status of site ownership?	Response: This site is owned by the City of Hydaburg.

D. Facility Issues

D1	Explain why you need a	Response: As was noted above, the Alaska Native Brotherhood and
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	new, expanded, or remodeled facility.	Sisterhood (ANB/ANS) Hall in Hydaburg has served the village since the 1930's as a central gathering point for cultural activities, celebrations, language classes, Haida dance group practices, and the annual Culture Camp. Over the past few years, the Hall's state of disrepair has rendered the building unsafe for public use. The Hydaburg ANB/ANS Hall was demolished in February 2016. With the Hall now demolished, there are no other Tribal or City owned buildings that can be used to hold youth cultural activities and events including dance practices and performances, summer culture camp (attended by over 1,250 people in 2015), language classes, large community meals and celebrations, and other clean and sober community activities.
D2	How much total square footage do you think you will need?	Current plans for Naa Iwaans are for a 40ft x 80ft building. This includes a 350sf commercial kitchen, a 2,400sf central area, along with restrooms, and adequate storage space.
D3	Has a construction cost estimate been prepared? Who prepared it?	Response: Yes, a detailed construction cost estimate has been prepared by Stephen E. Guenther of Guenther, Mills, Keating Architects.

E. Financial Issues

E1	Is the full cost of the project identified?	Response: \$1,146,500
E2	What funding has been identified for the capital project? Please provide amounts and sources.	Response: The following funds and in-kind services have been committed: \$400,000 Rasmuson Foundation; \$100,000 cash committed by HCA; \$166,080 donated labor by Four Square Church volunteers; \$120,000 donated lumber from Sealaska Corp.; \$75,000 A&E work from Guenther, Mills, Keating Architects; \$100,000 land value from City of Hydaburg; \$100,000 for site improvement donated by HCA and the City of Hydaburg.
E3	How will increased operating expenses be covered?	Response: Operating costs will be paid by the Tribe through their general funds and through lease fees for outside groups who rent the facility.

F. Other information that helps explain your project:

	<p>Naa Iwaans will be constructed in the form and style of a traditional Haida long house. The interior will include eight interior house posts and two large carved cedar panels that will be carved by local Haida Master carvers with the assistance of youth and young adult apprentices. The exterior will include two large totem poles that will also be carved locally. The new facility will serve as the cultural hub of the community.</p> <p>HCA is aware that the AMHTA typically does not support capital/construction projects. However, the Tribe views the construction of Naa Iwaans, and the programs that will be offered in this new building, as a critical part of its strategy to combat substance use and suicide in the community. Naa Iwaans will provide a community-based and culturally grounded approach to prevention and early intervention that research and history have proven to be one of the principal protective factors for the well-being of Native Americans.</p>
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