

MEETING AGENDA

Meeting: Finance Committee
Date: April 20, 2017
Time: 2:30 PM
Location: Trust Authority Building, 3745 Community Park Loop, Anchorage
Teleconference: (844) 740-1264 / Session Number: 805 183 279 # / Attendee Number: #
<http://thetrust.webex.com>
Trustees: Larry Norene (Chair), Laraine Derr, Paula Easley, Mary Jane Michael, Jerome Selby, Carlton Smith, Russ Webb

Thursday, April 20, 2017

Page No.

2:30 pm	<u>Call Meeting to Order (Larry Norene, Chair)</u> Roll Call Announcements Approve Agenda Ethics Disclosure Approve Minutes – 01/05/17		4
2:45	<u>Staff Report Items/Approvals</u> Cash Management Reports – Greg Jones, CEO (interim) FY2018 Budget Update – Greg Jones, CEO (interim), Jeff Jessee, Program Officer & Legislative Liaison	Hand-Out	
3:15	<u>Approvals</u> Trust Land Office • FY18 Real Estate & Program Related Real Estate Facility Budgets		14
	Focus Area Allocations • Alzheimer's Resource Alaska / HLTSS • Re-Entry Coalition Coordinators / Disability Justice • Tanana Chiefs Conference Sobering Center / SAPT • BPI Grants Approvals / BEE	\$ 150,000 \$ 400,000 \$ 210,939 \$ 1,195,370	18 22 24 33
	FY18 Unallocated Partnership Funds - \$1,500,000 Partnerships • Cook Inlet Tribal Council, Inc. (FY18) • Christian Health Associates (FY18) • Tanana Chiefs Conference (FY18) • The Children's Place (FY18)	\$ 75,000 \$ 75,000 \$ 50,000 \$ 25,000	36 48 55 68
	Total Partnership Requests:	\$ 225,000	
4:30 pm	Adjourn		

Future Meeting Dates

Full Board of Trustee / Planning / Resource Management / Finance 2017 / 2018 / 2019

(Updated – March 24, 2017)

Planning Committee Dates:

- August 1-2, **2017** (Tue, Wed)
- October 17, **2017** (Tue)
- **January 4, 2018** (Thu)
- **April 18, 2018** (Wed)
- **Jul 31- Aug 1, 2018** (Tue, Wed)
- **October 17, 2018** (Wed)
- **January 3, 2019** (Thu)
- **April 17, 2019** (Wed)
- **Jul 30-31, 2019** (Tue, Wed)
- **October 16, 2019** (Wed)

Resource Management Committee Dates:

- August 3, **2017** (Thu)
- October 17, **2017** (Tue)
- **January 4, 2018** (Thu)
- **April 18, 2018** (Wed)
- **Aug 2, 2018** (Thu)
- **October 17, 2018** (Wed)
- **January 3, 2019** (Thu)
- **April 17, 2019** (Wed)
- **Aug 1, 2019** (Thu)
- **October 16, 2019** (Wed)

Future Meeting Dates

Full Board of Trustee / Planning / Resource Management / Finance 2017 / 2018 / 2019

(Updated – March 24, 2017)

Finance Committee Dates:

- August 3, **2017** (Thu)
- October 17, **2017** (Tue)
- **January 4, 2018** (Thu)
- **April 12, 2018** (Wed)
- **August 2, 2018** (Thu)
- **October 17, 2018** (Wed)
- **January 3, 2019** (Thu)
- **April 17, 2019** (Wed)
- **Aug 1, 2019** (Thu)
- **October 16, 2019** (Wed)

Full Board of Trustee Meeting Dates:

- May 3-4, **2017** (Wed, Thu) – Mat-Su
- 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
- **January 30-31, 2019** (Wed, Thu) – JUNEAU
- **May 8, 2019** (Wed) – TBD
- **September 4-5, 2019** (Wed, Thu) – Anchorage – TAB
- **November 14, 2019** (Thu) – Anchorage – TAB

ALASKA MENTAL HEALTH TRUST AUTHORITY

FINANCE COMMITTEE MEETING

January 5, 2017
12:20 P.m.

Taken at:

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

OFFICIAL MINUTES

Trustees present:

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

Trust staff present:

Greg Jones
Jeff Jessee
Steve Williams
Miri Smith-Coolidge
Amanda Lofgren
Heidi Wailand
Carley Lawrence
Luke Lind
Michael Baldwin
Carrie Predeger
Katie Baldwin-Johnson
Valette Keller

Trust Land Office present:

John Morrison

Others participating:

Kathy Craft; Kevin Buckland (via Speakerphone); Kate Burkhart (via Speakerphone); Patrick Reinhart; Denise Daniello (via Speakerphone); Chris Kowalczewski (via Speakerphone); Daniel Delfino (via Speakerphone); Beth Edmonds-Merritt; Nate Boltz; Lisa Terwilliger; Bill Hogan; Keith Hamilton; Ray Scheller; Kris Jez; Charlene Vassar.

PROCEEDINGS

CHAIR NORENE calls the Finance Committee meeting to order, stating that all trustees are present. He asks for any announcements. There being none, he asks for any ethics disclosures.

TRUSTEE WEBB discloses that he has a relative who receives services through Hope.

CHAIR NORENE asks if there are any objections to Trustee Webb participating. Seeing none, he recognizes Trustee Michael.

TRUSTEE MICHAEL discloses that, in regard to Challenge Alaska and Hope Community Resources, she sits on the other trust and has awarded funding for both of those projects.

CHAIR NORENE asks if she considers it a conflict.

TRUSTEE MICHAEL replies no.

CHAIR NORENE asks if there is any objection to Trustee Michael participating. There being none, he asks for any other disclosures. Hearing none, he moves to the minutes of October 26, 2016.

TRUSTEE EASLEY makes a motion to approve the minutes of October 26, 2016.

TRUSTEE MICHAEL seconds.

There being no objection, the motion is approved.

CHAIR NORENE moves to the cash management report and recognizes Mr. Buckland.

CASH MANAGEMENT REPORT

MR. BUCKLAND begins the cash management report through November, which is five months through the fiscal year. He highlights a few points, explaining as he goes along. In response to trustee requests, a real estate return has been added. Most recently available is, as of September 2016, returns on the real estate managed by the Land Office. He continues and points out that the Trust Authority Development account is just at \$17.1 million. That is the cash that is available in total. He continues through the report and then concludes his presentation. He asks for any questions.

MR. JONES asks about the total budget reserve, and if it is at \$124 million right now.

MR. BUCKLAND replies correct.

MR. JONES states that some expertise is needed to help review this number and that the total requirements are coming forward to see if recommendations can be made to start inflation-proofing.

A discussion on inflation-proofing ensues.

TRUSTEE DERR states that a contractor reviewed the finances, and she asks if that could be reviewed with the Finance Committee.

CHAIR NORENE replies that was the Makita contract, and asks Mr. Jones to continue.

MR. JONES states that he looked at the graph and into the scope of services and what they were asked to do. He continues that it was difficult to find exactly what they had to do. He adds that the verbatim of what was said at that meeting shows that there was a discussion, but there was no motion made by the board about the study. He states that staff took that discussion as guidance and developed the study; but the study that was received from Makita was not close to what Trustee Webb had stated. He continues that it was not an allocation study, but is an investment strategy or investment policy study. He adds that Mr. Buckland has asked Makita to look at the study and come back with more emphasis on allocation to at least address the guidance that was received from the board at that time.

MR. BUCKLAND states that they are working on addressing the issues, and we hope to get a draft in the near future.

CHAIR NORENE moves to the proposed motion.

TRUSTEE DERR makes a motion that the Finance Committee recommends that the Full Board of Trustees authorize the transfer of \$20,013,000 from the Alaska Permanent Fund budget reserve account to the Mental Health Settlement Income account to finance the FY 2017 base disbursement payout calculation. This may be fulfilled with one lump sum or multiple transfers.

TRUSTEE WEBB seconds.

There being no objection, the motion is approved.

2016 BUDGET UPDATE

MR. JONES states that Mr. Jessee will continue.

MR. JESSEE begins by looking at the Governor's budget compared to what was recommended, and gives a broad overview. He states that there will be more detailed budget information as it gets closer to the session and the January meeting. He adds that it is not the best situation, but it could have been worse. The partners will be worked with to contain the damage as close to what the Governor has recommended.

TRUSTEE MICHAEL asks how the Department fared.

MR. JESSEE replies that they have some reductions, and Medicaid is going to take a significant reduction. Part of the problem with the Medicaid program is that the Legislature passed Senate Bill 74 and anticipated major reforms with significant savings. He states, that does not happen very quickly and a lot of effort will have to be directed to reinforcing that with the Legislature. He continues that it is going to be a matter of advocating for patients that their reform effort is on track and savings will be generated.

TRUSTEE WEBB asks what percentage of that DD grant cut was to the overall budget.

MR. REINHART replies 48 percent. He states that the understanding is that the Division is taking a deep dive into all the people on the grant-funded program to see what services might be available.

TRUSTEE WEBB states that his fear is this cut will hurt beneficiaries. There are going to be people that lose services if this goes through, and it is a matter of knowing what the magnitude of that looks like.

CHAIR NORENE asks for any other comments or questions. There being none, he moves on to approvals.

APPROVALS

TRUSTEE WEBB makes a motion that the Finance Committee recommends that Alaska Mental Health Trust Board of Trustees approve a reallocation of the original budget previously approved for the expenditure of principal funds for sewer and water infrastructure improvements to and for a portion of the parcel known as Yosemite. The original Yosemite budget request was for \$900,000, and the available balance is \$485,000. The reallocation request will make the \$485,000 now available towards the Yosemite Road access improvements.

TRUSTEE MICHAEL seconds.

There being no objection, the motion is approved.

TRUSTEE WEBB makes a motion that the Finance Committee recommends that the Alaska Mental Health Trust Board of Trustees authorize the executive director of the TLO to represent the Trust's interests in the Yosemite Drive utility extension and road access improvements project, project No. 2014-83. This will include reallocations to the expenditure of the approved budget resultant to future Yosemite changes in project scope, as necessary.

TRUSTEE MICHAEL seconds.

TRUSTEE SELBY asks for a roll call vote.

Roll-call: Trustee Webb, yes; Trustee Michael, yes; Trustee Norene, yes; Trustee Smith, yes; Trustee Derr, yes; Trustee Selby, no; Trustee Easley, yes. The motion is approved.

CHAIR NORENE moves on to the general authority grant for the Predevelopment Program. He recognizes Ms. Baldwin-Johnson.

MS. BALDWIN-JOHNSON recognizes Chris Kowalczewski with the Predevelopment Program who is on the line. Daniel Delfino with Alaska Housing and Finance is also on line in case there are some questions. She states that this memo is in regard to the Predevelopment Program and is a follow-up to the memo and discussion in December for a proposed approval process for how trustees would be able to have input and approve projects that are coming through

Predevelopment prior to allocating any Trust funding through the program. She continues that there are two items that are being attempted to be accomplished in this memo: First, is the approval of a combined Authority Grant in the amount of \$80,000, of which \$10,000 is included. She states that the recommendation was to seek authorization to pull an additional \$10,000 from the prior approved Predevelopment fund and allocate it to predevelopment to be used towards a pooled prediscovery fund for contractual work with projects that are initiating contact with Predevelopment. The second part of the \$80,000 is a \$70,000 Alaska Housing and Finance reimbursable services agreement fund where they are a funding partner of the Predevelopment Program. This is very similar to some of the other relationships with other parts of State government; funds can be RSA'd to other departments and reallocated for certain purposes.

CHAIR NORENE asks if Mr. Delfino would comment on the process of the RSA of funds.

MR. DELFINO states that the \$70,000 is a figure that Bryan Butcher, the executive director, authorized to commit to the Predevelopment Program. He explains that the funds would cover Predevelopment expenses for any type of housing proposals. This could be anything for long-term senior housing, for housing for Trust beneficiaries like under the special needs housing grant program. He continues that this would be a fairly broad purpose as long as it was housing development.

TRUSTEE WEBB makes a motion that the Finance Committee approves an \$80,000 FY17 general authority grant to the Foraker Group Predevelopment Program: \$10,000 is allocated from prior trustee approved FY17 Predevelopment funding to provide the Trust contribution and pooled resource available for funding discovery on Predevelopment projects; \$70,000 of this approval is a reimbursable services agreement from Alaska Housing Finance Corporation to the Trust for the Predevelopment Program.

TRUSTEE MICHAEL seconds.

There being no objection, the motion is approved.

TRUSTEE WEBB makes a motion that the Board of Trustees direct staff to bring Predevelopment projects forward for approval utilizing the existing approval process for Authority Grants. Projects under \$50,000 are reviewed and approved by the Finance Committee. Any projects above \$50,000 are reviewed by the Finance Committee and, if approved, forwarded with recommendation to the Full Board of Trustees. He clarifies that those amounts respect amounts of Trust funds only, not full project costs.

TRUSTEE SMITH seconds.

TRUSTEE DERR asks if this motion is necessary. The Finance Committee can now approve anything up to \$50,000. It seems that this is already in effect.

MS. BALDWIN-JOHNSON replies that it is already in effect. But when the verbatim was reviewed and in the request to staff to put together a proposed process for approval, it was discussed that all Predevelopment projects would come to the Full Board of Trustees for approval. Staff realized that was not consistent with existing procedures and wanted to clarify

that was acceptable for trustees to utilize that process versus bringing all Predevelopment projects before the Full Board.

There being no objection, the motion is approved.

PARTNERSHIPS

KEIL CENTER FOR ADAPTIVE SPORTS, THERAPEUTIC RECREATION, AND EDUCATION, CHALLENGE ALASKA

CHAIR NORENE moves to partnerships. He states that the first item is the land acquisition, Keil Center for Adaptive Sports, Therapeutic Recreation, and Education, for Challenge Alaska.

MS. LOFGREN thanks Beth Edmonds, the executive director of Challenge Alaska, for joining us. She states that Nate Boltz, who is a board member, as well as a member of the land acquisition committee, is also here. She states that this project is a request of funding to be able to purchase the land under Challenge Alaska's building. There is a long-term lease agreement, which is ending. There is a clause in there that the land needs to be purchased, and that is the purpose of the funding request.

TRUSTEE MICHAEL asks how much longer it will take to raise the balance of the funds, which is maybe 80 percent.

MS. EDMONDS-MERRITT states that they are over a year into the project and the lease calls for the purchase in November of 2018. However, the CDBG funds received need to be expended by April 2018. She continues that this funding will put it at about \$900,000, and the appraisal is \$1,014,000. She adds that she is presenting to Girdwood 2020 on Saturday, and will present to Rasmuson in the spring.

TRUSTEE WEBB makes a motion that the Finance Committee recommends approval to the Full Board of Trustees for a \$75,000 FY17 partnership grant to Challenge Alaska for the land acquisition of the Keil Center for Adaptive Sports, Therapeutic Recreation, and Education project.

TRUSTEE EASLEY seconds.

There being no objection, the motion is approved.

HOPE COMMUNITY RESOURCES FOR THE KENAI INTENTIONAL NEIGHBORHOOD.

MS. LOFGREN introduces Roy Scheller, the CEO of Hope, and Kris Jez, the director of Hope Community Resources. She states that this project has been a long time coming and the amount of community and parent and beneficiary direction that this project has brought forward has been huge. They have purchased the land on the Kenai and it is to build six group homes on that property. This funding is for the first phase, specifically to get the utilities on-line this summer. She continues that this project provides many opportunities. It is in a residential community.

The plan is to have a barn, an apartment, and beneficiaries to have some employment opportunities through microenterprise-type projects.

TRUSTEE DERR makes a motion that the Finance Committee approve a \$50,000 FY17 partnership grant to Hope Community Resources, Inc., for the Kenai Intentional Neighborhood project.

TRUSTEE WEBB seconds.

TRUSTEE EASLEY states that there are approximately 575 individuals on Hope's census and asks if that is 575 people on a waiting list for facilities, or are they already in the facility.

MR. SCHELLER explains that they are young people already in the service system. He continues that in talking with families with children living at home, they describe more this sense of having some type of intentional neighborhood that is operated as a co-op.

There being no objection, the motion is approved.

ALASKA CHRISTIAN COLLEGE

CHAIR NORENE states that the next partnership grant would be to Alaska Christian College for establishing an associate in arts degrees in behavioral health.

MS. BALDWIN-JOHNSON introduces Keith Hamilton, president of Alaska Christian College. She states that the Trust has been working collaboratively with ACC over the past few years and has supported some of their efforts. She continues that this is a two-phase project. The first phase was to develop the curriculum and some funding support that enabled the hiring of a curriculum specialist to develop a behavioral health AA degree curriculum. The second phase is enabling the hiring of the faculty and getting them on board. It will cover the operational cost of that expense. The ACC has proposed to split that cost with the Trust over a two-year period.

TRUSTEE SMITH makes a motion that the Finance Committee approve the \$48,000 FY17 partnership grant to the Alaska Christian College for the establishment of the associate in arts degree in behavioral health project.

TRUSTEE DERR seconds.

TRUSTEE EASLEY comments that in the workforce development efforts over the years, we have really tried to get people from the villages who have the potential of being educated in behavioral health and then returning to the village. She states that the successes have not been many. She is thrilled that this degree program is coming on board.

TRUSTEE DERR asks how the van is working.

MR. HAMILTON replies that there are two vans with not a scratch, and they are almost seven months old. He states that they are grateful for the vans.

There being no objection, the motion is approved.

CHRISTIAN HEALTH ASSOCIATES FOR PATIENT BENEFITS AND PATIENT SERVICES.

MS. LOFGREN introduces Charlene Vassar, the executive director of Project Access. She states that this has been a longstanding partnership with Project Access to provide healthcare services to beneficiaries, and also some translation services and transportation. She continues that there are only eight certified application counselors in the state which are important in terms of individuals applying through the Affordable Care Act and, basically, the Medicaid expansion population. These counselors can help with enrollment. Having two of these counselors doing outreach to beneficiaries at Bean's Café is a really critical component for beneficiaries to be able to access and enroll in Medicaid. She states that the main focus for this year will be for this outreach and engagement to be able to enroll in Medicaid.

TRUSTEE WEBB makes a motion that the Finance Committee approve the \$25,000 FY17 partnership grant request to Christian Health Associates for the Patient Benefits and Patient Services project.

TRUSTEE DERR seconds.

There being no objection, the motion is approved.

UNIVERSITY OF ALASKA FOR BEHAVIORAL INTERVENTION TEAM TRAINING

MS. BALDWIN-JOHNSON states that Kathy Craft has been working with this project very closely and asks her to continue.

MS. CRAFT introduces Lisa Terwilliger, the University of Alaska Anchorage's CARE team coordinator. She adds that Bill Hogan, the dean of College of Health was here, but had a meeting to attend. She states that this proposal gives an opportunity to train and certify university faculty and staff in evidence-based case management and intervention techniques. She continues that, right now, there are approximately 12,000 Trust beneficiaries getting higher education and they need additional support and services by a skilled and trained workforce. She adds that the first phase was targeted intervention and screening and extreme campus threats. This second phase would certify the teams in case management and intervention.

TRUSTEE WEBB makes a motion that the Finance Committee approve a \$20,500 FY17 partnership grant to the University of Alaska Anchorage for the Behavioral Intervention team training.

TRUSTEE EASLEY seconds.

There being no objection, the motion is approved.

CHAIR NORENE asks if there is anything else to be considered. If not, he asks for a motion to adjourn.

TRUSTEE WEBB makes a motion to adjourn the Finance Committee meeting.

TRUSTEE MICHAEL seconds.

(Finance Committee meeting adjourned at 1:26 p.m.)

	Item Type	Proposal	Organization	Page #	Proposed Motion
1	Trust Land Office Item	FY18 Real Estate and Program-Related Real Estate Facility Budgets	Trust Land Office		<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 \$8,538,000 budgeted for the fiscal year 2018 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 Non-Investment/Program Related Real Estate – Trust Funded properties in the amount of \$555,000 for the fiscal year 2018, which appropriation shall not lapse.”</p> <p>Proposed Motion Three: “The Finance Committee recommends that the Trust Authority board of trustees instruct the CEO to transfer up to \$555,000 to the third-party property manager, as requested by the TLO, for management of the Non-Investment/Program Related Real Estate – Trust Funded properties and capital improvements to the Non-Investment/Program Related Real Estate – Rent Funded properties.”</p>
2	Focus Area Allocation - Housing	Person Centered Care Coordination	Alzheimer's Resource of Alaska		Approve a \$150,000 FY18 housing focus area allocation to the Alzheimer's Resource of Alaska for Person Centered Care Coordination.
3	Focus Area Allocation - Disability Justice	Local Reentry Coalition Coordinator and Coalition Capacity Development	Multiple Grantees		Approve a FY18 focus area allocation in the amount of \$400.0 from the FY18 Local Reentry Coalition Coordinator line of the Criminal Justice Reform and Reinvestment Priority/Disability Justice focus area funds to support Local Reentry Coalition Coordinators and Coalition Capacity Development. The funds for this project will be allocated to the fiscal agents listed in the below table.
4	Focus Area Allocation - Substance Abuse Prevention and Treatment	Fairbanks Sobering Center Lease-Cost Assistance Request	Tanana Chiefs Conference		Approve a \$210,939 FY17 Substance Abuse Prevention and Treatment focus area allocation to the Tanana Chiefs Conference for the Fairbanks Sobering Center Lease-Cost Assistance Request.
5	Focus Area Allocation - Beneficiary Employment & Engagement	FY18 Beneficiary Employment and Engagement Program Grants	Multiple Grantees		Recommend approval of \$1,195,370 Beneficiary Employment and Engagement focus area allocation for the purpose of FY18 BPI grant funding.
6	Partnership	Ernie Turner Center, Eklutna	Cook Inlet Tribal Council, Inc.		Recommend approval to the full Board of Trustees for a \$75,000 FY18 partnership grant request to Cook Inlet Tribal Council for the Ernie Turner Center, Eklutna.
7	Partnership	Anchorage School Based Health Centers - Expansion	Christian Health Associates		Recommend approval to the full Board of Trustees for a \$75,000 FY18 partnership grant request to Christian Health Associates for the Anchorage School Based Health Centers Expansion project.
8	Partnership	Circle Health Clinic	Tanana Chiefs Conference		Approve a \$50,000 FY18 partnership grant with the Tanana Chiefs Conference for the Circle Health Clinic.
9	Partnership	A Sustainable Facility for The Children's Place	The Children's Place		Approve a \$25,000 FY18 partnership grant request to the Children's Place for the Sustainable Facility for the Children's Place project.



To: Larry Norene, Chair
Finance Committee
From: Craig Driver
Date: 4/20/2017
Re: FY18 Real Estate and Program-Related Real Estate Facility
Budgets – Item 1
Fiscal Year: 2018
Amount: \$9,093,000

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 \$8,538,000 budgeted for the fiscal year 2018 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 Non-Investment/Program Related Real Estate – Trust Funded properties in the amount of \$555,000 for the fiscal year 2018, which appropriation shall not lapse.”

Proposed Motion Three: “The Finance Committee recommends that the Trust Authority board of trustees instruct the CEO to transfer up to \$555,000 to the third-party property manager, as requested by the TLO, for management of the Non-Investment/Program Related Real Estate – Trust Funded properties and capital improvements to the Non-Investment/Program Related Real Estate – Rent Funded properties.”

Background:

FY18 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
9601 Amberglen Blvd; Austin, TX

Other AMHT Properties

3745 Community Park Loop Road; Anchorage, AK
650 Yonker Court; Fairbanks, AK
2330 Nichols Street; Anchorage, AK

General Background: We have established a system to adequately plan, manage, audit 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 March 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 FY18 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: The motions presented in this briefing document fulfill the approval requirements that are applicable to the transaction.

FY18 Non-Investment/Program-Related Real Estate Facility Budget (Proposed Motions 2 and 3)

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 Non-Investment/Program-Related Real Estate properties are as follows:

1300 Moore Street, Fairbanks, AK
1423 Peger Road, Fairbanks, AK

450 Whittier Street; Juneau, AK
3745 Community Park Loop Road; Anchorage, AK

General Background: The Trust Land Office (TLO) has established a system to adequately plan, manage, audit 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 March 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 FY18.

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

Trust Authority Approval: The motions presented in this briefing document fulfill the approval requirements that are applicable to the transaction.

Exhibit(s):

Exhibit 1 - Property Budget Summary

FY18 Real Estate Budget Summary

Real Estate Management Plan

Name	City, State	Operating	Capital Improvements ¹	Debt Service	Total
Parks- 1111 Israel Road	Tumwater, WA	440,000	-	909,000	1,349,000
IRS- 1973 North Rulon White Blvd.	Ogden, UT	843,000	76,000	620,000	1,539,000
Commercial- 2618 Commercial Drive	Anchorage, AK	14,000	-	100,000	114,000
Cordova- 2600 Cordova Street	Anchorage, AK	257,000	75,000	-	332,000
Promontory Point- 2420 & 2500 Ridgepoint Drive	Austin, TX	600,000	55,000	636,000	1,291,000
North Park- 17319 San Pedro Avenue	San Antonio, TX	706,000	-	604,000	1,310,000
Amber Oaks- 9601 Amberglen Blvd.	Austin, TX	1,247,000	124,000	941,000	2,312,000
Totals		4,107,000	330,000	3,810,000	8,247,000

Non-Investment/Program Related Real Estate - Rent Funded

Name	City, State	Operating	Capital Improvements ¹	Debt Service	Total
TAB- 3745 Community Park Loop Road	Anchorage, AK	262,000	-	-	262,000
Detox- 650 Yonker Court	Fairbanks, AK	15,000	5,000	-	20,000
Assets- 2330 Nichols Street	Anchorage, AK	9,000	-	-	9,000
Totals		286,000	5,000	-	291,000

Motion 1 Subtotal8,538,000

Non-Investment/Program Related Real Estate - Trust Funded

Name	City, State	Operating	Capital Improvements ¹	Debt Service	Total
Fahrenkamp Center- 1423 Peger Road	Fairbanks, AK	103,000	-	-	103,000
Denardo- 1300 Moore Street	Fairbanks, AK	34,000	-	-	34,000
450 Whittier Street	Juneau, AK	193,000	45,000	-	238,000
TAB- 3745 Community Park Loop Road	Anchorage, AK	-	180,000	-	180,000
Totals		330,000	225,000	-	555,000

Motions 2 & 3 Subtotal555,000

1 - Capital Improvements

IRS	Chiller BAS upgrade, concrete slab repair, south parking lot replacement
Cordova	Compressor replacement, HVAC/VAV box replacements, building improvements, tenant improvements
Promontory	Parking lot replacement Phase 2 of 3
Amber Oaks	Tenant improvements
TAB	Replacement of water service line; major overhaul/replacement of HVAC components
450 Whittier	Redevelopment evaluation, building renovation planning, feasibility, engineering, architecture, pre-bid consulting
Detox	Additional flooring repairs

MEMO

To: Larry Norene, Finance Committee Chair
Date: April 20, 2017
Re: FY18 Housing Focus Area Allocation
Fiscal Year: 2018
Amount: \$150,000.00
Grantee: Alzheimer's Resource of Alaska
Project Title: Person Centered Care Coordination

REQUESTED MOTION:

Approve a \$150,000 FY18 housing focus area allocation to the Alzheimer's Resource of Alaska for Person Centered Care Coordination.

Assigned Program Staff: Amanda Lofgren

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

PROJECT DESCRIPTION

This project proposes to provide Person Centered Care Coordination (PCCC) for the Medicaid Waiver populations (Alaskans Living Independently, Adults with Physical and Developmental Disabilities, Intellectual and Developmental Disabilities, and Children with Complex Medical Conditions) and other people in need of these services statewide. Due to new federal regulations there is a shortage of care coordination agencies who provide conflict free PCCC. We intend to serve Trust beneficiaries who experience developmental disabilities and Alzheimer's disease and related dementia.

This project proposes to continue the FY16 and FY17 Trust Grants to FY18 to provide conflict free Person Centered Care Coordination (PCCC) for vulnerable Alaskans and especially for those who have a level of intellectual functioning (thinking, remembering, and reasoning) and or physical capacity which interferes with daily life and requires assistance. In FY16 new federal regulations required care coordination agencies to be conflict free and provide PCCC. This means a care coordination agency cannot also provide direct services such as in-home services, personal care assistance, adult day services, etc. This requirement created a shortage of care coordinators to meet the needs of the Trust's beneficiaries. We have worked closely with the Alaska Department of Health and Social Services to ensure an effective implementation of conflict free PCCC.

Care coordination assists eligible individuals to gain access to needed services in order to live safely in their home or community with health and quality of life. There are a vast array of services available to achieve this outcome. Some examples of the most frequently utilized services that are coordinated include:

- Habilitative (i.e., teaching life skills)
- Residential (i.e., finding a safe home)
- Supportive Employment (i.e., obtaining skills to hold a job)
- Recreational (i.e., adult day services)
- In-Home (i.e., personal care, respite and chore)
- Transportation (i.e., to/from needed services)
- Meals (i.e., for healthy nutrition)
- Financial (i.e., finding funding sources)

After completing a comprehensive assessment that determines needs, goals, and outcomes, the care coordinator develops a person centered plan of care that incorporates the individual's needs and goals with the services and providers. Additionally, the care coordinator monitors the effective implementation and delivery of services that address the individual's needs and desires. Coordination of these services is required under the Medicaid Waiver Program and is needed by individuals under other funding sources also.

During the first 2 years of this grant, we opened care coordination offices in Juneau and Mat-Su in addition to our Anchorage office. We have also provided PCCC in Haines, Skagway, & Dillingham and have reached out to the Bethel community. We have been able to serve many more Trust Beneficiaries than would have otherwise been served. Alzheimer's Resource of Alaska is committed to continuing to meet this significant need and expand to other geographic areas where needed and feasible. We would like to continue to partner with the Trust to fund these needed services.

In FY18 we propose to provide conflict free PCCC for approximately 600 individuals. Of these, 475 are trust beneficiaries including 300 people who experience ADRD and 175 people experiencing IDD.

EVALUATION CRITERIA

Alzheimer's Resource of Alaska has provided care coordination services since 1996 and we are committed to providing quality care coordination throughout the state to ensure all Alaskans have access to home and community-based services that will provide stability and independence. Effectiveness performance measures for this project include:

1. Number of Trust beneficiaries served: 475
2. Number of individuals surveyed for satisfaction: Survey 100% of clients annually
3. Percent of respondents who agree they are satisfied with their care coordinator: >80%
4. Percent of respondents who agree that our care coordination services contribute to their increased quality of life: >80%

SUSTAINABILITY

Yes, our goal is to continue this project after the Trust's funding ends at the end of FY18. We have been approved as an Enhanced Care Coordination Agency (ECCA) by the Division of Senior and Disabilities Services (SDS) for a 2 year (FY17 and FY18) pilot project to improve the quality of care coordination. This includes limiting the care coordinators' case loads to 25 to better serve more challenging Medicaid Waiver recipients. It also includes completeness and timeliness of the plans of care and higher levels of participant satisfaction. As a part of this pilot, ECCA's have been approved for an increased Medicaid Waiver care coordination rate and associated revenues.

Even with this increased revenue, in FY18 we are projecting a financial loss of approximately \$300,000 in our Care Coordination Program. We propose renewal of the PCCC Grant at \$150,000 for FY18. This also matches with the end date of the ECCA pilot project and would allow us to work with SDS to evaluate the efficacy of the program and how best to create a long term sustainable model. We will also seek charitable contributions so that we can continue to meet the needs of Alaskans who have a loss of intellectual functioning (thinking, remembering, reasoning) so severe it interferes with daily life.

WHO WE SERVE

We seek to provide Person Centered Care Coordination (PCCC) services for Alaskan's who are approved for a Medicaid Waiver. While these waivers focus on individuals with developmental disabilities, people with Alzheimer's disease and related dementia (ADRD), and frail adults; this population may also include individuals with secondary diagnosis of mental health, traumatic brain injury or alcoholism.

Care coordination's focus is to assist individuals to identify options and gain access to services that allow them to gain stability and control in their lives and live safely in their home or community. Utilizing a person-centered approach is the awareness that the individuals we serve are the decision makers in their lives, not us. We work to understand their unique set of abilities, values and hopes as we assist them in making the best choices available to them. An example story of how care coordination is beneficial: Jim, a new client, who has alcohol induced dementia, lived in an assisted living home for approximately 15 years until it closed. Because of a lack of care coordination he had fallen between the cracks and his needs were not being met. We were able to find a consistent legal representative, re-establish his Medicaid and Social Security benefits and create person-centered goals to be more independent and healthy.

Alzheimer's Resource of Alaska has a long history of listening to clients' and families' desires and providing education, resources and options that allow people to remain as independent as possible for as long as possible.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Developmental Disabilities:	175
Alzheimer's Disease & Related Dementias:	300

BUDGET

Personnel Services Costs	\$150,000.00
Personnel Services Costs (Other Sources)	\$1,526,159.00
Personnel Services Narrative:	Wages and employee benefits for 2 full time equivalent care coordinators to provide care planning, service coordination and ongoing monitoring of HCBS services for Trust beneficiaries budgeted for \$150,000 in FY18.

Travel Costs	\$0.00
Travel Costs (Other Sources)	\$27,350.00
Travel Narrative:	

Space or Facilities Costs	\$0.00
Space or Facilities Costs (Other Sources)	\$105,976.00
Space or Facilities Narrative:	

Supplies Costs	\$0.00
Supplies Costs (Other Sources)	\$18,575.00
Supplies Narrative:	

Equipment Costs	\$0.00
Equipment Costs (Other Sources)	\$16,550.00
Equipment Costs Narrative:	

Other Costs	\$0.00
Other Costs (Other Sources)	\$98,830.00
Other Costs Narrative:	

Total Amount to be Funded by the Trust	\$150,000.00
Total Amount Funded by Other Sources	\$1,793,440.00

Other Funding Sources	
Fees for service from Department of Health and Social Services Medicaid Waivers and individuals (Pending - depending on number clients served. This is an estimate based on recent trends.)	\$1,162,265.00
Department of Health and Social Services - Senior In-Home Services Grant (Pending the approval for continuation for FY18)	\$465,383.00
Donations from corporations, foundations and individuals (Pending - depending on actual donations).	\$19,680.00
Alzheimer's Disease Resource Agency of Alaska reserves	\$146,112.00
Total Leveraged Funds	\$1,793,440.00

MEMO

To: Larry Norene, Finance Committee Chair
Date: April 20, 2017
Re: Local Reentry Coalition Coordinators
Fiscal Year: 2018
Amount: \$400,000.00
Grantee: Fiscal agents outlined below
Project Title: Local Reentry Coalition Coordinator and Coalition Capacity Development

REQUESTED MOTION:

Approve a FY18 focus area allocation in the amount of \$400.0 from the FY18 Local Reentry Coalition Coordinator line of the Criminal Justice Reform and Reinvestment Priority/Disability Justice focus area funds to support Local Reentry Coalition Coordinators 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 FY17 effort with the reentry coalition coordinators and coalition capacity development in Anchorage, Fairbanks, Juneau, and the Mat-Su.

FY18 Local Prisoner Reentry Coalition Coordinator and Coalition Capacity Development Funding Allocation		
Coalition Name	Fiscal Agent	FY18 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 FY17, the aforementioned communities with support from the Trust, Departments of Corrections and Health and Social Services were key to assisting in developing a structured transition process for assisting returning citizens reintegrate back into Alaskan communities. In addition, the coordinators have been instrumental in convening community partners, local businesses and individuals to identify and coordinate local community resources as well as assist in advocacy efforts. In FY18, the local coalition coordinators and their respective coalitions will continue to:

- 1) educate the community about the criminal justice system and the reentry program
 - 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) monitor and facilitate improved access to existing community services and supports for returning citizens
- 3) identify local gaps in services and identify collaborative solutions to build capacity in the community,
- 4) identify solutions for addressing service and support gaps and other barriers to returning citizens
- 5) conduct institutional presentations about the Alaska Community Reentry Program and facilitate presentations by community providers about the resources and services they have to offer
- 6) conduct community outreach presentations to educate the community about programs and resources to support the reentrant population and to share the goals of the Community Reentry Program

MEMO

To: Larry Norene, Finance Committee Chair
Date: April 20, 2017
Re: Substance Abuse Focus Area Allocation
Fiscal Year: 2017 - 2020
Amount: \$210,939.00
Grantee: Tanana Chiefs Conference
Project Title: Fairbanks Sobering Center Lease-Cost Assistance Request

REQUESTED MOTION:

Approve a \$210,939 FY17 Substance Abuse Prevention and Treatment focus area allocation to the Tanana Chiefs Conference for the Fairbanks Sobering Center Lease-Cost Assistance Request.

Assigned Program Staff: Katie Baldwin

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

PROJECT DESCRIPTION

The Tanana Chiefs Conference in partnership with the Fairbanks Memorial Hospital, Fairbanks Native Association, City of Fairbanks, Fairbanks North Star Borough, Fairbanks Police Department, and Fairbanks Correctional Center propose to develop and implement a sobering center. Sobering Centers are facilities that provide a safe, supportive, environment for mostly uninsured, homeless or marginally housed publicly intoxicated individuals to become sober. TCC is requesting lease-cost-assistance from the Alaska Mental Health Trust Authority to offset the cost of leasing the DeNardo building in Fairbanks to house the Sobering Center.

In a 2016 needs assessment of the behavioral health and other service needs of the chronically homeless population in Fairbanks, key informants overwhelmingly reported that many of the characteristics that may have caused chronically homeless individuals to become homeless -- such as chronic alcohol abuse, mental illness, a criminal or violent history, or not wanting the services that are available -- also block their access to appropriate supportive and emergency services, creating a problematic and self-perpetuating cycle. As a result many chronically homeless individuals who drink to excess are inappropriately "served" by the Fairbanks Memorial Hospital and Fairbanks Correctional Center (Goldstream Group, 2016). This is illustrated by several indicators:

First, of the 4,127 intoxicated or incapacitated people taken into protective custody to prevent victimization and cold-related injury by the Fairbanks Community Service Patrol, 66% (2,724 individuals) were transported to the Fairbanks Memorial Hospital or the Fairbanks Correctional Center. Second, in 2015 there were a total of 2,558 Emergency Department visits related to the overuse of alcohol (7% of all ED admissions) -- an average of seven visits per day to the Emergency Department with alcohol-related symptoms. Third, with 1,722 Title 47 non-criminal holds in 2015, Fairbanks Correctional Center (FCC) detained more people in a non-criminal capacity than any other detention center in Alaska (Buxton, 2016).

The Chronically Homeless Needs Assessment concluded that to provide services to this hard-to-serve population, "the system must be ready to address the existing needs of the population -- that is, rather than requiring chronically homeless individuals to conform to the system in order to access it, the system must be able to adapt to the needs of the individuals in order to effectively reach those individuals so that they may receive appropriate services."

The Fairbanks Sobering Center will do just this -- TCC, in partnership with the Fairbanks Memorial Hospital, Fairbanks Native Association, City of Fairbanks, Fairbanks North Star Borough, Fairbanks Police Department, and Fairbanks Correctional Center will develop and implement a 12-bed Sobering Center to provide a safe, supportive, environment for mostly uninsured, homeless or marginally housed publicly intoxicated individuals to become sober (American College of Emergency Physicians, 2016). Like Housing First, the Fairbanks Sobering Center will be based on a harm-reduction model, which seeks to reduce the harms associated with public intoxication. The Sobering Center will be open 7 days a week, 24 hours a day. Our program has four primary goals:

- Provide a safe, supportive place for adults who are publicly intoxicated (most of whom will be homeless or marginally housed) to become sober.
- Help individuals connect with resources that will work to help maintain the individual in longer term recovery.
- Reduce the use of and reliance on the local hospital emergency room for withdrawal management.
- Avoid unnecessary incarceration resulting from behaviors attributable to their substance use disorders or addictions.

EVALUATION CRITERIA

The evaluation will assess the effectiveness of the Sobering Center program to improve the health and wellness of Sobering Center patients and decrease admissions to the FMH Emergency Department and non-criminal holds at the Fairbanks Correctional Center.

To track the implementation, we will track the number of beneficiaries served, as well as the number of times each individual uses the Sobering Center. In addition, we will track the number who participate SBIRT screening.

To assess the extent to which the Sobering Center met key performance outcomes the evaluation will use patient records from the Sobering Center as well as from collaborating partners (Fairbanks Memorial Hospital, Fairbanks Correctional Center; Fairbanks Police Department; and

Emergency Service Patrol). We will look at the following indicators for a random sample of approximately 200 Sobering Center patients and request their participation in the Sobering Center evaluation. Sobering Center patients who agree to participate will complete an informed consent (when sober), which will be presented to them by the Sobering Center staff. Participants will receive a gift card worth \$10. The project will:

- Reduce the adverse consequences of public intoxication for individuals, including victimization and injury or death from assault, weather extremes, and accidents.
- Increase referral of patients to recovery-oriented resources, including medical, behavioral health, housing, and economic resources.
- Increase patients who are enrolled in Medicaid.
- Reduced Title 47, non-criminal holds at the Fairbanks Correctional Center of individuals for behaviors attributable to public intoxication and/or incapacitation.
- Reduce visits to the FMH Emergency Department.

SUSTAINABILITY

The community's plan for sustainability of this project has four components. First, Tanana Chiefs Conference will incorporate Medicaid billing for Screening, Brief Intervention, Referral, and Treatment (SBIRT) assessment into the program budget. Based on past experience, we anticipate that implementing the procedures for Medicaid billing will take a significant number of months and that we will not likely see significant Medicaid funds until the end of the three-year state funding period. Second, the community partners will continue to provide in-kind support. For instance the City of Fairbanks and the Fairbanks Police Department and Emergency Service Patrol will continue to provide dispatch and transportation for publicly intoxicated individuals and Tanana Chiefs Conference will continue to provide oversight and supervision. Third the community is likely to see significant savings in emergency department, Fairbanks Correctional Center, and detox usage with the implementation of a Sobering Center. Our evaluation plan is designed to document savings and we are working with community partners to develop a plan to divert savings to the Sobering Center. Finally, the partners who developed this project will create a support committee to include business leaders, tribal leaders, the mayors of Fairbanks city and the borough, the superintendent of the Fairbanks Correctional Center, and a representative of the target population. This support committee will be tasked with raising funds to support the Sobering Center in the future.

WHO WE SERVE

The Sobering Center target population is chronic alcoholics who are publically incapacitated. We estimate this population to be approximately 600 individuals, and characterized by the following:

- Approximately 75% of the target population will be men and on average they will be older than the general population.
- A significant portion of the target population will be unsheltered chronically homeless individuals with an ongoing alcohol disorder that makes it difficult if not impossible for them to access public services. The size of this population is extremely difficult to pinpoint, but evidence suggests the population is anywhere between 37 individuals (2016 Point in Time Count) to 300 individuals (2016 Housing First waiting list).

- A significant portion of the population will be what the Fairbanks Memorial Hospital refers to as "Super Utilizers" and the Fairbanks Correctional Center refers to as "the top ten individuals." While this group represents a relatively small number of individuals their use of the Fairbanks Memorial Hospital and the Fairbanks Correctional Center for safe shelter while incapacitated and/or extremely intoxicated accounted for a disproportionate percent of the visits to the Emergency Department (21% of alcohol-related admissions) and the non-criminal holds at the Fairbanks Correctional Center (23% of all the Title 47 non-criminal holds).

We anticipate three benefits for the beneficiaries:

- Reduced consequences of public intoxication, including victimization and injury or death from assault, weather extremes, and accidents.
- Increased referral to recovery-oriented resources, including medical, behavioral health, housing, and economic resources.
- Increased enrollment in Medicaid.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Substance Abuse	600
Number of people to be trained	10

BUDGET

Personnel Services Costs	\$0.00
Personnel Services Costs (Other Sources)	\$2,040,248.00
Personnel Services Narrative:	<p>Program Director: Under the direct supervision of the TCC Health Service Director, the Sobering Center Director will be responsible for Sobering Center program design, development, management, quality assurance, evaluation, and reporting. This position will be filled by Shirley Lee as an in-kind contribution to the program. She will spend approximately 25% of her time on this project. The total in-kind contribution with fringe for FY17 is \$39,936; for FY18 is \$39,936; for FY 19 is \$41,134; and for FY20 is \$21,184.</p> <p>Fairbanks Sobering Center Manager: Under the direction of the Sobering Center Director, the Sobering Center Manager is responsible for the day-to-day operations of the facility. This position oversees planning, organizing, and coordinating the Fairbanks Sobering Center activities. The manager tracks the number of SBIRT screenings, referrals made, and referrals completed. This position is also responsible for hiring, supervising and evaluating the Sobering Center Technicians. The total funded by DHHS for this position with fringe for FY17 is \$26,000; FY18 is \$104,000; FY19 is \$107,120; and FY20 is \$55,167.</p>

Sobering Center Technician: Under the direct supervision of the Fairbanks Sobering Center manager, the Sobering Center Technicians will provide intake assessments and monitor individuals placed at the facility. The technicians will also be responsible for conducting SBIRT screening and using motivational interviewing. Technicians will be EMT-certified. Eight full-time staff will be hired to each work 2,190 hour. We have budgeted for 110 hours of overtime in our annual salary calculation. The total funded by DHHS for these positions with fringe for FY17 is \$86,910; for FY18 is \$521,472; for FY19 is \$537,116; and for FY20 is \$276,615.

Sobering Center On-Call Technician: Under the direct supervision of the Fairbanks Sobering Center manager, the Sobering Center On-Call Technicians will provide intake assessments and monitor individuals placed at the facility on an as needed basis. We have budgeted for 1.29 FTE to cover full-time technician paid time off and holidays. The total funded by DHHS for these positions with fringe for FY17 is \$0; for FY18 is \$49,703; for FY19 is \$51,194; and for FY20 is \$21,317.

Janitorial: Under the direct supervision of the Fairbanks Sobering Center manager, a part-time janitor will maintain the Sobering Center facility on a day-to-day basis and will provide janitorial services. The total funded by DHHs for this position with fringe for FY17 is \$3,853; for FY18 is \$23,119; for FY19 is \$23,813; and for FY20 is \$10,659.

Fringe Benefits: TCC's fringe benefit rate of 54% includes workers compensations (1.70%), FICA (7.65%), extended benefits (3.75%), life insurance (.90%), retirement (7.00%), and health insurance (33%). The fringe benefit rate for part-time employees (Janitor and on-call technicians) is 14% and includes workers compensations (1.70%), FICA (7.65%), extended benefits (3.75%), and life insurance (.90%).

Travel Costs	\$0.00
Travel Costs (Other Sources)	\$2,880.00
Travel Narrative:	SBIRT and Motivational Interviewing Training: TCC will provide SBIRT and Motivational interviewing training as an in-kind contribution. We have planned for a 3-day training at a consulting rate of \$120/hour. The total in-

	kind contribution in FY17 is \$2,880 (\$120/hour x 24 hours).
Space or Facilities Costs	\$210,939.00
Space or Facilities Costs (Other Sources)	\$227,392.00
Space or Facilities Narrative:	<p>DeNardo Lease: We have budgeted to lease the DeNardo Center from the AMHTA based on the rent table provided by the Trust Land Office. In FY17 we are requesting lease-cost assistance for three months. The total request is \$18,900. In FY18 we are requesting lease-cost assistance for 12 months. The total request is \$75,600. In FY19 we are requesting lease-cost assistance for 12 months. The total request of \$77,112 reflects a 2% escalation from FY18. In FY20 we are requesting lease-cost assistance for 6 months. The total request of \$39,327 reflects a 2% escalation from FY19.</p> <p>Maintenance: We have budgeted \$8,371 for maintenance over the three year lease period based on costs provided by the Trust Land Office. These costs are covered by the Hospital Foundation.</p> <p>Fire/Life/Safety Maintenance: We have budgeted \$6,417 for Fire/Life/Safety Maintenance over the three year lease period based on costs provided by the Trust Land Office. These costs are covered by the Hospital Foundation.</p> <p>HVAC and HVAC maintenance: We have budgeted \$14,788 for HVAC and HVAC maintenance over the three year lease period based on costs provided by the Trust Land Office. These costs are covered by the Hospital Foundation.</p> <p>Groundskeeping: We have budgeted \$11,719 for groundskeeping over the three year lease period based on costs provided by the Trust Land Office. These costs are covered by the Hospital Foundation.</p> <p>Snow Removal: We have budgeted \$18,161 for snow removal over the three year lease period based on costs provided by the Trust Land Office. These costs are covered by the Hospital Foundation.</p> <p>Telephone: We have budgeted \$27,902 for telephone services over the three year lease period based on costs</p>

	<p>provided by the Trust Land Office. These costs are covered by the Hospital Foundation.</p> <p>Electricity: We have budgeted \$45,928 for electricity over the three year lease period based on costs provided by the Trust Land Office. These costs are covered by the Hospital Foundation.</p> <p>Fuel Oil: We have budgeted \$54,976 for fuel oil over the three year lease period based on costs provided by the Trust Land Office. These costs are covered by the Hospital Foundation.</p> <p>Water/Sewer: We have budgeted \$39,130 for water/sewer over the three year lease period based on costs provided by the Trust Land Office. These costs are covered by the Hospital Foundation.</p>
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Supplies Costs	\$0.00
Supplies Costs (Other Sources)	\$142,140.00
Supplies Narrative:	We have budgeted \$142,140 for program supplies over the three year lease period. Supplies include cleaning supplies, snacks, paper water cups, paper to complete SBIRT screening, medical supplies, blankets, bathroom supplies. DHHS and the Hospital Foundation provided these funds.

Equipment Costs	\$0.00
Equipment Costs (Other Sources)	\$27,371.00
Equipment Costs Narrative:	We have budged for cots, lockers, computers, filing cabinets, desks and chairs, and folding chairs. These costs are funded by DHHS.

Other Costs	\$0.00
Other Costs (Other Sources)	\$2,148,238
Other Costs Narrative:	Service Patrol Transportation/Fairbanks Police Department Transportation/City of Fairbanks Dispatch: We have budged for the Fairbanks Emergency Service Patrol and the Fairbanks Police Department to provide transportation of publicly intoxicated individuals to the Sobering Center. The City of Fairbanks Dispatch Center will dispatch both the Emergency Service Patrol and the Fairbanks Police Department to pick up and transport publicly intoxicated individuals. The city estimates 6,428 calls/transport per year. The Emergency Service Patrol in-kind match is valued at \$1,298,454 over the three years of the grant.

Collaborating Team: Six individuals representing the following collaborating partners: Fairbanks Police Department, Fairbanks Native Association, Fairbanks Memorial Hospital, Fairbanks Community Service Patrol, Fairbanks Correctional Center, and Fairbanks North Star Borough will contribute their time to developing the Sobering Center Program. We have valued their time at \$120/hour because all are in senior position at their respective organizations. We anticipate they will spend a minimum of 8 hours a month developing this program. The total in-kind contribution is approximately \$27,302 (\$120/hour x 38 hours x 6 individuals).

Evaluation Planning: We have budgeted to hire a consultant to design the program evaluation, including developing the data collection instruments, agreements with collaborating partners, participant consent forms, participant release of information, sampling methods and training of staff, and if needed, apply to the Alaska Native IRB for approval of the evaluation plan. We budgeted \$8,000 for this task in FY17 to be funded by DHHS.

Insurance: We have budgeted for program insurance based on a quote received for the Sobering Center prospectus. The request for the remainder of FY17 is \$15,000.

Insurance: We have budgeted for program insurance based on a quote received for the Sobering Center prospectus for the three year grant period. The total cost will be \$106,751 and will be funded by DHHS, the Hospital Foundation, and TCC.

Building Renovations: The Fairbanks Sobering Center facility will be housed in the DeNardo Center. To serve as a 12-bed sobering center this facility will need the following renovations: Sprinkler system will be installed; video monitoring system will be installed; demolition of interior walls to create a 1,500 square foot common room; construction of an office space with shatterproof glass separation; construction of a kitchen/break room; addition and renovation of bathrooms; and addition of flooring. We have budgeted \$150,000 for these renovations.

2/1/16-6/30/17: TCC's federally negotiated indirect rate for program that are off-site of its main administrative

	<p>building is 25.9%. These costs include personnel services and supplies. The total request for indirect is \$60,066 (\$231,913 x 25.9%). TCC's federally negotiated indirect rate for flow-through costs is 5%. These costs include utilities (fuel, water/sewer, electricity) as well as facility renovations and other costs (evaluation planning and insurance). The total request for flow-through indirect is \$9,800 (\$196,000 x 5%). Combined total: \$69,866.</p> <p>7/1/17-6/30/18: Total indirect is \$189,146.</p> <p>7/1/18-6/30/19: Total indirect is \$189,146.</p> <p>7/1/19-12/30/19: Total indirect is \$94,573.</p>
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Total Amount to be Funded by the Trust	\$210,939.00
Total Amount Funded by Other Sources	\$4,578,316.00

Other Funding Sources	
Tanana Chiefs Conference	\$152,560.00
City of Fairbanks	\$1,298,454.00
Hospital Foundation	\$100,000.00
In-Kind Volunteers	\$27,302.00
Department of Health and Social Services	\$3,000,000.00
Total Leveraged Funds	\$4,578,316.00

MEMO

To: Larry Norene, Finance Committee Chair
Date: April 20, 2017
Re: FY18 Beneficiary Employment & Engagement program grants
Fiscal Year: 2018
Amount: \$1,195,370
Grantee: Authorized grantees (attached)
Project Title: FY18 Beneficiary Employment and Engagement Program Grants

REQUESTED MOTION:

Recommend approval of \$1,195,370 Beneficiary Employment and Engagement focus area allocation for the purpose of FY18 BPI grant funding.

Assigned Program Staff: Katie Baldwin

This request seeks approval of the attached FY18 funding allocation for programs supported through the Beneficiary Employment and Engagement focus area. Trustees authorized \$1,420,000 in the FY18/19 budget specifically for beneficiary run and directed programs with primary missions to serve Trust beneficiaries.

In FY17, a total of \$1,358,100 of the authorized \$1.6 million was allocated to program grants. In FY18 an additional reduction of \$162,730 is reflected, bringing the total grant allocation down to \$1,195,370.

The Trust has narrowed funding for a number of programs that have been funded through the initiative over the years, resulting in the six remaining organizations included within this request. CHOICES, AYFN, the Web and Polaris House provide important services to beneficiaries and help to fill important gaps in Anchorage and Juneau. NAMI Anchorage and NAMI Juneau provide education, referral and support services to individuals and families impacted by a mental illness. Staff recommendation is to continue Trust funding of these beneficiary organizations as they not only address critical community based services and supports for beneficiaries but are also providing employment for beneficiaries.

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, outreach, advocacy and system navigation for youth and families (Alaska Youth and Family Network, Anchorage)

Attachment

FY18 BPI Authority Grants will be distributed as proposed in the accompanying spreadsheet.

FY2018 Beneficiary Project Initiative Grantee
Funding Allocation

Organization	Beneficiary Group	Program Information	FY15 Award	FY16 Award	FY17 Award	FY18 Request
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	\$147,600
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	\$347,670
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	\$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 the Juneau.	\$90,600	\$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	\$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	\$304,000
Total FY18 Trustee Authorized		\$1,420,000				
Total FY18 Allocation		\$1,195,370				
Remaining unobligated FY18 funds		\$224,630				

MEMO

To: Larry Norene, Finance Committee Chair
Date: April 11, 2017
Re: FY18 Partnership Grant Request
Fiscal Year: 2018
Amount: \$75,000.00
Grantee: Cook Inlet Tribal Council, Inc.
Project Title: Ernie Turner Center, Eklutna

REQUESTED MOTION:

Recommend approval to the full Board of Trustees for a \$75,000 FY18 partnership grant request to Cook Inlet Tribal Council for the Ernie Turner Center, Eklutna.

Assigned Program Staff: Katie Baldwin

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

PROJECT DESCRIPTION

Cook Inlet Tribal Council requests Trust support in furnishing a 16-bed residential treatment center, the new Ernie Turner Center, located in Eklutna, which will provide culturally appropriate, trauma-informed residential treatment for adult Trust beneficiaries experiencing chronic alcoholism and other substance related disorders. Alaska's treatment capacity for this population does not meet its need for services, making this a valuable resource for Trust beneficiaries, and CITC's Ernie Turner Center's successful treatment outcomes exceed national rates. Additionally, as a 16-bed facility, the program's long-term sustainability through Medicaid billing will be enhanced.

Substance abuse and addiction are among Alaskans' top health concerns, contributing to an array of accidental injuries, elevated rates of disease, child maltreatment, domestic and sexual violence, unemployment, homelessness, crime, and recidivism. Cook Inlet Tribal Council has responded to this problem through the development of a comprehensive continuum of treatment programs for substance abuse and co-occurring substance abuse and mental health disorders that includes assessment, outpatient, intensive outpatient, and residential treatment programs. CITC's Recovery Services are physically and administratively housed out of the Clare Swan Outpatient Center, Chanylut, and the Ernie Turner Center (ETC). However, as part of a transfer to Southcentral Foundation of detoxification service provision in Anchorage, the current facility

housing CITC's 12-bed ETC, will no longer be available to house CITC's residential treatment program.

What This Project Will Do: CITC is constructing a 12,000 square foot, 16-bed residential treatment facility in Eklutna. Construction of the new Ernie Turner Center facility will increase capacity to treat Trust beneficiaries without triggering the Medicaid IMD Exclusion. This will enable the program to significantly increase the number of beneficiaries served whose treatment requires residential care and will enhance the program's financial sustainability. The design team has created a facility that will feel like a welcoming home, not an institution. The construction phase is projected to break ground in summer of 2017 and be completed by late spring 2018. Total project budget is \$5.5 million. Trust funds will be used to provide furnishings for the new facility, with the balance of the total project funding coming from CITC internal resources and loan proceeds.

Target Population and Geographic Area Served: The new Ernie Turner Center will provide trauma-informed residential treatment (ASAM 3.5) services for adults diagnosed with a substance use disorder and will be able to treat participants with co-occurring mental health disorders. The facility will be located in Eklutna, in the Municipality of Anchorage, but will accept referrals from all regions of the state.

Expected Outcomes: Short-term outcomes include completing the construction of the treatment facility. Long-term outcomes include increasing the annual number of beneficiaries served to make a meaningful impact on our community. In FY 2016, as a 12-bed program the Ernie Turner Center served 48 people -- all of whom were Trust beneficiaries. As a 16-bed program this service rate projects to serving 64 beneficiaries annually -- a 33% increase in treatment capacity. That the Ernie Turner Center's treatment completion rate of 64% significantly exceeds the national rate (45%) speaks to its capacity to meaningfully impact our community.

Community Support for the Project: Plans to construct the new Ernie Turner Center have been broadly welcomed within the community. The project team has held two meetings with the Eklutna Valley Community Council about the project. The Council unanimously passed a resolution in support of the project. In addition, the project has received support from the Eklutna, Inc. board of directors.

Trust Beneficiary Group That Is The Focus Of This Project: This project focuses on people experiencing chronic alcoholism and other substance related disorders.

EVALUATION CRITERIA

Cook Inlet Tribal Council will measure project success in two ways: 1) Completion of the facility and 2) On-going participant outcomes.

- 1) Trust funding will be used to purchase new comfortable yet durable and easy to clean furnishings as part of finishing the new Ernie Turner Center, The relevant performance measure is completion of the new facility and the admission of an expanded group of new participants.
- 2) CITC's Recovery Services tracks numbers participants admitted and numbers of participants completing treatment. Assessing whether or not participants' experience an improved quality

of life is accomplished through the use of the Substance Abuse and Mental Health Services' (SAMHSA) Government Performance and Results Act (GRPA) measures for substance abuse treatment. CITC's Recovery Services programs, including the residential treatment program, routinely exceed national averages. The residential treatment program housed in the new Ernie Turner Center will promote participant recovery through improvement in life domains associated with recovery, achieving the following outcomes:

- Achieve a reduction in substance use at 6-month and 12-month follow-ups.
- Achieve an increase in either employment, education, or income.
- Achieve a decrease in crime and criminal justice involvement.
- Achieve an improvement in physical and mental health.
- Achieve an increase in participants' social connectedness.
- Achieve an increase in family and living conditions.

Recovery Services measure participants' status on these indicators at intake and at 6 months after program graduation.

SUSTAINABILITY

CITC's Ernie Turner Center (ETC) program is funded through State Division of Behavioral Health funding, Indian Health Service funding, and third party billing revenue. However, program sustainability is at the very heart of the new ETC service plan. While the new facility will be constructed with more beds -- and, therefore, more participants -- than our previous program, it is intentionally a 16-bed facility in order to comply with the Medicaid Institutions for Mental Diseases (IMD) exclusion threshold, which prohibits facilities with more than 16 beds from billing Medicaid for substance abuse treatment. Because our previous 12-bed program was housed in the same facility as a 10-bed medical detoxification unit, our residential program was unable to bill Medicaid for services that would otherwise have been eligible for reimbursement. The move to a new 16-bed facility will enable both an increase in residential treatment capacity for Trust beneficiaries and an increase in the program's long-term financial stability.

WHO WE SERVE

The Ernie Turner Center provides services to adult Trust beneficiaries experiencing chronic alcoholism and other substance related disorders. All persons receiving treatment will be Trust beneficiaries.

CITC Recovery Services has operated a comprehensive continuum of care for substance use treatment, from assessment to outpatient and intensive outpatient treatment to residential treatment. The Ernie Turner Center, whose services will be expanded through this project, is the core of CITC's residential services for Trust beneficiaries.

While the Ernie Turner Center serves beneficiaries of all ethnicities, its culturally modified Therapeutic Community service model, the "Therapeutic Village of Care", was specifically designed to be a culturally appropriate treatment model for Alaska Native people, who experience disproportionately high rates of substance related disorders, and has been recognized as a promising evidence-based practice for Alaska Native populations. In the previous year, 79% of Trust beneficiaries served at the Ernie Turner Center were Alaska Native or American Indian.

More than a decade's on-going independent program evaluation confirms that Ernie Turner Center graduates experience the following benefits: a reduction in substance use, a decrease in criminal justice involvement, improved physical and mental health, increased social connectedness, increased housing stability, increased employment outcomes, and a decrease in risky behavior. This project will result in an increased number of Trust beneficiaries experiencing this benefit each year.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Mental Illness:	48
Substance Abuse	64

BUDGET

Space or Facilities Costs	\$75,000.00
Space or Facilities Narrative:	<p>Total project budget is \$5.5 million. Cook Inlet Housing Authority is acting as Project Manager, Contractor is Eklutna Construction & Management, Architect is Spark Design.</p> <p>Land: \$423,000 Feasibility, Planning & Design: \$352,000 Permits, Admin: \$377,380 Construction: \$3,600,000 Furniture, Fixtures & Equipment: \$424,000 Contingency: \$323,620</p> <p>Trust funds will be used as a portion of the \$424,000 furniture, fixtures and equipment (FF&E) expenditure and will be designated to cover the common area furnishings such as tables, chairs, sofas. The budget for those items is \$100,000, so the Trust funds will cover a significant portion. The common areas will be a key location for the peer to peer counseling and group interactions that are such an important a part of the journey to recovery. Furnishings will be chosen to be comfortable, durable and easy to clean. The new Ernie Turner Center is designed to feel like a warm and welcoming home, not an institution.</p>

Total Amount to be Funded by the Trust	\$75,000.00
Total Amount Funded by Other Sources	\$5,425,000.00

Other Funding Sources	
Cook Inlet Tribal Council, Inc. Funding SECURED	\$1,750,000.00
Wells Fargo Bank. Funding	\$3,675,000.00

SECURED	
Total Leveraged Funds	\$5,425,000.00

3745 Community Park Loop
 Suite #200
 Anchorage, AK 99508
 Phone: (907) 269-7960
 Fax: (907) 269-7966

Trust Capital Project Questionnaire

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

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

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

Organization name: Cook Inlet Tribal Council

Contact: Kelly Hurd

Email: khurd@citci.org

Phone: (907) 793-3272

A. Organizational Issues

A1	What is your organization's core mission? How does this project fit into your core mission?	Response: Cook Inlet Tribal Council's mission is <i>"to work in partnership with Our People to develop opportunities that fulfill Our endless potential."</i> CITC has pursued this mission through four primary service departments: Child & Family Services, Education Services, Employment & Training Services, and Recovery Services. The new Ernie Turner Center project described here will house CITC's residential treatment facility serving
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		Trust beneficiaries.
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: <ul style="list-style-type: none"> CITC's strategies are documented in a recently updated plan entitled: <i>Sustainability 2021: A five-year plan for our self-determination</i>. The plan serves as a focal point and primer of how we engage our participants, staff, and stakeholders for the next five years and outlines three overarching goals focused on impact. Annual target and stretch goals are set by the Board of Directors and carried out by our leadership team with laser focus on sustainability plan alignment: <ul style="list-style-type: none"> Goal 1 – Participant and Community Impact outlines how CITC is an organization actively moving from program results to community impact. Goal 2 – Sustainability outlines how CITC is an impact investor in Social Enterprise that is moving the organization from being dependent to sustainable. Goal 3 - Our People outlines how CITC is an impact investor in Our People and moving from a conventional employer to a progressive, multigenerational employer.
A3	Does this project fit into a community or regional plan or process? How?	Response: CITC is and has been deeply engaged with partners, stakeholders, and Tribes in the Mat-Su valley to expand addiction treatment and prevention services throughout the region.
A4	How many months of operating reserves do you maintain?	Response: 4 months
A5	Have you explored opportunities for collaboration with other organizations on this project? If so, how?	Response: CITC is collaborating on the design and construction phase of this project with Eklutna Inc and Cook Inlet Housing Authority.

B. Program Issues

B1	What are your current services and how will the project enhance/expand your services?	Response: CITC Recovery Services operates a comprehensive continuum of treatment programs for substance abuse and co-occurring substance abuse and mental health disorders that includes assessment, outpatient, intensive outpatient, and residential treatment programs. The new Ernie Turner Center construction project will expand our residential treatment program by 33% while enhancing its long-term sustainability.
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C. Site Issues

C1	Has a site been identified for this project?	Response: A site has been selected on Eklutna Lake Road, in a lovely area that will enhance the feeling of warmth and security needed to aid in recovery.
C2	Were alternative sites fully evaluated?	Response: Yes, numerous sites were evaluated in Anchorage, Chugiak and Eklutna.
C3	Has the selected site been evaluated for appropriate size, access, utilities, and environmental constraints?	Response: Due diligence is continuing over the winter. The site is being rezoned and replatted to conform to the needs of the new Ernie Turner Center program.
C4	Has a site plan been completed?	Response: Site plan will be completed in late March, 2017 as part of the replat and rezone process.
C5	What is the status of site ownership?	Response: Site is owned by Eklutna, Inc and is subject to a Purchase and Sale Agreement, which governs terms of the final sale to CITC following completion of the replat and rezone process. In the interim full facility design is underway so construction can begin as soon as CITC completes purchase of the site.

D. Facility Issues

D1	Explain why you need a new, expanded, or remodeled facility.	Response: The existing Ernie Turner Center building in Anchorage has been sold to Southcentral Foundation and they are taking over the detox services offered in that facility. This presents CITC a unique opportunity to build a new facility custom designed for the Ernie Turner Center program. The building is designed for an increase in capacity to 16 beds, filling a community need. With 16 beds CITC can bill Medicaid for services, something which is not possible in the current building, which has 31 beds and is thus subject to the IMD exclusion. The new design will feel like a warm and welcoming home rather than an institution.
D2	How much total square footage do you think you will need?	Response: The new design is approximately 12,000 square feet of residential space. The site plan will include future phases to incorporate a garage and potentially a greenhouse where residents can learn to grow healthy food.
D3	Has a construction cost estimate been prepared? Who prepared it?	Response: Cook Inlet Housing Authority is under contract to CITC as Project Manager. Their experienced team has worked with CITC on several capital projects with excellent results. As Project Manager they have prepared a detailed budget and will provide oversight to ensure completion within the designated financial resources for this project.

E. Financial Issues

E1	Is the full cost of the project identified?	Response: Yes. The total project budget is \$5.5 million.
E2	What funding has been identified for the capital project? Please provide amounts and sources.	Response: Proceeds from sale of existing building to SCF: \$1,750,000 Loan proceeds: \$3,675,000 AMHTA grant: \$75,000
E3	How will increased operating expenses be covered?	Response: A component of the long term financial sustainability of the Ernie Turner Center is the ability to bill Medicaid for certain services provided onsite to Beneficiaries. To maximize revenue CITC has hired a firm which specializes in this field to review the billing procedures of CITC's Recovery Services programs to verify that all services are billed as appropriate. They will also identify other potential revenue sources in Recovery Services that could help sustain and grow the program services.

F. Other information that helps explain your project:

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MUNICIPALITY OF ANCHORAGE

CHUGIAK-EAGLE RIVER ADVISORY BOARD RESOLUTION 2017-02

February 11, 2017

MEETING Re: Eklutna Valley Rezone to establish a residential treatment facility

WHEREAS, the Chugiak Eagle River Advisory Board is established in Title 21 by Section 21.10.030.B and is constituted in order to review and make recommendations on actions regarding potential changes in land use law that impact multiple Community Council areas in the Chugiak Eagle River area; and

WHEREAS, the Board, with local representation present from Eklutna Village, South Fork, Eagle River Valley, Chugiak, Eklutna Valley, Eagle River and Birchwood Community Councils, met on February 11, 2017 to hear local testimony and to discuss the above local issues; and

WHEREAS, the Board discussed the importance of maintaining the integrity of the Chugiak-Eagle River Comprehensive Plan and 21.10 in local code, and

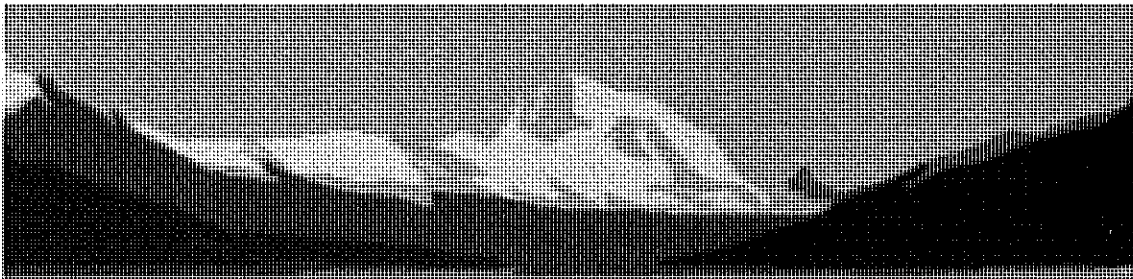
WHEREAS, the Board noted our Comprehensive Plan policy (housing and residential development) 3.a. *Support private and public efforts to provide alternative housing options for...those with special needs; e.g., people requiring special housing because of age, physical or mental conditions, taking into account the location relative to community facilities and services*

WHEREAS, the Board heard that Eklutna Valley Community Council and the Village of Eklutna have endorsed the rezone through resolution and public meeting, and that public comment has generally been positive, and

Therefore the Board RESOLVES, to unanimously support the rezone plan. The Board also notes the special challenges that may be faced due to isolation, particularly from emergency services and public transportation.

Respectfully,

Debbie Ossiander, Chugiak Eagle River Advisory Board, Co-Chair



EKLUTNA VALLEY COMMUNITY COUNCIL

RESOLUTION 2017-02

A RESOLUTION AGREEING WITH THE CONCEPT OF A PROPOSED ERNIE TURNER RECOVERY CENTER ON EKLUTNA LAKE ROAD

WHEREAS, Eklutna, Inc., Cook Inlet Tribal Council (CITC), and Cook Inlet Housing Authority (CIHA) are partnering to build a new Ernie Turner Recovery Center on Eklutna Lake Road; and

WHEREAS, the proposed 16-bed facility will treat individuals with substance abuse within all stages of recovery; and

WHEREAS, the treatment program will include short- and long-term residential care; and

WHEREAS, there will be a stringent screening process for all applicants accepted into the program; and

WHEREAS, the focus is inpatient treatment and there will be no detox services; and

WHEREAS, the facility plans to employ 13 staff onsite during daytime hours as well as several staff persons who will be onsite for 24-hour care and management of the facility; and

WHEREAS, CITC has successfully managed and operated a similar program in Anchorage for over 20 years and is committed to the success of this new facility; and

WHEREAS, the proposed development will require a replat, a zoning map amendment to rezone the smaller area from Chugiak-Eagle River Low-Density Residential, Alpine Slope District with Special Limitations (CE-R-10-SL1) to Chugiak-Eagle River Public Land and Institutions (CE-PLI) District, and a conditional use permit; and

WHEREAS, the project is the early stages of planning, and considerable work needs to be done to determine whether the chosen site is feasible and the project meets the requirements for replatting, rezoning, and conditional use; now, therefore, be it

RESOLVED that the Eklutna Valley Community Council commends Eklutna, Inc., CITC, and CIHA for their partnership and the proven success of the former Ernie Turner Center and supports the concept of a new and improved recovery facility in the proposed location on Eklutna Lake Road; however, we may constructively critique and comment

on the replatting, rezoning, and conditional use permit applications as more details are made available.

Passed this 18th day of January 2017.



Margan Grover, President

MEMO

To: Larry Norene, Finance Committee Chair
Date: April 20, 2017
Re: FY18 Partnership Grant Request
Fiscal Year: 2018
Amount: \$75,000.00
Grantee: Christian Health Associates
Project Title: Anchorage School Based Health Centers Expansion

REQUESTED MOTION:

Recommend approval to the full Board of Trustees for a \$75,000 FY18 partnership grant request to Christian Health Associates for the Anchorage School Based Health Centers Expansion project.

Assigned Program Staff: Katie Baldwin

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

PROJECT DESCRIPTION

ASBHC would like to expand comprehensive healthcare access to serve students at additional schools, in partnership with Volunteers of America (VOA), pending ASD School Board approval. Depression and anxiety screenings would be included in physical exams to identify high-risk students and school staff would also make referrals. Regular treatment sessions will be provided to high-risk students in order to positively impact behavior and attendance. Bartlett and East High Schools would be targeted for service expansion because they provide continuity with existing services at Begich and Clark Middle Schools.

Anchorage School Based Health Centers (ASBHC) began medical services at Clark Middle School in 2010 and Begich Middle School in 2014. Because the Anchorage School District observed students struggling academically and socially, it was requested that ASBHC add behavioral health services. Counseling began at Begich in January 2015, in partnership with Volunteers of America, and with funding from Providence Alaska and the Alaska Mental Health Trust. To date, over 700 therapeutic treatment sessions have been provided. Evaluation of Begich behavioral health services have shown improved attendance and punctuality, reduced likelihood of in-school suspension, reduced school nurse visits, and improved functioning of students at school. Symptoms experienced by students referred for a mental health evaluation include discipline issues in the classroom and with fellow students (fighting), irritability, nervousness and worry at

school, and hopelessness and thoughts of suicide. Common diagnoses have been depression, anxiety, stress related to trauma, oppositional defiant disorder, and adjustment disorder.

These issues, along with substance abuse concerns, become even more prevalent as adolescents go through high school. When individuals struggle emotionally, it negatively impacts their academic success, their families, their peers, and their teachers.

ASBHC plans to continue collaboration with Volunteers of America to provide assessment and treatment services at additional schools within Anchorage. The initial focus will be on continuity of care for students receiving services at Begich as they progress to Bartlett High School. Another site being considered is East High School, also in the northeast area of Anchorage. Both high schools, like the nearby middle school currently served, have students from diverse socio-economic backgrounds.

Referrals for **students'** possibly needing treatment will continue to come from key school staff such as administrators, academic counselors, and the school nurse. Teachers and other school staff will refer students through one of the key school staff. ASBHC providers will complete brief depression and anxiety screenings during student wellness visits (physical exams). If these screenings, and follow up questions indicate concern, a referral will be made. Participation in school based counseling will not be required by the schools, but will be a convenient, affordable resource for families. Mentally ill adolescents are the primary beneficiary group to be served. Adolescents experiencing substance abuse problems will also be a target beneficiary group.

Similar to Begich Middle School, expanded services could have positive outcomes for students who receive care:

- decreased nurse visits
- improved attendance and punctuality
- decreased disciplinary actions
- improved academic functioning (grades and graduation rates)
- Self-reporting higher quality of life -- from parents and students.

There is extensive community support for ASBHC serving more students through expansion to additional sites. Pending school board approval, the Anchorage School District will provide space and utilities, in-kind, for ASBHC services; No additional ASD funding is used. Volunteers, private donations, and grants support the care provided by ASBHC. This support, along with billing revenue, make services sustainable.

EVALUATION CRITERIA

1) How much will we do?

- a. ASBHC will continue to provide counseling to at least 20 students at Begich Middle School each year.
- b. During each school year, ASBHC will provide at least 600 comprehensive physicals, including depression and anxiety screening, to students throughout the Anchorage School District.
- c. ASBHC plans to provide counseling to at least 40 students between two high schools (20 per site) during the first year of the grant.

- d. Based on demand for services and billing revenue, an additional 10-20 students per site may be served in future years.
- e. If demand is not high at selected sites, other ASD schools will be evaluated for expansion of behavioral health services.

2) How well will we do?

- a. The number of student nurse visits will decrease by 50% compared to the year before counseling services began and compared to students who were referred, but declined treatment.
- b. Attendance and punctuality for students receiving counseling will improve by 20% compared to before services began and compared to students who were referred, but declined treatment.
- c. Disciplinary action for students receiving counseling will decrease by 25% compared to the year before services began and compared to students who were referred, but declined treatment.
- d. Student GPA will not decrease after at least a semester in counseling treatment.

3) Is anyone better off?

- a. 75% of the students who received counseling services will report an improved quality of life.
- b. All parents of students receiving counseling will be surveyed and 75% of those reached will note improved functioning of their student.

SUSTAINABILITY

ASBHC hopes to use grant funding from the Alaska Mental Health Trust Authority, Providence, and the Rasmuson Foundation to help with initial startup costs by expanding services.

The majority of the ongoing income is from billing revenue. Medical and behavioral health counseling services use a fee based model, billing insurance when available, and a sliding fee scale based on the federal poverty guidelines when a student is not insured. No student is turned away because of inability to pay. When it is identified that a student does not have insurance, various options are explored with a family to try and get coverage, if possible. Anticipated revenue, annually, for medical services is \$ 110,000 and \$ 170,000 for behavioral health services (\$560,000 for both programs over two years).

The in kind donation of office space and utilities from ASD sustains services. The Alaska Family Practice Residency commits one morning per week to provide care to ASD students at ASBHC. Individual volunteer physicians and nurse practitioners also provide medical care at ASBHC. Providence Alaska Medical Center donated \$45,000 for 2017 and an additional \$30,000 for 2018 and \$15,000 for 2019, tentatively. ASBHC receives funding from the United Way of Anchorage and the Anchorage Education Association donated \$5000 recently. Private donors support ASBHC, including contributions through Pick.Click.Give. ASHBC has been invited to apply to the Rasmuson Foundation to potentially fund expansion as well.

WHO WE SERVE

The Trust beneficiary groups served by the project will be based on the needs of students referred by the school and screened during medical services provided. This could be students experiencing

mental illness or mental health conditions, such as depression, anxiety, and trauma, similar to students seen at Begich. Students experiencing alcohol and substance related disorders might also be referred. With consent from parents, referred students are quickly given a mental health assessment and a treatment plan is developed based on their needs. Counseling happens at the school minimizing absences from class compared with treatment at a community provider. Afterschool treatment sessions may be considered for high school students that have transportation options. Clinicians' partner with teachers in support of students in this school based model of care. Behavioral Health Clinicians also collaborate with ASBHC Medical Providers, a student's medical home, or community based specialists. Ongoing school based treatment has the potential to improve basic functioning, quality of life, and relationships with peers resulting in decreased disciplinary actions. This clinical support at the school has the potential to decrease the risk of suicide in students who experience mental illness. Research on school based health centers offering behavioral health services throughout the United States has shown similar successes. (References available.)

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Mental Illness:	100
Substance Abuse	20
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	240
Non-Beneficiaries:	4,500

BUDGET

Personnel Services Costs	\$0.00
Personnel Services Costs (Other Sources)	\$220,000.00
Personnel Services Narrative:	<p>Positions not funded by the Trust:</p> <p>A) \$122,000 for ASBHC Program Director: (.75 FTE position for two years) Overall program oversight; Staffing and Supervision; Policy Review; Grant Reporting; Budget Preparation; ASD Liaison; and Advisory Council Administration.</p> <p>B) \$48,000 for ASBHC Support Staff (Part-time over two years). Liaison with students and School Nurse; Parent Communication; Records Management; and Assists Medical Providers</p> <p>C) \$50,000 for ASBHC Paid Nurse Practitioners (Part-time over two years) Provides direct medical care to students.</p>

Travel Costs	\$7,200.00
Travel Costs (Other Sources)	\$0.00
Travel Narrative:	VOA staff must regularly travel from the schools to the

	VOA office downtown for supervision, meetings, etc. The case manager position will also travel between the schools. \$100 month * 24 months * 3 sites
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Space or Facilities Costs	\$20,000.00
Space or Facilities Costs (Other Sources)	\$60,000.00
Space or Facilities Narrative:	The Anchorage School District allows ASBHC to use space in the schools free of cost, however, the space is currently not designed for medical or behavioral health services. Therefore, grant funding will allow two school classrooms to be renovated to meet the needs of the program. One classroom at each high school site (East and Bartlett) will be retrofitted for one medical clinic and one counseling office, and one office that can accommodate both services, based on need. \$40,000 remodel cost for each site * 2 sites = \$80,000

Supplies Costs	\$4,300.00
Supplies Costs (Other Sources)	\$7,500.00
Supplies Narrative:	Trust \$4300 Ongoing behavioral healthcare supply costs for snacks, office supplies, student journals, crafts, and puzzles \$60/month * 24 months = \$1440 * 3 sites = \$4320 (\$4300) Costs Paid by Other Funding Sources \$1500 Therapeutic Supplies -- Start-up (Providence) \$3300 Medical supplies - Start-up (Providence and Rasmuson) \$2700 Office Supplies for Medical and Administration (\$1350 split between Rasmuson and Providence)

Equipment Costs	\$1,500.00
Equipment Costs (Other Sources)	\$6,500.00
Equipment Costs Narrative:	Trust \$500 - Furniture (one site) \$1000 - Laptop (one site) Costs Paid by Other Funding Sources \$500 - Furniture (one site) \$1000 - Laptop (one site)

	\$5000 - Medical Equipment (\$2500 for one site - Providence funded AND \$2500 for one site - Rasmuson funded)
Other Costs	\$42,000.00
Other Costs (Other Sources)	\$681,900.00
Other Costs Narrative:	<p>Partially Funded by AMHTA A) \$652,300 VOA Contract for treatment services (Positions include VOA Supervisor, VOA Case Manager and VOA Clinician) \$42,000 -- Trust \$610,300-- Providence, Medical Billing, Behavioral Health Billing, VOA funding (various sources) Positions include ASBHC Program Director, ASBHC Medical Clinic Support staff, VOA Supervisor, VOA Case Manager and VOA Clinician.</p> <p>1) VOA Clinicians work directly with students providing therapeutic services to address mental health concerns. Total - \$516,700 One full time positions at each of the 3 sites for two years = \$35/hr. * 1783 Hours (reduced for limited summer services) * 38% benefits * 2 years * 3 sites = \$516,714</p> <p>2) VOA Case Manager will support the clinician's work in treating students. They will help coordinate with parents, including help completing insurance forms when necessary, manage referrals (medication management, family therapy, and neurological evaluations), organize extracurricular activities for students, act as a liaison with school staff, and under the guidance of the clinician, practice communication and problem solving skills with students. \$18/hr. * 2080 hours per year * +38% benefits * 2 years = \$103,334 (\$103,300).</p> <p>3) VOA Supervisor provides support and guidance to VOA Clinician. \$75 hour for 1 hour per week, 52 weeks per year over two years. \$7800 + 38% benefits * 3 sites = \$32,292 (\$32,300)</p> <p>Costs Paid by Other Funding Sources A) \$27,600 (over two years) Ongoing operational costs for medical services: Insurance, Billing fees, Cell Phone, Background checks, Interpretation, Printing, etc.</p>

	B) \$44,000 for CHA Administration (Includes Additional Insurance, grant reporting, IT support, HR support and bookkeeping/accounting)
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Total Amount to be Funded by the Trust	\$75,000.00
Total Amount Funded by Other Sources	\$975,900.00

Other Funding Sources	
Providence Alaska Medical Center (Secured for 2017)	\$45,000.00
Providence Alaska Medical Center (Pending for 2018 and 2019)	\$45,000.00
United Way of Anchorage (Pending)	\$5,000.00
Medical Service Billing Revenue (Pending)	\$220,400.00
Behavioral Health Services Billing Revenue (Pending)	\$338,700.00
Volunteers of America - Various Funding through grants and donations (Pending)	\$221,800.00
Rasmuson Foundation (Pending)	\$100,000.00
Total Leveraged Funds	\$975,900.00

MEMO

To: Larry Norene, Finance Committee Chair
Date: April 20, 2017
Re: FY18 Partnership Grant Request
Fiscal Year: 2018
Amount: \$50,000.00
Grantee: Tanana Chiefs Conference
Project Title: Circle Health Clinic

REQUESTED MOTION:

Approve a \$50,000 FY18 partnership grant with the Tanana Chiefs Conference for the Circle Health Clinic.

Assigned Program Staff: Steve Williams

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

PROJECT DESCRIPTION

The Circle Health Clinic Construction project will result in a new, approximately 2,000 square foot, energy efficient building designed to meet the Accreditation Association for Ambulatory Health Care standards and designed to provide integrated behavioral health services.

Need: The existing clinic is 777 square feet -- only thirty-nine percent of the 1,990 square foot recommendation by the Denali Commission for a clinic that serves a population of 101-500 residents and is located more than 60 road miles from the next level of care. It is not adequate for the health care needs of the community and lacks a designated space for integrated behavioral health services. The current clinic design is not adequate for the health care needs of the community. The building lacks domestic running water and a waste disposal system.

New Clinic: The new clinic is a 2,000 square foot, energy efficient building and includes: two exam rooms; itinerant quarters; office; bathrooms; storage room; Clinical Laboratory Improvement Amendments (CLIA)-certified lab; a sterilization rooms; pharmacy dispensary; janitorial; and a behavioral health office.

Integrated Behavioral Health Space: The behavioral health office is an 85 square foot office located adjacent to the exam rooms. It will be staffed by a behavioral health aide and will include tele-behavioral health equipment for patients who require higher level of care, increasing access to services. TCC has implemented behavioral health screening using the SBIRT model (Screening,

Brief Intervention, Referral and Treatment) throughout its primary care clinics. All patients currently are screened and those who indicate need for intervention receive a warm hand off to behavioral health staff. Space for behavioral health services will ensure that patients who need intervention in Circle will be able to receive those services immediately and in a private setting either with a live staff person or by tele-behavioral health services. Additionally, by have the behavioral health services co-located with primary health care, the behavioral health staff will be a member of the primary care team.

Population/Beneficiaries: This project will benefit the entire community of Circle.

Proposed outcomes:

1. Functional clinic space will improve patient health and safety as well as increase privacy, functionality, and service delivery,
2. Increased space will allow for improved itinerant services, including dental care,
3. Improved oral health outcomes due to an increased number of patients receiving oral health services,
4. A functional telehealth arrangement that will lead to improved communication with specialty providers to improve prevention and monitoring of chronic disease,
5. Behavioral health space will provide privacy and functionality for in-person and tele-behavioral services, and
6. Integration of behavioral health support and services that will increase the prevention and treatment of behavioral health issues.

Community Support: This application is supported by a comprehensive community planning and participation process including public meetings, development of a community plan, establishment of memoranda of agreement, and commitment of additional funding from numerous additional sources to complete clinic construction.

EVALUATION CRITERIA

1. Functional clinic space with running water and handicapped accessibility will improve patient health and safety, increase privacy, functionality, and improve service delivery; more patients will use the clinic rather than defer treatment (measured: number of patient visits for medical care increases in the first year after the facility is opened).
2. Increased space for itinerant providers and services, including dental care (measure: number of patient visits for itinerant services, such as dental care increases in the first year after the facility is opened).
3. Improved oral health outcomes due to an increased number of patients receiving oral health services (measure: number of adults who receive preventative oral health services increases in the first year after the facility is opened).
4. Improved communication with specialty providers will improve prevention and monitoring of chronic disease (measure: number of patients who receive regularly scheduled preventative services increases in the first year after the facility is opened).
5. Behavioral health space provides privacy and functionality for in-person and tele-behavioral services (measure: number of patient visits for behavioral health increases in the first year after the facility is opened).
6. Integration of behavioral health support and services will increase the prevention and treatment of behavioral health issues (measure: number of patients screened for depression

with a standardized tool during the measurement year, and if positive had a follow-up plan documented increases in the first year after the facility is opened).

SUSTAINABILITY

The Circle Tribal Council has adopted the operation and maintenance plan and commits the necessary funds to provide for the responsibilities. This plan includes the utility costs, maintenance and janitorial staff, security and insurance, and sets aside funds to create a reserve for repairs and training of tribal staff to maintain the clinic facility and equipment. The tribe will continue to receive funds through the Village Built Clinics Leasing Program for ongoing maintenance and repair costs. The Village Built Clinics Leasing Program is intended to lease space in isolated Alaskan locations where the Community Health Aide is the primary health care provider. The Indian Health Service (IHS) leases space and facilities from the local communities that meet minimum requirements to serve as Village Built Clinics where healthcare is provided.

Maintenance and operation costs for the facility are estimated to be approximately \$10,800 per year.

WHO WE SERVE

This project will result in integrated primary and behavioral health care services for all AMHTA beneficiaries living in the Circle service area. By integrating behavioral health support and services with primary care this project will address some of the greatest challenges to mental health and wellness services for people in our region: 1) Within our relatively small community there continues to be a stigma associated with receiving behavioral health services. One of our objectives for this project is to normalize behavioral health services are part of well-rounded health care. 2) While Fairbanks offers clinical mental health services, in our rural communities an itinerant mental health clinician may visit a village community anywhere from once a month to quarterly or, in some cases, never. This project will enable the use of tele-behavioral health to increase access to specialists. 3) People who live in rural areas with serious mental illness and co-occurring disorders are generally not identified until they experience problems that impact their physical health status or the other dimensions that support that support a life in recovery -- home, purpose, and community. This project will increase early diagnosis and intervention by integrating behavioral health and a normal part of well-rounded health care.

ESTIMATED NUMBER OF BENEFICIARIES SERVED

According to the Alaska Behavioral Systems Assessment, in 2013, approximately one in four Alaskan adults needed treatment for illicit drug or alcohol use and/or experienced a mental illness in the past year; approximately one in five traditional high school students had a moderate or high-risk behavior for substance use; and approximately one in four traditional high school students experienced a mental health issue in the past year. Although the community of Circle is small, with just over one hundred residents in the last census, we anticipate that the new clinic will serve Trust beneficiaries in our community for several decades.

BUDGET

Other Costs	\$50,000.00
Other Costs (Other Sources)	
Other Costs Narrative:	Sitework -- \$213,149 Substructure -- \$190,965 Superstructure -- \$193,558 Exterior Closure -- \$154,514 Roof Systems -- \$59,516 Interior Construction -- \$94,067 Mechanical -- \$283,457 Electrical -- \$190,571 General Requirements -- \$779,295 Contingencies -- \$202,551

Total Amount to be Funded by the Trust	\$50,000.00
Total Amount Funded by Other Sources	\$2,321,663.00

Other Funding Sources	
Indian Community Development Block Grant - Secured	\$600,000.00
Tanana Chiefs Conference - Secured	\$200,000.00
Rasmusson Foundation -- Pending	\$450,000.00
Other foundations	\$1,071,663.00
Total Leveraged Funds	\$2,321,663.00

3745 Community Park Loop
Suite #200
Anchorage, AK 99508
Phone: (907) 269-7960
Fax: (907) 269-7966



Trust Capital Project Questionnaire

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

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

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

Organization name: Tanana Chiefs Conference

Contact: Diane Evans-Sommer

Email: diane.evans@tananachiefs.org

Phone: 907-452-8251

A. Organizational Issues

A1	What is your organization's core mission? How does this project fit into your core mission?	<p>Response: Formed in 1962 out of a belief in tribal self-determination and the need for regional Native unity in the face of a changing world, TCC today is a diverse organization that provides health and social services, tribal development, and fish, wildlife and land management for the more than 15,000 Alaska Native people. Our Vision is: Healthy, Strong, Unified Tribes. Our Mission is: Tanana Chiefs Conference provides a unified voice in advancing sovereign tribal governments through the promotion of physical and mental wellness, education, socioeconomic development, and culture of the Interior Alaska Native people.</p> <p>This project aligns with our core mission in the following ways: The goal of this project is to provide comprehensive preventive and primary health</p>
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		care, behavioral health services, and oral health care services to all residents of the Circle region and to increase the number of patients who use the Circle Health Clinic to meet their healthcare needs rather than defer treatment or wait to seek medical care until they go to the larger health clinic in Fairbanks.
A2	<p>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>	<p>Response: Under a self-governance compact for tribal health care entered into between the Tanana Chiefs Conference and the Public Health Service pursuant to P.L. 93-638, the Tanana Chiefs Conference is the designated health organization for the Interior Region of Alaska, including Circle. TCC's Health Services Department was established in 1973 and is the major provider of health care services for approximately 15,000 Alaska Native beneficiaries living in Fairbanks and the tribal communities of interior Alaska. About two-thirds of TCC's annual budget and 650 employees are devoted to the organization's health mission. TCC provides general medical, mental health, dental care and preventive health services for the Alaska Native population, including alcohol and drug abuse treatment, prevention and education. At village clinics, like the one proposed for Circle, Indian Health Service beneficiaries receive daily care primarily from Community Health Aides, the cornerstone of health care delivery in rural Alaska and the vital link to regional and state health care facilities. Community Health Aides are able to provide a broad range of primary care services as detailed in the Alaska Federal Community Health Aide Program Standards, and standardized curriculum with medical supervision from TCC physicians. Health Aides are in turn supported by itinerant primary care providers and specialists who travel to rural clinics on an established schedule.</p> <p>TCC's five-year strategic plan (https://www.tananachiefs.org/wp-content/uploads/2015/02/TCC-2015-2020-Strategic-Plan.pdf) specifically lists "support new, replacement, and renovation projects for community owned health facilities" as an objective for Health Services. The Circle Clinic project is part of this objective.</p>
A3	<p>Does this project fit into a community or regional plan or process? How?</p>	<p>Response: The Circle Community Plan, prepared in 2014 by Tanana Chiefs Conference Community Planning Program in cooperation with Circle Native Community, Dahnzhit Hanlaili Corporation and Circle community members, reinforced the need for a new area health clinic. The highest priority goal identified in the 2014 Circle Community Plan was health and safety, and the second highest priority goal identified was public facilities and housing, with the first objective to obtain funding for a new health clinic with running water. In the community plan, the community agreed to work with TCC to seek funding for construction of a new clinic, hold community meetings to discuss clinic plans, and begin construction once funding is secured.</p> <p>In July 2014, the Circle Tribal Council met with representatives of the Tanana Chiefs Conference Health Department to develop a Memorandum of Agreement for the development and operation of a new Circle Health Clinic. During this meeting the Tribal Council members</p>

		chose a location for the new health clinic, determined that the land and clinic would belong to the Tribe upon completion, agreed that TCC would contribute funds to the completion of the project, and agreed that TCC would provide general medical, mental health, dental , and preventive health services for the Circle community in the new clinic. The Tribe also agreed to submit applications to potential funders, agreed to TCC's management of funds awarded, and agreed to contract with ARCADIS, an international construction management and infrastructure development company, as the contractual project manager.
A4	How many months of operating reserves do you maintain?	Response: TCC maintains 4 months of operating reserves on hand in unrestricted funds as of 9/30/16.
A5	Have you explored opportunities for collaboration with other organizations on this project? If so, how?	<p>Response: TCC and the Circle community have taken a coordinated and systematic approach to the planning for a new health care facility. An Alaska Rural Primary Care Facility Assessment and Inventory Survey Report of the existing Circle Health Clinic was conducted in February, 2009, by the Denali Commission and the Alaska Native Tribal Health Consortium. This report found that the existing clinic is inadequate in size for Circle's population, the existing clinic has severe heating problems, there is lack of handicap accessibility, the functional arrangement of space is unsatisfactory with lack of gurney access due to narrow hallways, and that the clinic has non-functional plumbing. The same report concluded the existing clinic is not acceptable for renovation due to the cost of the 758 square feet of additions that would be required to make the existing clinic adequate for the needs of Circle's population, in addition to the needed requirements of a new foundation, handicap ramps, arctic entrances, roofing, siding, and electrical, plumbing and heating systems. The report recommended construction of a new health clinic in the community.</p> <p>In May, 2013 the entire community of Circle, including the health clinic, flooded due to a large ice jam blocking the Yukon River that resulted in a surge of water and ice and caused rapidly rising water levels of the Yukon. The entire community of Circle was inundated with floodwaters 5-8 feet deep. The clinic was temporarily re-located to a FEMA trailer following the flood, and the planning process for a new health clinic in Circle began in earnest in the summer of 2013.</p> <p>An estimated \$130,000 in necessary repairs to the existing clinic resulting from the May, 2013 flood were completed during the winter of 2013-2014, including raising the facility 4 feet in hopes of being above future flood levels. However, the existing clinic still remains without piped drinking water and wastewater facilities, and functional shortcomings identified in the Alaska Rural Primary Care Facility Assessment and Inventory Survey Report remain.</p> <p>In April, 2014, TCC's Office of Environmental Health conducted a Health and Safety Survey of the Circle Health Clinic and found numerous health</p>

		<p>and safety issues with the existing structure, including closely spaced 90 degree turns in the handicap access ramp and steep exterior stairways to both entrances, making it difficult for staff to safely transport patients on stretchers; improper attachment of the roof's fascia board along the backside of the building allowing for potential water damage and mold issues; lack of piped drinking water and wastewater capabilities; lack of a structurally sound foundation for the clinic's fuel tank creating a high safety hazard; and lack of quality locking systems on the outside clinic doors creating a security risk.</p> <p>The Circle Community Plan, prepared in 2014 by Tanana Chiefs Conference Community Planning Program in cooperation with Circle Native Community, Dahnzhit Hanlaih Corporation and Circle community members reinforced the need for a new area health clinic. The highest priority goal identified in the 2014 Circle Community Plan was health and safety, and the second highest priority goal identified was public facilities and housing, with the first objective to obtain funding for a new health clinic with running water. In the community plan, the community agreed to work with TCC to seek funding for construction of a new clinic, hold community meetings to discuss clinic plans, and begin construction once funding is secured.</p> <p>In July 2014, the Circle Tribal Council met with representatives of the Tanana Chiefs Conference Health Department to develop a Memorandum of Agreement for the development and operation of a new Circle Health Clinic. During this meeting the Tribal Council members chose a location for the new health clinic, determined that the land and clinic would belong to the Tribe upon completion, agreed that TCC would contribute funds to the completion of the project, and agreed that TCC would provide general medical, mental health, dental, and preventive health services for the Circle community in the new clinic. The Tribe also agreed to submit applications to potential funders, agreed to TCC's management of funds awarded, and agreed to contract with ARCADIS, an international construction management and infrastructure development company, as the contractual project manager.</p> <p>A community meeting was held in Circle on November 24, 2014 to present a clinic prototype designed by TCC in cooperation with Bettisworth North Architects and Planners (BNAP) and ARCADIS. Representatives from TCC, BNAP and ARCADIS were present at this meeting to review the clinic design, respond to questions and concerns from community members, and solicit community input towards the final design of Circle's clinic. Circle community members in attendance agreed unanimously to pursue funding to support the clinic design as presented. The 2,174 square foot clinic design includes handicap access, gurney access, itinerant quarters, behavioral health office space, lab and pharmacy, and a 2nd exam room with space to accommodate a dental chair. There will be a back-up generator in case of power failure, as well as covered ambulance parking. To reduce operation and maintenance costs, the clinic is also designed to meet energy efficiency standards as outlined in Tanana Chiefs Conference Resolution</p>
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		No. 2013-11, including insulation values of no less than R-70 for walls, R-5 for floors, R-100 for roofs, and use PVC Triple-pane, argon filled windows with Low E and a protective Lexan Safety Glazing.
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B. Program Issues

B1	What are your current services and how will the project enhance/expand your services?	<p>Response: In this new facility, TCC will provide family health services; emergency medical treatment; preventative health services such as prenatal and perinatal services, well-child services, immunizations, family planning, and patient education; patient care management services; substance abuse and mental health diagnosis and treatment; and outreach. The new clinic will allow TCC to provide enhanced laboratory services, integrated behavioral health services, and dental health services from the clinic. Two Community Health Aides will provide day-to-day health care services. Their services will be enhanced by itinerant and tele-health clinic support from Chief Andrew Isaac Health Center in Fairbanks, including dental and optometry itinerant services. A Behavioral Health Aide, supported by behavioral health clinicians located in Fairbanks, will provide behavioral health services.</p> <p>This building design will increase the viability of the community by improving the quality of life for all community residents. The following list provides features of the clinic that will contribute to the quality of health care received by community members and thus increase the demand for services:</p> <ul style="list-style-type: none"> • Enhance the ability of local Community Health Aides to provide care. Functional clinic space will enhance patient confidence, leading to more patients utilizing the clinic rather than deferring treatment or waiting to seek medical care when they go to the larger health clinic in Fairbanks. • Improve patient privacy and confidentiality. With two exams rooms and sound dampening insulation in the walls, patient privacy will be improved. • Allow for improved emergency and trauma response. The new clinic will provide adequate width in trauma rooms and hallways to accommodate a gurney. • More room for itinerant providers and services. With adequate space it will be easier for itinerant providers to come to the Circle Health Clinic to provide services for residents. • Handicapped accessibility. With safe, covered ramp access to the facility, patients will not risk their safety when entering the facility. • Running water and sewage disposal. Running water and appropriate sewage disposal will reduce the likelihood of Methicillin Resistant Staphylococcus Aureus (MRSA) and other infections that require basic standard precautions and proper infection control procedures. • (CLIA)-certified lab capable of basic urine testing, hemoglobin, CLIA-waived Step-A and Mono Spot testing and basic microscopy will enable the Community Health Aide to screen for and monitor diseases such as diabetes and identify viruses, such as Mono
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		quickly and accurately.
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C. Site Issues

C1	Has a site been identified for this project?	Response: The new health clinic will be built on land owned by the Circle Tribal Council. The lot is located on Trust Land Survey, Plat No. 2006-35 Lot 2.
C2	Were alternative sites fully evaluated?	Response: The Circle Tribal Council purchased the land for the clinic in 2000 for the clinic. Other sites may have been evaluated at that time, but it is unclear from Tribal Council records which sites were evaluated. There are limited alternatives in the community.
C3	Has the selected site been evaluated for appropriate size, access, utilities, and environmental constraints?	Response: This site was selected for two key reasons: 1) Lot 2 is adjacent to Lot 1 which holds the Village Washeteria. This location will allow the clinic building to easily be connected to the Circle Washeteria small treated (Class A) water system. 2) Floodwaters in 2013 were 5 to 8 feet deep in the community, and the Washeteria is one of only a few locations in the community that did not flood, indicating a lower level of susceptibility to future flooding from the Yukon River.
C4	Has a site plan been completed?	Response: No. An environmental assessment will be completed in December 2016 and this will guide the site plan.
C5	What is the status of site ownership?	Response: The Circle Tribal Council owns the land.

D. Facility Issues

D1	Explain why you need a new, expanded, or remodeled facility.	<p>Response: The existing Circle clinic <u>does not</u> meet the community's health needs for four key reasons.</p> <ol style="list-style-type: none"> 1. The clinic <u>lacks domestic running water and a safe and sanitary human waste disposal system</u> as a result of freezing which occurred in 1996 when the heat trace to the clinic's well was accidentally turned off, resulting in freezing of the well and subsequent rupture of the well casing, rendering it unusable. Under these conditions the clinic is incapable of providing adequate basic health care and does not meet the necessary and expected standards for the protection of public health and other infections that require basic standard precautions and proper infection control procedures. 2. The current Circle Health Clinic is just 777 square feet in size, <u>only thirty-nine percent of the 1,990 square foot recommendation</u> by the Denali Commission for a clinic that serves a population of 101-500 residents and is located more than 60 road miles from the next level of care. The clinic is poorly laid out, and fails to meet the needs of Circle's residents without adequate space for dental care or a Behavioral Health Aide. In addition, the existing clinic's <u>hallways are not wide enough to accommodate a gurney</u> making provision of
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		<p>emergency care difficult, the clinic is poorly insulated and difficult to heat, and there are multiple structural deficiencies.</p> <p>3. The current clinic design is not adequate for the health care needs of the community. An Alaska Rural Primary Care Facility Assessment and Inventory Survey Report of the existing Circle Health Clinic conducted in February, 2002 by the Denali Commission and the Alaska Native Tribal Health Consortium found that in addition to being too small for the population, the existing clinic has severe heating problems, there is lack of handicap accessibility, the functional arrangement of space is unsatisfactory with lack of gurney access due to narrow hallways, and that the clinic has non-functional plumbing. The same report concluded the existing clinic is <u>not acceptable for renovation</u> due to the cost of the 758 square feet of additions that would be required to make the existing clinic adequate for the needs of Circle's population, in addition to the added requirements of a new foundation, handicap ramps, arctic entrances, roofing, siding, and electrical, plumbing and heating systems. The report recommended construction of a new health clinic in the community.</p>
D2	How much total square footage do you think you will need?	<p>The new Circle Health Clinic, a public facility, will be modeled on the rural health clinic prototype developed by TCC in consultation with an Indian Health Services beneficiary group and TCC health care providers to meet the primary health care needs of rural residents (Attachment 8 includes the prototype floor plan). The facility will be a 2,147 square foot, energy efficient building designed to meet the Accreditation Association for Ambulatory Health Care standards; and 2) provide integrated preventative health care services that address the region's health care disparities. The facility will include: 1) two exam rooms, separated physically from the waiting area for increased privacy (one with multi-use functionality to incorporate dental health care); 2) multifunctional itinerant quarters; 3) an administration office with visual site to the entryway to ensure security and privacy; 4) unisex toilets with a shower directly across from the exam rooms; 5) a separate storage room; 6) a Clinical Laboratory Improvement Amendments (CLIA)-certified lab capable of basic urine testing, hemoglobin, CLIA-waived Step-A and Mono Spot testing and basic microscopy; 7) a sterilization room; 8) a pharmaceutical dispensary; 9) separate janitorial space; and 10) a separate behavioral health office. In addition, telehealth capability will be integrated throughout the clinic, the building will be handicapped accessible and comply with all ADA requirements, and the building will be fully sprinkled.</p>
D3	Has a construction cost estimate been prepared? Who prepared it?	<p>Response: The total construction cost of this project is estimated to be \$2,361,663 (the land is valued at an additional \$10,000). The cost estimate was provided by HMS, Inc. HMS, Inc. has provided complete design estimating services for more than 30 years. HMS, Inc. was established in Alaska in 1980, initially specializing in urban and rural</p>

		Alaskan projects. HMS, Inc. has experience with the unique challenges of construction in Alaska, and has completed more than 4,100 projects spanning 280 urban centers and remote villages across Alaska. Projects include public facilities such as airports, schools, and health care facilities, including medical and dental clinics.
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E. Financial Issues

E1	Is the full cost of the project identified?	Response: The total construction cost of this project is estimated to be \$2,361,663 (the land is valued at an additional \$10,000).
E2	What funding has been identified for the capital project? Please provide amounts and sources.	Response: The following funding sources have been identified and secured: Indian Community Development Block Grant (\$600,000); Tanana Chiefs Conference (\$200,000). The following funding sources are currently pending: Rasmuson Foundation (\$450,000); Alaska Mental Health Trust Authority (\$50,000); other foundations (\$1,071,663).
E3	How will increased operating expenses be covered?	<p>Response: <u>The Circle Tribal Council has adopted the operation and maintenance plan and commits the necessary funds to provide for the responsibilities.</u> This plan includes the utility costs, maintenance and janitorial staff, security and insurance, and sets aside funds to create a reserve for repairs and training of tribal staff to maintain the clinic facility and equipment. The tribe will continue to receive funds through the Village Built Clinics Leasing Program for ongoing maintenance and repair costs. The Village Built Clinics Leasing Program is intended to lease space in isolated Alaskan locations where the Community Health Aide is the primary health care provider. The Indian Health Service (IHS) leases space and facilities from the local communities that meet minimum requirements to serve as Village Built Clinics where healthcare is provided.</p> <p>Maintenance and operation costs for the facility are estimated to be approximately \$10,800 per year.</p> <p>While the overall costs of maintenance and operation are projected to rise for the new clinic due to the increase in square footage, three factors are expected to simultaneously reduce maintenance and operation costs:</p> <ol style="list-style-type: none"> 1. A new, fully plumbed clinic will eliminate the need for daily maintenance and self-hauling of water and sewage; 2. The new clinic will be constructed to meet high standards in energy efficiency, decreasing energy-related expenses; and 3. The clinic will be designed to use solar power to cut down on heating and energy costs. <p>Standard building practices in interior Alaska in recent years have trended towards superinsulation. While insulation costs can increase construction costs by as much as 30% from the norm, the payback from fuel savings is generally less than 5 years. TCC Resolution No. 2013-11</p>



The Alaska Mental Health
Trust Authority

		establishes the request that new publically-funded construction projects achieve insulation values of no less than R-70 for walls, R-50 for floors, and R-100 for roofs. In addition to meeting these requirements, the clinic design provides for PVC Triple-pane, argon filled windows with Low E and a protective Lexan Safety Glazing. Energy costs will be further mitigated with the provision of a solar array and are eligible for the Power Cost Equalization (PCE) program. With the use of solar calculator PV Watts, it can be demonstrated that a 5kW solar array will produce more than 4000kWh of electricity per year with a savings of approximately \$3,000 in electricity costs annually.
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F. Other information that helps explain your project:

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MEMO

To: Larry Norene, Finance Committee Chair
Date: April 9, 2017
Re: FY18 Partnership Grant Request
Fiscal Year: 2018
Amount: \$25,000.00
Grantee: The Children's Place
Project Title: A Sustainable Facility for The Children's Place

REQUESTED MOTION:

Approve a \$25,000 FY18 partnership grant request to the Children's Place for the Sustainable Facility for the Children's Place project.

Assigned Program Staff: Katie Baldwin

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

PROJECT DESCRIPTION

The Children's Place is seeking capital support to build a new, sustainable facility. This new facility will allow multiple children to be evaluated at the same time while protecting their confidentiality. Co-location with staff from both the Office of Children's Services and the Alaska State Troopers will increase the efficiency of referrals and improve communication about cases. With additional space we will be able to augment the services we provide, including: Increased on-site mental health services, face-to-face follow up family advocacy, and Prevention and outreach activities.

The Children's Place is seeking funding to build a new sustainable facility. This new facility will have the space to adequately provide for our clients, the Alaska State Troopers, and Offices of Child Services, all under one roof. We have outgrown our current facility which we have been in since 1999. It is no longer adequate for our needs, and the number of clients is growing annually. The targeted population that we serve are abused and/or neglected children. We offer them hope and healing. Alaska has one of the highest rates of child abuse in the nation. On March 25, 2016 the US Census reported 101,095 residents living within our service area is the Mat Su Borough. Our expected outcomes are: 1) for children to make a smoother transition between The Children's Place services, Office of Child Services, and the Alaska State Troopers. With one facility, one location, and one purpose, it will allow children to feel at ease in sharing their experiences. 2) The services will also run smoother for the three business's working together under one roof. Shared

child caseloads will be easier to discuss, document, and keep confidential. The three services will be able to improve teamwork.

We have amazing community support for this new facility. The Children's Place has been planning for this new facility for 10 years and has raised \$600,000.

We also are currently engaged in a Capital Campaign with a target of \$350,000.
The Mat Su Health Foundation grant for \$750,000.
Rasmuson Foundation request for \$500,000.
Land donated for the new facility is valued at \$200,000.

The beneficiary groups that will be the focus of our project are: Mentally Ill and Developmentally Disabled. Children that have experienced abuse and neglect often suffer mental illness and become developmentally disabled as adults. These are the two beneficiary groups that best aligned with our services. The secondary beneficiary group is the families of our clients. It must be noted that children exposed to traumatic events are at significant risk of negative future health outcomes, including mental health issues, addiction as well as other health consequences.

EVALUATION CRITERIA

The Children's Place project is to build a new facility in Wasilla. The land has already been donated for our project, and the Engineering Plans for the facility are complete. Timelines and measurable objectives for success are as follows: 1) The building project will be put out to bid and the successful bidder will be ready to start building shortly after ground breaking, estimated around June 1, 2017. Progress on the construction will be documented monthly. Construction timelines to be reported are: when foundation is started and completed, when frame work is started and finished, when facility is enclosed, electrical and plumbing components started and finished, drywall and painting started and finished, windows installed, doors hung, flooring laid, light fixtures installed, and finish work completed. 2) The construction is estimated to take approximately one year; to be finished May 31, 2018. The move-in date is estimated to be in June 2018. We will achieve the desired outcome 100% when the building is finished in June 2018 and we occupy the facility. 3) All of our clients, and those clients seen by the other State entities who will occupy the new building will be better off, or receive better services as the result of the new facility.

SUSTAINABILITY

The Children's Place will continue to function as a nonprofit after the new facility is built. We anticipate continued funding through State of Alaska DHSS OCS grant, United Way of Mat-Su, Alaska Children's Alliance, and Mat-Su Borough Community Matching grant. We will also generate revenue through lease income from the state agencies that will be co-located in the facility. An additional revenue stream for The Children's Place is medical billing for services rendered on site. The Children's Place is well supported by individual and corporate donors within the community. Community donations account for about 20% of our annual operating budget.

WHO WE SERVE

The Children's Place is our community's compassionate response to child abuse. We have served nearly 3,000 abused children and their families since we opened our doors in 1999. Child abuse

negatively impacts our entire community. Research shows that most of our major chronic health, mental health, economic health and social health issues can be attributed to childhood trauma. Facts estimate 1 in 4 girls and 1 in 6 boys will be victims of sexual abuse before their 18th birthday. Two-thirds of adults report experiencing abuse, neglect, or other forms of toxic stress during their childhood.

The Mat-Su Multidisciplinary Team members bring their resources and services together at The Children's Place to offer: Forensic interviews, Medical exams, Family advocacy, and Mental-health services.

Alaska has one of the highest rates of child abuse in the Nation and the Mat-Su is the fastest growing part of Alaska, where the number of child abuse cases continue to rise.

The beneficiary groups that best align with our work in serving abused and neglected children are; Mentally Ill and Developmentally Disabled. This project will benefit these groups as a new facility will allow adequate space for multiple clients to be seen at one time. In the smaller confined space we operate in now, when more than one client is receiving services, we can lose the essential privacy and confidential values simply because of the lack of more rooms and barriers.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Mental Illness:	225
Developmental Disabilities:	150
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	100

BUDGET

Personnel Services Costs	\$0.00
Personnel Services Costs (Other Sources)	\$505,630.00
Personnel Services Narrative:	Trust funds will not be used for personnel. It will all be used towards the new facility. The Children's Place has the following personnel, and the funding source and amount will be listed next to each title: 1) Executive Director position is funded with State of Alaska DHSS OCS grant funds totaling =\$89,325. 2)Family Advocate position funded by the State of Alaska DHSS OCS grant, United Way grant, & Alaska Children's Alliance Grant through the National Children's Alliance, funds totaling =\$55,900. 3) 2nd Full time Family Advocate position is funded from the General Fund, State of Alaska DHSS OCS grant, United Way grant, and Alaska Children's Alliance grant through the National Children's Alliance, funds totaling =\$44,200. 4)Administrative Assistant position is funded by the General Fund and the State of Alaska DHSS OCS funding, funds totaling =\$41,600. 5) Medical Billing Specialist is

	funded with the State of Alaska DHSS OCS grant, funds totaling \$5,408. 6) Advanced Nurse Practitioner is funded by the General Fund and revenue generated from the Alaska State Troopers lease, funds totaling =\$156,000. 7) Capital Campaign Administrative Support position is funded with General Funds totaling \$59,800. 8) Medical Director position is In-kind, donated time valued at \$53,397. Total funding for personnel=\$505,630.
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Travel Costs	\$0.00
Travel Costs (Other Sources)	\$9,600.00
Travel Narrative:	None of the Trust funding will be used for travel purposes. Revenue generated from the Alaska State Troopers Lease pays for our travel expenses at \$9,600.

Space or Facilities Costs	\$0.00
Space or Facilities Costs (Other Sources)	\$19,850.00
Space or Facilities Narrative:	<p>None of the Trust funding will be used for space rental. The building that The Children's Place currently occupies is paid off and owned by us, with no monthly rental or mortgage due. The \$25,000 we are requesting will all be used for the construction of our new facility. We hope to have secured enough funding for the project that our new building will be paid in full at the time of construction.</p> <p>Other facility expenses we have, are; communication, postage, utilities, lawn maintenance, snow removal, security, minor repairs, and property tax. These total \$19,850. and are paid through the General Fund, State of Alaska DHSS OCS funding, and revenue generated from the Alaska State Troopers lease.</p>

Supplies Costs	\$0.00
Supplies Costs (Other Sources)	\$11,000.00
Supplies Narrative:	None of the Trust funds will be used for office supplies. Office supplies are funded by the General Fund, and the State of Alaska DHSS OCS grant. Total for supplies is \$11,000.

Equipment Costs	\$0.00
Equipment Costs (Other Sources)	\$3,700.00
Equipment Costs Narrative:	None of the Trust funding will be used for equipment. Equipment needs are funded by the General Fund and the State of Alaska DHSS OCS grant. Total equipment expenses =\$3,700.

Other Costs	\$25,000.00
Other Costs (Other Sources)	\$2,400,000.00
Other Costs Narrative:	The funding we are requesting is for construction of a new facility in the amount of \$25,000. We have been planning and saving for this project for ten years and have many grants and funding already secured for this purpose. The Children's Place raised \$600,000. of our own money, the Mat Su Health Foundation grant is \$750,000. for this project, Rasmuson Foundation request is \$500,000. , we are currently engaged in a capital campaign with a target of \$350,000., and land has been donated for the new facility which values \$200,000. Total secured and pending funds =\$2,400,000.

Total Amount to be Funded by the Trust	\$25,000.00
Total Amount Funded by Other Sources	\$2,400,000.00

Other Funding Sources	
The Children's Place. Secured	\$600,000.00
The Mat Su Health Foundation. Secured.	\$750,000.00
Rasmuson Foundation. Pending.	\$500,000.00
The Children's Place Capital Campaign. Pending.	\$350,000.00
Land donated for the new facility by a community member. Secure.	\$200,000.00
Total Leveraged Funds	\$2,400,000.00

3745 Community Park Loop
Suite #200
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Phone: (907) 269-7960
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Trust Capital Project Questionnaire

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

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

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

Organization name: The Children's Place

Contact: Paula Jones

Email: pjones@tcpak.org

Phone: (907) 357-5157

A. Organizational Issues

A1	What is your organization's core mission? How does this project fit into your core mission?	Response: To offer hope and healing to children and families impacted by abuse and neglect through a coordinated community response.
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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: Our strategic plan is complete and being monitored annually, as well as distributed and reviewed at monthly board meetings. Expanding our facility has been part of the strategic plan for several years.
A3	Does this project fit into a community or regional plan or process? How?	Response: This project is in line with the Mat Su Health Foundation 2013 Community Needs Assessment that identified Children Experiencing Violence as the #2 greatest health challenge in the Mat-Su.
A4	How many months of operating reserves do you maintain?	Response: We maintain a minimum of 6 months in operating reserves.
A5	Have you explored opportunities for collaboration with other organizations on this project? If so, how?	Response: This project is largely collaborative in that we will be co-locating with OCS and the Alaska State Troopers Child Abuse Investigation Unit. Also, as a member of the Mat-Su Valley Multidisciplinary Child Protection Team, we routinely engage in collaboration with the District Attorney's Office, the Attorney General's Office, the Division of Juvenile Justice, Mat-Su Borough School District, local law enforcement (Palmer & Wasilla Police Departments) & local mental health providers.

B. Program Issues

B1	What are your current services and how will the project enhance/expand your services?	Response: Currently we offer Forensic Interviews, Medical Exams, Family Advocacy, and linkage to mental health services. The new facility will give us room to expand both in the areas of prevention and mental health service provision. We will also have the capacity to add more staff and see more child victims.
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C. Site Issues

C1	Has a site been identified for this project?	Response: We have a site that was donated by a community member more than 10 years ago as the board began strategic planning for growth and expansion.
C2	Were alternative sites fully evaluated?	Response: The site that was donated is perfect for our needs and is free. Nothing else could compare in price. The value of the land is \$200,000. The location is also in the hub of Wasilla, a perfect location for our continued services and all we work with.
C3	Has the selected site been evaluated for appropriate size, access, utilities, and environmental constraints?	Response: The selected site is in the design phase with Wolf Architecture, and was already passed through the pre-development process as well. Since the new location is in Wasilla City limits, the new facility will tie in to the city water and sewer systems. All other utilities are already on nearby adjacent properties, and easy to tie into.
C4	Has a site plan been	Response: We do have a preliminary site plan, and anticipate that

	completed?	design will be at 65% complete before April 1 st .
C5	What is the status of site ownership?	Response: The Children's Place is the property owner.

D. Facility Issues

D1	Explain why you need a new, expanded, or remodeled facility.	Response: Our current facility is 2200 square feet and has served our purposes since opening our doors in 1999. During that time, we have expanded our converted house several times. Further expansion is not an option due to the city code that requires us to leave 30% of our property undeveloped. We currently have parking for a maximum of eight vehicles and we employ five full time people and have a sixth one day per week. This leaves very limited space for the Office of Children's Services and families seeking services to park. We anticipate losing some of that parking when the planned expansion of Knik-Goosebay Road goes through. Also for the protect and privacy of our clients who are abused and neglected children. At this time we only have capacity to work with one family at a time and keep their privacy protected. If multiple families are here seeking services at the same time, privacy on all issues can not be achieved.
D2	How much total square footage do you think you will need?	The new facility is planned to be 7,800 sf including shared space for use of all agencies and lease space for both OCS and AST.
D3	Has a construction cost estimate been prepared? Who prepared it?	Response: The construction estimate has was developed through pre-development with the assistance of Steve Fishback and Wolf Architecture.

E. Financial Issues

E1	Is the full cost of the project identified?	Response: The full cost of the project is estimated at \$2.1 million.
E2	What funding has been identified for the capital project? Please provide amounts and sources.	Response: Funding from Mat-Su health Foundation is secured at \$750,000. We have been invited to submit a proposal to Rasmuson Foundation for \$500,000. We are putting forward an investment of our own of \$600,000 We are in engaged in a capital campaign for the remaining \$350,000.
E3	How will increased operating expenses be covered?	Response: Increased operational costs will be covered through increased lease revenue.

F. Other information that helps explain your project:

	<p>The Mat Su Borough is the fastest growing area in Alaska, and sadly that brings with it more abused and neglected children. The Children's Place is part of a multi-disciplinary team addressing child abuse and neglect. Our services are integral to the successful prosecution of cases. We provide a safe place for children to describe their abuse, get forensic evidence, and seek medical treatment. We are a continued resource throughout the life of victims and their families. A new facility would allow us to work with more clients at one time, and give us the much needed parking and extra space we need.</p>
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Alaska Children's Alliance



Members from Anchorage, Barrow, Bethel, Copper River Basin, Dillingham,
Fairbanks, Juneau, Kenai Peninsula, Kodiak, Kotzebue, Mat-Su, Nome/Bering Straits
P.O. Box 672069, Chugiak, AK. 99567 Ph.: 907-688-0163 Fax: 907-688-1078

February 27, 2017

This letter is to show strong support for The Children's Place (TCP) Child Advocacy Center (CAC) expansion. While their current location has served them well, and more importantly, has served child victims and their families well, the need has outgrown the space. Staff cubicles are of necessity inserted wherever they will fit; creating an environment that is not psychologically safe. A feeling of confidentiality and privacy is extremely important to families in which there are concerns of child sexual abuse. It also does not meet the best practice accreditation requirement to assure that private meeting areas are physically separate, so that conversations cannot be overheard.

Their medical exam room also serves as a viewing room for their Multidisciplinary Team members. When there is full team participation, as is ideal, there is not enough room for team members to sit. As you can imagine, the work of CAC and MDT staff is extremely stressful and many times heartbreaking. Being overcrowded does nothing to alleviate stress to those hardworking and dedicated individuals.

Additionally, co-location, to include law enforcement, medical services, mental health services, and OCS is ideal, improves efficiency and team functioning and has even been shown to reduce burn-out among staff.

Mat-Su, is known to be the fastest growing area in the state, and along with the benefits of that comes the fact that child abuse numbers rise with an increase in population. As cases increase so will the need for a larger facility to be able to serve multiple families simultaneously.

As the second-oldest CAC in the state, and the second one to attain accreditation from the National Children's Alliance, TCP is well established and well-respected throughout Alaska and by the national movement. Please feel free to contact me at the above number or by email (pkaralunas@gci.net) if you have any questions or need additional information.

Pam Karalunas

Chapter Coordinator
Alaska Children's Alliance



The mission of the Alaska Children's Alliance is to promote a culturally appropriate multidisciplinary response to child maltreatment throughout Alaska.

WASILLA
POLICE
DEPARTMENT

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Bert L. Cottle
Mayor



Gene Belden
Chief of Police

MatCom Public Safety
Dispatch



Ruthan Josten
Lieutenant

February 28, 2017

Luke Lind

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

RE: SUPPORT LETTER FOR THE CHILDRENS PLACE TO RECEIVE THE ALASKA MENTAL HEALTH
TRUST GRANT FOR A NEW FACILITY

Dear Mr. Lind,

The Wasilla Police Department is proud to provide our support for The Children's Place in Wasilla, Alaska in receiving funds for their new facility. We understand that they have been planning and saving for this event for ten years.

The Wasilla Police Department has partnered with The Children's Place since 1999 and with their facility and staff, The Children's Place has assisted in investigating abuse of children as well as interviewed children who may have been witnesses to murder or witnesses in other major crimes.

The staff of the Children's Place has always displayed the utmost level of professionalism and compassion to the families that they serve. The Wasilla Police Department acknowledges that the work they do in our community is invaluable.

We know that the \$25,000 grant funds that are being requested from the Alaska Mental Health Trust Authority for the new facility will be put to good use. You will be partnering with many other donors for this worthwhile project.

Sincerely,

Gene Belden
Chief of Police