

MEETING AGENDA

Meeting: Finance Committee
Date: January 26, 2016
Time: 2:15 PM
Location: APFC Hugh Malone Board Room, 801 West 10th St, Juneau
Teleconference: (866)-469-3239 / Session Number: 809 481 357 # / Attendee Number: #
Trustees: Carlton Smith (Chair), Paula Easley, Laraine Derr, Mary Jane Michael, Larry Norene, Russ Webb

Tuesday, January 26, 2016

Page No.

2:15 pm	<u>Call Meeting to Order (Carlton Smith, Chair)</u> Roll Call Announcements Ethics Disclosure Approve Agenda Approve Minutes – 10/21/15	5
2:30 pm	<u>Staff Report Items/Approvals</u> Cash Management Reports – Kevin Buckland, CFO Motion - FY2016 Pay-Out - Kevin Buckland, CFO FY2017 Budget Update - Jeff Jessee, CEO	Hand-Out 16
3:00 pm	<u>Approvals</u> Focus Area Allocations <ul style="list-style-type: none"> Medicaid Reform & Redesign Consultant Contract (FY15) \$ 350,000 18 Juneau Housing First Collaborative (FY16) \$ 350,000 20 Alzheimer's Resource of Alaska (FY16) \$ 50,000 32 Sultana New Adventures (FY16) \$ 185,000 36 Authority Grant <ul style="list-style-type: none"> Providence Alaska Medical Center (FY16) \$ 49,500 42 FY16 Unallocated Partnership Funds – \$ 440,180 Partnerships <ul style="list-style-type: none"> Alaska Christian College (FY16) \$ 32,340 48 Sitka Community Hospital (FY16) \$ 27,300 54 Alaska Mobility Coalition (FY16) \$ 47,500 62 Total Partnership Requests: \$ <u>107,140</u>	
4:45	Adjourn	

Future Meeting Dates

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

(Updated – January 19, 2016)

Planning Committee Dates:

- January 26, **2016** (Tue) – JUNEAU
- February 23, **2016** (Tue)
- March 16, **2016** (Wed)
- April 14, **2016** (Thu)
- May 18, **2016** (Wed)
- June 15, **2016** (Wed)
- August 2-3, **2016** (Tue, Wed)
- October 20, **2016** (Thu)

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

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

Resource Management Committee Dates:

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

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

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

Future Meeting Dates

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

(Updated – January 19, 2016)

Finance Committee Dates:

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

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

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

Full Board of Trustee Meeting Dates:

- January 27-28, **2016** (Wed, Thu) – JUNEAU
- May 5, **2016** (Thu) – TBD
- September 7-8, **2016** (Wed, Thu)
- November 17, **2016** (Thu) – Anchorage – TAB

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

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

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ALASKA MENTAL HEALTH TRUST AUTHORITY
FINANCE COMMITTEE MEETING

October 21, 2015

3:15 p.m.

Taken at:

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

OFFICIAL MINUTES

Trustees present:

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

Trust staff present:

Jeff Jessee
Steve Williams
Miri Smith-Coolidge
Kevin Buckland
Carrie Predeger (via telephone)
Carley Lawrence
Amanda Lofgren
Mike Baldwin

Also participating:

Charlene Spadafore-Vassar; Lori Grassgreen (via telephone); Linda Hoyt; James Sears; Lisa Wade; Marlene Johnson; Jamie Cole; Meredith Noble; Violet Rice; Chris Perez; Ellen Kazary.

PROCEEDINGS

CHAIR SMITH convenes the October 21, 2015, Finance Committee meeting. He asks for any announcements. There being none, he asks for any ethics disclosures. There being none, he moves to the agenda and asks for a motion to approve.

TRUSTEE NORENE makes a motion to approve the agenda as presented.

TRUSTEE WEBB seconds.

MR. JESSEE clarifies that where it says “FY16 unobligated funds, \$870,000” it should read “FY16 Unallocated Partnership Funds”.

CHAIR SMITH moves to the minutes of August 5, 2015 and asks for a motion.

TRUSTEE WEBB makes a motion to approve the minutes of August 5, 2015.

TRUSTEE MICHAEL seconds.

CHAIR SMITH moves to the staff report items and recognizes Kevin Buckland with the cash management report.

MR. BUCKLAND states that he handed out the cash management sheets, explaining that some of the pie charts have been dropped. He continues that the State is working on implementing the IRIS systems conversion and explains that it is a \$19 million systems conversion that the Trust is in the midst of, and some of the processes are slower than desired. He goes through the report, explaining as he goes along. He asks for any questions.

CHAIR SMITH asks for any comments or questions.

MR. BUCKLAND moves on and runs through the FY16 payout calculation and then the TLO spendable income, explaining as he goes through both sheets.

CHAIR SMITH asks for any comments or questions. There being none, he moves on to the continued suspension of quarterly transfers, which is action item No. 1.

MR. BUCKLAND states that this is a request for the Finance Committee to make a recommendation to the full Board of Trustees to continue what was at one time a quarterly transfer of principal from the Trust Authority Development Account. This is the cash that builds up from the activities and the Land Office generating principal revenues. He explains that the Finance Committee has recommended continuing to suspend the quarterly transfer for another year.

TRUSTEE WEBB makes a motion that the Finance Committee recommend that the full Board of Trustees suspend transfers of cash principal from the Trust Authority Development Account to the Alaska Permanent Fund Corporation through November 2016.

TRUSTEE NORENE seconds.

There being no objection, the motion is approved.

CHAIR SMITH moves on to action item No. 2, PRI facility maintenance.

MR. BUCKLAND states that the subject of the memo is “PRI facility appropriation request.” He explains that this is to request funds that were previously approved by the board. There are unexpended funds that have not yet been advanced to the TLO and to the third-party property manager for management of the PRI facilities; which are the Assets and Denardo and Fahrenkamp facilities in Fairbanks. He continues that this gives authorization to book an appropriation to be able to access that money and get it back on the books.

TRUSTEE NORENE makes a motion to recommend that the Alaska Mental Health Board of Trustees approve an appropriation of \$195,000 for program-related facility maintenance and operations; the CFO may transfer up to this amount from IRIS fund 1092 or 3322 in one or more transfers to the Trust Land Office and/or a third-party property manager at the request of the TLO. These funds do not lapse.

TRUSTEE WEBB seconds.

There being no objection, the motion is approved.

CHAIR SMITH moves on to the next series of items. He asks Ms. Pineda to talk about the Christian Health Associates item.

MS. PINEDA introduces Charlene Spadafore-Vassar, the executive director of Anchorage Project Assess, who will be able to answer any detailed questions. She states that the Anchorage Project Access is a critical safety net service for the beneficiaries and provides access to care for low and uninsured individuals in Anchorage. This partnership request includes many community partners including Providence, United Way of Anchorage, Alaska DHSS, Premera Blue Cross/Blue Shield, and other private donors.

TRUSTEE DERR states that the requested motion is to approve a partnership grant to Christian Health Associates and asks who Anchorage Project Access is.

MS. SPADAFOR-VASSAR replies that Christian Health Associates is the umbrella and the legal 501(c)(3). She explains that they are the administrative arm and all the monies go through them legally. She states that this is for patient benefits which include pharmacy, transportation, and interpreters. She continues that Project Access is evolving and turning into a new entity because of Medicaid expansion.

CHAIR SMITH asks for any questions.

TRUSTEE EASLEY states that about 54 percent of the applicants in Oregon were women. She asks how Medicaid expansion breaks out in the people being seen.

MS. SPADAFOR-VASSAR replies that, based on the 2014 annual report, 57 percent of the population was women; white woman, single, working, children with no health benefits.

TRUSTEE DERR states that in reading the project description, homelessness is emphasized. She continues that, necessarily, homeless are not Trust beneficiaries and the makeup of Caucasian females are also not beneficiaries. She adds that she is okay with the money going to the Trust beneficiaries.

CHAIR SMITH asks for a motion.

TRUSTEE WEBB makes a motion that the Finance Committee approves a \$25,000 FY16 partnership grant to Christian Health Associates for the Patient Benefits and Patient Services project.

TRUSTEE MICHAEL seconds.

There being no objection, the motion is approved.

MS. SPADAFORE-VASSAR thanks everyone.

CHAIR SMITH moves on to action item No. 4, the Association of Alaska School Boards, Culturally Responsive, Embedded, Social and Emotional Learning, and recognizes Natasha Pineda.

MS. PINEDA states that Lori Grassgreen, the director of the Alaska Initiative for Community Engagement, also known as Alaska ICE, which is a part of the Alaska Association of School Boards. She continues that this application is asking for \$100,000 of partnership funds to be a part of a 15 percent required match for a large federal grant that is a four-year project that is designed to work in six specific communities, six school districts. The overall effort is to increase resiliency and increase protective factors to start working against some of those high-risk issues going on in those communities and school districts that have been identified and working with the Alaska Association of School Boards. She explains more fully. She believes that this project itself and embedding it into the school districts with the teachers, the individuals, the families, and the communities will have long-term benefits to the beneficiaries.

TRUSTEE MICHAEL asks if this is one-time funding.

MS. PINEDA replies yes.

MS. GREENGRASS explains that this is a part of a federal grant, the i3 Innovation grant, and over four years that would be \$3.4 million to invest in all of the six districts and approximately 16 to 20 communities. She states that there are a lot of startup costs, including the evaluation to make sure that the impact intended is in a culturally responsive way.

TRUSTEE NORENE notes that this is primarily for rural school districts and no buy-in by the Native corporations. He asks if there is a reason for that.

MS. GREENGRASS replies that one of the requirements from the i3 grant was that it could not be federal pass-through funds in any way. She states that folks that would have either state or

private foundation or other funding sources were approached. She adds that in each of the districts, a part of the MOA that has been developed, there is a partnership with the tribal organization.

TRUSTEE NORENE states concern that this is not tracking perfectly with Trust interests and is more of an education request.

MS. GREENGRASS replies that there are definitely implications for education that will be positive, but there is significant research indicating that the social and emotional learning skills that students gain as being a part of social and emotional learning environments help reduce emotional distress, depression, anxiety, and promote resiliency.

TRUSTEE WEBB asks that the relationship that is implied or stated actually in regard to trauma-informed schools and how the development of resiliency factors within the schools, the ability of the schools to promote resiliency factors within the kids can assist in overcoming trauma issues encountered, as well as helping to avoid substance abuse and dealing with mental health issues being addressed.

A discussion ensues.

MR. JESSEE states that the staff was very excited about this proposal as this is the first time that the educational system is leaning into the science and is starting to do something different from what has been done in the past with kids with disabilities.

The discussion continues.

TRUSTEE WEBB makes a motion that the Finance Committee recommend that the full Board of Trustees approve a \$100,000 FY16 partnership grant to Association of Alaska School Boards for the Culturally Responsive, Embedded, Social and Emotional Learning project, contingent on the award of U.S. Department of Education Innovation Fund (i3) program funds.

TRUSTEE EASLEY seconds.

There being no objection, the motion is approved.

MS. PINEDA thanks all.

CHAIR SMITH moves to action item No. 5. The grantee is the Native Village of Eklutna, and the project title is Eklutna Clinic and Community Center. He recognizes Katie Baldwin-Johnson.

MS. BALDWIN-JOHNSON recognizes Marlene Johnson and also Meredith Noble. She states that Ms. Noble is a funding specialist and has been working closely with the Native Village of Eklutna on the capital funding for this project. She continues that Jamie Cole, social services provider for the clinic, and Violet Rice, a family nurse practitioner, are also here. She states that this request is in the amount of \$55,900. The Native Village of Eklutna is moving forward with

construction of their new clinic to provide primary care and behavioral health services, and in addition to that, dental services. It is a remedy for the current clinic location which is very small, without running water and all kinds of things.

MS. JOHNSON states that the clinic has been open for about 24 years, funded through Indian Health Service, Alaska Native Health Consortium, and Southcentral Foundation. It is imperative that the clinic gets a new home.

MS. BALDWIN-JOHNSON covers some of the other confirmed funders and understands that the total project cost is around \$4.7 million.

MS. NOBLE states that the Mat-Su Health Foundation application will be submitted next month, and the Rasmuson proposal was submitted last week. She continues that the business plan is finalized and there is also a \$300,000 grant to the clinic for equipment from Indian Health Services.

CHAIR SMITH asks if the proposed grantee is the federally recognized Tribe of Eklutna.

MS. JOHNSON replies that they are the federally recognized tribe in the Municipality of Anchorage.

TRUSTEE NORENE states concern with this request and the next one, and considering them before the discussion in the next planning meeting about if that is the way to go or not. He hopes to table this until the next meeting so that can be visited.

TRUSTEE WEBB states that he and Mr. Jessee had a discussion on the broad strategy level and the plan and goal ahead. He asks Mr. Jessee to go through that.

MR. JESSEE gives a short background in this area, beginning when the Denali Commission as getting federal funding to start building clinics in rural Alaska. He states that this was well received by many of the communities that now, without the Denali Commission, are struggling to come up with resources. He adds that the Trust has had a long history in this area.

A discussion ensues.

TRUSTEE NORENE asks if this is a tribal request or the Native Village of Eklutna request.

MS. JOHNSON replies that this is the Native Village of Eklutna and does not only serve tribal members. Anyone who comes in is served. She states that this is the only source in town. There are a number of non-Natives that live in these communities who welcome the chance to come to this clinic. She continues that a lot of the funds were raised through the non-Native constituents. She adds that a large base is served, and the base is expected to grow.

TRUSTEE EASLEY states that Ms. Johnson is a very effective advocate. She continues that she has some reservations of the financial aspects, but adds that it is not a huge amount of money. She asks if they have a behavioral health aide.

MS. JOHNSON replies that they do.

TRUSTEE EASLEY makes a motion that the full Board of Trustees approves a \$55,900 FY16 partnership grant to the Native Village of Eklutna for the Eklutna Clinic and Community Center.

TRUSTEE WEBB seconds.

TRUSTEE NORENE objects. There being no other objection, the motion is approved.

CHAIR SMITH moves to item No. 6, Life House Community Health Center construction project, Southcentral Foundation on behalf of Chickaloon.

MS. BALDWIN-JOHNSON states that Linda Hoyt and James Sears, the director of facilities, are online. She adds that Lisa Wade with the Chickaloon Traditional Council is also on the call. She begins with a high-level overview, stating that Southcentral Foundation is submitting this project as the fiscal agent and on behalf of the Chickaloon Traditional Council to contribute to a portion of the total construction cost of a new health center which will provide primary care, behavioral health services. She continues presently the Chickaloon Health Clinic is located in an old church building that does not meet current standards of code and construction and has limited space. She adds that this partnership is a solution to that issue for them. There is a contractual agreement with Southcentral Foundation to operate and manage this facility. She states that the land was donated by Chickaloon Traditional Council, and there has been quite a bit of work in the region and the community around planning and identifying this clinic as a need and a solution.

TRUSTEE WEBB asks Lisa Wade for her perspective on this project.

MS. WADE states that she is really excited about the project and there is a lot of healing in the community. She continues that in operating a community health center, a greater percentage of the population served is nontribal; 75 percent of the people visiting the clinic are non-IHS beneficiaries. She adds that there is a current behavioral health clinician on staff who is also a chemical dependency counselor. She states that this is essentially the only facility between Glennallen and the other community health center in Wasilla. She continues that they operate on a sliding-fee scale and no one is turned away at the door. The services for behavioral health are offered to everyone, not just tribal citizens.

TRUSTEE WEBB makes a motion that the Finance Committee recommends the full Board of Trustees approve the \$75,000 FY16 partnership grant to Southcentral Foundation on behalf of Chickaloon Traditional Council for the Life House Community Health Center construction project.

TRUSTEE DERR seconds.

There being no objection, the motion is approved.

MS. WADE thanks all for their support.

CHAIR SMITH states that the last item on the agenda is No. 7, the Acquisition of the John Thomas Building, which is a tax credit property, 20 units. He understands that timing is an issue.

MR. JESSEE states that a representative from the Municipality is here.

MS. BURKE states that this is a sale that was initiated by the previous administration, the Sullivan administration, to RurAL CAP for acquisition of a building at 325 East 3rd Avenue. The program that will be occupying this building plays an important role in the community, the Homeward Bound program. It has been operating for many years and was one of the successful forerunners to the work that was later done around Housing First and other projects in that area. She states that it was the first housing program that took people who were actively drinking, although they do not drink in the housing program, but are not evicted if they come into the services or into the location intoxicated. It is funded through some federal HUD funds that are part of a community application called the COC or the continuum of care. She continues that the COC funding provides the services and this is transitioning from a transitional housing model to permanent supported housing, which brings the financing for the program into the realm of other resources for housing and a tax credit project that is going forward with this. The sponsor is RurAL CAP, and Ellen Kazary, the development director, is here today. She states that this current proposal for \$125,000 will be matched by the Rasmuson Foundation. She adds that Chris Perez from Rasmuson is also here. She continues that the hope is to secure some resources for the project in advance of closing so the tax credit investors can be confident that this project is a go.

CHAIR SMITH asks if the Rasmuson's match is the same amount.

MS. BURKE replies \$125,000, in addition to their PRI and grant that they are sending forward.

MR. JESSEE asks about the contingencies.

MS. BURKE replies that there are some additional resources that can come into the program in the form of rental vouchers, and AHFC is planning to release competition for rental vouchers for housing programs for projects that have been funded through the special needs housing grant program. She states that the competition round will not be initiated until January, which is another reason why this grant in advance of closing needs to happen.

TRUSTEE NORENE asks if the building is for fair market value or less.

MS. BURKE replies no, that was not what was negotiated with the Sullivan administration.

MS. KAZARY states that she is the development director at RurAL CAP. She explains that, as a tax credit project, there will be a separate entity set up for the 15 years that it operates as a tax credit project that is the legal owner of the project. RurAL CAP will be a member of the LLC, but will not be the owner of the building for that time period.

TRUSTEE WEBB asks if there are some time-sensitive deadlines that will not allow renegotiation of the potential contribution of the Municipality.

MS. BURKE replies yes, there is a contract here.

TRUSTEE NORENE states that this is a good project for the community and for the beneficiaries. He continues that his only concern is putting in capital money to a privately owned project. He adds that he is not comfortable with this.

TRUSTEE WEBB asks if ownership after the tax credit period reverts to RurAL CAP.

MS. KAZARY replies that it does not necessarily revert to RurAL CAP. She states that they would have the option of refinancing, settling, and then purchasing.

The discussion continues.

TRUSTEE WEBB makes a motion that the Finance Committee recommends approval to the full Board of Trustees of a \$125,000 FY16 partnership grant to RurAL CAP for the acquisition of the John Thomas Building at 325 East 3rd Avenue.

TRUSTEE WEBB notes that while the timing on this is critical because of its value to the beneficiaries, it is unlikely that the Trust will do one of these again in the future that required money provided to a private entity in a similar fashion.

TRUSTEE MICHAEL seconds.

There being no objection, the motion was approved.

MS. BURKE asks the Trustees if there might be some sessions to provide information and look at options, because that essentially closes the door to the only tool available if that is the policy that the Trust pursues.

CHAIR SMITH states that is an excellent idea.

TRUSTEE NORENE states that there are many low-income housing tax credit properties in town listed under Anchorage Neighborhood Housing. He continues that the list can be used as an example.

TRUSTEE MICHAEL states that it is an opportunity to develop housing without tax credits.

TRUSTEE WEBB states that a discussion is a good idea, because this is the model that apparently has opportunities.

CHAIR SMITH thanks all and asks for any other business to come before the committee. He states that this is Natasha Pineda's last Finance Committee meeting and asks Mr. Jessee for any comments.

MR. JESSEE states that Natasha Pineda has been a tremendous asset to the Trust and wishes her the best in her new endeavor. He thanks her for all OF her work.

MS. PINEDA thanks everyone and states that she has really enjoyed working with everybody.

CHAIR SMITH wishes her luck and entertains a motion to adjourn.

TRUSTEE WEBB makes a motion to adjourn the meeting.

There being no objection, the meeting is adjourned.

(Finance Committee meeting adjourned at 4:44 p.m.)

	Item Type	Proposal	Organization	Page #	Proposed Motion
1	Trust Item	Annual Payout Transfer	The Trust	16	The Finance Committee recommends that the full board of trustees authorize the transfer of \$20,030,000 from the Alaska Permanent Fund Budget Reserve accounts to the Mental Health Settlement Income Account to finance the FY2016 base disbursement payout calculation. The CFO may fulfill this motion with one lump sum or multiple transfers.
2	Focus Area Allocation	Medicaid Reform & Redesign Consultation Contract	To be determined	18	Approve \$350,000 of FY15 Substance Abuse Prevention and Treatment focus area funding for contractual services to support the Trust during the 2016 legislative session and through implementation of Medicaid reform and system redesign efforts.
3	Focus Area Allocation	Juneau Housing First Collaborative	Juneau Housing First Collaborative	20	Approve a \$350,000 FY16 Housing and Long Term Services and Supports focus area allocation to the Juneau Housing First Collaborative for the Juneau Housing First Collaborative project. \$250,000 is from FY16 Housing and Long Term Services and Supports focus area funds, and \$100,000 is from FY17 Housing and Long Term Services and Supports focus area funds.
4	Focus Area Allocation	Person Centered Care Coordination - Supplemental	Alzheimer's Resource of Alaska	32	Approve a \$50,000 FY16 Housing and Long Term Services and Supports focus area allocation to the Alzheimer's Resource of Alaska for Person Centered Care Coordination – Supplemental.
5	Focus Area Allocation	Recover Alaska	Sultana New Ventures dba The Foraker Group	36	Approve an \$85,000 FY16 Substance Abuse Prevention and Treatment focus area allocation to Sultana New Ventures LLC dba The Foraker Group for the Recover Alaska initiative. These funds will be matched by \$100,000 from the Department of Health and Social Services, which will be sent to the Trust via a Reimbursable Service Agreement (RSA).
6	Authority Grant	Mental Health SBIRT in Primary Care for Resettled Refugees	Providence Alaska Medical Center	42	Approve a \$49,500 FY16 authority grant to Providence Alaska Medical Center for the Mental Health SBIRT in Primary Care for Resettled Refugees. Funding will be from previously approved FY15 SBIRT Primary Care Integration authority grant funds.
7	Partnership	Associate Degree in Behavioral Health- Planning and Marketing	Alaska Christian College	48	Approve a \$32,340 FY16 partnership grant to the Alaska Christian College for the Associate Degree in Behavioral Health – Planning and Marketing project.
8	Partnership	Enhanced Access to Care via Telehealth Services	Sitka Community Hospital	54	Approve a \$27,300 FY16 partnership grant to Sitka Community Hospital for the Enhanced Access to Care via Telehealth Services project.
9	Partnership	Capacity Building	Alaska Mobility Coalition	62	Approve a \$47,500 FY16 partnership grant to the Alaska Mobility Coalition for the Capacity Building project.

MEMO

To: Carlton Smith, Finance Committee Chair
From: Kevin Buckland, Chief Financial Officer
Date: January 13, 2016
Re: Annual payout transfer
Fiscal Year: 2016

REQUESTED MOTION:

The Finance Committee recommends that the full board of trustees authorize the transfer of \$20,030,000 from the Alaska Permanent Fund Budget Reserve accounts to the Mental Health Settlement Income Account to finance the FY2016 base disbursement payout calculation. The CFO may fulfill this motion with one lump sum or multiple transfers.

BACKGROUND

The Asset Management Policy Statement (AMPS) provides for an annual payout disbursement calculation consisting of 4.25% of the rolling four-year average aggregate net asset value (NAV) of the following:

- o Principal invested at APFC
- o Budget Reserve invested at APFC
- o Budget Reserve invested at DOR

The calculation for the FY16 payout and drawdown from APFC budget reserves is as follows:

	<i>FY Ending NAV</i>
FY 2012	429,467,287
FY 2013	454,350,603
FY 2014	500,866,741
FY 2015	<u>500,472,541</u>
Average NAV:	\$ 471,289,293
	<u>X 4.25%</u>
Payout disbursement calculation (<i>rounded</i>)	\$20,030,000

In addition to the annual payout disbursement calculation, the base funding available for programs also consists of funds of the following funds:

- o MHTAAR and MHT Admin lapsing appropriations
- o Trust Land Office (TLO) spendable income
- o Interest earned on GeFONSI (General Fund and Other Non-Segregated Investments) cash balances

MEMO

To: Carlton Smith, Finance Committee Chair
Date: January 8, 2016
Re: SAPT Focus Area Allocation for Contract Funding
Fiscal Year: 2016
Amount: \$350,000.00
Grantee: To be determined- contract award by state procurement process
Project Title: Medicaid Reform & Redesign Consultation Contract

REQUESTED MOTION:

Approve \$350,000 of FY15 Substance Abuse Prevention and Treatment focus area funding for contractual services to support the Trust during the 2016 legislative session and through implementation of Medicaid reform and system redesign efforts.

Assigned Program Officer: Katie Baldwin

PROJECT DESCRIPTION

Any systems change efforts of the magnitude being considered as part of the broader Medicaid reform and redesign initiative requires very specialized technical support to carefully evaluate policy decisions and the impact of those policies on the stability of our continuum of services and supports for Trust beneficiaries. This, coupled with the current fiscal crisis and anticipated difficult legislative session, further justifies the need for national-level expertise to advise and guide the Trust in policy changes, to articulate effectively the benefits of such changes to the legislature and other stakeholders and provide focused assistance with implementing transformative change involving an entire system of care.

While a detailed scope of work will be generated in partnership with DHSS, it is anticipated benefits will include broadly:

- Consultation, advice and testimony to the Alaska State Legislature regarding reform **and expansion of Alaska's Behavioral Health System**
- Expertise and knowledge of successful redesign innovations in other states and subsequent cost containment/reductions and improved quality and outcomes
- Guided consultation and support for the Alaska Department of Health and Social Services to identify appropriate sequencing of redesign options as well as implement structural changes necessary to meet changing function within new change environment
- Maintained focus on regulatory streamlining and capacity to manage cost, performance and administrative and clinical outcomes data

Once the focus area allocation is authorized for contract purposes, the Trust will follow state procurement requirements to proceed with contract procurement. Detailed contract terms and scope must necessarily be kept confidential per state policy.

The successful contractor will have specific expertise with Medicaid and healthcare reform at both state and federal levels, with particular expertise in mental health and substance abuse policy, and specific understanding of the Alaska healthcare reform context.

MEMO

To: Carlton Smith, Finance Committee Chair
Date: January 13, 2016
Re: FY16 Housing and Long Term Services and Supports Focus Area Allocation Request
Fiscal Year: 2016
Amount: Not to Exceed \$350,000
Grantee: Juneau Housing First Collaborative
Project Title: Juneau Housing First Collaborative

REQUESTED MOTION:

Approve a \$350,000 FY16 Housing and Long Term Services and Supports focus area allocation to the Juneau Housing First Collaborative for the Juneau Housing First Collaborative project. \$250,000 is from FY16 Housing and Long Term Services and Supports focus area funds, and \$100,000 is from FY17 Housing and Long Term Services and Supports focus area funds.

Assigned Program Officer: **Amanda Lofgren**

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

PROJECT DESCRIPTION

Juneau Housing First Collaborative will provide 32 units of permanent supportive housing to the most vulnerable Juneau citizens, the highest users of emergency services, those experiencing chronic homelessness, and people who are most likely to die on the street. In addition to housing, the project will provide supportive services, including case management, mental health, community integration and more. The project will be co-located with the Front Street Community Health Center, so that residents can receive medical, dental, and behavioral care on site. In addition, the health center will serve non-residents in need.

The project consists of 32 units of housing in accordance with the housing first and harm reductions models of housing and service delivery. This includes kitchen that provides two meals per day, a community congregate area, front desk, 24 staffing, a garden, and offices for provision of services, and visitor accommodation, as well as a conference room. Supportive services will be provided, including case management, community integration, mental health services, addiction and recovery services, transportation assistance, life skills, and other supportive services. The housing will be co-located with a community health center, ensuring quick and convenient access to integrated medical care.

COMMUNITY COLLABORATION

Since the 2012 Vulnerability Index Survey, the Juneau Housing First Collaborative worked with Alaska Mental Health Trust Authority and other partners to realize the project. This project has been in the planning stages since 2011, is well thought out and is an unrepresented collaboration of entities and individuals.

In the fall of 2014, Tlingit and Haida Regional Housing Authority contributed land to the project and the Glory Hole stepped up to coordinate the development efforts. A Juneau Housing First Collaborative 501 C 3 was formed.

Other partners include Alaska Mental Health Trust Authority, AHFC, City and Borough of Juneau, Tlingit and Haida Regional Housing Authority, the Glory Hole, Juneau Alliance for Mental Health, Central Council of Tlingit and Haida Tribes, St. Vincent DePaul Society, Juneau Coalition on Housing and Homelessness, Bartlett Regional Hospital, Front Street Community Health Center, Downtown Improvement Group, and others. Virtually every stakeholder category is represented. Alaska Native entities are working for the project, as are State wide agencies such as AHFC and the Alaska Mental Health Trust. The City government is contributing over 3 million dollars in resources and technical assistance. Downtown business community supports this project, as does the local police department and the regional hospital. At the conditional use permit hearing over 25 people testified in support of the project and only one person testified against. Unlike other housing first project in the State, the Juneau project was awarded funding after just three hearings.

Eight people, out of 50, interviewed during the 2012 Vulnerability Index survey have died. 2015 Vulnerability Index Survey identified over 40 chronically homeless individuals who are in immediate danger of dying on the street. Emergency services, jail, and the emergency room are overburdened with frequent visitors, people are sleeping and defecating on the street of downtown Juneau. There is clear need for this project. This project has been named a number 1 priority by the Juneau Coalition on Housing and Homelessness over the last 3 years and has been made a priority for the City and Borough of Juneau in 2014 and 2015.

90% of construction drawings are complete. Site is secured. Soils tests and engineering have been complete. 4.9 million dollars in capital and \$500,000 in annual operating revenue have been secured. A functional operating proforma has been compiled. Draft operating manuals, staffing matrix, and policies and procedures have been completed.

EVALUATION CRITERIA

The project evaluation will consist of the following measures:

1. Successful completion of the project, including 32 units of housing, supportive service areas, and community health center.
2. Number of residents within 12 months after project completion. The number should be 32.
3. Completion of policies and procedures and supportive services in place.

SUSTAINABILITY

We are committed to sustainability. The project has a solid operating proforma and a dedicated board of directors consisting of City and Borough, Police Department, Hospital, and social service providers. Other partners include AHFC and Alaska Mental Health Trust Authority, and Tlingit and Haida Regional Housing Authority, and the Juneau Community Foundation.

The project has secured an operating subsidy from AHFC, as SNHG funds and as vouchers. Additional operating funding has been committed by the Juneau Community Foundation, City and Borough of Juneau, and as in-kind support from Salvation Army (furnishing assistance).

WHO WE SERVE

The project will provide housing to 32 people who have experienced chronic homelessness for 9 years and longer, as well as 600 unduplicated clients of Front Street Community Health Center. All of the Juneau Housing First facility residents battle with many co-occurring disorders. Many experiencing such disorders on a severe level.

Front Street Community Health Center will serve up to 600 unduplicated patients, annually, in the expanded space, with expanded programming, including medical addiction treatment. It is estimated that at least 60 percent of all Front Street patients will be Trust beneficiaries. Front Street Community Health Center provides integrated quality health care to everyone in need, those experiencing homelessness, and accepts Medicaid.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Mental Illness:	300
Developmental Disabilities:	100
Alzheimer's Disease & Related Dementias:	50
Substance Abuse	32
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	300
Non-Beneficiaries:	300
Number of people to be trained	32

BUDGET

Other Costs	\$350,000.00
Other Costs (Other Sources)	\$7,125,000.00
Other Costs Narrative:	Please see attached construction budget

Total Amount to be Funded by the Trust	\$350,000.00
Total Amount Funded by Other Sources	\$7,125,000.00

Other Funding Sources	
City and Borough of Juneau (secured)	\$1,545,000.00
Alaska Housing and Finance Corporation (secured)	\$3,000,000.00
Indian Community Development Block Grant (US HUD) (pending)	\$1,200,000.00
Rasmuson Foundation (pending)	\$1,000,000.00
Juneau Community Foundation (secured)	\$250,000.00
The Glory Hole (secured)	\$130,000.00
Total Leveraged Funds	\$7,125,000.00

Trust Capital Project Questionnaire

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

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

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

Organization name: Juneau Housing First Collaborative

Contact: Mariya Lovishchuk

Email: info@feedjuneau.org

Phone: (907) 957-2885

A. Organizational Issues

A1	What is your organization's core mission? How does this project fit into your core mission?	<p>Response: The mission of the Juneau Housing First Collaborative is to end long term homelessness and stabilize lives and communities through collaborative public private partnerships. JHFC utilizes a housing first philosophy to provide safe, affordable, and permanent supportive housing.</p> <p>The Juneau Housing First Collaborative will serve adults who have barriers to housing stability, including those evicted from or refused by other self-supporting housing programs due to challenging behaviors that are a result of their disability. The project targets homeless individuals, including Alaska Mental Health Trust Authority beneficiaries and a broad group of Alaskans with mental illness, developmental disabilities, chronic alcoholism and other substance-related disorders,</p>
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	<p>Alzheimer's disease and related dementia, and traumatic brain injuries.</p> <p>The Juneau Housing First Collaborative will follow the best practices of the US Interagency Council on the Homeless (USICH) and the Substance Abuse and Mental Health Administration (SAMHSA). In identifying and housing Juneau's most vulnerable residents, the Collaborative will combine permanent supportive housing with Housing First principles.</p> <p>Housing First principles include:</p> <ol style="list-style-type: none"> 1) Moving people directly from the streets and shelters into housing without requiring behavior compliance or preconditions of treatment; 2) Bringing to the housing robust support services predicated on assertive engagement, not coercion; 3) Providing continued tenancy that does not require participation in services; 4) Focusing on the most disabled and vulnerable homeless members of the community; 5) Embracing a harm-reduction approach to addictions as opposed to mandating abstinence, and encouraging and supporting in residents a commitment to recovery; and 6) Providing lawful resident protections with signed lease agreements. <p>For this 32-unit, permanent supportive housing project, the Juneau Housing First Collaborative will focus on a priority population of vulnerable persons consisting of those served by crisis services, including emergency medical care, sobering and detoxification services, and correctional facilities.</p> <p>The project is monitored by a board of directors. The board of directors is a unique board, consisting of representatives of stakeholder agencies. Specifically, the City and Borough of Juneau, the Juneau Police Department, Bartlett Regional Hospital, Juneau Alliance for Mental Health, Tlingit and Haida Regional Housing Authority, and the Glory Hole are represented on the board. This unique board make up ensures that the needs of the patrons are met and that the project is on track and is meeting its mission. The expertise level of the board ensures that the project is on track, on budget, and is serving the population it is intended to serve. The board meets monthly and subcommittees meet weekly.</p>
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		<p>A design and development subcommittee has been set up for the development and construction phase of the project. The committee meets weekly and is in constant contact with the design team.</p> <p>This subcommittee includes a developer, Bruce Denton, as well as the Chief Financial Officer of the Tlingit and Haida Regional Housing Authority, Joyce Niven.</p> <p>The Juneau Housing First Collaborative Board was established specifically to ensure that development expertise was captured in order to keep the project on track.</p> <p>Additionally, Amy Skillbred, the Director of the Juneau Community Foundation, as well as members of the Juneau Community Foundation Board of Directors are closely involved with monitoring the project progress because the project is a community priority and receives funds from the Foundation.</p>
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: The Juneau Housing First Collaborative came into existence through the hard work and persistence of a wide range of community partners that recognized the need for permanent supportive housing for the chronically homeless and most vulnerable residents of Juneau.</p> <p>The Board was established as its' own 501 c 3 because a wide need of expertise, including development, design, supportive housing, building maintenance, fiscal accountability, and grant writing. The board make up is as follows: Stephen Sorensen (Attorney at Law) Bruce Denton (Developer, downtown business owner, 2015 Chamber of Commerce Citizen of the Year) Joyce Niven (Chief Financial Officer, Tlingit and Haida Regional Housing Authority) Bryce Johnson (Juneau Chief of Police) Pam Watts (Executive Director Juneau Alliance for Mental Health) Doug Harris (Clinical Director, Juneau Alliance for Mental Health) Jeannette O'Lacey (Director of Social Work, Bartlett Regional Hospital) Laura Lucas (Manager, Front Street Community Health Center) Scott Ciambor (Alaska Mental Health Trust Advisory Board on Alcoholism and Drug Abuse)</p>

		<p>The focus of the Board is on development of the project, following a strategic plan and guidance of similar PSH projects across the state and country. The Board has received technical assistance from the Alaska Mental HealthTrust, Karluk Manor, Tanana Chiefs Conference, Bill Hobson, the Director of the Downtown Emergency Services Center, as well as housing first project staff in Minnesota and New York .</p>
A3	<p>Does this project fit into a community or regional plan or process? How?</p>	<p>Response: The project is the number 1 priority of the Juneau Coalition on Housing and Homelessness. The project is one of the top 10 priority of the City and Borough of Juneau 2013 and 2014, and is a part of the operational plan. The project is consistent with the State's and Alaska Coalition's on Housing and Homelessness emphasis on the need to create more supportive housing beds in the balance of State.</p> <p>In 2012, the Juneau Coalition on Housing and Homelessness conducted the Juneau Vulnerability Index Survey as part of the 100,000 Homes Campaign – a national movement seeking to identify chronically and medically vulnerable and homeless individuals and to find them permanent homes. Fifty-five persons were surveyed on the streets of Juneau at that time, and forty met the vulnerability criteria – meaning they were highly likely to die on the streets. These individuals were extremely vulnerable, with the following characteristics: 62% had been violently attacked since becoming homeless; 85% were chronically homeless – living without shelter for more than one year; 9.5 years was the average length of time spent homeless; and 84% had been in jail, with 33% having been in jail ten times or more.</p> <p>Fulfilling the 100,000 Homes Campaign's second goal of finding permanent housing for these individuals could not be met. Juneau has a tight housing market and lacks any permanent supportive housing without sobriety requirements. Work began soon thereafter to develop a project that would meet the goal of providing permanent supportive housing.</p>

		<p>Since the 2012 Vulnerability Index Survey, the Juneau Housing First Collaborative and other community stakeholders have extensively researched the Housing First permanent supportive housing option and come to the conclusion that developing such a unit would fill a glaring gap in the housing continuum. Even the City and Borough of Juneau (CBJ) Assembly has made development of Housing First permanent supportive housing a priority. Visits to other such projects have been made, including the New San Marco Apartments in Duluth, Minnesota, the Anishinabe Wakiagun project in Minneapolis, Karluk Manor in Anchorage, and the Downtown Emergency Services Center in Seattle. Consultation and frequent communication with operators, developers, and architects associated with those projects have greatly assisted the permanent supportive housing development plan in Juneau.</p> <p>The Housing First project will be a mixed-use residential facility. The uses will include a first floor with controlled resident entry, support offices, conference room, commercial kitchen, and dining area for the residents. The project contains an outdoor garden area for therapeutic activities. In addition, a semi-independent walk-in clinic of 2,200 sq.ft. will be located on the first floor, with an entrance from the parking area, and with an interior connection to the resident space. The upper levels provide all the resident housing, totaling 32 single-room occupant (SRO) tenant rooms, with sixteen units per floor on levels two and three. 16 of the 32 units will be fully ADA accessible, including audio and visual enhancements. All units will meet full ADA access requirements, with bathroom clearances and grab bars. Four units will include roll-in showers. All units will be equipped with a stove, a bed, and a living area. The building design will feature sound and impact resistant materials to facilitate pleasant habitation. All of the units will be connected to a central reception area via an intercom.</p>
A4	How many months of operating reserves do you maintain?	<p>Response: The project has developed a proforma which includes operating reserves, however, currently the project is in the development phase.</p> <p>.</p>

A5	Have you explored opportunities for collaboration with other organizations on this project? If so, how?	<p>Response: The project is a strong and powerful collaboration between the following entities...</p> <p>Alaska Mental Health Trust Authority (technical assistance) Alaska Housing and Finance Corporation City and Borough of Juneau Tlingit and Haida Regional Housing Authority Central Council of Indian Tribes of Alaska The Glory Hole St. Vincent DePaul Society Juneau Alliance for Mental Health Bartlett Regional Hospital Front Street Community Health Center Salvation Army</p> <p>These partnerships ensure that services are not duplicated and are delivered in an efficient and cost effective manner, in order to reduce both suffering and the cost of services. A diagram explaining partner roles is attached.</p>
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B. Program Issues

B1	What are your current services and how will the project enhance/expand your services?	<p>Response: Juneau Housing First Collaborative does not provide any services other than the services it hopes to provide through the project, specifically 32 units of permanent supportive housing and supportive services, as well as a space for the Front Street Community Health Center.</p>
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C. Site Issues

C1	Has a site been identified for this project?	<p>Response: yes, the site has been identified and secured. The site is a piece of flat and buildable land, in the properly zoned Lemon Creek area. The site is on the bus line. It is within walking distance to Costco, Breeze Inn, a lovely Mexican restaurant, the Lemon Creek Glacier trail, Home Depot, a yoga studio, and other amenities. Walmart and Fred Myer are less than 10 minutes away by bus. Additional transportation assistance will be provided by the Glory Hole and the Juneau Housing First Collaborative on both routine and need be basis.</p> <p>Tlingit and Haida Regional Housing Authority has contributed land to the project as a 99 year lease, at a cost of a dollar per year.</p>
C2	Were alternative sites fully evaluated?	<p>Response: yes, the project team worked with the City and Borough of Juneau Lands Department, the firm of Sheinberg and Associates, and the City and Borough of Juneau planning department to evaluate all possible sites</p>

		for the project within the City and Borough of Juneau. Several other properties were evaluated, including a property out Thane, several properties downtown, and a property on Gastineau Ave. All the properties proved to be not viable due to the cost, topography, or price. Documentation regarding the selection process is available from the City and Borough of Juneau upon request.
C3	Has the selected site been evaluated for appropriate size, access, utilities, and environmental constraints?	Response: Yes, the site has been evaluated for access, size, and utilities by the City and Borough of Juneau as well as the architectural firm MRV Architects. Reports from both entities are available upon request. The site is optimal and the project has secured a conditional use permit, Army Corp permit, Department of Environmental Conservation permit, and has undergone the federal environmental review process through Alaska Housing and Development Corporation.
C4	Has a site plan been completed?	Response: Site plan has been completed.
C5	What is the status of site ownership?	Response: The site is owned by Tlingit and Haida Regional Housing Authority who is contributing the land to the project. A 99 year lease has been signed between the Tlingit and Haida Regional Housing Authority and Juneau Housing First Collaborative. The lease is available upon request. The site is being leased for 1 dollar per year.

D. Facility Issues

D1	Explain why you need a new, expanded, or remodeled facility.	Response: Currently, there is no housing first facility in Juneau. The facility fulfills a large gap in the Juneau housing stock and a huge gap in the permanent supportive housing stock in Alaska. Juneau has completed Vulnerability Survey Assessments in 2012 and 2015. The results are available upon request and on the Alaska Coalition on Housing and Homelessness website. The results clearly demonstrate a dire need for the apartments the facility will provide. Furthermore, the Juneau housing assessment clearly demonstrates the need for more units. The assessment is also available upon request.
D2	How much total square footage do you think you will need?	The building will consist of 17,000 square feet.
D3	Has a construction cost estimate been prepared? Who prepared it?	Response: The project has completed the process of selecting a contractor, Triplette Construction. Triplette Construction has completed many projects of this size in Juneau. Resumes and qualifications are available upon request. The contractor provided a guaranteed maximum

		price to the project. Additionally, a third party, Tonsina Consulting was hired to assess the estimate and has agreed that the estimate is realistic. The document prepared by Tonsina Consulting Services is available upon request.
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E. Financial Issues

E1	Is the full cost of the project identified?	Response: yes																		
E2	What funding has been identified for the capital project? Please provide amounts and sources.	<p>Response:</p> <p><u>Funding Secured</u></p> <p>City and Borough of Juneau 1,500,000</p> <p>Special Needs Housing Grant 3,000,000</p> <p>Juneau Community Foundation 200,000</p> <p>The Glory Hole 148,000 (through Hope Funds assistance)</p> <p>CBJ Bridge 1,800,000</p> <p><u>Funding in progress</u></p> <p>Alaska Mental Health Trust 350,000 (submitted)</p> <p>Rasmuson Foundation 850,000 (in process)</p> <p>Murdoch Foundation 150,000 (in process)</p> <p>Community Development Block grant 850,000 (submitted)</p> <p>Indian Community Development Block grant 600,000 (submitted)</p> <p>Indian Community Development Block grant 600,000 (in process)</p>																		
E3	How will increased operating expenses be covered?	<p>Response: The operating budget is estimated at \$750,000</p> <p>The following is the list of operating sources:</p> <table> <tr> <td>AHFC vouchers</td> <td>306,000</td> </tr> <tr> <td>Rental Income and Vouchers</td> <td>200,000</td> </tr> <tr> <td>Hope Funds</td> <td>110,000</td> </tr> <tr> <td>CBJ Block grant</td> <td>50,000</td> </tr> <tr> <td>CBJ water and sewer</td> <td>12,000</td> </tr> <tr> <td>Community Fundrasing and private</td> <td>90,000</td> </tr> <tr> <td>DHSS</td> <td>40,000</td> </tr> <tr> <td>Social Enterprise</td> <td>15,000</td> </tr> <tr> <td>Rental Income (Clinic)</td> <td>42,000</td> </tr> </table> <div>865,000</div>	AHFC vouchers	306,000	Rental Income and Vouchers	200,000	Hope Funds	110,000	CBJ Block grant	50,000	CBJ water and sewer	12,000	Community Fundrasing and private	90,000	DHSS	40,000	Social Enterprise	15,000	Rental Income (Clinic)	42,000
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MRV ARCHITECTS, PC

1420 GLACIER AVENUE, JUNEAU, AK 99801 (907) 586-1371

MEMORANDUM

To: Mariya Lovishchuk
From: Paul Voelckers, Sherri von Wolfe
Subject: Housing First Revised Budget
Date: November 20, 2015

The following best estimate of current project budget includes structural modifications related to site conditions, simplification of commercial kitchen to warming kitchen, and finished Clinic.

Included in the construction costs are the following permitting fees: building permit, plan review, certified payroll, elevator state inspector, electrical connection, and water line connection.

Construction

01	General Requirements	\$523,112
02	Site Work	\$517,458
03	Concrete	\$31,101
04	Structural	\$117,161
06	Wood & Plastics	\$1,952,545
07	Thermal & Moisture Protection	\$171,892
08	Doors, Windows & Glass	\$354,274
09	Finishes	\$453,353
10	Specialties	\$32,391
11	Equipment	\$76,505
12	Furnishings	\$6,628
13	Conveying System	\$119,292
15	Mechanical	\$1,282,409
16	Electrical	\$859,679
CONSTRUCTION SUB-TOTAL		\$6,497,800
CONSTRUCTION TOTAL		\$6,497,800

Indirect Costs

Design (committed)	\$422,906
Construction Administration (allowance)	\$50,000
Project Contingency (7.5%)	\$488,000
Special Inspections (Soil, Concrete)	\$20,000
INDIRECT COST TOTAL	\$980,906
PROJECT TOTAL	\$7,478,706

MEMO

To: Carlton Smith, Finance Committee Chair
Date: January 13, 2016
Re: FY16 Housing and Long Term Services and Supports focus area allocation
Fiscal Year: 2016
Amount: \$50,000.00
Grantee: Alzheimer's Resource of Alaska
Project Title: Person Centered Care Coordination - Supplemental

REQUESTED MOTION:

Approve a \$50,000 FY16 Housing and Long Term Services and Supports focus area allocation to the Alzheimer's Resource of Alaska for Person Centered Care Coordination – Supplemental.

Assigned Program Staff: Amanda Lofgren

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

STAFF INTRODUCTION

In March 2014, the Center for Medicare and Medicaid Services (CMS) issued the “final rule” for home and community based services. Within these new regulations, CMS requires that all individuals receiving services must have a person centered plan which is supported by a conflict free case manager and receive services in inclusive settings in the community. In October 2015, Senior and Disabilities Services, providers, advocacy groups and the Trust began developing and **implementing a plan to transition Alaska's home and community based services towards Person Centered Care Coordination** which included revising regulations, conditions of participation and reimbursement rates. While the majority of the service providers across the state chose to continue providing direct services, a targeted effort focused on ensuring there was care coordination capacity statewide. After 30 years of direct service provision, the **Alzheimer's Resource of Alaska's** board of directors and staff made the decision to continue to provide care coordination for all waiver populations and divest from the provision of direct services. At the November 2015 planning committee meeting, Jared Kosin, Executive Director for the Office of Rate Review, shared with Trustees that there was a delay (6 months) with implementing the new rate for conflict free case management. This request from the Alzheimer's Resource of Alaska is to bridge this 6 month unanticipated delay.

PROJECT DESCRIPTION

This project is a supplemental request to our previously approved grant to provide Person Centered Care Coordination for those with developmental disabilities and Alzheimer's Disease and Related Disorders for FY 16.

On July 17, 2015 we submitted a proposal to transition our organization and provide Person Centered Care Coordination (PCCC) Agency to provide Conflict Free Case Management (CFCM) and divest all direct services. The Trust approved this proposal on 8/26/15. The funds requested in our original proposal on 7/17/15 were based on our understanding that the Alaska Department of Health and Social Services (DHSS) would implement a PCCC Agency rate increase effective 1/1/16. Due to the need to implement regulatory changes DHSS, announced they would implement the rate increase on 7/1/16. This 6 month delay results in an approximate \$100,000 shortfall as identified in the original proposal (\$758 rate increase times 250 clients times 0.5 for half year delay). Also as identified in our original proposal Alzheimer's Resource of Alaska intends to fund 50% of these startup costs. Therefore, we respectfully request the Trust's support to fund the remaining \$50,000 in FY16. Person Centered Care Coordination will be provided statewide.

EVALUATION CRITERIA

Performance Measures will include:

1. Number of Trust beneficiaries served: 150 in year 1

Number of individuals surveyed for satisfaction: Survey 100% of clients annually

Percent of respondents who agree they are satisfied with their care coordinator: > 80%

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 FY 17. We will continue to seek Medicaid reimbursement and other state funding to cover our full cost of providing Person Centered Care Coordination. 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 services for all Alaskans that are approved for Medicaid Waiver, including Individuals with Developmental Disabilities, Adults with Physical and Developmental Disabilities, Adults Living Independently, and Children with Complex Medical Conditions. Care coordination's focus is to assist individuals to gain access to services in an effort that allows them to live safely in their home or community with quality of life. Utilizing a person centered approach; the care coordinator provides service options that help the individual to gain stability and control of their life and to remain as independent for as long as possible.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Developmental Disabilities:	25
Alzheimer's Disease & Related Dementias:	125

BUDGET

Personnel Services Costs	\$50,000.00
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Personnel Services Narrative:	Wages and employee benefits for 0.75 full time equivalent care coordinators.
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MEMO

To: Carlton Smith, Finance Committee Chair
Date: January 13, 2016
Re: FY16 Substance Abuse Prevention and Treatment Focus Area Allocation
Fiscal Year: 2016
Amount: Total amount \$185,000
(\$85,000 from FY16 SAPT focus area & \$100,000 DHSS RSA)
Grantee: Sultana New Ventures LLC dba The Foraker Group
Project Title: Recover Alaska

REQUESTED MOTION:

Approve an \$85,000 FY16 Substance Abuse Prevention and Treatment focus area allocation combined with \$100,000 Receipt Service Authorization (RSA) funds from Department of Health and Social Services for the purpose of the Recover Alaska initiative to Sultana New Ventures LLC dba The Foraker Group.

Assigned Program Staff: Katie Baldwin

STAFF INTRODUCTION

This request is to allocate the FY16 SAPT focus area budget items designated and authorized for the Recover Alaska partnership to Sultana New Ventures (SNV) in the amount of \$85,000. The Trust also received a \$100,000.00 RSA from the Department of Health and Human Services to add to this authority grant for Recover Alaska. SNV is providing fiscal oversight for the Recover Alaska partnership and all future funding for Recover Alaska strategies will be directed to SNV.

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

PROJECT DESCRIPTION

Recover Alaska is an initiative to reduce the negative impacts of alcohol abuse in the state of Alaska. Sultana New Ventures LLC dba The Foraker Group serves as fiscal sponsor for Recover Alaska. Informed by a multi-sector 22 member coalition, Recover Alaska is focusing on making systems, policy, statutory and practice changes that will lead to long-term improvements. The funding from the Trust would support the operations expenses for the Executive Director, including personnel, technical assistance and travel. This request also includes the transfer of State of Alaska funds (\$100,000) that is designated for funding the strategies.

Alaska ranks second in the United States for its high rate of alcohol-induced mortality (15.2 deaths per 100,000 individuals) for all Alaskans in 2012, and 60.8 per 100,000 for Alaska Natives, compared to 7.6 per 100,000 in the United States. Alaska has the highest percentage of American Indian and Alaska Natives, (19.5%), considered by the CDC to be a vulnerable population. The Healthy Alaskans 2020 survey shows that alcohol use and abuse is the top health issue important to Alaskans. Recover Alaska sees alarming linkages from the prevalence of alcohol abuse to other determinants of health including forcible rapes, child sexual assault, violence and adverse childhood experiences. While alcohol abuse is a key determinant of health in Alaska, interventions and policy development follows fragmented, siloed funding streams. Recover Alaska seeks to align six major funders to create a strategic, effective long-term campaign that produces change in social acceptability and prevalence of excessive alcohol consumption. The two beneficiary groups impacted by this project are chronic alcoholics and substance abuse users and secondarily persons with mental illness and families and caregivers.

The five strategies for implementation in FY15-17 primarily focus on changing statewide cultural norms around alcohol use and readying the state to shift policy to reduce consumption. The five (with lead partners accountable for strategy completion noted) are: 1. Positive Social Norms Campaigns: Development of a positive community norms campaigns for youth that highlights healthy behaviors (Mat-Su Health Foundation); 2. Create/mobilize Advocacy Coalitions: Building advocacy coalitions to advance local and state policy changes (Alaska Mental Health Trust Authority- Trust); 3. Polling: to determine how Alaskans think and feel about alcohol (Trust); 4. Partnering with Media: Raise overall awareness of the consequences of excessive alcohol consumption (Rasmuson Foundation); and 5. Pilot a One-Stop-Shop: Create a resource center for all Alaskans to obtain accurate, reliable information about prevention and treatment (Rasmuson Foundation, with leads established at United Way of Anchorage and the Alaska Behavioral Health Association). The approach stems from the governance and staffing structures established to carry out the action plan, which facilitates a certain level of independence from any one funder and allows for shared accountability and control amongst its partners. Sultana New Ventures LLC, a subsidiary of The Foraker Group, houses the initiative's general operations, employing two full-time staff --an executive director and secondary position (to be hired), who guide the overall collaborative. The executive director has been hired and will begin January 11, 2016.

RA created a three-tier governance model for making decisions and getting the strategy work done. The 22-member Steering Committee (www.recoveralaska.org/about) advises, develops, steers and champions RA's work at the executive level. The Funding Partners Group, composed of the CEOs or heads of the funding partner organizations, provides general direction, establishes long-term priorities for RA and serves as RA's primary external advocates. The Oversight Committee, composed of designated agency representatives of the funding partner and lead organizations, provides oversight, and, in many cases, direct implementation of the strategies.

EVALUATION CRITERIA

Recover Alaska has contracted with Alaska Evaluation and Research Services to conduct an overall evaluation of the RA initiative. The evaluation aims to assist Recover Alaska in: 1. Assessing the process of planning and initially implementing the overall initiative, including structure, funding, forming and nurturing partnerships, leadership aspects such as decision

making, and inclusion and nurturing of stakeholders; 2. Tracking trends in alcohol abuse and harms in Alaska (quantitative data), activities by others and external events, as a precursor to assessing contributions of RA in shifting the intermediate and longer-term outcomes that the Initiative seeks to impact; and to collect/compile, track, report and assess progress on each of the identified strategies selected for the initial implementation phase, their implementation and contribution to shifting the short and intermediate outcomes that each strategy is designed to achieve. Evaluation of a multi-component broad initiative, such as Recover Alaska, needs to occur on two levels: the overall initiative, and per strategy or component. The purpose of the overall initiative evaluation is to enable RA leadership, partners and staff to assess progress during Phase 1, so that leadership can make informed decisions for modifying implementation and designing Phase 2. The evaluation is expected to last three years, from 2015 through 2017. The evaluation will also summarize the accomplishments and results of the initial implementation phase in 2017.

SUSTAINABILITY

Changing norms around alcohol in Alaska is deeply complex. This is long-term work and will require devoted staffing and funding from the Recover Alaska partners over a period of years in order to turn the curve. While this sounds daunting, the impetus for change could not be more real. In meeting and talking with Alaskans about this issue for the last 24 months, it remains true that everyone in our state has been touched by overconsumption of alcohol in some way. We feel confident in the strategies we have selected and believe we have an excellent road map for moving the entire state forward in the next decade. We must remain nimble, be ready to take advantage of opportunities as they emerge and be willing to learn from mistakes. We see alcohol abuse and its consequences to be the most pervasive determinant of and barrier to achieving health. The Recover Alaska funding partners agree that any initiative to curb excessive alcohol consumption in Alaska is long-term, and determined a 10-year time horizon. We have secured the majority of funding for the first three years of implementation, which will serve as a proof of concept for our respective leadership and boards. In this, the evaluation is absolutely critical--we need accurate information on whether this joint venture is working and how it might be improved in real time. We believe that if it produces results, the current funding partners and others will come on board to assist with long-term sustainability.

WHO WE SERVE

The beneficiary group, chronic alcoholics and substance users will be impacted directly and indirectly through the strategies. The Positive Social Norms Campaign for Youth: The Media Campaign to Address Underage Drinking, managed by the Alaska Wellness Coalition's Leadership Team, includes statewide activities and regional/local efforts in parts of Alaska where the campaign is being implemented locally. The campaign commenced March 2015 for at least three years. Polling: The polling strategy is designed to conduct comprehensive, quantitative research to determine Alaskans' knowledge, attitudes and beliefs in regards to a range of issues related to alcohol and substance abuse. It serves as baseline data for future polling to track the results of strategies implemented by the Trust and its partners. Polling is critical to RA's strategy and will be used in all three project objectives: to provide immediate feedback while we implement the strategies. Pilot a One Stop Shop: Rasmuson Foundation identified difficulties Alaskans have in accessing best practice treatment when they need it most and proven prevention programs. A state as large, sparsely populated, climate-challenging and diverse as Alaska presents unique challenges. Behavioral health services are provided, but some services, such as in-patient residential treatment and detox are significantly inadequate. Families needing help, and

communities searching for ways to head off consequences by implementing prevention, waste time, money and lose hope. Piloting the feasibility of a central initial screening and referral resource via dial-in or virtual access may be challenging, but is worth planning and trying.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Mental Illness:	38,990
Substance Abuse	55,700
Traumatic Brain Injuries:	150
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	65,000
Non-Beneficiaries:	15,000
Number of people to be trained	5

BUDGET

Personnel Services Costs	\$40,000.00
Personnel Services Costs (Other Sources)	\$254,850.00
Personnel Services Narrative:	Coalition Executive Director - \$166,750 Coalition Assistant - \$118,100 Staff Development -- \$10,000

Travel Costs	\$10,000.00
Travel Costs (Other Sources)	\$30,000.00
Travel Narrative:	Meetings with Funders, Steering Committee - \$10,000 Travel to Juneau - \$5,000 Conferences - \$10,000 Contractors/Consultants - \$15,000

Space or Facilities Costs	\$0.00
Space or Facilities Costs (Other Sources)	\$18,981.00
Space or Facilities Narrative:	Two office spaces at The Philanthropy Hub - 790.90 per month for one year.

Supplies Costs	\$0.00
Supplies Costs (Other Sources)	\$10,000.00
Supplies Narrative:	Copying, printing - \$5,000 IT Monthly Fees - \$960 Office supplies, set up for space - \$4,040

Equipment Costs	\$0.00
Equipment Costs (Other Sources)	\$20,000.00
Equipment Costs Narrative:	Office Furniture, (chairs, desks) for two spaces - \$12,000 Computers, printer, monitors - \$5,000 Misc. Small equipment items - \$3,000

Other Costs	\$135,000.00
Other Costs (Other Sources)	\$246,450.00
Other Costs Narrative:	Technical Assistance (Strategic Visioning) - \$60,000 Grant Writing - \$15,000 Evaluation - \$75,000 Communications - \$100,000 Fiscal Overhead - 131,450

Total Amount to be Funded by the Trust (includes \$100,000 of DHSS RSA funds)	\$185,000.00
Total Amount Funded by Other Sources	\$580,281.00
Total Leveraged Funds	\$580,281

*Note: SOA DHSS RSA funds (\$100,000) is included in the Trust request and not counted again in the total leveraged funds.

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MEMO

To: Carlton Smith, Finance Committee Chair
Date: January 13, 2016
Re: FY16 Authority Grant Request
Fiscal Year: 2016
Amount: \$49,500.00
Grantee: Providence Alaska Medical Center dba Alaska Family Medicine
Residency & Providence Family Medicine Center
Project Title: Mental Health SBIRT in Primary Care for Resettled Refugees

REQUESTED MOTION:

Approve a \$49,500 FY16 authority grant to the Providence Alaska Medical Center for the Mental Health SBIRT in Primary Care for Resettled Refugees. Funding will be from previously approved FY15 SBIRT Primary Care Integration authority grant funds.

Assigned Program Staff: Katie Baldwin

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

PROJECT DESCRIPTION

A recent UAA study identified a gap in mental health services to refugees resettled to Alaska. As Providence Family Medical Center (PFMC) now conducts initial medical evaluations of newly resettled refugees, our clinic seeks to address this gap. A culturally responsive Screening, Brief Intervention and Referral to Treatment (SBIRT)-adapted model is proposed. This 18-month program will identify Trust Beneficiaries, integrate psychiatric, behavioral, and social needs into patient care plans, and improve health outcomes. Program outcomes will be evaluated and billing options will be explored to support the long-term sustainability of the program.

Alaska resettles approximately 150 refugees each year, a group at high risk for psychiatric disorders. Mental health screening and early intervention is a best practice for refugee resettlement. A recent needs assessment documented mental health concerns, lack of access to mental health care, and omission of mental health screening from the current health screening process. As PFMC now conducts the initial medical evaluations of all newly resettled refugees, we are situated to address this gap in services.

Funding is sought to develop, implement, and evaluate a culturally responsive, trauma-informed, and evidence-based mental health screening, brief intervention, and referral for treatment (SBIRT) program within our Patient Centered Medical Home. This program structure will

address the documented gap in mental health screening and referral to appropriate treatment, and, when warranted, provide direct clinical service provision to refugees, including Trust beneficiaries. The SBIRT model is linked to positive outcomes for patients with complex psychosocial histories in primary care, and our clinic has the long-term capacity to care for refugees who lack access to other resources. Billing options for long-term financial sustainability will be explored.

PFMC will partner with local experts in refugee mental health (Catholic Social Services Refugee Assistance and Immigration Service program (RAIS) and UAA), and seek consultation from national programs, to ensure the program is consistent with national standards for refugee mental health screening programs. Trust Funding would be used to support:

- 1) Consultation with local and national experts and programs to assure our program meets national recommendations and is culturally appropriate and trauma-informed
- 2) Staff time for program development activities, including: the development of a clinic process; the creation of a training for Behavioral Health, Social Work, and Medical providers on using the SBIRT model with this population, to include cultural sensitivity training for working with newly settled refugees; and the development of a way to track screening scores in the Electronic Medical Record (i.e., flow sheet)
- 3) Translation of screening materials into additional languages, specific to the populations we serve (the Refugee Mental Health Screening Tool is currently available in 7 languages, which do not cover the entire refugee populations served at PFMC)
- 4) Development of psychoeducation materials for refugees on basic issues of adjustment and mental health
- 5) Program Evaluation (formative and summative)

Program outcomes will be tracked, including: number of screenings conducted, number of positive screens; number of brief interventions provided, number of referrals to treatment; and number of uptakes to treatment. Moreover, the program evaluation will elicit feedback from PFMC staff and providers about the strengths and weaknesses of the program. We have the ability to enter and track scores on the Mental Health Screening Tool in our EMR, and it is possible that we analyze this data to assess the success of the project. This is not a pilot program, however; once we have created the process, we will continue it as long as we have the contract to serve newly settled refugees, which is unlikely to change in the next 5 years. We want to include ongoing evaluation of the program to demonstrate effectiveness and utilize fiscal resources responsibly.

EVALUATION CRITERIA

We will include ongoing evaluation as a part of the program to assure fiscal responsibility and program success. First, we will track the number of patients screened, the number of patients screened positive for various disorders (i.e., Trust beneficiaries), the number of education sessions provided, the number of referrals, the number of patients who follow-up on the referrals, and pre-post change on the screening measure among those who do follow-up. Moreover, we can

gather formative and summative data from staff, providers, and consumers on the implementation of the program.

SUSTAINABILITY

Refugee SBIRT will be integrated into regularly scheduled medical appointments. PFMC is committed to continuing to offer this service as long as we have the health screening contract, and this program has the full support of the administration and staff.

As the SBIRT model is linked to positive outcomes for patients with complex psychosocial histories in primary care, our clinic has the long-term capacity to care for refugees who lack access to other resources; thus, this service will be means for reducing the need for more intensive services, such as visits to the psychiatric emergency room and mental health hospitalizations. This will likely result in a reduction in the cost of care across the continuum of services.

During the course of the grant, efforts will be made to explore billing options, including the possibility of billing Health and Behavior Codes for these SBIRT sessions. Currently, our behavioral health program is advocating on a state-level for more billing options for integrated services within a primary care clinic. A focus of our energy will be to develop a long-term plan for financial sustainability. However, with the training and program development resources provided by this grant, our clinic can sustain this SBIRT service to refugees in a seamless manner for the long-term, even while Alaska's billing challenges related to integrated care are being resolved.

Also, the equipment/supplies purchased and materials/protocols developed with the proposed funding are durable and require minimal upkeep. Grant materials are reusable and will have an indefinite usable life.

WHO WE SERVE

Based on a recent needs assessment, it is reasonable to assert this program will serve four types of beneficiaries. First, most newly arrived refugees have experienced war-related trauma in their home countries and in refugee camps, and many meet criteria for PTSD and Major Depressive Disorder as a result of these experiences. Refugees describe feelings of isolation due to language and cultural barriers as a result of the resettlement process, and many refugees develop mood and anxiety disorders after resettlement, often accompanied by suicidal ideation. Additionally, some refugees report histories of developmental disability and brain injury as a result of experiences in war. Some refugees are elderly and can experience Alzheimer's disease and other dementias.

Newly arrived refugees will receive screening for commonly occurring mental health concerns in refugee populations, which is a documented gap in refugee health in Anchorage. These beneficiaries will receive timely, culturally appropriate, and trauma-informed referrals and/or direct clinical service provision at the time of service, whereby increasing access to mental health care for refugee beneficiaries and reducing the deleterious impact of untreated mental illness. All refugees, including Trust beneficiaries will receive primary prevention by way of psychoeducation about common difficulties and available resources in the community.

This project fulfills Providence's mission to serve the poor and vulnerable by growing to meet community needs and provides an opportunity to work in partnership with the Alaska Mental Health Trust Authority helping them achieve their mission to improve the lives of beneficiaries including resettled refugees.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Mental Illness:	60
Developmental Disabilities:	5
Alzheimer's Disease & Related Dementias:	4
Substance Abuse	30
Traumatic Brain Injuries:	40
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	120
Non-Beneficiaries:	90
Number of people to be trained	120

BUDGET

Personnel Services Costs	\$42,500.00
Personnel Services Costs (Other Sources)	\$35,000.00
Personnel Services Narrative:	<p>Program development activities:</p> <p>MH Trust Grant Contribution= \$12,000</p> <p>Alaska Family Medicine= \$24,000</p> <p>EMR flow sheet development and data extraction:</p> <p>MH Trust Grant Contribution= \$4,000</p> <p>Alaska Family Medicine= \$2,000</p> <p>Translation of screening materials:</p> <p>MH Trust Grant Contribution=\$3,500</p> <p>Alaska Family Medicine=\$1,000</p> <p>Psychoeducation Materials Development:</p> <p>MH Trust Grant Contribution=\$10,000</p> <p>Alaska Family Medicine=\$2,000</p> <p>Program Evaluation:</p>

MH Trust Grant Contribution=\$8,000

Alaska Family Medicine=\$4,000

Consultation with local and national experts and programs:

MH Trust Grant Contribution=\$5,000

Alaska Family Medicine=\$2,000

(Also note: RAIS Program to contribute \$8,000 to fund consultation and training provided by national experts related to MH screening and brief intervention, trauma-informed care, and cultural-responsive approaches in working with resettled refugees.)

Total:

MH Trust Grant Contribution=\$42,500

Alaska Family Medicine=\$35,000

Supplies Costs	\$7,000.00
Supplies Costs (Other Sources)	\$0.00
Supplies Narrative:	\$7000 of MH Trust grant funds will go to purchase the materials used to create the psychoeducation materials (Educational materials, paper, binders, copying supplies, etc.)

Total Amount to be Funded by the Trust	\$49,500.00
Total Amount Funded by Other Sources	\$43,000.00

Other Funding Sources

Catholic Social Services - Refugee Assistance and Immigration Services-secured	\$8,000.00
Providence Family Medical Center	\$35,000.00
Total Leveraged Funds	\$43,000.00
Total Project Budget	\$92,500.00

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MEMO

To: Carlton Smith, Finance Committee Chair
Date: January 13, 2016
Re: FY16 Partnership Grant Request
Fiscal Year: 2016
Amount: \$32,340.00
Grantee: Alaska Christian College (ACC)
Project Title: Associate Degree in Behavioral Health- Planning and Marketing

REQUESTED MOTION:

Approve a \$32,340 FY16 partnership grant to the Alaska Christian College for the Associate Degree in Behavioral Health – Planning and Marketing project.

Assigned Program Staff: Katie Baldwin

STAFF INTRODUCTION

This project is brought forward as a follow up to the Trustee visit with Alaskan Christian College during the May 2015 Board of Trustee meeting in Kenai. During the site visit, ACC leadership described the need for and desire to develop **an Associate's Degree in** behavioral health within the college to enhance rural village behavioral health workforce. A majority of the students presently attending ACC are Alaska Native students from rural villages across Alaska, most of which return to their home communities after completing degrees. This project will help attract rural students to the behavioral health field with which they may return to their communities and pursue roles in behavioral health, such as behavioral health aid, or segue into further academic study. Funding for this project will support the contract cost for the work to develop curriculum and proceed with marketing of new degree track to rural Alaskan students.

The following is excerpted from the prospective grantee's application

PROJECT DESCRIPTION

Through a two-phased project, Alaska Christian College will develop, integrate, receive accrediting approval from the Association for Biblical Higher Education and be authorized by State of Alaska to launch an Associate in Arts degree in behavioral health counseling within the college offerings. ACC will market this degree program to the beneficiaries of the Trust throughout Alaska with special focus on potential rural Alaskan students. For workforce development opportunities, ACC will provide a robust college offering to the beneficiaries attending ACC so that students will be equipped for employment in rural villages where many of them come from.

The problem being addressed is the lack of Associate in Arts degree offerings in the State of Alaska for rural students who wish to work in the area of behavioral health. ACC meets that problem head on with the initiation of a new AA degree to be offered at its campus in Soldotna, AK. The target population is rural Alaska Natives and others who would benefit from training and preparation through the current college offerings as an accredited and authorized college in the State. Expected outcomes include:

- Graduates of an Associate in Arts degree in behavioral health
- Employment for the graduate
- Graduate returns back to village with employment
- Healthier and applicable knowledge for beneficiaries' personal lives, strategies for their healing, and health care for provider as well as recipients
- Ability for students to transfer their degree to a Bachelor's degree, or to take a next step for them in certifications or higher education.

Trust beneficiaries will be both the student and the recipients of their behavioral health work. The far majority of ACC's rural Alaskan students are beneficiaries of the Trust as they have been victims of many kinds of abuse and pain from their recent lives. Over 75% of the students attending ACC are receiving professional counseling services through New Hope Counseling Center.

The time frame for initiating the degree is fall of 2017; with the first potential graduates in May of 2018. Some students will already be in the pipeline towards this degree when the AA degree is instituted.

This grant request is for two of the three project objectives in Phase 1 of the project. The third objective will be requested in Phase 2.

Phase 1, Objective One.

Behavioral Health Consultant to Develop Curriculum (six months from April-September 2016)

- Environmental and Literature Scan: (BH Needs Assessment re: workforce and training requirements; BH workforce requirements currently in Alaska; (associations for State DBH, tribal BH, native corporations) and Literature Review (model programs in the country for behavioral health counseling).
- BH Curriculum Development Committee Work: Development and integration into ACC offerings and will facilitate meetings with ACC BH Curriculum Development Committee.
- Develop job description for department head

Phase 1, Objective Two.

Marketing of AA degree program

- Determine market analysis and provide media/communications plan
- Hire marketing firm for statewide introduction of the AA to rural Alaskan students
- Market with media print and radio
- Attend college fairs, rural high schools -- provide presentation table and materials
- Update website
- Recruit current ACC students to embrace the new AA degree
- Begin relationships with professional associations to leverage the degree/workforce development

EVALUATION CRITERIA

Performance measures will address three areas for this Phase 1 and the envisioned Phase 2 of launching the curriculum: (1) Outputs (how much we did); (2) Outcomes (how well we did); and (3) Impact (did we make a difference in people's lives).

For the Outputs, we will collect several measures including the final draft of the environmental and literature scan, the final draft of the behavioral health curriculum, accreditation and authorization by the aforementioned regulating bodies, types and methods Behavioral Health AA marketing materials, number of students that express interest the AA degree in Behavioral Health as their emphasis at ACC, and number of students that claim the AA in Behavioral Health as their emphasis at ACC.

For Outcomes, we will track the number of new partnerships that ACC makes in the state to promote the behavioral health degree, the launching and integration of the new curriculum at ACC, and the number of students who graduate with an AA degree in Behavioral Health.

Impact is more difficult to measure however we are committed to conduct a focus group with all soon-to-be graduates with the AA degree in Behavioral Health to understand how the degree influenced their college lives. In turn, we will conduct a follow-up survey 12 months following graduation to gain information about their application of behavioral health education in their daily lives (work, community, family).

SUSTAINABILITY

The AA degree program in Behavioral Health will continue with the complete support of the revised budget of the general fund of the College to include this degree. Through new student revenues, after 2-3 years of the program's inception, funding will be adequately available for the continuance of the degree. In addition, the lead department head for this overall project will be involved in fundraising activities to support both the degree and the costs associated with the

program. With a growing student body, we are confident that this program will begin to pay for itself in year three or four with students' claiming this for their degree choice.

WHO WE SERVE

Adding a behavioral health curriculum to the offerings of AA degrees at Alaska Christian College will meet the needs of many of the college students who are at high-risk for mental health problems and substance abuse disorders. Because the college is primarily designed to attract and serve youth from Alaska Native villages, this group of students is likely to have been exposed to adverse childhood experiences (e.g., substance abuse in the home, child abuse and neglect, incarcerated caregiver) and traumatic events (e.g., suicide in the family or community, historical trauma, violence). Thus, the ACC student population is at high-risk of becoming beneficiaries themselves, if they have not already been identified with mental health issues, alcoholism, or a substance abuse disorder.

The design of the behavioral health curriculum will be in tandem with one of the Trust's Focus Areas: to grow a "stable, capable, culturally competent workforce to serve Trust beneficiaries." The vision of ACC is that students that have received the AA degree in Behavioral Health will be able to move forward in higher education in a behavioral health profession or return to the village and serve as a peer counselor or behavioral health aide. This will allow even more Trust beneficiaries to receive responsive, culturally competent behavioral health services in small villages throughout the state of Alaska.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Mental Illness:	50
Substance Abuse	40
Non-Beneficiaries:	50
Number of people to be trained	100

BUDGET

Personnel Services Costs	\$26,820.00
Personnel Services Narrative:	<p>1. Develop AA Behavioral Health Curriculum</p> <p>Project Planning & Communications 12.00 hours \$1500.00</p> <p>Environmental and Literature Scan Brief Report, Analysis, and Recommendations 40.00 hours \$5000.00</p> <p>Facilitate & Collaborate with ACC Curriculum Development Committee 24.00 hours \$3000.00</p> <p>Draft & Finalize Behavioral Health Curriculum 96.00 hours \$12000.00</p>

	<p>SUBTOTAL \$21500.00</p> <p>2. Market the AA BH Degree within state of Alaska</p> <p>Communications with ACC Marketing Team 4.00 hours \$380.00</p> <p>Develop Communications Plan for marketing AA degree in BH 16.00 hours \$1520.00</p> <p>Develop key messages 12.00 hours \$1140.00</p> <p>Design and publish print media 24.00 hours \$2280.00</p> <p>ACC markets with materials (visit to Mt. Edgecumbe High School, BH professional association, college fairs), Site visits</p> <p>SUBTOTAL \$5320.00</p> <p>GRAND SUBTOTAL PERSONNEL \$26,820.00</p>
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Travel Costs	\$3,000.00
Travel Narrative:	<p>1. Develop AA in Behavioral Health Curriculum</p> <p>Project Planning & Communications \$300.00</p> <p>Facilitate & Collaborate with ACC Curriculum Development Committee \$300.00</p> <p>Draft & Finalize Behavioral Health Curriculum \$300.00</p> <p>SUBTOTAL \$900.00</p> <p>2. Market the AA BH Degree within state of Alaska</p>

	Develop Communications Plan for marketing AA degree in Behavioral Health \$300.00 ACC markets with materials (visit to Mt. Edgecumbe High School, BH professional association, college fairs), Site visits \$1800.00 SUBTOTAL \$2100.00 GRAND SUBTOTAL \$3000.00
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Supplies Costs	\$2,500.00
Supplies Costs (Other Sources)	\$0.00
Supplies Narrative:	1. Develop AA Behavioral Health Curriculum Environmental and Literature Scan Brief Report, Analysis, and Recommendations \$120.00 SUBTOTAL \$120.00 2. Market the AA Behavioral Health degree within State of Alaska Design and publish print media \$2400.00 SUBTOTAL \$2400.00 GRAND SUBTOTAL \$2520.00

Total Amount to be Funded by the Trust	\$32,340.00
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MEMO

To: Carlton Smith, Finance Committee Chair
Date: January 11, 2016
Re: FY16 Partnership Grant Request
Fiscal Year: 2016
Amount: \$27,300.00
Grantee: Sitka Community Hospital
Project Title: Enhanced Access to Care via Telehealth Services

REQUESTED MOTION:

Approve a \$27,300 FY16 partnership grant to Sitka Community Hospital for the Enhanced Access to Care via Telehealth Services project.

Assigned Program Staff: Katie Baldwin

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

PROJECT DESCRIPTION

The project builds on the telehealth platform provided by the State's Rural Veteran Health Access Program (RVHAP) grant to bring an array of specialized services (including Telestroke and telepsychiatry) to Trust beneficiaries and other residents of Sitka. Telehealth services will be provided through a partnership between Sitka Community Hospital and the Providence Alaska Medical Center in Anchorage, which is the state's largest hospital.

This project addresses the lack of access to specialized care in the geographically-isolated Borough of Sitka by introducing telehealth consulting services delivered via a partnership between Sitka Community Hospital (SCH) and Providence Alaska Medical Center (PAMC). The target population includes all SCH patients and long-term care (LTC) residents, as well as 9,061 residents (88% non-Native/12% Alaska Native) of the Borough, which includes all Trust beneficiaries on Baranof Island. The majority (55%) of SCH's beds are designated for LTC, which serves a population comprised of 90% Trust beneficiaries, and offers the only skilled-nursing care on the Island. Telehealth and Telestroke services will elevate the quality and level of care for SCH's LTC residents, inpatients, outpatients, and all Borough residents. SCH is one of 3 participating sites in the State's Rural Veterans' Health Access Program that established the infrastructure for telehealth upon which this project is built.

Following submission of SCH's initial letter of interest to the Trust dated 8/31/15, the hospital's architect reviewed the project and identified infrastructure issues that prevent the separation of a double LTC room into two singles. Thus, project focus has shifted entirely to telehealth services, which will provide Borough residents with immediate access to Telestroke care, telepsychiatry, and remote consultations with hospitalists, specialists in pain management, other disciplines, and diabetic counseling. In addition to serving people experiencing ADRD, substance abuse and mental illness, Telestroke and specialist consultations will also serve those with TBIs and developmental disabilities.

Due to the constraints of an aging facility, one large room in the hospital basement will be converted to a fully equipped, hardwired consultation space that centralizes telehealth in one convenient location for inpatient and outpatient use. Additional exam rooms may be developed in the future as the use of telehealth increases. Project costs and renovations include hardwiring for IT equipment; replacing worn carpet with vinyl flooring; installing cabinets, sink, soundproofing, and wall finishes. Items to be purchased include an electronic telehealth cart, computer and peripherals, wall-mount television/monitor, video camera, Ethernet cabling, Stryker gurney, minor diagnostic equipment, lighting and office furniture. Providence is providing the Telestroke cart as an in-kind donation with a value of approximately \$25,000.

Telehealth services will enhance the level of care locally and establish a new source of revenue for the hospital. Direct outcomes include a higher level of patient and family satisfaction; improved patient convenience due to reduced travel, less lost time at work/school; and decreased wait times for specialized care. Telepsychiatry will profoundly impact LTC residents, SMI adults, SED youth, and people with substance abuse disorders by improving the quality and accessibility of mental health services. Sitka's only two psychiatrists are booked 6 months in advance, an unacceptably long wait time for Trust beneficiaries and others in need of care. In addition, Telestroke services will bring the expertise of neurologists in the state's largest hospital to the bedside in Sitka where best practices in drug protocols will limit stroke damage and mortality. Robust community support is demonstrated by the attached letters of support.

EVALUATION CRITERIA

The project will be evaluated by measuring improvements in patient/resident outcomes and by collecting survey data from patients, families, staff and physicians. Questions specific to telehealth will be added to the standard patient survey form, and a new survey instrument will be developed for use with families, staff and physicians. Both inpatients and outpatients will be surveyed. Data currently being collected on inpatient outcomes will be used to measure success, and a new data collection system is being designed for outpatient use of telehealth.

Performance Measures:

- 1) Increase in the number of Trust beneficiaries served in the LTC Unit via Telestroke, telepsychiatry and other specialist consultation.
- 2) Improvements in outcomes among all stroke patients.
- 3) Improvements in resident outcomes following telepsychiatry consultations.
- 4) Improvements in continuity of care.

- 5) Decreased days of poor mental health reported by Borough residents (2017 Community Needs Assessment Update)
- 6) Decrease in wait times for psychiatrists and other specialists.
- 7) Reduced need for patients to travel to Anchorage or Seattle for care.

SUSTAINABILITY

The project builds on telehealth infrastructure that was made possible by the RVHAP grant and leverages a gift of \$9,000 from a major donor, as well as a small contribution (\$500) by the SCH Foundation. The partnership with Providence, which is extending its telehealth services statewide, ensures that physician expertise will continue to be available in the future, and the revenue derived from the program provides a downstream return on the investment of grant funds. The program generates revenue that makes it self-sustaining, and SCH intends to continue its efforts to expand telehealth services for Sitka and surrounding areas.

WHO WE SERVE

Two populations of Trust beneficiaries will be served by this project: SCH LTC residents and all other inpatients and outpatients treated at the hospital or the Mountainside Clinic. LTC residents and local seniors will have immediate access to lifesaving Telestroke services. The local population of SMI adults, SED youth, and others with substance abuse and behavioral health issues will have dramatically improved access to psychiatric care via the telepsychiatry partnership with Providence, since the two local psychiatrists are currently booked out 6 months in advance. Telepsychiatry will also serve LTC residents whose mental health issues are often misdiagnosed in the long-term care setting, as well as other Sitkans suffering from AD/HD. Individuals in the community with development disabilities and TBI will have increased access to consultations with Anchorage specialists via the telehealth program. With the foundation for telehealth established by this project, SCH intends to expand these services to ultimately include additional specialists and remote monitoring for intensive-care patients, which will serve all Trust beneficiaries in the area.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Mental Illness:	250
Developmental Disabilities:	100
Alzheimer's Disease & Related Dementias:	150
Substance Abuse	200
Traumatic Brain Injuries:	75
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	600
Non-Beneficiaries:	1,000

BUDGET

Personnel Services Costs	\$0.00
Personnel Services Costs (Other Sources)	\$4,500.00
Personnel Services Narrative:	Flooring - \$1000 labor to remove and replace carpeting in telehealth consultation room

	Plumbing - \$1000 labor to install sink Electrical - \$1000 labor to hardwire room for IT/video Soundproofing - \$1000 labor to install soundproofing in walls/ceiling Wall finishes - \$500 labor to refinish walls
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Supplies Costs	\$0.00
Supplies Costs (Other Sources)	\$4,200.00
Supplies Narrative:	Flooring - \$500 for new flooring Plumbing - \$1500 for sink/plumbing supplies Electrical - \$500 for materials to rewire consultation room Sound attenuation - \$1500 for soundproofing materials Wall finishes - \$200 for finishing material

Equipment Costs	\$27,300.00
Equipment Costs (Other Sources)	\$1,300.00
Equipment Costs Narrative:	Telehealth Interactive Cart - \$6090 (all amounts include shipping) 2 monitors - \$2,042 Two-way video camera - \$412 3 wall-mounted computers - \$5,960 2 Televisions - \$2,646 4 wall-mount kits - \$601 Computer peripherals - \$250 Ethernet cabling - \$349 Stryker patient gurney - \$6,500 Minor diagnostic equipment (e.g., scopes, etc.) - \$2,600 File cabinet - \$250 2 Chairs - \$900

Total Amount to be Funded by the Trust	\$27,300.00
Total Amount Funded by Other Sources	\$10,000.00

Other Funding Sources	
Ral West/Major Donor - Secured	\$9,500.00
Sitka Community Hospital Foundation - Secured	\$500.00
Total Leveraged Funds	\$10,000.00



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of Health and Social Services

Sitka Pioneers' Home
120 Katlian Street
Sitka, Alaska 99835
Main: 907.747.3213
Fax: 907.747.2115

November 13, 2015

Mr. Rob Allen, CEO
Sitka Community Hospital
209 Moller Avenue
Sitka, AK 99835

RE: Alaska Mental Health Trust - Telehealth Grant

Dear Mr. Allen:

I am writing to express my support for your funding application to the Mental Health Trust for a grant that would bring telehealth to Sitka Community Hospital. Telepsychiatry and Telestroke capability will be particularly valuable to Trust beneficiaries residing in your long-term care unit. Mental health issues can easily be misdiagnosed or underdiagnosed in the residential setting without appropriate psychiatric consultation. I support your effort to bring Telehealth services to all the residents of Baranof Island.

As the only Skilled Nursing Facility on the Island, SCH's long-term care unit has a special responsibility to provide the highest level of care to the population of Trust beneficiaries that are served by the hospital's long-term care unit.

The Sitka Pioneers' Home has enjoyed a long and collaborative partnership with SCH. I encourage the Trust to give favorable consideration to your application for Telehealth services and look forward to continued collaboration with SCH in the future.

Sincerely,

A handwritten signature in cursive script that reads "Philip D. Welsh".

Philip D. Welsh, BSCLS, MT(ASCP), NHA
Administrator
Sitka Pioneers' Home

November 13, 2015

Mr. Rob Allen, CEO
Sitka Community Hospital
209 Moller Avenue
Sitka, AK 99835

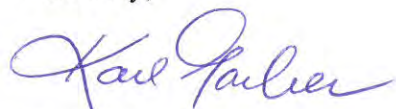
RE: Alaska Mental Health Trust - Telehealth Grant

Dear Mr. Allen:

I am writing to express my support for your funding application to the Mental Health Trust for a grant that would bring telehealth to Sitka Community Hospital. Telestroke capability will be particularly valuable to Trust beneficiaries experiencing ADRD who reside in your long-term care unit. This capability could serve to arrest the rate of functional decline especially for those with mixed dementias through prompt intervention. A telepsychiatry capability would bring great benefit for that growing segment of Trust beneficiaries who experience both ADRD and serious mental illness.

Mental health issues can easily be misdiagnosed or underdiagnosed in the residential setting without appropriate psychiatric consultation. I support your effort to bring Telehealth services to all the residents of Baranof Island and encourage the Trust to give favorable consideration to your application for Telehealth services.

Sincerely,



Karl Garber
Executive Director

Anchorage

1750 Abbott Rd.
Anchorage, AK 99507
Phone (907) 561-3313
Fax (907) 561-3315

Fairbanks

565 University Ave, Suite 2
Fairbanks, AK 99709
Phone (907) 452-2277
Fax (907) 457-3376

Juneau

3225 Hospital Dr, Suite 101
Juneau, AK, 99801
Phone (907) 586-6044
Fax (907) 586-6084

Mat-Su Valley

10355 E. Palmer-Wasilla Hwy.
Suite 110, Palmer, AK 99645
Phone (907) 746-3413
Fax (907) 746-3412

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MEMO

To: Carlton Smith, Finance Committee Chair
Date: January 19, 2016
Re: FY16 Partnership Grant Request
Fiscal Year: 2016
Amount: \$47,500.00
Grantee: Alaska Mobility Coalition
Project Title: Capacity Building

REQUESTED MOTION:

Approve a \$47,500 FY16 partnership grant to the Alaska Mobility Coalition for the Capacity Building project.

Assigned Program Staff: Steve Williams

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

STAFF INTRODUCTION

Over the past year, the Alaska Mobility Coalition (AMC) has experienced significant transition as an entity. The most significant was the resignation of their Executive Director. With this unexpected transition, the staff and board of directors began a process to reassess its mission, role, capacity, and sustainability. This one time funding request will give AMC staff and board of directors the requisite time to complete their organizational reassessment and develop and implement a plan for AMC's long-term sustainability while continuing some key organizational functions.

PROJECT DESCRIPTION

The Alaska Mobility Coalition (AMC) requests capacity building funds to improve the lives of Trust beneficiaries and other Alaskans. AMC represents a strong and unified voice for public and community transportation -- one of the most important needs of all Trust beneficiaries. While not a direct provider of services to AMHTA beneficiaries, the AMC's work has increased federal and state funding; established the Community and Public Transportation Advisory Board; and developed coordinated transportation plans in 25 rural, hub and urban communities--increasing access to public transportation for Trust beneficiaries statewide.

AMC requests funds to support capacity building activities and ensure a solid infrastructure is in place for continued development of accessible, affordable transportation in Alaska. Although strong programmatically, AMC does not currently have adequate administrative and financial infrastructures in place to support its work. Rider Consulting identified two issues that must be addressed, including limited administrative structure and support and a funding shortfall both in the short-term and the long-term.

Funds will be used for two purposes: 1) entering into a contractual arrangement with the Statewide Independent Living Council (SILC) for administrative support (bookkeeping services, payroll, taxes, accounts receivable and payable) and 2) to develop and implement a long-term capacity building plan that expands upon AMC's strengths (committed board and staff, membership, technical assistance, advocacy). The contractual arrangement with the SILC will free up staff and board members to concentrate on strategies for the long-term sustainability.

Capacity building plan activities will include reviewing AMC's mission and vision, consulting with affected stakeholders, conducting outreach, determining AMC's mix of products and services and identifying potential partners and available resources. Particular attention will be paid to conducting a targeted membership drive, expanding AMC's technical assistance work with local communities and developing new earned income strategies.

Expected outcomes include increases in the number of AMC members, technical assistance contracts and the amount of revenues generated.

Of the 605,567 Alaskans who potentially benefited from AMC's work to increase federal and state funding, establish the Community and Public Transportation Advisory Board and develop coordinated transportation plans in 25 rural, hub and urban communities, over 50,000 are AMHTA beneficiaries.

Despite these successes, the lack of accessible, affordable transportation continues to be a problem for AMHTA beneficiaries and it will only get worse if the AMC is no longer around. Numerous studies have found that senior citizens and individuals with disabilities, including mental health and substance abuse, find lack of transportation an obstacle to health care services, treatment programs, employment and training opportunities, and housing. In many urban and rural communities throughout Alaska, public transportation and specialized transportation are limited or non-existent. This profoundly limits their ability to access services identified in AMHTA's core focus areas of Disability Justice, Substance Abuse Prevention and Treatment, Employment and Engagement, Workforce Development and Housing, and Long-term Services and Supports.

This year, Alaska is facing significant budget shortfalls and the Alaska Legislature will make critical decisions that will have long-term effects on public transportation and access to services. AMC's work to keep Public Transportation on the table will be more important than ever.

Transportation is a vital service for AMHTA beneficiaries that helps them get to medical appointments, work, shop, socialize and participate in community life. The AMC seeks to re-

establish a long-term partnership with the AMHTA to continue to improve the quality of life for its beneficiaries.

Numbers provided for estimated beneficiaries served are only from Anchorage. No other transit provider tracks beneficiaries served in this manner. The state estimates 298,000 rides are provided annual, not including Anchorage, to AMHTA beneficiaries.

EVALUATION CRITERIA

AMC's role as a private, non-profit membership organization representing public, private and community transit in Alaska is providing technical assistance to new and emerging transit providers in the state in addition to our advocacy efforts around funding and access to transit services. Our mission is to advocate for and empower Alaskans to develop the transportation systems they need for economic vitality, improved quality of life, and healthy communities. To achieve this mission, AMC: advocates in Juneau and Washington D.C., for capital and operating funding for transit operators; promotes safe and cost-effective transportation that meets local, regional, and statewide needs; and promotes sustainable, coordinated transportation.

The work done by AMC contributes to AMHTA beneficiaries through improved transportation services. Through AMC efforts, transportation services are coordinated, allowing operators to provide cost-effective and economical transportation. To determine how much AMC did, we'll quantitatively document the outreach and information given to transit operators regarding upcoming legislation and referendums.

To determine how we did, we'll identify the funding we have assisted in bringing to the state for public and human services transportation.

To determine if anyone is better off because of this project we'll work with transit operators to determine the number of Trust beneficiaries receiving direct services.

Re-establishing our partnership with the AMHTA, AMC will have the means to sustain the organization for the next fiscal year through a combination of increased members and membership dues, contributions, and technical assistance contracts; and will continue to serve statewide transit systems, their passengers, and beneficiaries.

SUSTAINABILITY

At the end of the ten-month request for funding the AMC will be a position to either merge with another organization to maintain the program and administrative support for the staff or will have secured stable funding through a dedicated membership drive and expanded technical assistance contracts.

WHO WE SERVE

Transportation is a crucial component of daily life and one of the most common needs or concerns for people with disabilities and seniors. Federal requirements make it difficult and costly for transit agencies to gather information on individual rider's disabilities; although numerous studies show public transportation impacts the ability of people with disabilities, seniors and youth to access health care and treatment services, employment and training

opportunities. Alaskan transit systems can show high numbers of embarkation at stops near homeless shelters, educational facilities and medical and treatment centers.

Due to the size of Anchorage's public transportation system, it has the ability to collect information from people who are self-certifying. Anchorage has a half-fare program with an application process for residents who want to receive the half-fare and do not have a Medicare card. Of the almost 3,000 people who have self-certified and received half-fare eligibility, 1,159 are AMHTA beneficiaries. An estimated 350,000 (39%) of People Mover annual trips are made by AMHTA beneficiaries. Additionally, approximately 88,800 (50%) of annual AnchorRIDES trips are also AMHTA beneficiaries.

Not all of Alaska's fixed route and paratransit systems may have the ability to collect information on their riders, but based on limited data availability similar trends would emerge.

The AMC has been a strong and unified voice that pushes for both funding and reforms to improve access to transportation options for beneficiaries. The capacity building funding would allow AMC to continue our vital effort of making transportation services a reality for AMHTA beneficiaries.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Mental Illness:	878
Developmental Disabilities:	552
Alzheimer's Disease & Related Dementias:	292
Substance Abuse	118
Traumatic Brain Injuries:	427
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	15,000
Non-Beneficiaries:	555,567
Number of people to be trained	12

BUDGET

Personnel Services Costs	\$33,600.00
Personnel Services Costs (Other Sources)	\$18,000.00
Personnel Services Narrative:	<p>Executive Director at an hourly rate of \$26.44 totaling an average of \$4,616.43 per month</p> <p>Payroll taxes - an average of \$395.91 per month</p> <p>Payroll processing fee - \$1.75 per month</p> <p>This cost will be split primarily between membership dollars and Trust dollars. Membership funds will be used to cover any advocacy work done by staff.</p>
Space or Facilities Costs	\$2,000.00

Space or Facilities Costs (Other Sources)	\$700.00
Space or Facilities Narrative:	Rent is being offered at a reduced rate and will primarily be covered by the Trust funding \$2,700. or \$270 per month

Supplies Costs	\$1,400.00
Supplies Costs (Other Sources)	\$1,100.00
Supplies Narrative:	<p>\$600 - Membership Brochure design and printing - This will be used to help promote the targeted membership drive by being a tangible handout at conferences, events, or other outreach opportunities.</p> <p>\$400 - Mailing and postage fees for membership outreach and targeted drive</p> <p>\$800 - production and printing of publicity materials as one page annual report for use with legislators and potential members</p> <p>\$700 - Publicity materials such as stress balls or other materials to be given to members and conference attendees.</p>

Equipment Costs	\$1,000.00
Equipment Costs (Other Sources)	\$1,600.00
Equipment Costs Narrative:	<p>\$1,000 - Purchase of necessary office equipment including a new filing cabinet and any upgrades needed for accounting software to be compatible with the SILC.</p> <p>\$1,600 - Teleconference line and staff stipend for cell phone use. Staff is expected to use a cell phone for long distance calls as the office phone will not have that capability without additional charges and fees for the SILC. The teleconference line is used for board meetings, committee meetings, and various project related meetings.</p>

Other Costs	\$9,500.00
Other Costs (Other Sources)	\$7,100.00
Other Costs Narrative:	<p>\$10,000 - Cost of a contract with the SILC for administrative support including bookkeeping services and other duties.</p> <p>\$800 - Dues and subscriptions for national advocacy organizations and Constant Contact for newsletter distribution</p>

	<p>\$3,300 - newsletter preparation and distribution, membership database management contract - this woman prepares and distributes a month newsletter for AMC members and maintains a database of all membership contacts.</p> <p>\$2,200 - Preparation of two 990 tax reports. The AMC files an extension for the current year and anticipate filing next years return in accordance with the due date in November.</p> <p>\$350 - cost of website hosting and support for the AMC site (www.alaskamobility.org)</p>
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Total Amount to be Funded by the Trust	\$47,500.00
Total Amount Funded by Other Sources	\$28,500.00

Other Funding Sources	
Community Transportation Association of America - Secured	\$5,421.77
Membership Dues - Pending/ongoing	\$23,078.23
Total Leveraged Funds	\$28,500.00

Addendum

The Alaska Mobility Coalition (AMC) proposes to promote an increase in the state gas tax through a concerted education campaign. Alaska currently has the lowest gas tax in the country, \$.1225, over two cents per gallon below the next closest state at \$.145. The first increase in 45 years occurred in April 2015; however, with this minor increase to the state gas tax \$.0095, Alaska falls more than \$.36 below the national average. The increase we have seen will not support transit, transportation services, or infrastructure. Instead, the money will go to support a spill prevention and response program under the Department of Environmental Conservation. The AMC wants to ensure any future increase in the gas tax includes a set aside of revenue generated to support public transportation within the state, improving transportation for all Alaskans.

We believe the ideal time to ask for an increase in the gas tax is when oil prices and the cost of fuel are low. Our strategy involves AMC members advocating and educating their local legislators who have already expressed an interest in raising the gas tax. We want to emphasize the need for local investment as we are seeing the demand for transportation increase and more rural and smaller communities trying to tackle the issue of transportation.

Based on Alaska's local match requirements for federal funding, it is estimated that every local dollar invested in transportation results in an additional three to four dollars of federal funding. This great return on investment means we would only need to see a modest increase in the tax to see large benefit for many capital projects (vehicles and transit infrastructure). As we are seeing operating costs increase and the demand for transit services increase, Alaska's current financial situation will not be able to keep up with the need for operating funds. Without more investment from the state, transit systems will have to cut services as they have to use crucial funds to support capital projects and infrastructure repair. Fewer vehicles on the road, reduced service hours, reduced service areas, and fewer transportation options available will leave the transportation dependent residents and many AMHTA beneficiaries in our state with no options to be engaged in their communities, to travel to medical appointments, employment sites, and treatment programs, and social or recreational opportunities. As fixed route service is reduced, paratransit service will be reduced as well. Not only does this limit transportation to the area it also impacts the available options leaving many people with mobility issues or other disabilities to seek an accessible cab or rely on friends and family for support.

AMC will also work to support the state matching funds for public transportation. The Governor has included \$1 million in his budget for the upcoming fiscal year, however, as witnessed last year, that does not mean the money is guaranteed. This state match money is allocated to fixed route transit providers (People Mover, MACS Transit, Ketchikan's The Bus, etc.) and human service providers (Arctic Access, Southeast Alaska Independent Living Center, Connecting Ties, etc.). The impact is truly statewide and allows these various providers to seek additional funding, better leverage existing funds, or redirect available funds to better support the needs of individual communities. As service is expanded thanks to this funding (Ketchikan expanded services in 2015 using this funding) paratransit service was also expanded allowing more beneficiaries and others with disabilities crucial access to services that had not been available before. Many transportation providers are using vehicles well beyond the industry standard for useful life which leads to increased maintenance costs, more frequent breakdowns, and more disruptions to service (over 50% of Fairbanks Resource Agency's fleet is past its "useful life" as defined by Federal Transit Administration). The impacts most felt when a person is relying on that service to get to a medical appointment or employment related service. The state matching funds go to providers to help them address this and other pressing issues. The state DOT office can put the request

into their budget and when asked specifically to address that funding they can highlight the importance, but it has always fallen to the AMC and members to advocate for and protect that money. Last year we were given notice on Thursday of a hearing scheduled for Monday. In spite of this short notice AMC members throughout the state testified in support of retaining these funds in the budget.

Part of AMC's advocacy efforts support training and education for transportation providers. Providing transportation, especially to trust beneficiaries can be complex and expensive. AMC's work helps transit agencies be aware of and comply with requirements of the Federal Transit Administration (FTA) and the Americans with Disabilities Act (ADA). These include procurement requirements, anti-discrimination, mandatory drug testing, requirement for service delivery and reporting. In 2015, the State Transit office delayed the annual transit conference to Spring 2016. More recently, facing budget constraints, this conference may again be delayed or even cancelled. This annual conference provides needed training and networking opportunities for Alaska's transit providers. AMC's knowledgeable board is in a unique position to work with the State of Alaska to continue offering this conference, and also to develop additional affordable, accessible training and knowledge-sharing opportunities.