

MEETING AGENDA

Meeting: Board of Trustee
Date: November 18, 2015
Time: 9:00 AM
Location: Trust Authority Building, 3745 Community Park Loop, Anchorage
Teleconference: (866)-469-3239 / Session No: 805 109 343 # / Attendee No: #
<http://amhta.webex.com>
Trustees: Russ Webb (Chair), Mary Jane Michael (Vice Chair), Larry Norene (Secretary/Treasurer), Laraine Derr, Paula Easley, Carlton Smith

Wednesday, November 18, 2015

Page No.

9:00a	Call to Order – Russ Webb, Chair	
	Roll Call	
	Approval of Agenda	
	Approval of Minutes	
	• August 6, 2015	4
	• August 26-27, 2015	7
	• October 21, 2015	46
	Ethics Disclosure	
	Review of Guiding Principles	52
	Current Bylaws	61
9:10	Presentation	
	Mr. Kurt Youngblood, Cellist	
9:25	Staff Report	
	CEO Update	
10:00	Committee Reports	
	Planning Committee	70
10:45	Break	
11:00	Committee Reports	
	Executive Committee	72
11:15	Committee Reports	
	Resource Management Committee	75
11:30	Committee Reports	
	Finance Committee	78

Wednesday, November 18, 2015 (Continued)

Page No.

12:15	Lunch On Your Own	
1:30	Statutory Advisor Updates Denise Daniello, Executive Director Alaska Commission on Aging	119
2:10	Statutory Advisor Updates Patrick Reinhart, Executive Director Governor's Council on Disabilities and Special Education	121
2:50	Break	
3:05	Statutory Advisor Updates Kate Burkhart, Executive Director Alaska Mental Health Board / Advisory Board on Alcoholism and Drug Abuse	137
3:45	Partner Update Ronald Taylor Commissioner, Department of Corrections	
4:30	Adjourn	
4:40	Public Comment	59

Future Meeting Dates

Full Board of Trustee / Planning / Resource Management / Finance
(updated – 10/27/15)

FY16/17 – Planning Committee Dates:

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

FY16/17 – Resource Management Committee Dates:

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

FY16/17 - Finance Committee Dates:

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

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

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

**Minutes for the
August 6, 2015
Full Board of Trustee
Meeting**

1 ALASKA MENTAL HEALTH TRUST AUTHORITY

2 FULL BOARD MEETING

3 August 6, 2015
4 3:00 p.m.

5 Taken at:
6 Alaska Mental Health Authority
3745 Community Park Loop, Suite 200
Anchorage, Alaska 99508

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8 Trustees Present:
9 Paula Easley, Chair
Mary Jane Michael
10 Larry Norene
Paula Easley
11 Russ Webb
Carlton Smith

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1 PROCEEDINGS

2 MR. WEBB: I'd like to call the
3 Full Board of Trustees into session for the
4 purpose of moving into executive session to
5 deal with personnel issues.

6 MS. DERR: Move to go into
7 executive session to discuss personnel issues.

8 MS. MICHAEL: Second.

9 MR. WEBB: Any objections?
10 Hearing none, we'll move into executive
11 session.

12 Thank you.

13 (Executive session from 3:00
14 o'clock p.m. until 4:00 o'clock p.m.)
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**Minutes for the
August 26-27, 2015
Full Board of Trustee
Meeting**

ALASKA MENTAL HEALTH TRUST AUTHORITY

FULL BOARD MEETING

August 26, 2015

9:00 a.m.

Taken at:

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

OFFICIAL MINUTES

Trustees present:

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

Trust Staff present:

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

TLO Staff present:

John Morrison
Sarah Morrison
Mike Franger
Craig Driver

Also participating: Kathy Craft; Tawny Buck; Chris Cook; Nelson Page; Al Wall (via speakerphone); Kate Burkhart; Diane Casto; Denise Daniello; Christine Johnson; Patrick Reinhart; Mystie Rail; Amy Simpson; Dallas-Lee Bower (via speakerphone); Doug Bridges (via speakerphone); Eliza Eller; Naomi Nelson; Tom Chard (via speakerphone); David Levy.

PROCEEDINGS

CHAIR WEBB calls the meeting of the Board of Trustees to order and calls the roll. He moves to the agenda and makes a change from lunch on own to an executive session. He states that there is a significant legal and financial issue to deal with at that executive session. He asks for a motion to approve the agenda.

TRUSTEE NORENE makes a motion to approve the agenda.

TRUSTEE MICHAEL seconds.

TRUSTEE DERR states that on the agenda is an approved revised bylaws, which are not in the package.

CHAIR WEBB states there are none and will leave that off. With that additional change, he has a motion and a second.

There being no objection, the motion is approved.

CHAIR WEBB moves to the minutes of May 13th, May 19th, June 5th, and June 30th.

TRUSTEE DERR makes a motion to approve the minutes of May 13, 2015.

TRUSTEE NORENE second.

TRUSTEE DERR states that she has one correction. On page 9, toward the bottom, it says: "Trustee Easley asks if there was a letter from the CMS stating that the Trust could withdraw from the system." She continues that she would like to make sure that states that the State could withdraw from the system.

CHAIR WEBB states that that is appropriate.

There being no objection, the motion is approved.

TRUSTEE NORENE makes a motion to approve the minutes of May 19, 2015.

TRUSTEE MICHAEL seconds.

There being no objection, the motion is approved.

TRUSTEE NORENE makes a motion to approve the minutes of June 5, 2015.

TRUSTEE MICHAEL seconds.

There being no objection, the motion is approved.

TRUSTEE NORENE makes a motion to approve the minutes of June 30, 2015.

TRUSTEE DERR seconds.

There being no objection, the motion is approved.

CHAIR WEBB asks for any ethics disclosures. There being none, he moves to the guiding principles, stating that they are in the packet and on the Web site. He states that the current bylaws are in the packet and on the Web site. He moves to looking at approving the revised regulations and asks for a motion.

TRUSTEE SMITH makes a motion to approve the revised regulations.

TRUSTEE EASLEY seconds.

MR. WILLIAMS asks that the actual motion be read into the record.

TRUSTEE SMITH makes a motion that the Full Board of Trustees adopt 20 AAC 40.010 through 20AAC 40.990 as written in the March 30, 2015, draft regulations.

TRUSTEE EASLEY seconds.

There being no objection, the motion is approved.

CHAIR WEBB moves to trustee board elections. He states that the trustees are required annually to elect officers of the board at the September meeting, which is now. He states that the floor is open for nominations.

TRUSTEE NORENE nominates Russ Webb for chairman.

TRUSTEE MICHAEL seconds.

There being no objection, the motion is approved.

CHAIR WEBB asks for nominations for vice chair.

TRUSTEE SMITH makes a motion to nominate Mary Jane Michael as vice chairman, and asks unanimous consent.

There being no objection, the motion is approved.

CHAIR WEBB asks for nominations for secretary/treasurer.

TRUSTEE MICHAEL makes a motion to nominate and ask unanimous consent to elect Larry Norene as secretary/treasurer.

There being no objection, the motion is approved.

CHAIR WEBB states that the board elections are complete.

TRUSTEE DERR states that she thought there was an agreement to meet and have a general discussion before the board elections for officers. She continues that discussion was at the May meeting and wanted to comment on that.

CHAIR WEBB states that he does not recall, but she could be correct and notes her comment. He moves forward to the staff report.

STAFF REPORT

MR. JESSEE states that John McClellan has resigned as trustee, effective last Friday. He continues that John has had some health issues and will be laid up for a while. He adds that the good news is that John seems to be doing well and is on his way to recovery. He states that next is the big-picture meeting with the Office of Management and Budget has been set for September 14, and we will be looking for how the board wants to participate in this. He explains that this is where the recommendations are taken to meet with Pat Pitney, the OMB director and her analysts, and go over the recommendations and have a dialogue.

CHAIR WEBB asks to discuss the process for trustee involvement at a later time.

MR. JESSEE also reminds the board that the Juneau board meeting is January 27 and 28, 2016. He states that the travel arrangements need to be made. He moves to Steve Williams for an update on the Criminal Justice Working Group Title 12 report and committee actions. He adds that Mr. Williams has done a great job on that as chair and in spearheading Title 12.

MR. WILLIAMS states that the Criminal Justice Working Group created an ad hoc committee in 2011 to look at the capacity of API. He adds that, at that time, API was consistently operating above its 72-bed capacity. Part of the recommendations that were pulled together included a number of things -- some related to straight-up practices that were happening between the various stakeholders that have a part of the process. He continues that having someone look at the statutes that are on the books today around legal competency, Alaska Statute Title 12; and within Title 12, the interface with civil statutes, Title 47, involuntary civil process. He adds that those statutes have not been looked at in many years. He states that in order to improve the system, this ad hoc committee requested that the Trust provide funding to hire a contractor to do a review of the current statutes; compare the current statutes to the best practices nationally; and come back with recommendations on how and where the statutes could be updated to comport with national best practices, and also clean up the ambiguity in the statutes. He continues that the committee has been working with the contractors for the last year, and the outcome was a decision to take that report and its recommendations and move it forward to the Alaska Criminal Justice Commission to take the information and policy recommendations and move it through a process to get the statutes amended, if that Commission so desires. He talks about the lack of

established guidelines for juvenile competency, and the smaller committee formed to focus on developing a separate set of standards on how juvenile competency should be handled. He states that the traditional criminal justice system is based on an adversarial approach and is set up in a negative way. He explains how the committee approached dealing with this on a number of different levels, with the idea of setting a path for the way the system should be to best serve Alaskans. He adds that the report will be posted on the Web site and has hard copies available.

CHAIR WEBB asks if Mr. Williams could briefly outline the problems encountered and why it became an issue.

MR. WILLIAMS replies that at the very beginning the fact that API was over-capacity on a consistent basis was the concern. The question was how to create an efficient system to find competency, restore competency, so that the proceedings could continue. He explains more fully, giving examples of how the process works.

A discussion on the issue of capacity at API ensues.

MR. WILLIAMS states that it has been a struggle for API to have someone in place to do the evaluations that meet the credentialing qualifications. He continues that some of the recommendations in the report address and reduce the level of qualification needed to do that type of evaluation.

The discussion continues.

MR. JESSEE states that there are a lot of issues around API and API's capacity and census. He adds that Al Wall, director of the Division of Behavioral Health, is on the phone.

CHAIR WEBB recognizes Al Wall.

MR. WALL begins by thanking Jeff Jessee and the Trust for their work with the Division of Behavioral Health on this specific issue, and he thinks that headway is being made. He points out that the acute beds in the state are pretty much maxed out. He continues that this is a situation that needs to be addressed and is exacerbating the other issue of increasing forensic evaluations. He states that there has been an upsurge in the forensic patient populations, and another ward had to be repurposed specifically for this population. He states that there are opportunities in the future to change how forensic evaluations are done. He continues that some of those things can be reengaged. In particular, it is acceptable for API to contract for psychologists that are not specifically employees of API. He states that there is a great deal of responsibility placed on API, and the reality is the lack of funding. He explains that there was an overbudget in personnel costs due to overtime and premium pay. He adds that the funding to reach out and secure a contract for a forensic evaluator to do evaluations on an as-needed basis is simply not there. He states that there is a plan to start one court in an outlying area with the process being done by a telepsych presence rather than in person, which would be beneficial. He continues that he would like to see two separate evaluation processes: one for nonviolent offenses that is separate from the violent felony offenses. He thanks all.

MR. JESSEE goes back to the trustee recruitment process, stating that the Governor is going to have to appoint a replacement. He states both he and the chair have been in contact with Boards and Commissions. He asks the chair if the nomination process is being cranked up.

CHAIR WEBB states that he was sent a list of folks who had expressed an interest in serving as a trustee. He continues that it is important to think about what skills and abilities would be important to complement the current board members with a new board member.

MR. JESSEE gives an update on a number of meetings, including the Senate Committee on Indian Affairs. He asks Mr. Baldwin for a brief update on the rural outreach trip.

MR. BALDWIN states that the next rural outreach trip is scheduled for November 3, 4, and 5, 2015; and is currently in the planning process. He continues that the focus is upon criminal justice and recidivism and re-entry issues as it overlaps with the Beneficiaries. He adds that the trip is generally around the state with travel to the Nome region, and Galena will be one of the villages being pursued. He states that the information on other villages should be available in the next several weeks.

TRUSTEE MICHAEL asks how many people are going.

MR. BALDWIN replies that there are currently 51 potential invitees on the list. The core group is the Criminal Justice Commission.

A short discussion ensues.

MR. JESSEE asks Nancy Burke for an update on her transition over to the Municipality and then the PRI committee.

MS. BURKE states that the transition start date is Tuesday, September 1, 2015. There have been a couple of opportunities for media interactions which highlighted some of the issues, and we will be looking for more of those opportunities. She continues that the Assembly is ready to release their recommendations on the Downtown Substance Abuse Ad Hoc Committee which will overlap nicely with those for the homeless coordinator position. She adds that there are other plans with HUD and the Homeless Coalition that are moving forward. She states that she will be working on some documents to help provide education and balance the work in co-located projects in one unit versus how many units are going across the community in a scattered site model. Lastly, she continues that the MOA will be printed for Chair Webb to sign. She states that the PRI committee has met, and there are three projects that were selected for initial review. She continues that there is some due diligence work around the Trust's role and the interest in the specific projects. She states that she will continue to facilitate the PRI process and walk through the first projects. Steve Williams is helping, and this will transition to him. She adds that she will continue being a resource for guiding how it was set up.

MR. JESSEE recognizes Natasha Pineda for a quick update on the marijuana regulations.

MS. PINEDA states that the first set of regulations around local option has been released, as well as the second set which was primarily around licensing issues. The third set is primarily around

concentrates and all the extra issues that have not been addressed. She explains the regulations and states that set 3 is out now. She states that it will be reviewed and comments made in line with the policy recommendations. There will be a set at the end that will be reviewed in full, and any areas that are important to prevention to the beneficiaries will be voiced on public comments and will be on the record.

MR. JESSEE concludes the CEO report.

CHAIR WEBB moves into committee reports.

COMMITTEE REPORTS

RESOURCE MANAGEMENT COMMITTEE

TRUSTEE NORENE states there are a couple of items for approval, and begins with a negotiated oil and gas lease to Doyon.

TRUSTEE NORENE makes a motion that the Resource Management Committee recommends that the Trust Authority Board of Trustees concur with the negotiated lease of Trust land near Nenana with Doyon, Limited, for the exploration and development of oil and gas resources.

There being no objection, the motion is approved.

TRUSTEE NORENE makes a motion that the Resource Management Committee recommends that the Trust Authority Board of Trustees approve the Trust Land Office operating budget, fiscal year '17, in the amount of \$4,397,500.

There being no objection, the motion is approved.

TRUSTEE NORENE asks John Morrison for an update on the TLO.

MR. MORRISON states that there are intense discussions with the Forest Service in terms of their process and how to move forward with the understanding of moving towards an MOU that further defines the process and how to interact with the various federal and state agencies that will be involved. He continues that there is good progress, which is lengthy and rather detailed. He states that he had an opportunity to go to the Chuitna mine site and tour with a representative of PacRim Coal. He continues that it was enlightening in terms of the conditions of the land and the Chuitna River. He adds that he will be proposing a trip to the site for the trustees to see and get a better perspective. He states that he was able to make a presentation to the Department of Natural Resources Water Division concerning the Chuitna Citizens' Coalition application for a mainstream flow reservation, which went well. He continues that the Section 106 cultural landscape is being monitored and in discussion with the Corps of Engineers. He moves on to the issue of the recent mud slides in Sitka. He states that the one person that might have been affected was not directly affected by the recent landslides. He continues that the situation appears to have stabilized and does not appear to require any additional efforts or updates. He moves to the acquisition in San Antonio, stating that they are waiting for a couple of final documents needed in order to have a closing. There is also some significant and increased

interest in the Subport parcel in Juneau, with interest that may be able to carry the project forward. He states that there is considerable back and forth on the No Name Bay lawsuit issue with no apparent resolution at this time. He concludes his report.

A short discussion ensues.

TRUSTEE NORENE concludes the Resource Management report.

CHAIR WEBB moves on to the Planning Committee report.

PLANNING COMMITTEE REPORT

TRUSTEE EASLEY states that the Planning Committee met and everyone participated except for John McClellan, who was excused. She continues that there was an excellent in-depth presentation on the Alaska Behavioral Health System's assessment by Heidi Wailand and Michael Baldwin. The final draft is being reviewed by the steering committee and the stakeholders. She states that the project highlights that the behavioral health system is undergoing a tremendous period of change with gaps in the continuum of care which contributes to a cycle of service crisis which impacts all the beneficiaries. She continues that there is a disconnection between the regulations and practices that suggest an opportunity for improvement, especially in light of Medicaid reform and expansion. There were recommendations for greatly improving billing to Medicaid throughout rural Alaska, and adds that some education is needed in that regard. She continues that the second session of the meeting was the overview of the FY17 budget, and a prioritized list of new opportunities to consider while finalizing the FY17 budget. She states that Nancy Burke reported on the program-related investment potential projects and asks her to talk about some of the projects.

MS. BURKE states that one of the projects is Assets; to transfer the property or to establish a lease that will enable them to utilize the facility that was transferred to the Trust from the State of Alaska with that intent. The second one is a gap assistance request for a loan and grant mix of \$900,000 to support the Safe Harbor transitional housing project in Muldoon in Anchorage. She continues that the third project is a request to assist Fairbanks Community Mental Health Services in acquiring the facility that was formerly operated by the Mental Health Center that went out of business in Fairbanks.

TRUSTEE EASLEY states that Trustees Larry Norene, Mary Jane Michael, and Carlton Smith are on the committee to review those projects. She continues reporting on the matter of Medicaid reform and expansion, criminal justice reform, and workforce capacity issues that were discussed during lunch. She states that key trends were looked at, and Trust staff was given guidance on bringing that plan for targeting the workforce efforts on reform and expansion initiatives for consideration at this meeting. She continues through the budget briefing and the presentation by Carrie Predeger on mini-grants. She asks for any questions.

A brief discussion ensues.

TRUSTEE EASLEY concludes the Planning Committee report.

MS. BURKE clarifies that the initiative is still being maintained, and Amanda Lofgren will be meeting with the Trust and coordinating with the statewide homeless coalition groups as she transitions.

CHAIR WEBB calls a break.

(Break.)

CHAIR WEBB reconvenes the meeting and moves to the Finance Committee. He asks Trustee Michael, the interim Finance Committee chair, to give that report.

FINANCE COMMITTEE REPORT

TRUSTEE MICHAEL begins with the cash management report and recognizes Kevin Buckland.

MR. BUCKLAND begins with the updated cash management sheet for FY15. He states that the State is continuing to go through the reappropriation period in July and August to make adjustments to prior-year books. He adds that this has been updated to incorporate the changes that have been made and states that there were no significant changes. He goes through the cash management sheet, explaining as he goes along.

TRUSTEE EASLEY asks how the Trust Land Office revenues total compares to the last five years and how much it has grown.

MR. BUCKLAND invites the Land Office to comment on that.

MR. JESSEE states that the payout calculations show the TLO spendable income figures for the last four years and it is between \$3.3 million in '13 and \$5.5 million for '15, and that is spendable income.

MR. MORRISON states that copies of a graph will be made and handed out. He continues that over the time frame two things were tried: Diversifying the income streams, and focusing more on the income to help facilitate trustees' wishes for income revenue.

MR. BUCKLAND continues with the explanation of the cash management report.

A discussion on the Permanent Fund and the payout ensues.

TRUSTEE SMITH asks if the chief investment officer at the fund or Callan are in regular contact with Mr. Buckland.

MR. BUCKLAND replies that he is in contact with the accounting side of the Treasury or the Permanent Fund and the State comptroller.

TRUSTEE SMITH asks if the trustees are briefed on those assets by anyone other than Mr. Buckland.

MR. BUCKLAND replies absolutely. He states that there was an update from folks in Treasury relating to the investment managers in Juneau last January. That can also be done with the Treasury. He continues his report.

TRUSTEE MICHAEL asks Mr. Morrison for any comments on the chart that was presented.

MR. MORRISON reiterates the idea of looking over the years past and comparing the years. He states that the goal is to manage and achieve the desired outcomes.

MR. BUCKLAND completes the cash management overview.

TRUSTEE MICHAEL moves to some motions that have to be put forward.

TRUSTEE WEBB makes a motion that the Board of Trustees approve the Finance Committee's recommendation to ratify the Legislature's FY16 MHTAAR and Mental Health Trust admin budget amounts, appropriated in the second special session of CCS HB 2001, and, therefore, increase the previous FY16 Trustee authorizations by \$82,500.

There being no objection, the motion is approved.

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

There being no objection, the motion is approved.

TRUSTEE MICHAEL makes a motion to approve the Finance Committee's recommendation to approve the FY17 Trust Authority MHT admin fund's budget of \$3,542,000.

MR. BUCKLAND states that the \$70,000 funds for a microphone system was not included in the budget. The new total would be \$3,612,000.

TRUSTEE MICHAEL amends the motion to \$3,612,000.

There being no objection, the motion is approved.

TRUSTEE MICHAEL makes a motion to approve the Finance Committee's recommendation for a \$75,000 FY16 partnership grant to Southeast Alaska Independent Living for the sale of the Haines Wellness Center Project.

There being no objection, the motion is approved.

TRUSTEE MICHAEL makes a motion to approve the Finance Committee's recommendation for \$100,000 FY16 partnership grant to Alaska Community Foundation for the Domestic Violence Shelter improvement project.

There being no objection, the motion is approved.

TRUSTEE MICHAEL makes a motion for the board to approve the Finance Committee's recommendation for \$100,000 FY16 partnership grant to Bean's Café for the Bean's Café administrative office and the Children's Lunchbox Kitchen and Warehouse project.

There being no objection, the motion is approved.

TRUSTEE MICHAEL makes a motion to approve the Finance Committee's recommendation for \$75,000 FY16 partnership grant to Central Peninsula Hospital for the Diamond Willow Sober Living project.

There being no objection, the motion is approved.

TRUSTEE MICHAEL makes a motion to approve the Finance Committee recommendation for \$150,000 FY16 partnership grant to Alzheimer's Resource of Alaska for conflict-free case management person-centered care coordination.

TRUSTEE DERR states that she will be involved in the International Alzheimer's study and will report the process as it goes along.

There being no objection, the motion is approved.

TRUSTEE MICHAEL makes a motion to approve the Finance Committee's recommendation for \$175,000 FY16 MHTAAR grant to Alaska Department of Health and Social Services Senior and Disability Services for the General Relief Assisted Living Care Assessment's project.

There being no objection, the motion is approved.

TRUSTEE MICHAEL makes a motion to approve the Finance Committee's recommendation for \$67,500 FY16 disability justice focus area allocation for the Alaska Legal Services appropriation for the Holistic Defense Model project.

There being no objection, the motion is approved.

TRUSTEE MICHAEL acknowledges the approval of two 15-passenger vans for Alaska Christian College at the August 5, 2015 Finance Committee meeting. That was under \$50,000 and did not require board approval.

CHAIR WEBB thanks Ms. Michael and moves to the FY16 budget approvals.

FY16 BUDGET APPROVALS

MR. JESSEE states that the trustees need to approve the small project applications per the opinion of the Attorney General's office.

TRUSTEE DERR makes a motion to approve the recommended FY16 small projects from the July application period in the amount of \$46,900.

TRUSTEE MICHAEL seconds.

There being no objection, the motion is approved.

MR. JESSEE moves to the proposed assistance to the Department of Health and Social Services for Medicaid expansion admin costs for the first year.

TRUSTEE MICHAEL makes a motion to approve the FY16 MHTAAR allocation from the budget reserve in the amount of \$1,590,700 for Medicaid expansion eligibility and claims support. In authorizing this project, the board of trustees finds that it will further the Authority's purpose to ensure an integrated comprehensive mental health program and that the Department of Health and Social Services has submitted an adequate plan for project implementation, including both financial feasibility and project effectiveness, demonstrated that sufficient expertise is available to accomplish the objectives of the proposed program or project, has identified operating, maintenance, and other costs associated with the project, including those auxiliary to the project, and future obligations associated with the project.

TRUSTEE NORENE seconds.

TRUSTEE DERR asks what budget reserve this is coming from.

MR. BUCKLAND replies that, if approved, the funds will be taken out of budget reserves and ultimately there would have to be a trustees' request to authorize a transfer of funds from budget reserves. He continues that it would essentially be a direct withdrawal from budget reserves either at Treasury and/or Alaska Permanent Fund.

A discussion ensues.

CHAIR WEBB states that this follows at least 20 years of the Trust, the Legislature, and several Governors doing exactly this.

TRUSTEE DERR states that the Trust will be taking heat for this and it needs to be emphasized that the Trust is funding the start-up costs. The Trust is funding it at the beginning, and as the federal government steps down over the years, the State needs to step up.

CHAIR WEBB states that this Medicaid expansion will further the Authority's purpose to ensure an integrated comprehensive mental health program. He continues that, from the Trust's perspective, Medicaid does not address every issue that the beneficiaries face, but is the chosen mechanism by the Legislature to fund the entire behavioral health system.

TRUSTEE MICHAEL states that Sam Kito did a very good editorial on Medicaid and his vote against suing the Governor. He also made an interesting point that by increasing the number of people getting insurance, the market increases, and the insurance costs have gone up because of the size of the market.

TRUSTEE SMITH asks if there is a plan as to how the visibility of the Trust will be managed in this issue going forward.

MR. JESSEE replies that how the trustees decide to address that issue will then frame the public response to explain what the trustees have done as reflected in the motion and in the letter response to the leadership.

There being no objection, the motion is approved.

MR. JESSEE states that issue is concluded and moves on to one more FY16, the prisoner re-entry coalition.

MS. PINEDA states that there is a proposed motion and a memo. She reminds all that this is a follow-up to the funds authorized in May for the prisoner re-entry initiatives, re-entry coalition. She states that this summer was spent on working on the AK-PRI, the Alaska Prisoner Re-entry Initiative, to develop the RFP to come up with a procurement and put out a proposal. She continues that Deputy Commissioner Casto and Dennis Schrantz, the contractor for AK-PRI, will be here this afternoon and will be available for any questions.

CHAIR WEBB asks for a motion.

TRUSTEE DERR makes a motion to approve the FY16 Authority Grant allocation in the amount of \$400,000 for the purpose of the Alaska Prisoner Re-entry Initiative, Re-entry Coalition Capacity Development.

TRUSTEE MICHAEL seconds.

There being no objection, the motion is approved.

MR. JESSEE states that that part of the agenda is concluded.

CHAIR WEBB recognizes Steve Williams with his presentation on the API issue.

MR. WILLIAMS states that he will talk about the civil side and gives a short background on individuals what were admitted into API and displayed symptoms of their mental health disorder. These symptoms resulted in behaviors that caused API to call police. He continues that in some of those cases the police maybe de-escalated the situation. Other cases, the individual may be cited with a criminal charge, but left at API. Or the person was cited with a criminal charge and remanded to the Anchorage Jail. With juveniles there is an agreement with the Division of Juvenile Justice that staff will pick up and transport the youth from API to the McLaughlin Youth Center. There is no police involvement and no record of how many times this is happening. This is one of the issues that Juvenile Justice brought forward to the group. The data was gathered showing a huge spike in arrests, citations, remands at both the adult and juvenile level happening at API. He continues that the key stakeholders were pulled together to have the conversation about what is being seen and why. At the last meeting, they came away with a next action step that API was going to start to put together a more regular report that would give the number of incidents so the group could go over them. He states that the administrative staff at

API has instituted a couple of things to start to make that shift. They have moved away from the traditional approach, NAPPI, Nonabusive Psychological and Physical Intervention. The other thing identified was the staffing ratios and shortages. API has been able to increase staff by four, and are on their way to increasing it to five. He states that API is in the process of trying to put online more information about admits, discharges and other demographic information about the Alaskans who go there for care and are released.

CHAIR WEBB states that Al Wall is on the line and asks if he has any questions.

MR. WALL states appreciation for the Trust's help on these issues. He continues that we have had meetings specifically regarding this issue with our staff, the safety committee and other interested parties, including the advocates and even the union. He gives a broader picture, explaining the spike in incidents that resulted in staff calling the police. He states that many times the individual staff person who is involved in the assault will call the police rather than the API administration. It is very often someone on the floor who was involved in an altercation that resulted in an injury who calls the police. He continues that this is a huge area of concern because it involves the safety of the patients, as well as the safety of the personnel. He states the hope that the new curriculum that is being taught for de-escalation and nonviolent confrontation will help the process.

A short question-and-answer discussion ensues.

CHAIR WEBB recognizes Kate Burkhart.

MS. BURKHART states that she is director of the Alaska Mental Health Board and re-enforces the comments made about the efforts being made to change culture. She reminds the trustees that the issue of overreliance on seclusion and restraint was brought to everyone's attention about five years ago when API started publishing their dashboard. She states that the culture is pretty pervasive in the hospital and the efforts to change that culture are not going to happen overnight. She continues that Dr. Ring approached the Alaska Mental Health Board earlier this year looking for assistance in this effort and asked that the Alaska Mental Health Board create a committee of folks with expertise and experience to help advise the hospital. She adds that the members agreed to do that because they knew that the Department and the Division were planning to dissolve the API advisory board; and subsequently learned that the Department has decided to create a governing body staffed only by people internal to the Department. She states that there is no consumer or external representation on that body, and we do not know if that actually will provide the level of guidance and expertise that was sought by the hospital in May. She states concern on the lack of transparency and the sudden shift from even a weak advisory board to a completely internal body. She appreciates the work that has been done by Mr. Williams and others, and hopes that what she has offered will be helpful.

CHAIR WEBB adjourns for lunch and asks for a motion to move into Executive Committee.

TRUSTEE NORENE makes a motion to go into executive session for the purpose of discussing financial and litigable issues.

TRUSTEE MICHAEL seconds.

There being no objection, the motion is approved.

(Executive session from at 12:17 p.m. until 1:08 p.m.)

(Lunch break.)

CHAIR WEBB calls the meeting back into session, and moves into the partner updates. He recognizes Diane Casto.

MS. CASTO states that she is the deputy commissioner for the Department of Corrections and gives a short background of her experience. She continues that she has 17 years of nonprofit experience and 20 years with the State of Alaska. She adds that she is really excited to be at the Department of Corrections. She gives a short update of some of the things that are being done at the DOC, and then moves to the partnership programs with the Trust. She states that one of the things she was specifically hired to take lead on is the issue of Prisoner Re-entry Initiative. She continues that her job is to oversee all of the institutions, all probation and parole, and Prisoner Re-entry Initiative. She adds that her philosophy of making things better fits with having temporary custody of people that have committed a crime and make sure they go back into their communities healthy and productive. She states a good portion of the inmates are an aging population and their needs have to be addressed. She adds that the health of the inmates is important; even the young population have incredibly complicated medical histories. She continues that the level of programming within the Department of Corrections is quite amazing with the inmates taking advantage and using those programs preparing themselves for when they get out. She talks about APIC, which is one of the partnership projects with the Trust, thanking the trustees for their help. She states that a process was instituted for the rural communities where there is no contract for APIC, which is working very well. She moves to fetal alcohol spectrum disorder and states that DOC is working with the Trust to help develop a screening tool for Corrections regarding FASD for a better idea of what is being dealt with. She continues that her long-term goal is to do full-blown diagnoses, which depends on the resources. She adds that they are looking at developing treatment protocols and are going to do some training to make sure that all staff is aware of the issues. The final project that she talks about is the negotiation to get a long-term nonperm research analyst to help with better organizing the data and understanding both the data and who is being served from the mental health behavioral health services. She moves on to the Alaska Prisoner Re-entry Initiative, and thanks the trustees for the funding of the four re-entry community coalitions that applied for grant money. She states that re-entry and recidivism reduction is a top priority and her goal in the issue of the initiative is to take away the word "initiative."

TRUSTEE EASLEY asks about the need for transitional facilities in the communities for people who have been treated.

MS. CASTO replies that the need is critical and explains.

TRUSTEE SMITH asks for a bit more information about the four coalitions and their makeup.

MS. CASTO describes the community coalitions, stating that they all develop a personality of their own based on who is at the table. She continues the needs to really engage the community because that is the way to keep coalitions fresh, active and committed.

A short discussion ensues.

TRUSTEE NORENE asks if there has been any effort at engaging the tribal or corporate-level Native population.

MS. CASTO replies that part of the Alaska Prisoner Re-entry Initiative is having an Alaska Native focus group being pulled together.

A short discussion ensues on the analysis of the potential impact of Medicaid expansion on the prisoner population.

MS. CASTO thanks all.

CHAIR WEBB thanks Ms. Casto and moves to the statutory advisory updates. He recognizes Denise Daniello.

STATUTORY ADVISORY UPDATES

ALASKA COMMISSION ON AGING

MS. DANIELLO states that she is executive director for the Alaska Commission on Aging and recognizes her chair, Mary Shields. She continues that the Mature Alaskan Skills Training program under the Department of Labor has been getting an increase in the number of people coming out of Corrections, seniors in need of work. She states appreciation for the new initiative. She continues that the Commission has 11 members with seven being public members, mostly of senior age that are appointed by the Governor to serve four-year terms. There are also four designated seats. She states that the Commission is very passionate about senior issues and believes that all older Alaskans should have the opportunity to meaningfully contribute to their communities, be respected and valued for their contributions, and to have access to services when and where they need them so that they can age in place for as long as possible. She states that in her presentation she will give a demographic overview about the senior population, senior Trust beneficiary population; present some highlights from the State plan, needs/assessment activities that were done in putting together the priorities for this RFR process; identify the senior safety net and possible budget recommendations for this fiscal year; and talk about some proposed strategies to improve cost efficiencies and present the policy and legislative recommendations. She continues that the price of oil directly impacts the amount of GF, and we have about a \$3.5 billion deficit and have already taken a 9.2 percent reduction in this year's State budget. She continues, moving on to her overview of the senior population and the demographics. She states that a senior survey was conducted and talks about the results. She continues that the No. 1 issue identified was access to affordable health care, and next was financial security, followed by senior housing. She continues going through the survey. The top response on the services that were missing in their communities was assisted living for seniors with mental illness. She moves to the reduced budget for senior benefits, stating that the

Division of Public Assistance is looking at three possible measures for sustaining the program and explains them in detail. She states that, according to AARP which ranked Alaska No. 5 in the nation, Alaska stands out in having the most balanced continuum of long-term support services. She continues that a lot of the energy is invested in the home- and community-based services that focus on prevention and intervention to hopefully postpone the need for higher-cost care. She adds that the amount of money available per senior has been declining for those programs, and the senior population continues to grow. She goes through some ideas on ways to improve cost efficiencies. She moves to the recommendations to strengthen Alaska's dementia care system, stating that many of these recommendations are in Alaska's Roadmap to invest in Alzheimer's disease and related dementia. She states that the recommendations are: to preserve and protect the senior safety net programs and services for senior trustee beneficiaries and other older Alaskans; to support family caregivers because they will be providing the long-term support services at home; to protect older Alaskans from financial exploitation, abuse and harm; and to support the Commission in the sunrise legislation. She states that the rural outreach meeting will be September 15-17 in Kenai; the last day will be at the public library in Girdwood and will be joined by the Anchorage Senior Advisory Commission. There will be a special topic presentation talking about the State's budget challenges and strategies. She adds that Commissioner Hoffman will be there making a presentation, and there will be information about Medicaid expansion and reform efforts by the Commissioner's office. She invites all to attend.

TRUSTEE MICHAEL thanks Ms. Daniello for an excellent presentation which helped address some of the questions the trustees have.

A short question-and-answer session ensues.

CHAIR WEBB thanks Ms. Daniello and recognizes Christine Johnson, the Alaska Statewide Court Administrator.

MS. JOHNSON states that she is the administrative director of the Alaska Court System, and on behalf of the court system thanks the trustees for the opportunity to speak about issues of common interest. She continues that many Trust beneficiaries find their way to the court system and appreciates the chance to work with the Trust to better inform and improve the response to these vulnerable citizens. She begins with a brief background of the court system. She moves to the current projects that impact Trust beneficiaries, stating that the therapeutic courts continue chugging along. There are 12 therapeutic courts: Five in Anchorage; two in Fairbanks; two in Juneau; one in Palmer; one in Ketchikan; and one in Bethel. She adds that there are two additional programs in the planning stage. The first is a substance abuse court that will be operated jointly by the Kenai Superior Court and the Kenaitze Indian Tribe. It will serve both tribal and nontribal members and will be presided by a judge from the Kenaitze Tribal Court and a Kenai Superior Court judge. She continues that the Kenaitze are spearheading this project and have received a federal grant for technical assistance from two similar state tribal programs Outside. She states the hope to start a second therapeutic court in Palmer that will operate in conjunction with the Palmer PACE program which serves felony probationers with substance abuse issues. She continues that PACE is another important initiative for the courts and is a special program operated by the Department of Corrections for probationers with a history of substance abuse. DOC is in the process of rolling out this program on a statewide basis. It is currently operating in Anchorage, Palmer, Fairbanks, Kenai, and Juneau. She moves on to the

Elder Task Force that was appointed to improve the court's response to elders and other vulnerable adults, particularly focusing on guardianships and conservatorships and the Court's oversight role, and proactively addressing the issue of abuse, neglect and financial exploitation of Alaska's elder population. The task force, chaired by Supreme Court Justice Dan Winfree from Fairbanks, has focused on the two primary areas of improving the quality of resources available to people involved in guardianship and conservatorship cases, and improving the processes for judicial monitoring of existing guardianship and conservatorship cases. She moves on to the most challenging cases that are the child protection cases, CINA cases. These cases involve child abuse and neglect. DJJ has gotten a grant from the Robert F. Kennedy National Resource Center for Juvenile Justice to study dually involved youth. Those are youth involved with both OCS, the Office of Children's Services, and DJJ. She, again, thanks the Trust for the ongoing support of the court system and the judiciary.

CHAIR WEBB asks if any of the information from the data committee is available publicly.

MS. JOHNSON replies that, right now, it is for internal use only.

CHAIR WEBB thanks Ms. Johnson and recognizes Patrick Reinhart.

MR. REINHART states that Kate Burkhart will begin.

MS. BURKHART begins with the every-other-year recommendation for essential program equipment for organizations serving Trust beneficiaries. She explains that this is a long-standing program managed by the facilities section of the Department of Health and Social Services and gives a short overview. She states that the money is \$250,000 MHTAAR and \$250,000 GF/MH, which is flat-funded. She moves to Coordinated Transportation, which means that there are funds available to organizations that serve beneficiaries to either maintain or purchase an accessible vehicle; and then share it in the community to make sure that Beneficiaries can get to their medical and social appointments and to school. She states that this program is run by the Department of Transportation and Public Facilities and the amount recommended is \$1 million GF and \$300,000 MHTAAR. The minor change to the recommendation is that of the \$300,000 MHTAAR, that there be a small Authority Grant of \$50,000 to the Alaska Mobility Coalition.

MR. REINHART states that he is a recent addition to the mobility coalition board of directors. He gives a short background of the Alaska Mobility Coalition, and states that it is currently entirely funded by membership dues. He continues that this recommendation of \$50,000 will provide some base funding.

MS. BURKHART adds that the Mobility Coalition has been a strong partner in helping inform on how access to regular and accessible transportation is important to being part of the community. She moves on to the grant for coordinated transportation, stating that there is almost \$2 million in transportation projects which leverages funds from the federal government going to projects that serve beneficiaries, including independent living centers, CARTS on the Kenai Peninsula, Care-A-Van, run by Catholic Community Services in Southeast. There needs to be a 20 percent match to participate. She moves to assistive technology for Trust beneficiaries with sensory impairments, explaining the project and its impacts. She asks Mystie Rail to continue.

MS. RAIL shares an update of the SensAbility program, stating that it started with a one-time capital appropriation in July 2013 and has helped almost 670 Alaskan beneficiaries that experienced vision and/or hearing impairment by providing lifetime loans of almost 1400 pieces of assistive technology. She gives some examples of the impact of this program. She thanks the trustees for their continued support in helping change the lives of Alaskan beneficiaries. She shares a short audio recording of the experiences of a beneficiary from Kenai.

GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL EDUCATION

MR. REINHART gives a short background of the Governor's Council on Disabilities and Special Education and explains their three federal responsibilities. He introduces their new chair, Amy Simpson.

MS. SIMPSON states that she has been a member of the Council for seven years and adds that the Council has been going through some transitions and changes over the last year. She continues that they are going to be starting the new five-year plan that will be gathering information throughout the state and looking at how to help support individuals with disabilities across the state.

MR. REINHART states that Ric Nelson, the former chair of the Council, will now be the advocacy and outreach coordinator and a member of the staff. He continues that the Council will be cohosting with Special Olympics of Alaska, Aging Population Summit. He adds that he has fliers and registration information if anyone is interested. He moves on and gives a quick update on the various committees and then moves to the budget.

A discussion ensues on the Senior Disability Services, reducing their waitlist draws from 250 this fiscal year.

MR. REINHART continues with an update on the Employment Transportation Committee, which is real active right now. He states that, in cooperation with the Centers for Human Development, there will be a certificate of employment services and discovery trainings going on this fall for providers. He continues that Erin Riley, the founder of Project SEARCH, will do a presentation to the Society for Human Resource Managers' conference not only about Project SEARCH, but also about the need and the effort to employ more beneficiaries with disabilities. Employment First implementation is still in the process of data gathering and the baseline data to get that together. He goes through the health committee updates and then moves to the education committee which is working on developing a parent handbook for transition; for young people with disabilities moving out of high school into the community. He states that September 9th is FASD Awareness Day and the FASD work group has been working on getting a proclamation from the Governor and others involved, as well as a lot of resources lined up for families that are interested. The early intervention committee has a new chair, Angie Fraize, and they are working on an inclusive child care program with the Office of Public Assistance. He goes into a bit more detail on this. He states that the autism work group is meeting on October 6th, and the Council meeting is the 7th and 8th. He continues that they have been working on the whole applied behavioral analysis stakeholder meeting issues and policies, which is an important aspect of getting Medicaid to recognize a Medicaid billable service. He then goes through some of the implications for Trust beneficiaries with DD. He continues on to some of the policy and

legislative recommendations that have been followed and will continue to be followed in this next session. He states that their critical efforts is to make Employment First actualize in the State, and then moves to the basics on the Achieving a Better Life Act that Congress passed to establish an opportunity to develop a tax-free plan to pay for disability-related services for a member of the family which allows for money to be contributed to that plan. He asks for any comments or questions.

TRUSTEE MICHAEL asks for more information on the event at Special Olympics, and asks if the focus is on people with developmental disabilities aging.

MR. REINHART replies that the premise is that the population group is living longer and experiencing different health issues that were unexpected.

TRUSTEE EASLEY comments that it is not just the developmentally disabled aging, but also the parents and caregivers who are fading out of the picture and leaving them.

MS. DANIELLO states that the Commission on Aging is participating in that summit and that will be a topic that will be talked about.

CHAIR WEBB thanks Mr. Reinhart and calls a break.

(Break.)

MS. BURKHART states that her presentation will explain how the information in the memo was decided. She continues that in the process of prioritizing services to invest the social capital it was to ensure that the right ones were picked. She adds that what was found was that the International Monetary Fund has a framework they use in deciding when to loan money to developing nations. Unfortunately, Alaska has the same characteristics as developing nations, especially the reliance on natural resources for the budget. She explains this process in greater detail, and then shares some information from Dr. Knapp in Fairbanks about revenues that do not keep pace with spending. She continues her presentation and explanation of the reductions. She states that the maximum benefit for everyone is by focusing on the basic needs of beneficiaries and, generally, Alaskans. She continues her presentation, explaining as she goes along. She states that it is important for trustees to have the ability in FY16 and FY17 to mitigate the harms where warranted. She continues that it is not the Trust's responsibility to fill in the holes that the Legislature creates, but thinks that if beneficiaries are starting to go without basic needs like food and shelter, that it is appropriate to intervene. She states the recommendation for the trustees to put aside some money for that eventuality, because the thought is that it will happen. She continues that it should be put aside so that it will be there when it is needed.

TRUSTEE EASLEY asks for a copy of the slides and presentation.

TRUSTEE NORENE states that the presentation was very well done.

MS. DANIELLO comments on the importance of housing and states that there will be \$3.4 million less for housing funds, and that money is used by Alaska Housing Finance Corporation as one of its tools to build affordable housing. The funding for Alaska from that home

investment partnership program will be dropping from \$3,514,856 to \$108,625 if that goes through.

A short discussion ensues on creating the contingency money.

CHAIR WEBB thanks Ms. Burkhart. He moves to public comment and states some of the public comment guidelines. He continues that specific Trust beneficiaries will have priority, and speakers are not permitted to criticize or attack, and comments should be done in a respectful manner.

PUBLIC COMMENT

CHAIR WEBB recognizes Robyn Priest. Robyn is not available. He recognizes Tawny Buck.

MS. BUCK states that the Alaska Brain Injury Network has had a very busy year. She explains that the office has moved to a new location in Midtown, a great location with a lot of walk-in traffic. There is staff and a facility to do trainings. She talks about the two new grant programs that are helping ABIN to operate and have helped to expand the reach to beneficiaries. She states that one of the things learned at ABIN is that beneficiaries with brain injury also have co-occurring conditions. The most common is mental health. She shares information about the fourth annual Brain Institute coming up November 4-6 at the Alyeska Resort.

CHAIR WEBB thanks Ms. Buck and recognizes Dallas-Lee Brower.

MR. BROWER states that he is an ABIN board member and has returned to the Inupiaq community, the Arctic Slope, which is the federally recognized tribal government as the director of the Tribal Vocational Rehabilitation Program. He thanks the Trust for the support of ABIN and especially the gap funds that have helped all statewide. In Barrow and the outlying villages, this support has provided training and information to each of the villages and schools, to behavioral health, to others throughout the community. He states that ABIN is expanding who they will be targeting and have created a Veterans' committee. He continues that there are 11 tribal vocational rehabilitation programs in the state and have a reach within the hub and outlying communities that they serve that other programs do not. He explains that they interface with every single entity, Native and nonNative employers, the school district, transportation, housing and any kind of health care. He states that ABIN should be meeting with the Consortium of Tribal Vocational Rehabilitation Programs so that the web on issues of both mental health issues and brain injuries can be expanded. He thanks the Trust for the support for Medicaid expansion and thanks all.

CHAIR WEBB thanks Mr. Brower and recognizes Faith Myers.

MS. MYERS states that she volunteers as a mental health advocate and wants to convince the Trust Authority Board to help improve the rights of Mental Health Trust beneficiaries by providing some level of participation in continuing support. She continues that the lack of individual rights for the disabled in Alaska often leads to depression and feelings of helplessness. She adds that every committee talks mainly about increasing obligations of bureaucrats and institutions. She states the better idea is to empower the disabled by giving the disabled the

individual rights to protect themselves. She continues that the document that was given outlines eight rights that need to be given to Mental Health Trust beneficiaries, and asks for the Trust to support by providing funding for improvements or direct support by providing staff to help implement the improvements suggested. Thank you.

TRUSTEE MICHAEL comments that she read her letter from a while back and stated that it is very good.

CHAIR WEBB recognizes the person on the phone and asks him to state his name and any organization that he is representing.

MR. BRIDGES states that he is Doug Bridges, the chair of the Alaska Mobility Coalition board and is here to provide testimony in support of the proposal put forward by the Governor's Council on Special Education and Disabilities for \$50,000 to support the AMC in FY17, and to seek any additional funding that might be available for this fiscal year. He continues that the grant funding would be used for organizational sustainability for the Alaska Mobility Coalition which has been in existence for over 17 years advocating, educating, promoting public and community transportation in the state of Alaska. He marks some of the recent accomplishments the organization had over the past years. He wants the Trust to know that great efforts to economize and to be effective in financial management have been made. He states that they have a great relevance to Alaska Mental Health Trust beneficiaries in the state and hopes for consideration in the efforts that have been made to make the organization viable and continue on. He adds appreciation for past support and hopes for support in the future. Thank you.

CHAIR WEBB asks for any questions.

TRUSTEE MICHAEL states that they are requesting \$50,000 for the AMC now for FY17, and states that is not in the '17 budget.

MR. BRIDGES states that this money would help in operations.

CHAIR WEBB recognizes Eliza Eller.

MS. ELLER states that she is from Ionia, from the Peninsula, and gives a report on what is happening down in Kenai. The new prevention coalition put on the Harvest Moon local food festival which was a celebration and promotion of local healthy foods. A special push was made to invite the staff and clients from all the health providers and especially the mental health providers to bring their folks out to our events. She states that in January, together with PCHS and the Dena'ina Wellness Center, there will be a wellness and peer support training. She adds that a small project application was put in to the Trust to help with that.

CHAIR WEBB states that Ms. Eller signed up twice.

MS. ELLER states that she is also on the board of CHOICES and Akeela. She continues that the ACT team is finally on the ground and got four first clients. She adds that the team seems really good. She explains that ACT has very strict training protocols, and we have to be true to that model. She states that peer support training is being added on top of the training that they have

to get for all the staff. They will be trained up in peer support principles whether they are peers or not. That is very important from the CHOICES perspective of giving people choice and empowerment to recover regardless of who they are, their background or whether they happen to be homeless at the time. She then explains their peer bridges program, which continues to be successful at getting people out of the hospital and keeping them from going back.

CHAIR WEBB thanks Ms. Eller and recognizes Naomi Nelson.

MS. NELSON states that she is the executive director of Mat-Su Community Transit or MASCOT, which is based in Wasilla. MASCOT is a provider of public transportation in the Valley. She takes the opportunity to voice support for the Alaska Mobility Coalition's direct funding request. She states that Mr. Bridges summarized their accomplishments, and from a provider perspective that serves Trust beneficiaries, one of the most important achievements of the Alaska Mobility Coalition has been their successful advocacy on the state and federal level for Alaska funding and support. The shining star is the State matching grant.

CHAIR WEBB thanks Ms. Nelson and asks if anyone else is on line.

MR. CHARD states that he is Tom Chard of the Alaska Behavioral Health Association. He states that the behavioral health providers have had pretty limited input into the behavioral health system assessment. He lets the trustees know that the draft report was recently made available to providers. They are looking at it and are working to put their comments together. There is a deadline of September 4th to get those comments back. He continues that input will be solicited and hopes to summarize that to add some value to that project.

CHAIR WEBB asks for anyone else.

MR. LEVY states that he is David Levy, the senior and emergency outreach coordinator for the Municipality of Anchorage. He takes the opportunity to thank Jeff Jessee for being one of the keynote speakers at the 25th anniversary of the Americans with Disability Act celebration in Anchorage last month. He states that the Anchorage Senior Citizens Advisory Commission, which is an advisory commission of the Municipality of Anchorage looking at the needs of seniors in and around Anchorage, will be cosponsoring with the Alaska Commission on Aging, public testimony and comments about the needs of seniors in the Girdwood area. There will be a meeting in Girdwood on Thursday, September 17th with public comment open from 1:00 to 2:30.

CHAIR WEBB asks for any questions. There being none, he adjourns for the day and states that they will be back tomorrow at 9:00 a.m.

(Full Board Meeting adjourned 5:10 p.m.)

ALASKA MENTAL HEALTH TRUST AUTHORITY

FULL BOARD MEETING

August 27, 2015
9:00 a.m.

Taken at:

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

OFFICIAL MINUTES

Trustees present:

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

Trust staff present:

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

TLO staff present:

Kathy Craft; Tawny Buck; Nelson Page; Kate Burkhart; Denise Daniello; Patrick Reinhart; Chris Cook; Lisa Cauble.

PROCEEDINGS

CHAIR WEBB calls the Board meeting of the Alaska Mental Health Board of Trustees to order and proceeds with the agenda this morning. He asks for any announcements. He moves into the budget deliberations, and recognizes Nelson Page who will lead the board through the process.

MR. PAGE states that he will take the board through the process.

TRUSTEE NORENE states that the payout calculations be acknowledged before the budget deliberations of the current financial situation and the prospect of income. He states concern that the present payout is at 4.25 percent and suggests reconsidering an adjustment of that payout figure. He explains the situation more fully.

TRUSTEE NORENE makes a motion to reduce the payout from 4-and-a-quarter percent to the Permanent Fund's projected 3.9 percent.

TRUSTEE SMITH seconds.

MR. JESSEE clarifies that the Board has never proposed spending anything out of principal or corpus.

TRUSTEE NORENE states that it is just an acknowledgement more than an impact.

A discussion ensues.

MR. PAGE states that he is heartened by the trustees' concerns and continues that he was the initial chair of the Trust and was part of the board that set up the model that is in use now. The concerns are the same, making sure that the future beneficiaries are not being harmed by what is done for the beneficiaries today. He states that it is important for the trustees to look at the model and make sure that the model still properly reflects the real world and not look at numbers or percentages of payout. He highly recommends considering getting an outside expert to look at this and work towards a projection that the trustees could live with. His advice, as an attorney, is that by hiring a competent, well-respected expert would show due diligence.

CHAIR WEBB asks what income percent the TLO is generating that is factored into the payout.

MR. PAGE replies that the annual payout disbursement calculation for this year is \$10,885,500 from the Permanent Fund, which is a four-year average. He continues that the TLO spendable income is \$4,466,800, which is about 20 percent of the total spent.

MR. BUCKLAND explains this more fully.

TRUSTEE DERR states that there is a motion on the floor.

CHAIR WEBB calls the vote: Paula Easley, no; Carlton Smith, no; Laraine Derr, no; Larry Norene, yes; Mary Jane Michael, no; Chair Webb, yes. The motion is not approved.

CHAIR WEBB states that, based on the discussion and the advice, We need to get some good advice from experts to look at all of the Trust assets, the Permanent Fund and the real property, and help the trustees to understand how all are allocated; help figure out whether the current model works; whether the payout is appropriate; whether change is needed to be made given the projects from the Permanent Fund; and any other information. He asks Mr. Jesse if a motion with a dollar amount attached is needed. He adds that a good and clear definition of what inflation is and what inflation-proofing means in the context, not just of the Permanent Fund, but the entire corpus of the Trust.

MR. PAGE states that the finance chair, Trustee Michael, will be assisting him. He begins with the payout sheet for FY16 and the preliminary payout estimates for FY17.

MR. JESSEE asks Kevin Buckland to reintroduce Kat.

MR. BUCKLAND introduces Kat Rock, the budget controller. He continues that Marilyn McMillan retired after many years of service.

MR. PAGE states that the process is three-fold and explains in detail. He continues that all the pages would be gone through, stopping when there is a discussion needed, and making changes where needed. Mr. Buckland will keep track of any changes. At the end of the process there will be a final spreadsheet which the trustees will be asked to approve; and that will be the approval of the budget recommendations for FY17. He begins with the FY16 issues first and the comprehensive plan. He asks Mr. Williams to talk about the funding issues for FY16 regarding the comprehensive plan.

MR. WILLIAMS provides the context for why this is being run in FY16. He begins with consultive services, strategic planning and explains that the trustees approved \$85,000 in FY16 for that line item. He continues that the funding for the purposes of forwarding, at the direction of the Planning Committee, an assessment, information, or paying someone to do a contract on something that would forward its agenda.

MR. BALDWIN states that it is money that has been budgeted which would allow jump-starting that process with the behavioral health assessment results and move forward.

MR. WILLIAMS states that there is \$100,000 recommended by staff for that same line item, which is a starting point.

MR. PAGE points out that is the proposal for how to use the funding for the comprehensive plan, and no changes are being proposed at this point.

MR. WILLIAMS states that is correct.

A discussion ensues.

MR. PAGE states that staff will come back to the trustees if additional funds are needed to fully get the comprehensive planning process started in FY16. He moves to the behavioral system assessment, which is another expenditure for FY16 that the trustees needed to discuss.

MR. BALDWIN explains that the first phase of the behavioral systems assessment is in the process of being completed and gives a snapshot of what is going on for this assessment period.

TRUSTEE EASLEY asks for Kate Burkhart's views on that report.

MS. BURKHART states that she is from the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse. She continues that part of her concern is that the goal is to have a robust source of information for data mining and analysis. She states that, instead of digging through the sources in the assessment, encourage behavioral health providers to participate in the Alaska E-Health Network where the data in is high-quality, as well as the data out. She continues that this is a very valuable tool and is concerned that it has not yet been used. She adds that it is technically not out yet, but in the grand scheme of things, there are ways to achieve the goal of having ready and efficient access to information to answer the questions that are less labor-intensive. She continues that this project is almost four years old.

CHAIR WEBB asks Ms. Burkhart to write down her suggestions about how to operate more efficiently and provide them to Mr. Baldwin.

MR. PAGE asks about the funding for FY16.

MR. BALDWIN requests that the trustees approve an expenditure of up to \$250,000 FY16 which would come out of currently unallocated funds.

CHAIR WEBB makes a motion to allocate \$200,000 to this effort.

TRUSTEE EASLEY seconds.

There being no objection, the motion is approved.

MR. PAGE states that Mr. Buckland will factor that in, and moves on.

MR. WILLIAMS asks if the fiscal year and the fund type as authority grant versus MHTAAR is needed in that motion.

CHAIR WEBB makes a motion to approve \$200,000 as an authority grant for the purposes of pursuing continuation of the behavioral health assessment, building the process, and continuing the assessment.

TRUSTEE WEBB seconds.

There being no objection, the motion is approved.

MR. BUCKLAND states, for the record, that this will require booking additional funds in FY16 for when this goes through OMB.

TRUSTEE MICHAEL makes a motion that the Full Board of Trustees increase the FY16 authorization previously approved for workforce development amount by \$45,000 to the core competency supervisor toolkit, bringing a total funding authorized in FY16 to \$135,000.

TRUSTEE EASLEY seconds.

TRUSTEE MICHAEL states that her reason for this request is so they can complete the core competency supervisor toolkit and then can eliminate the FY17 from it.

TRUSTEE DERR asks if she wants to make it \$65,000.

TRUSTEE MICHAEL replies yes.

There being no objection, the motion is approved.

MR. PAGE asks for anything else for FY16. Hearing nothing, he asks Mr. Buckland to move those changes down to the bottom line and moves to the FY2017 preliminary payout estimate. He states that the ones for action purposes are at the bottom, and the base subtotal is \$28,965,500. He continues, that is added to the current unobligated prior-year FY16 funds and asks Mr. Buckland to continue.

MR. BUCKLAND states that the revised current unobligated prior-year FY16 funds, after making the \$245,000 adjustment, is \$834,889; leaving a bottom line for total funding available for FY17 of \$29,800,489.

TRUSTEE DERR makes a motion that \$29,800,489 is the bottom line for the FY17 budget.

TRUSTEE MICHAEL seconds.

There being no objection, the motion is approved.

MR. PAGE moves to the large spreadsheet, explaining it as he goes along. He states that he will go through them in order. He continues that the Trustees have three options: do nothing and the previously approved FY2017 actions that were taken in September of last year will go forward; accept the staff-recommended changes; or do something else. He starts with nonfocus area allocations, and the first is the Trust Land Office and Long-Term Care Ombudsman's budget.

MR. WILLIAMS asks to confirm that this amount reflects the \$70,000 that was approved by trustees for the new microphone system.

MR. BUCKLAND states yes.

TRUSTEE MICHAEL makes a motion that the Full Board of Trustees authorizes \$3,612,000 MHTAAR admin for the Trust Authority administrative budget for FY2017.

TRUSTEE NORENE seconds.

MR. JESSEE asks if that is just MHTAAR.

MR. BUCKLAND replies that it is MHTAAR, and we will use the motion that was approved yesterday.

MR. PAGE states that there needs to be a clear record. If anyone wants to go back and question, the motion needs to be accurate.

TRUSTEE MICHAEL makes a motion to amend her initial motion on the Land Office budget by removing “admin” from the previous motion.

TRUSTEE NORENE seconds.

There being no objection, the motion is approved.

MR. PAGE states that takes care of the TLO and the Long-Term Care Ombudsman’s budgets. He moves to other nonfocus area allocations and begins with grant-making programs.

TRUSTEE MICHAEL makes a motion that the Full Board of Trustees appropriate \$1,850,000 MHTAAR and Authority Grants for the nonfocus area allocation grant-making programs during FY2017 consisting of \$1,850,000 in Authority Grants.

TRUSTEE DERR seconds.

There being no objection, the motion is approved.

MR. PAGE moves to mini-grants and dental projects.

TRUSTEE MICHAEL makes a motion that the Full Board of Trustees appropriate \$1,790,000 MHTAAR and Authority Grants for the nonfocus area allocation mini-grants and dental projects during FY2017 consisting of \$1,790,000 Authority Grants.

TRUSTEE SMITH seconds.

There being no objection, the motion is approved.

MR. PAGE moves to the segment regarding Trust statutory advisory boards.

TRUSTEE EASLEY makes a motion to approve Trust statutory advisory board funds for FY17 in the amount of \$712,000 MHTAAR funds.

TRUSTEE DERR seconds.

There being no objection, the motion is approved.

CHAIR WEBB calls a break.

(Break.)

CHAIR WEBB calls the Board of Trustees back into session.

MR. PAGE moves to traumatic brain injury efforts.

TRUSTEE MICHAEL makes a motion that the Full Board of Trustees appropriate \$468,500 in MHTAAR and Authority Grants for the nonfocus area allocation traumatic brain injury efforts during FY2017 consisting of \$138,500 MHTAAR and \$330,000 Authority Grants.

TRUSTEE EASLEY seconds.

There being no objection, the motion is approved.

MR. PAGE moves to rural outreach and rural technical assistance.

TRUSTEE EASLEY makes a motion that the Full Board of Trustees appropriate \$70,000 in MHTAAR and Authority Grants for the nonfocus area allocation rural outreach and rural technical assistance during FY2017 consisting of zero MHTAAR and \$70,000 Authority Grant.

TRUSTEE MICHAEL seconds.

There being no objection, the motion is approved.

MR. PAGE moves to the Bring the Kids Home Maintenance/Monitoring.

TRUSTEE MICHAEL makes a motion that the Full Board of Trustees appropriate \$85,000 in MHTAAR and Authority Grants for the nonfocus area allocation Bring the Kids Home Maintenance/Monitoring during FY17 consisting of \$85,000 Authority Grants.

TRUSTEE NORENE seconds.

A discussion ensues.

There being no objection, the motion is approved.

MR. PAGE states that next is consultive and technical assistance services.

TRUSTEE NORENE asks if the predevelopment to Foraker is still busy and functioning.

MR. JESSEE replies that there are still projects coming through and asks Ms. Burke to continue.

MS. BURKE states that there are still projects coming through that had already done a fair amount of their fundraising for capital funds; and the program also took on the domestic violence shelter assessment and the project that was reviewed in Finance Committee.

TRUSTEE CARLTON asks for more information on what this category really does.

MR. JESSEE gives a brief overview.

TRUSTEE MICHAEL makes a motion that the Full Board of Trustees appropriate \$1,215,000 in MHTAAR and Authority Grants for the nonfocus area allocation consultive and technical assistance services during FY2017 consisting of \$1,215,000 Authority Grants. She further moves that the Full Board of Trustees recommend \$750,000 of other funds for the nonfocus area allocation consultive and technical assistance services for FY2017.

TRUSTEE NORENE seconds.

CHAIR WEBB asks what the “other funds” are.

MR. JESSEE replies that it is Rasmuson, Mat-Su Health Foundation, and the Denali Commission.

A discussion ensues about keeping the trustees abreast of articles circulating the state, especially the issues on Medicaid.

There being no objection, the motion is approved.

MR. PAGE moves on.

TRUSTEE EASLEY makes a motion that the Full Board of Trustees appropriate \$290,000 in MHTAAR and Authority Grants for the nonfocus area allocation “other” during FY17, consisting of \$115,000 MHTAAR and \$75,000 Authority Grants.

TRUSTEE MICHAEL seconds.

There being no objection, the motion is approved.

MR. PAGE states that that completes the nonfocus area allocations segment of the spreadsheet. He adds that there were no changes from the FY17 recommendations that will affect the bottom line at this part of the spreadsheet.

TRUSTEE NORENE asks for an explanation for line 66, the health insurance.

MR. BUCKLAND explains that is a carryover from an older spreadsheet. There have been some differences of approach over the years on how to handle the health insurance increases related to the Trust Authority and the Trust Land Office. He explains more fully.

A discussion ensues.

TRUSTEE MICHAEL makes a motion that the Full Board of Trustees appropriate \$4,155,100 in MHTAAR and Authority Grants for the Housing and Long-Term Services and Supports focus area during FY2017 consisting of \$2,880,100 MHTAAR and \$1,275,000 Authority Grants. She further moves the Full Board of Trustees recommend the appropriation of \$3, 200,000 in GF/MH funding and \$8,350,000 of other funds for the focus area for FY2017.

TRUSTEE EASLEY seconds.

There being no objection, the motion is approved.

A discussion on the Cadillac tax ensues and continues into the housing area.

MR. PAGE moves to the Beneficiary Employment and Engagement Focus area.

TRUSTEE MICHAEL makes a motion that the Full Board of Trustees appropriate \$3,310,000 in MHTAAR and Authority Grants for the Beneficiary Employment & Engagement focus area during FY2017 consisting of \$640,000 MHTAAR and \$2,670,000 Authority Grants.

TRUSTEE DERR seconds.

There being no objection, the motion is approved.

MR. PAGE moves to Substance Abuse Prevention and Treatment.

TRUSTEE MICHAEL makes a motion that the Full Board of Trustees appropriate \$1,375,000 in MHTAAR and Authority Grants for the Substance Abuse Prevention and Treatment Focus area during FY2017 consisting of \$10,000 MHTAAR and \$1,365,000 Authority Grants.

TRUSTEE NORENE seconds.

A discussion ensues.

There being no objection, the motion is approved.

MR. PAGE moves to the disability justice focus area.

TRUSTEE MICHAEL makes a motion that the Full Board of Trustees appropriate \$3,018,600 MHTAAR and Authority Grants for the disability justice focus area during FY2017 consisting of \$2,216,600 MHTAAR and \$802,000 Authority Grants.

TRUSTEE DERR seconds.

MR. WILLIAMS clarifies the motion, and a discussion ensues.

There being no objection, the motion is approved.

MR. PAGE moves to workforce development focus area.

TRUSTEE EASLEY makes a motion that the Full Board of Trustees appropriate \$1,723,100 in MHTAAR and Authority Grants for the workforce development focus area during FY17, consisting of \$1,470,100 MHTAAR and \$255,000 in Authority Grants.

TRUSTEE DERR seconds.

CHAIR WEBB states that it is lunchtime, and the meeting is recessed until 1:00 o'clock.

(Lunch break.)

CHAIR WEBB calls the meeting back to order and states that there is a motion on the floor regarding workforce development.

TRUSTEE MICHAEL states that there is a motion on the floor and she has a proposed motion.

CHAIR WEBB asks if it is an amendment or an alternative motion.

TRUSTEE MICHAEL replies that it is a substitute motion.

CHAIR WEBB asks Trustee Derr for parliamentary advice.

TRUSTEE DERR replies that this one may be amended.

TRUSTEE NORENE asks that Trustee Michael state her motion.

TRUSTEE MICHAEL makes a motion that the Full Board of Trustees discontinue workforce development as a focus area upon the close of FY16. She further moves that the FY17 budget items formerly residing in the workforce development focus area, other than the core competency supervisory toolkit, the workforce director, and the administrative costs, be reallocated to other continuing focus areas and/or the nonfocus area allocations at the discretion of the CEO. She further moves that during FY16 the remaining workforce development strategies be refocused on Medicaid expansion and re-entry workforce needs and to direct staff to provide periodic updates regarding project status, staffing or support needs required for FY17 and beyond.

TRUSTEE NORENE seconds.

CHAIR WEBB states that there is a substitute motion on the floor, and asks Trustee Michael to explain.

TRUSTEE MICHAEL states that she is proposing this because she participated in the focus area discussions in FY2013 and at that time discussed either phasing out workforce development or putting some of those items at a maintenance level. She continues that the second reason is because of the economic times. She explains more fully.

TRUSTEE NORENE states that he has not been pleased with the progress or the results, and this may promote some change.

TRUSTEE EASLEY states that the focus area has had accomplishments through their action plan, and workforce development is still needed to continue these accomplishments. She states that she will be voting against the substitute motion and would like a roll-call vote.

The discussion continues, stating the pros and cons

MR. JESSEE states that, as he understands the substitute motion, it would not necessarily end some of these strategies; they would just be someplace else in the budget.

The discussion continues.

MR. PAGE states that one of his jobs is to make sure the record is clear on what is being done. He continues that there is some ambiguity about what is being proposed. As he understands the motion, the funds that are allocated to FY16 for workforce development will now be to put emphasis on workforce needs for Medicaid expansion and re-entry workforce.

TRUSTEE MICHAEL clarifies that the items in the budget would continue exactly as they are. The Trust Training Cooperative would simply be transferred under one of the other program staff. She states that every line item would remain the same, because there are commitments.

The discussion continues.

CHAIR WEBB states that his goal would be to spend some time seriously retooling and figuring out where to really go and what is needed in the future. He continues that there is a suggested approach, a substitute motion and the original motion. He asks where the Board would like to start.

TRUSTEE NORENE states that the substitute motion comes first.

TRUSTEE SMITH asks that the motion be repeated.

TRUSTEE MICHAEL makes a motion that the Full Board of Trustees discontinue workforce development as a focus area upon the close of FY16. She further moves that in FY17, budget items formerly residing in the workforce development focus area, other than the workforce director and administrative costs and the Core Competencies Supervisory Toolkit be reallocated

to other continuing focus areas and/or the nonfocus area allocations at the discretion of the CEO. She further moves that during FY16, the remaining workforce development strategies be refocused on Medicaid expansion and re-entry workforce needs and to direct staff to provide periodic updates regarding project status, staffing or support needs required for FY17 and beyond.

TRUSTEE EASLEY calls the question.

CHAIR WEBB calls the roll call vote: *Paula Easley, no; Carlton Smith, no; Laraine Derr, no; Larry Norene, yes; Mary Jane Michael, yes; Russ Webb, no. The motion is not approved.*

CHAIR WEBB states that the intention is to phase this out as a focus area in FY16. The major portion would be to figure out what is needed. What new strategies, what different approaches are needed to retool the efforts towards workforce development to focus on developing the workforce needed to serve the Beneficiaries under Medicaid expansion and associated with the recidivism and re-entry initiatives that are being pursued along the other part of this. He continues that during that process, at some point staff will come back and tell what staffing needs are, and will make a proposal on how these needs will be met.

MS. PINEDA asks that when speaking about Medicaid expansion, if reforms may be included as well. She wants it clear with how workforce can support the reforms that are underway.

CHAIR WEBB asks Trustee Michael to reread the original motion.

TRUSTEE MICHAEL makes a motion that the Full Board of Trustees appropriate \$1,660,100 in MHTAAR and Authority Grants for the workforce development focus area during FY2017, consisting of \$1,470,100 MHTAAR and \$190,000 Authority Grants.

CHAIR WEBB states that it is the same original motion with new amended numbers.

There being no objection, the motion is approved.

TRUSTEE DERR thanks Trustee Michael for bring up the discussion.

CHAIR WEBB agrees that it was an excellent discussion, and there will be a lot more of them.

MR. PAGE moves to the advisory board requests, and asks for a motion.

TRUSTEE DERR makes a motion that the Full Board of Trustees appropriate \$550,000 in MHTAAR and Authority Grants for various advisory board recommendations and capital requests for the FY2017 budget consisting of \$500,000 MHTAAR. She further moves that the Full Board of Trustees recommend the appropriation of \$1,250,000 GF/MH for advisory board recommendations for FY17.

TRUSTEE EASLEY seconds.

CHAIR WEBB recognizes Denise Daniello.

MS. DANIELLO states that she is the executive director on the Alaska Commission on Aging and continues that the Commission wants to bring attention to the fact that one of their capital budget recommendations is not mentioned on here. She states that it is the one for assistive technology that was discussed yesterday. She continues that it is funding to provide assistive technology for Trust beneficiaries with hearing and vision impairments. She adds that it has had tremendous success and high satisfaction. The amount was \$500,000 GF/MH.

TRUSTEE NORENE talks about the possibility of approaching communication carriers with the proposal to produce something, and asks if staff could look into finding something less than \$500,000.

MS. BURKHART states that much of the assistive technology is low tech and likes the idea of looking at what is available and whether it is less expensive to subsidize someone's use of a smart phone with an app rather than a massive piece of technology.

CHAIR WEBB asks for a basis for the determination of the \$500,000.

MS. BURKHART replies that, according to the contractor, it averages about \$350 per person.

TRUSTEE DERR, for discussion purposes, makes a motion to add the \$350,000 GF into a line titled "assistive technology."

TRUSTEE EASLEY seconds.

A discussion ensues.

MR. WILLIAMS clarifies that it is GF/MH.

CHAIR WEBB states the correction to the amendment would be the fund source, and it would be GF/MH.

There being no objection, the motion is approved.

MR. PAGE asks Mr. Buckland to make sure that everything is lined up and asks for a five-minute break.

(Break.)

MR. PAGE asks Mr. Buckland to summarize the numbers for the advisory boards and make sure they are correct.

MR. BUCKLAND adds the \$350,000 GF/MH recommendation for assistive technology and states that the net effect of that for advisory board totals are \$550,000 MHTAAR; and there is a

total of \$1,600,000 in GF/MH recommendations on behalf of the advisory boards' capital requests for FY17.

MR. PAGE recommends another motion to approve the numbers just received.

TRUSTEE DERR makes a motion that the Full Board of Trustees approve \$550,000 in MHTAAR and Authority Grants for various advisory board recommendations and capital requests during FY17, consisting of \$550,000 MHTAAR. She further moves that the Full Board of Trustees recommend the appropriation of \$1,600,000 of GF/MH funds for advisory board recommendations for FY17.

TRUSTEE MICHAEL seconds.

There being no objection, the motion is approved.

MR. PAGE moves to the summary sheet which is posted on the screen. He recommends a motion for final approval.

TRUSTEE DERR makes a motion that the Full Board of Trustees approve the FY17 budget recommendations in the amount of \$28,458,800 for MHTAAR, admin and AG; \$16,741,800 of MHTAAR admin; \$11,717,000 for Authority Grants; \$4,800,000 for GF/MH , and \$9,100,000 for other fund sources.

TRUSTEE MICHAEL seconds.

There being no objection, the motion is approved.

MR. PAGE states that the amount remaining unobligated for FY2017 is \$1,341,700. He continues that includes a carryover from last year, FY16, plus an additional amount that has not yet been obligated for FY17.

CHAIR WEBB thanks Mr. Page and states that he received an e-mail from Commissioner Davidson. He asks Mr. Jessee to read it into the record.

MR. JESSEE reads: "Good afternoon Trustees. Please accept my sincerest apologies for my absence at today's meeting. As you know, the initial court hearing on the legislative council suit against us regarding Medicaid expansion has been scheduled for 2:30 this afternoon. We are hearing that there is a possibility that the judge may rule from the bench today, so getting over to see you at 3:30 may be more challenging than originally anticipated. As we move forward in approving the goal of improving the health of Alaskans, I would also want to offer my sincere appreciation to the trustees and Trust staff. I've known for some time that the partnership between the Trust and Department is crucial to best serve Alaskans. However, since becoming Commissioner, I've come to realize that your support of Department programs is even more impressive than I was previously aware. Jeff has been an incredible adviser to me in my capacity as Commissioner, and I'm so grateful for his wise counsel and advice. In this fiscal year alone, the Trust has contributed funding for 15 DHSS projects covering a spectrum of need across

many sectors of the Department. This includes the Medicaid redesign and technical assistance contracts and the Medicaid expansion administrative costs, which are so important to getting our beneficiaries enrolled in health coverage. Despite claims to the contrary, we know many Trust beneficiaries will have their health and lives greatly improved by their ability to access health services, including mental health and substance abuse treatment. About 3500 people currently being served by our behavioral health grantees will be eligible for Medicaid through expansion. Medicaid expansion will provide the funds necessary to build capacity and enhance the behavioral health system. Alaskans who have access to a full array of health services, including mental health and substance abuse treatment, are less likely to recidivate. Healthier Alaskans help us to build a healthier Alaska. You have been critical to our ability to successfully expand Medicaid. We could not have made the progress we have made without you. I hope at the next meeting I will be able to advise you more fully about the other good work the Department is doing, building on your partnerships with tribes and the federal government, transforming our child welfare system, continued strengthening of the behavioral health, senior and disability, public health, and all the systems that support our shared beneficiaries. Qu yana, thank you very much, for your incredible work and support. Val Davidson, Commissioner.”

CHAIR WEBB asks for a motion to adjourn.

TRUSTEE DERR makes a motion to adjourn the meeting.

TRUSTEE NORENE seconds.

There being no objection, the meeting is adjourned.

(Full Board meeting adjourned at 2:25 p.m.)

**Minutes for the
October 21, 2015
Full Board of Trustee
Meeting**

1 ALASKA MENTAL HEALTH TRUST AUTHORITY
2 SPECIAL FULL BOARD OF TRUSTEE MEETING

3 October 21, 2015
4 4:45 p.m.

5 Taken at:
6 3745 Community Park Loop, Suite 120
7 Anchorage, Alaska
8
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16

17 Trustees present:
18 Russ Webb, Chair
19 Mary Jane Michael
20 Laraine Derr (via telephone)
21 Larry Norene
22 Paula Easley
23 Carlton Smith

24 Trust staff present:
25 Jeff Jessee
Steve Williams
Miri Smith-Coolidge
Nancy Burke

TLO staff present:
John Morrison

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1 CHAIR WEBB: For the special full
2 board meeting, we have a couple of items, a
3 couple that came out of the RMC, if I
4 remember correctly, and one that requires
5 speedy action that came out of the Finance
6 Committee.

7 So we've already convened the
8 board. We won't do a roll call. Approval of
9 the agenda seems unnecessary at this point.

10 Ethics disclosures, none. I
11 won't go through the guiding principles that
12 are available to us. We've all read through
13 them and seen them.

14 Now we're going to deal with
15 program-related investments and take up the
16 matter that we just dealt with first, I
17 guess, the Finance Committee item that
18 requires timely action if I understand it
19 correctly; is that right?

20 So is there a motion that the
21 full board approve a \$125,000 FY16
22 partnership grant to RurAL CAP for the
23 acquisition of the John Thomas Building at
24 325 East 3rd Avenue?

25 It requires full board approval.

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1 TRUSTEE MICHAEL: I make a
2 motion.

3 CHAIR WEBB: You are making the
4 motion. Is there a second?

5 TRUSTEE SMITH: Second.

6 CHAIR WEBB: Is there objection
7 to the motion? Hearing none, the motion
8 passes.

9 Laraine, did you have a comment?

10 TRUSTEE DERR: I'm fine.

11 CHAIR WEBB: Okay. All right.
12 Next item up is the -- if I understand it
13 right, the Assets --

14 MR. MORRISON: Mr. Chairman, the
15 Assets issue can wait until the next
16 regularly scheduled board meeting.

17 CHAIR WEBB: Okay. All right.

18 TRUSTEE MICHAEL: Let's do it.

19 CHAIR WEBB: Remind us, John, of
20 the Assets issue. Well, I'll just do it.
21 The Resource Management Committee has
22 recommended that the full Board of Trustees
23 approve a ten-year lease with Assets, Inc.
24 for the building and property located at 2330
25 Nichols Street in Anchorage, Alaska. The

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1 starting rent shall be \$600,000 per year --

2 MR. MORRISON: 60,000.

3 CHAIR WEBB: Pardon me --

4 \$60,000 per year, \$5,000 per month. This
5 beneficiary-related use of Trust lands is
6 proposed at rents that are below fair market
7 value, the increment between the established
8 rent and fair market rent of \$345,444 is
9 \$285,444 in year one. Over the ten-year
10 lease it is estimated that the uncompensated
11 use of Trust land will be approximately
12 \$3,197,900.

13 Is there a motion?

14 TRUSTEE NORENE: So moved.

15 TRUSTEE MICHAEL: Second.

16 CHAIR WEBB: Are there objections
17 to the motion? Hearing none, the motion is
18 approved.

19 The next issue, if I remember
20 correctly, is the recommendation from the
21 Resource Management Committee that the Trust
22 Authority Board of Trustees authorize the
23 Trust Land Office to negotiate a purchase
24 price with the bankruptcy trustee for the
25 facility at 3830 South Cushman Street in

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1 Fairbanks, Alaska on terms acceptable to the
2 Executive Director of the TLO for no more
3 than the market value of the facility as
4 determined by the Executive Director
5 considering the age of the appraisals that we
6 have on the facility and the prospective and
7 current economic conditions.

8 CHAIR SMITH: So moved.

9 TRUSTEE MICHAEL: Second.

10 CHAIR WEBB: Questions?

11 Comments? Any objections to the motion?

12 Hearing none, the motion is adopted. John is
13 authorized to move and negotiate.

14 Are there other items that
15 Trustees want to take up or need to take up
16 today?

17 Hearing none, is there a motion
18 to adjourn?

19 TRUSTEE NORENE: So moved.

20 TRUSTEE MICHAEL: Second.

21 CHAIR WEBB: Any objection?

22 Hearing none, we are now adjourned. Thank
23 you all for your hard work.

24 (Meeting adjourned at 4:49 p.m.)

25

**The Trust's
Guiding Principles /
Mission Statement /
Trust Budget
Process Flowcharts**

Trust Guiding Principles

To improve the lives of Trust beneficiaries, The Trust is committed to:

Education of the public and policymakers on beneficiary needs;

Collaboration with consumers and partner advocates;

Maximizing beneficiary input into programs;

Continually improving results for beneficiaries;

Prioritizing services for beneficiaries at risk of institutionalization or needing long-term, intensive care;

Useful and timely data for evaluating program results;

Inclusion of early intervention and prevention components in programs;

Provision of reasonably necessary beneficiary services based on ability to pay.

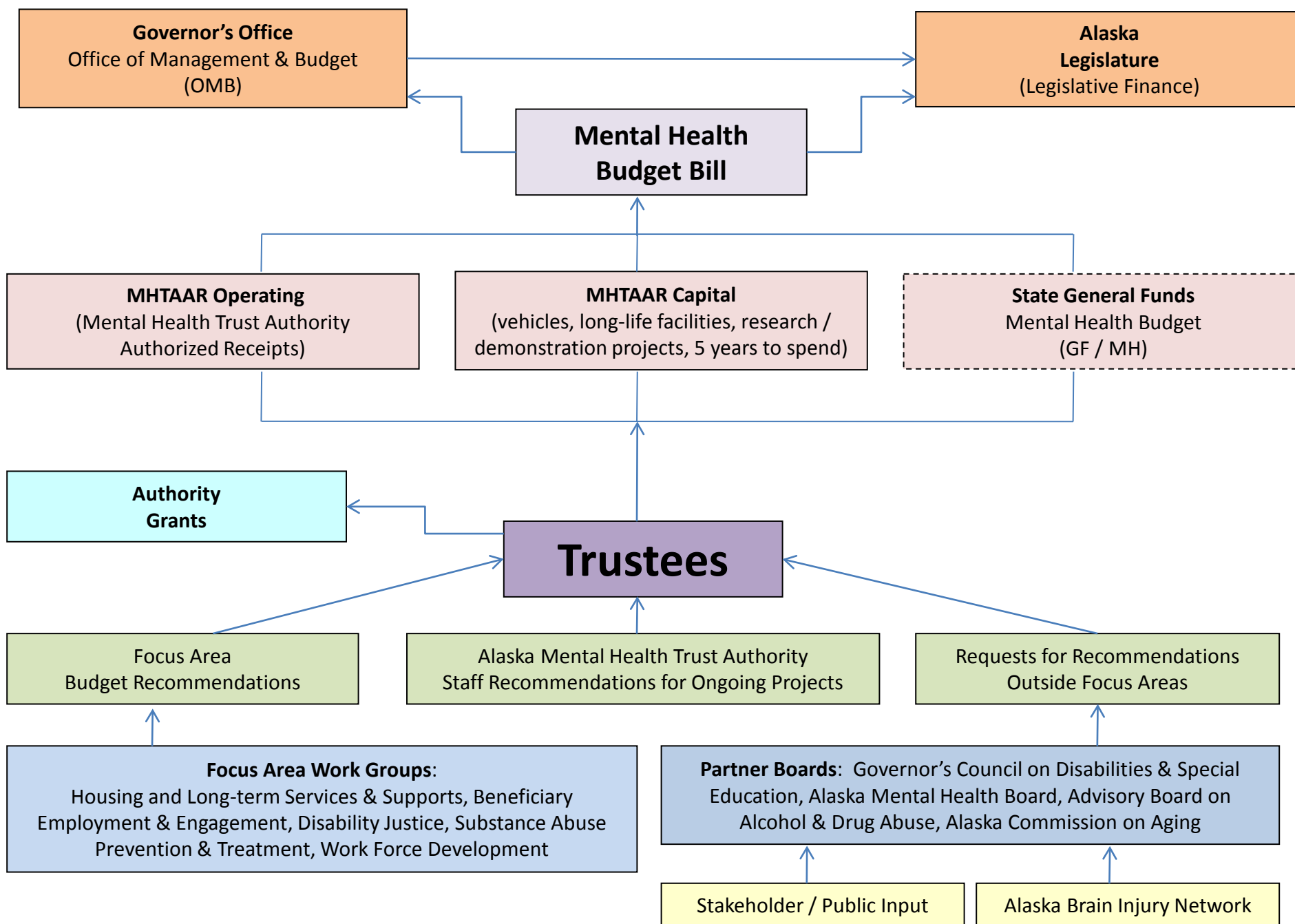
Approved 5-12-09, Board of Trustee meeting

Trust Mission Statement

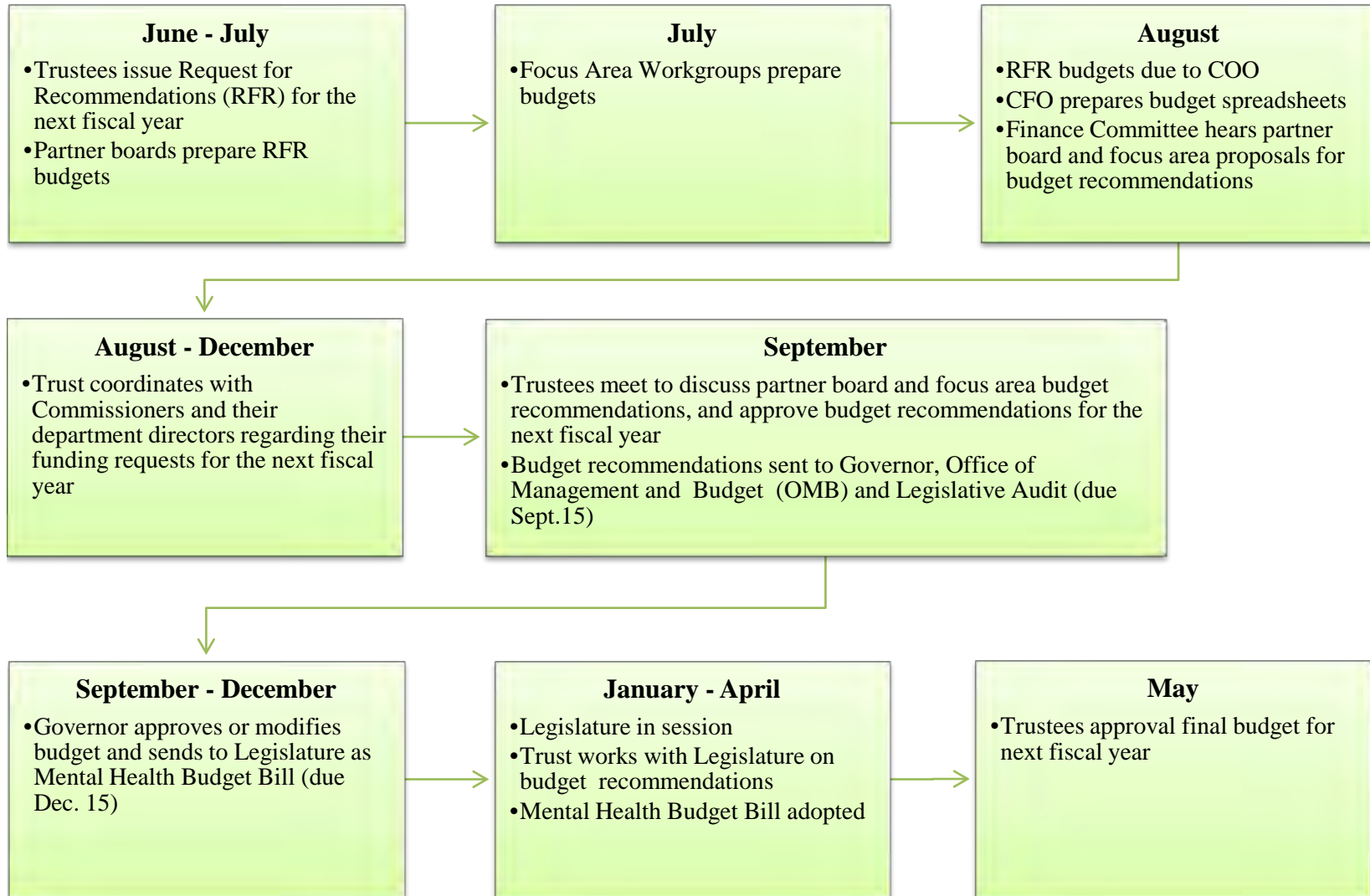
The Alaska Mental Health Trust Authority (The Trust) administers the Mental Health Trust to improve the lives of beneficiaries. Trustees have a fiduciary responsibility to protect and enhance trust assets in perpetuity for the beneficiaries. The Trust provides leadership in advocacy, planning, implementing and funding of the Comprehensive Integrated Mental Health Program; and acts as a catalyst for change.

Approved 5-12-09, Board of Trustee meeting

Alaska Mental Health Trust Authority Budget Process



Annual Mental Health Budget Bill Process

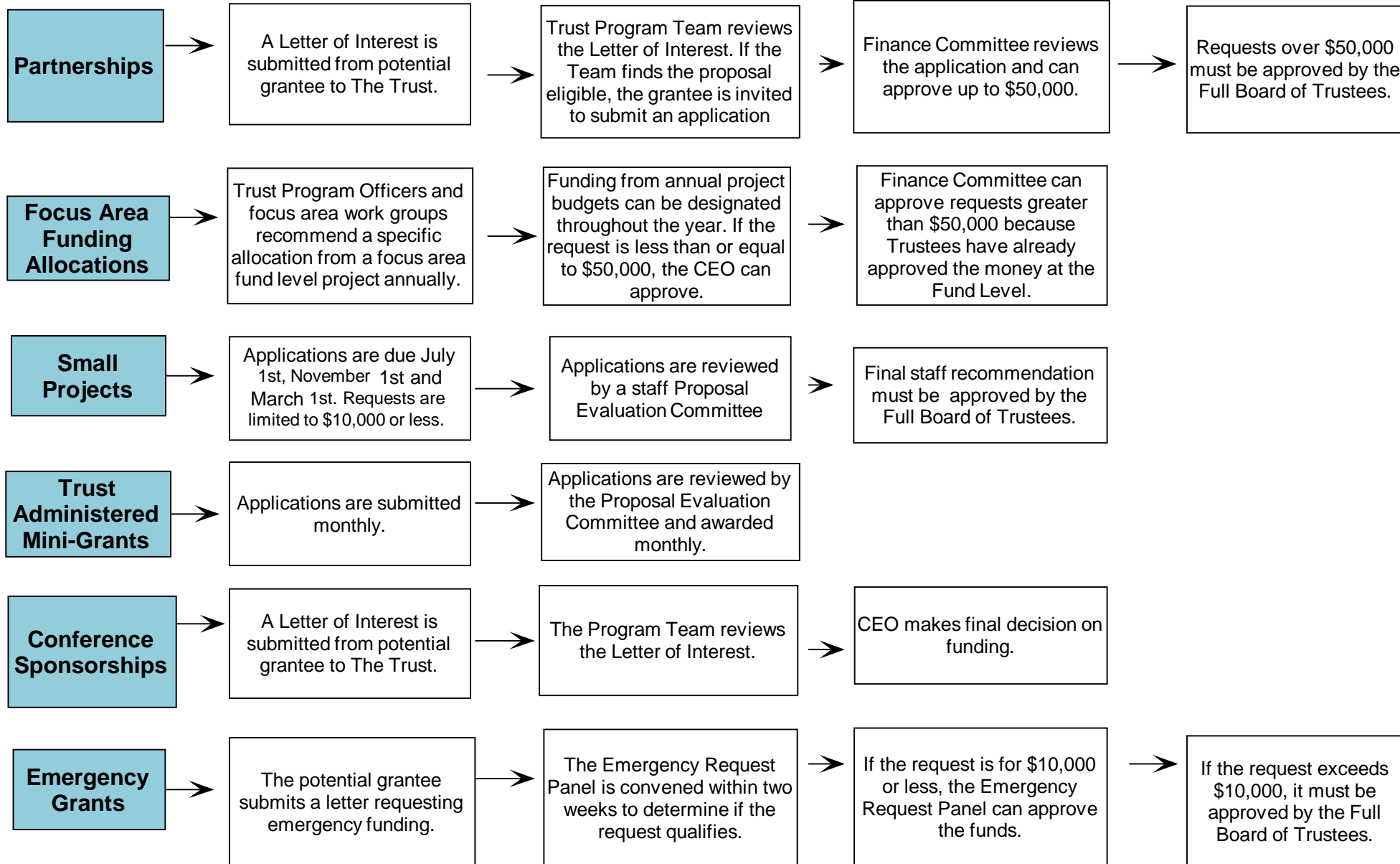


Note: timeline represents those items in the green boxes in the chart entitled "Alaska Mental Health Budget Process"

02/06/15

Grant Approval Process for Authority Grant Funds

All annual budgets are approved by the Full Board of Trustees at the September Meeting



Note: this chart depicts those items included in the blue box labeled "Authority Grants" on the chart entitled "Alaska Mental Health Trust Authority Budget Process:

Trust Annual Calendar

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Board Administration												
Trustee reports due to APOC – Mar 15			XX									
Trustee committee assignments					XX							
Officer elections									XX			
Board evaluations										XX	XX	
CEO evaluation											XX	
Trust Administration												
Legislature convenes	XX											
Trustees present budget to House/ Senate Finance Committees	XX	XX										
Legislature adjourns				XX								
Request for Recommendations (RFR) issued to partner boards April 30				XX								
Fiscal year ends June 30						XX						
Fiscal year begins July 1							XX					
RFRs due from partner boards July 30							XX					
Advocacy Summit											XX	
Staff drafts Trust office budget for next fiscal year								XX				
Staff coordinates w/DHSS on budget								XX	XX	XX	XX	XX
Trustee meeting to approve next fiscal year budget									XX			
Trust budget recommendations due September 15 to Governor/ Legislative Finance									XX			
Financial audit begins							XX					
Financial audit completed										XX		
Staff coordinates with OMB/DHSS on budget recommendations										XX	XX	XX
Trustees meet to finalize budget											XX	
Governor's budget released December 15												XX

04/17/15

PUBLIC COMMENT GUIDELINES

WHEN?	<ul style="list-style-type: none"> The Trust bylaws call for a public comment period during all regular meetings of the Full Board of Trustees. See page 2 of this document for the relevant bylaw. Full Board meetings usually are held in late January/early February, May, September and November. Public comment typically occurs at the close of the first meeting day. Public notice is issued for all meetings. Meeting information and agendas are posted on The Trust’s website www.mhtrust.org.
PURPOSE?	The public comment period allows individuals to inform and advise the Board of Trustees about issues, problems or concerns. It is not a hearing.
PROTOCOL?	<ul style="list-style-type: none"> Individuals are invited to speak for up to three minutes. A speaker may be granted the latitude to speak longer than the 3-minute time limit only by the Board Chair or by a motion adopted by the Full Board of Trustees. Participants addressing issues relating to Trust beneficiaries will have priority order. Speakers are not permitted to criticize or attack others. Anyone providing comment should do so in a manner that is respectful of the Board of Trustees and all meeting attendees. The Board Chair maintains the right to stop public comments that contain inappropriate or inflammatory language or behavior.

FREQUENTLY ASKED QUESTIONS

How can someone provide comments?	<p>IN PERSON - please sign up for public comment using the clipboard provided by Trust staff during the Trustee meeting.</p> <p>VIA TELECONFERENCE – please call the meeting teleconference number on a telephone hard line. To prevent audio feedback, do not call on a speaker phone or cell phone. You may use the mute feature on your phone until you are called to speak, but do not put the call on hold because hold music disrupts the meeting. If this occurs, we will mute or disconnect your line.</p> <p>IN WRITING – send comments to the address or fax number below or email steve.williams@alaska.gov. Note that, if you wish your comments distributed to Trustees prior to a meeting, all comments should be received at least two days prior to the meeting to allow time to distribute them to Trustees.</p>
Where is The Trust office?	The Trust Authority Building is located at 3745 Community Park Loop in Anchorage.
What is the call-in number?	Complete dialing instructions and the call-in number are posted on our website. Find the meeting under current upcoming meetings and click on the link to find the meeting agenda, call-in information and any meeting documents. Problems? Email info@mhtrust.org .
Is public comment taken at Trustee committee meetings?	Public comment is not regularly scheduled during Trustee committee meetings. Written comments are always welcome and may be submitted to the Trustees at any time to the address or fax number below or email steve.williams@alaska.gov . Note that, if you wish your comments distributed to Trustees prior to a committee meeting, all comments must be received two days prior to the meeting to allow time to distribute them to Trustees.
What is the process for commenting on projects on Trust land?	Public comment regarding projects on Trust land is most effective when provided early in the decision process. Trust land is managed by the Trust Land Office (TLO) on behalf of the Trust Authority. Written comment is sought by the TLO on a per-project basis. Before each project, the TLO consults with the Board of Trustees and issues a “best interest decision and public notice” regarding the project. The best interest decision and instructions for submitting comments are posted on the Trust Land Office website , through the State of Alaska Online Public Notices and in local newspapers. Following the comment period, the TLO may affirm, revise or rescind the best interest decision regarding the project. Of course, public comment regarding any Trust land issue may be provided to the Trustees at any time at the address or fax number below, by email to steve.williams@alaska.gov or at Trustee meetings as described above.
For additional information:	Call Steve Williams, Chief Operating Officer, at 907-269-7697 or email steve.williams@alaska.gov if you have additional questions.

ALASKA MENTAL HEALTH TRUST AUTHORITY

BYLAWS

ARTICLE V MEETINGS*

Section 6. The Trust Authority will schedule at least one period for public comment during each regularly scheduled Trust Authority meeting. Prior to beginning the public comment period, the presiding officer will specify any limitation on content or topics to be addressed. She or he should read or may paraphrase the following procedural constraints:

- (a) The purpose for having public comment is to allow persons the opportunity to provide information to the Trust Authority and to advise the Trust Authority about problems and issues.
- (b) The public comment period will not be considered a hearing and cannot be used for that purpose. Organizations are required to request hearings in advance in writing, and when granted by the Trust Authority, the hearing must be given public notice in accordance with law.
- (c) Public comments will normally be held to a maximum of three minutes per speaker. A waiver to the time limit may be granted by order of the Chair or motion adopted by the Trust Authority.
- (d) The public comment period is not to be used in order to criticize or attack specific individuals.
- (e) The Trust Authority may not take action during the comment period, but may take matters under advisement.
- (f) The Trust Authority may consider matters identified during the public comment period under new business, but may defer such matters to a subsequent meeting in order to complete the original agenda or to provide notice to the public that the item will be on the Trust Authority's agenda.
- (g) In order to afford the maximum amount of time to the public, responses or comments by Trust Authority members or Trust Authority staff during public comment periods will be held to a minimum.

* Excerpted from Alaska Mental Health Trust Authority Bylaws adopted May 2014. All statutes, regulations and bylaws governing The Trust can be found on our website

<http://mhtrust.org/about/governance/statutes/>

May 2014

Current Trust Bylaws

1
2
3 ALASKA MENTAL HEALTH TRUST AUTHORITY
4 BYLAWS

5
6 ARTICLE I
7 NAME

8
9 The name of this organization is the Alaska Mental Health Trust Authority.
10 Common usage and abbreviation may be "The Trust" or "Trust Authority."

11
12 ARTICLE II
13 MISSION

14
15 Section 1. The Trust Authority acts in the best interest of the beneficiaries of The Trust. Its
16 mission is:

17
18 The Alaska Mental Health Trust Authority (The Trust) administers the Mental Health Trust to
19 improve the lives of beneficiaries. Trustees have a fiduciary responsibility to protect and
20 enhance trust assets in perpetuity for the beneficiaries. The Trust provides leadership in
21 advocacy for and planning, implementing and funding of the Comprehensive Integrated
22 Mental Health Program; and acts as a catalyst for change.

23
24
25 ARTICLE III
26 BOARD OF TRUSTEE
27 MEMBERSHIP AND TERMS OF OFFICE

28
29 Section 1. Trust Authority composition:

30 (a) The Trust shall be governed by its board of trustees.

31
32 (b) The Trust Authority Board of Trustees here after referred to as the Trust Authority,
33 consists of seven members appointed by the governor and confirmed by the
34 legislature. The members appointed under this subsection shall be appointed based
35 upon their ability in financial management and investment, in land management, or in
36 services for the beneficiaries of The Trust.

37
38 (c) A member of the board is entitled to:

- 39 1. An honorarium of \$200 each day spent at a meeting of the board, at a meeting of
40 a subcommittee of the board, or as a representative of the board. The sliding
41 scale will be \$50 for less than 2 hours, \$100 for 2 to 4 hours, \$150 for 4 to 6 hours
42 and \$200 for 6 hours or more. Any conflicts will be resolved by the Executive
43 Committee; and
44 2. Per Diem and travel expenses are authorized for boards and commissions under
45 AS 39.20.180.
46

1 Section 2. Term of office, vacancies, and removal:

- 2 (a) The members of the Trust Authority serve staggered five-year terms. A member
3 shall continue to serve until the member's successor is appointed and confirmed by
4 the legislature.
5
- 6 (b) A vacancy occurring in the membership of the Trust Authority shall be filled within 60
7 days by appointment of the governor for the unexpired portion of the vacated term.
8
- 9 (c) The governor may remove a member of the Trust Authority only for cause, including
10 incompetence, neglect of duty, misconduct in office, poor attendance, or lack of
11 contribution to the Trust Authority's work.
12
- 13 A member being removed for cause shall be given a copy of the charges and
14 afforded an opportunity to publicly present a defense in person or by counsel upon
15 not less than 10 days' written notice. If a member is removed for cause, the governor
16 shall file with the lieutenant governor a complete statement of all charges made
17 against the member and the governor's findings based on the charges, together with
18 a complete record of the proceedings. The removal of a member for cause
19 constitutes a final administrative order. A member seeking to appeal the governor's
20 removal of a member for cause under this subsection shall file a notice of appeal with
21 the superior court under AS 44.62.560.
22
- 23 (d) Except for a trustee who has served two consecutive five-year terms, a member of
24 the Trust Authority may be reappointed. A member of the Trust Authority who has
25 served two consecutive five-year terms is not eligible for reappointment to the Trust
26 Authority until one year has intervened. (§ 26 ch 66 SLA 1991).
27

28 ARTICLE IV
29 OFFICERS AND DUTIES
30

31 Section 1. The Trust Authority, by a majority vote of its membership, shall annually elect a
32 Chair, Vice Chair, and Secretary/Treasurer and other officers it considers
33 necessary from its membership.
34

35
36 Section 2. The officers must be elected by a majority vote at the September meeting, and
37 their term of office shall start on October 1 and shall end on the following
38 September 30.
39

40 Section 3. Officers may be re-elected to the office in which they serve by vote of the
41 membership of the Trust Authority as above.
42

43 Section 4. In the event of the resignation, death, or removal from the Trust Authority, of the
44 Chair, the Vice-Chair will succeed to the office of the Chair.
45

46 Section 5. If an office of the Trust Authority becomes vacant, an election shall be held to fill
47 the vacancy at the next regular meeting of the Trust Authority following the

vacancy. In the interim, the Chair may appoint a member to serve until the election is held.

Section 6. The duties of the officers shall be as follows:

(a) Chair

1. Call all meetings. Preside at all meetings.
2. Appoint Committees and Chairs of Committees.
3. Serve as ex-officio (voting) member of all Committees.
4. Serve as the Trust Authority's official representative during his/her term.
5. Operate and conduct the business and affairs of the Trust Authority according to the statutes, regulations, bylaws and policies adopted by the Trust Authority.
6. Approve Trust Authority meeting agenda.

(b) Vice Chair

1. Assist the Chair in the discharge of his/her duties and preside at meetings in the absence of the Chair.
2. Keep a list of actions taken by motion at each meeting and place items requiring follow-up on the agenda for the next meeting.
3. Act as the parliamentarian for the Trust Authority.
4. Perform other duties described in these Bylaws or in accordance with statutes, regulations, by-laws and policies adopted by the Trust Authority.

(c) Secretary/Treasurer

1. Sign to authenticate Trust Authority meeting minutes after Board approval for the record. Upon request, attest to the authenticity of Trust Authority by-laws, and approved motions.
2. Perform other duties assigned by the Trust Authority or the Executive Committee.

ARTICLE V
MEETINGS

Section 1. The Trust Authority will meet at least four times each fiscal year. Committees will meet as necessary to accomplish their responsibilities.

Section 2. Special meetings of the Trust Authority may be held at such time and place as the Chair may order; or when any four Trustees request to the CEO a meeting be scheduled.

Section 3. Reasonable public notice of Trust Authority and Committee meetings shall be provided in accordance with AS 44.62.310. Meetings of the Trust Authority and its Committees are subject to the Open Meetings Act, AS 44.62.310 and 44.62.312.

Section 4. A quorum at all meetings shall consist of a simple majority of currently appointed Trust Authority members. One-half of the Trust Authority membership of a Committee constitutes a quorum at a Committee meeting for conducting and

exercising the powers of the Trust Authority, but in no event shall consist of less than two members.

Section 5. No member of the Trust Authority may designate a proxy.

Section 6. The Trust Authority will schedule at least one period for public comment during each regularly scheduled Trust Authority meeting. Prior to beginning the public comment period, the presiding officer will specify any limitation on content or topics to be addressed. She or he should read or may paraphrase the following procedural constraints:

- (a) The purpose for having public comment is to allow persons the opportunity to provide information to the Trust Authority and to advise the Trust Authority about problems and issues.
- (b) The public comment period will not be considered a hearing and cannot be used for that purpose. Organizations are required to request hearings in advance in writing, and when granted by the Trust Authority, the hearing must be given public notice in accordance with law.
- (c) Public comments will normally be held to a maximum of three minutes per speaker. A waiver to the time limit may be granted by order of the Chair or motion adopted by the Trust Authority.
- (d) The public comment period is not to be used in order to criticize or attack specific individuals.
- (e) The Trust Authority may not take action during the comment period, but may take matters under advisement.
- (f) The Trust Authority may consider matters identified during the public comment period under new business, but may defer such matters to a subsequent meeting in order to complete the original agenda or to provide notice to the public that the item will be on the Trust Authority's agenda.
- (g) In order to afford the maximum amount of time to the public, responses or comments by Trust Authority members or Trust Authority staff during public comment periods will be held to a minimum.

Section 7. Meetings of the Trust Authority may be conducted by teleconference or videoconference in accordance with AS 44.62.312(a)(6) provided that with respect to a matter which requires the consideration of documents a member participating by teleconference or videoconference may vote only on those matters to which he or she has access to said documents.

Section 8.

- (a) Formal actions by The Trust are accomplished through adoption of motions.

1 (b) Motions must be proposed by a Committee or Trust Authority member.

2
3 (c) Copies of motions on the agenda will be available to the public at the opening of the
4 Trust Authority meeting.

5
6 Section 9. A document becomes an official Trust Authority document only upon approval of
7 the Trust Authority. Any document not approved by the Trust Authority shall be
8 clearly marked "DRAFT".

9
10 ARTICLE VI
11 COMMITTEES

12
13 The Trust Authority Chair may designate Ad Hoc Committees or task forces to
14 accomplish special purposes. Persons other than Trust Authority members may serve on
15 the Trust Authority's Ad Hoc Committees and task forces; however, such persons may not
16 be voting members of such committees, only appointed committee members may vote on
17 committee actions. (The Chair of the Board of Trustees is a voting member of each
18 committee, article IV, section 6 (a)) Committee actions must be reported to the Trust
19 Authority at the next regular Trust Authority meeting.

20
21 ARTICLE VII
22 EXECUTIVE COMMITTEE

23
24 Section 1. The Executive Committee of the Trust Authority is composed of three officers,
25 the Chair, the Vice Chair, and the Secretary/Treasurer. The Chief Executive
26 Officer shall participate as requested at Executive Committee meetings.

27
28 Section 2. The Executive Committee:

29 (a) Has full authority within the limits of established Trust Authority priorities, policies, and
30 procedures to act on behalf of the Trust Authority between regularly scheduled
31 meetings with a dollar limit of \$500,000.00 on expenditures.

32
33 (b) Evaluates the Chief Executive Officer's performance in carrying out policies,
34 procedures, and directions of the Trust Authority before the November Trustee
35 meeting.

36
37 (c) Refers matters to other Committees for reports to the Trust Authority.

38
39 (d) Monitors activities of the Trust Authority through the Standing Committees.

40
41 (e) Reviews corporate performance measures, analyzes them, and brings them to the
42 Trust Authority with recommendations.

43
44 (f) Approves the annual corporation audit and forwards to the state for inclusion in the
45 state financial statements within timeframes set by the state department of
46 Administration.

47 (g) Reviews Memorandums of Agreement (MOAs) that involve the Trust Authority
48 and other governmental entity's except the Department of Natural Resources in

1 respect to the Trust Land Office and recommends to the Board of Trustees for
2 approval.

3
4 Section 3. The Executive Committee will meet no less than two times a year.
5

6
7 ARTICLE VIII
8 STANDING COMMITTEES
9

10 Standing Committees and their Chairs will be appointed by the Chair.
11

12 (a) The Resource Management Committee:

- 13 • Develops policies and plans for protecting, enhancing, and managing the Trust's
14 non-cash resources in the best interests of the beneficiaries.
- 15 • Implements plans at the direction of and on behalf of The Trust in accordance with
16 Trust statutes and regulations.
- 17 • Approves disposals with an annual lease rental more than \$50,000 and not to
18 exceed \$200,000; and disposals with sale revenues more than \$100,000 and less
19 than \$500,000. This authority includes disposals that could produce revenues in the
20 form of royalties that exceed this revenue limit if the disposal is an extension or
21 expansion of an existing lease that has previously been subject to the consultation
22 process, so long as any expansion or addition to that lease does not exceed 25% of
23 the original lease acreage. All approvals for new disposals of interest that include
24 royalties shall be approved by The Trust Authority.
- 25 • Approves project-specific expenditures from the principal, budget reserves or the
26 facility maintenance account up to \$50,000.
- 27 • Reviews Trust Authority Memorandum of Agreement with the Department of
28 Natural Resources for management of the Trust Land Office and recommends for
29 approval to Board of Trustees.
- 30 • Reviews annual operating budget for TLO and recommends approval to Finance
31 Committee.
- 32 • Evaluates, along with DNR, the Executive Director of the TLO annually.
33

34 (b) The Planning Committee:

- 35 • Identifies and forecasts the status and needs of beneficiaries.
- 36 • Develops program policies and plans to meet needs and improve the
37 circumstances of beneficiaries; and recommends to the Trust Authority for approval
38 as appropriate.
- 39 • Evaluates the implementation of approved policies and plans affecting
40 beneficiaries.
41

42 (c) The Finance Committee:

- 43 • Develops policies for investment and fiscal management for approval by the Trust
44 Authority.
- 45 • Oversees the implementation of approved investment and fiscal management
46 policies.
- 47 • Reviews the administrative budgets for The Trust and Trust Land Office and then
48 recommends to the Trust Authority for approval.

- Approves expenditure of authority funds to implement Trust Authority-approved Focus Area allocations or bundles of an unlimited amount for a state fiscal year so long as the total annual budget approved for this purpose for the same fiscal year is not increased.
- Approves authority funds for individual Partnership Grants, General Authority Grants and Trust Directed Projects in amounts up to \$50,000 awarded to a specific recipient.
- Recommends to the Trust Authority individual Partnership, General Authority Grants and Trust Directed Projects in amounts over \$50,000 for each specific recipient.
- Approves Changes of Intent for MHTAAR grants involving the carry-over from one state fiscal year to the next.

ARTICLE IX

CHIEF EXECUTIVE OFFICER

- Section 1. The Trust Authority shall hire and appoint a Chief Executive Officer as provided by law.
- Section 2. The Chief Executive Officer is responsible for ensuring the staffing, planning, organizing, coordinating, and directing all activities necessary to fulfill the powers, duties, and purpose of the Trust Authority.
- Section 3. The Trust Authority will evaluate the performance of the Chief Executive Officer after the first six months of employment. Thereafter, the Chief Executive Officer's performance shall be evaluated annually by the Executive Committee.
- Section 4. Termination of employment of the Chief Executive Officer is by simple majority of the seven trustees.
- Section 5. Authorizes disposition of assets with an annual lease rental of \$50,000 or less and/or total sale revenues of \$100,000 or less.
- Section 6. Designates funds for contracts or grants in amounts up to \$50,000 each to a specific recipient so long as the Focus Area project or bundle is within the scope and amount previously approved by the Trust Authority but had not already been designated to a specific agency.
- Section 7. Approves authority grants in amounts up to \$10,000 for purposes that are allowed under AS 47.30.056 totaling not more than the total approved for this purpose annually by the Trust Authority for Trust Directed Projects.
- Section 8. Executes transactions previously approved by the Trust Authority.
- Section 9. The Chief Executive Officer will provide fiscal oversight of the Trust Land Office on behalf of The Trust Authority.

1
2
3 ARTICLE X
4 PARLIAMENTARY AUTHORITY
5

6 Unless otherwise provided by law or these Bylaws, the Trust Authority's procedures
7 shall be governed by Robert's Rules of Order Newly Revised.
8

9
10 ARTICLE XI
11 ETHICS
12

13 Section 1. Trust Authority members are required to comply with AS 39.52.010 -39.52.960,
14 the Alaska Executive Branch Ethics Act.
15

16 Section 2. In addition to complying with the requirements of the Alaska Executive Branch
17 Ethics Act, Trust Authority members shall refrain from influencing or attempting
18 to influence their fellow Trust Authority members, or the Trust Authority's staff, to
19 take any official action or make any recommendation for official action with
20 respect to the state's funding, direct or indirect, of an organization with which
21 they are associated.
22

23 Section 3. Trust Authority members are required to comply with the Conflict of Interest
24 Declaration as stipulated in the Alaska Executive Branch Ethics Acts.
25

26
27 ARTICLE XII
28 AMENDMENT OF BYLAWS
29

30 These Bylaws may be amended at any regular or special meeting of the Trust
31 Authority by a two-thirds vote of Trust Authority members provided that written notice and
32 copies of the proposed amendment have been submitted to the members 30 days prior to
33 the meeting or by unanimous vote without notice.
34

Planning Committee Report

**The Planning Committee Report
will be distributed at the Full Board of Trustee
meeting on November 18, 2015**

Executive Committee Report

MEMO

To: Board of Trustees
From: Russ Webb, Board chair
Date: 11/09/15
Re: Executive Committee report

The executive committee met on Wednesday, October 21, 2015, at the Trust Authority office. Items discussed at the meeting included:

- 1) Medicaid expansion and redesign
- 2) Legislative presentations
- 3) Trustee nomination process
- 4) January 2016 board of trustee meeting
- 5) Organization staff transition plan
- 6) Personnel items

The following trustees and trust staff were present:

Trustees: Russ Webb (chair), Mary Jane Michael (vice chair), Larry Norene (secretary/treasurer), Paula Easley, Laraine Derr, and Carlton Smith

Staff: Jeff Jessee, Steve Williams, Kevin Buckland, Mike Baldwin, Carley Lawrence, Amanda Lofgren, Carrie Predeger, and Miri Smith Coolidge

Medicaid expansion and redesign

Jeff provided an update on the outcome of the October 7, 2015, Legislative Budget and Audit committee meeting. The committee considered and approved the receipt authority of \$175.0 (MHTAAR) to the Department of Health and Social Services, Division of Senior and Disability Services. The funds will be used to conduct functional needs assessment and a housing preference survey of individuals who are recipients of general relief funds to determine what level of services are needed to maintain living independently in the community.

Legislative presentations

The committee discussed strategies for engaging with the Legislature to explain why Medicaid expansion and redesign is important to the Trust and its beneficiaries and how the Trust is engaged in the reform efforts. The committee discussed scheduling face-to-face meetings with legislators before session begins in January. And, what the core message of these meetings could be, such as: identifying a target to restrain Medicaid growth, explaining the programmatic benefits how this will positively impact their constituents and why the Trust is supporting Medicaid expansion and redesign. It was also discussed developing talking points prior to these meeting for all trustees to have on hand would be helpful.

The committee also discussed how to frame the presentation to the senate and house finance committees in January. The framework included: a brief overview of the Trust and how it operates, how the Trust is engaged in supporting a more sustainable and effective system of care (Medicaid expansion and redesign and recidivism reduction activities), and conveying a vision for how the state can move forward towards a more sustainable fiscal environment, and better serve Trust beneficiaries.

Trustee nomination process

Jeff provided a status update on the nomination process for a new trustee, to take John **McClellan's seat**. Jeff outlined the interview schedule for the four applicants and the following steps to submit their recommendations to the Governor for approval.

January 2016 board of trustee meeting

Steve requested direction from trustees on whether or not to schedule committee meetings in Juneau the day before the board meeting (January 27-28, 2016). Trustees directed staff to keep the committee meeting scheduled for January 26, but in the future not to schedule them the day before a scheduled board meeting.

Steve informed trustees he would be calendaring the 2017/18 trustee committee and board meeting dates for review.

Carley provided a brief update to trustees on the planning to celebrate the Trust's 20th anniversary. She indicated dates being considered were during the upcoming legislative session, but not in concert with January board meeting. Mary Jane Michael suggested holding the event at a one of our local nonprofit partners.

Organization staff transition plan

Jeff provided a brief update on the Trust's partnership with the Municipality of Anchorage (MOA) and Nancy's new role at the MOA stating she is fully engaged with the Mayor's leadership team and they are working to release Anchorage's housing and homelessness plan in the near future.

Jeff reported Natasha Pineda's resignation as program officer, effective October 23.

Jeff outlined what internal steps are being taken in the interim to continue progress in key areas while the recruitment and **hiring process to fill Natasha's position unfolds, to include:**

- 1) assessing and reprioritize staff workloads;
- 2) identifying other resources (people) to assist on identified programs and projects; and
- 3) providing trustees updates on the staff identified priorities to ensure there is staff and trustee alignment.

Personnel items

The committee moved into executive session to discuss personnel items

Resource Management Committee Report

Memorandum



To: Larry Norene, Chair
Resource Management Committee

Date: October 21, 2015

From: Leann McGinnis, Business Manager

Subject: October 21, 2015, Resource Management Committee Summary

Board Consultations: The following action requiring full board of trustee concurrence occurred at the October 21, 2015 RMC meeting:

Item A – Kenai Fuel Mitigation, MHT 9200641: The TLO is requesting that the Trust Authority board of trustees concur with the decision to dispose of timber through negotiated sales on Trust land near Nikiski.

Anticipated Revenues/Benefits: The total return to the Trust will be up to \$90,000 over eight years. The proposed timber sale will accomplish fuel reduction to reduce danger of catastrophic wildfire.

Recommended Motion: "The Resource Management Committee recommends that the Trust Authority board of trustees concur with the disposal of timber through negotiated sales on Trust land near Nikiski."

Item B – Ophir Competitive Mineral Lease Offering: The TLO is requesting that the Trust Authority board of trustees concur with the decision to competitively lease land at Ophir for mineral exploration and development.

Anticipated Revenues/Benefits: The lease will be issued for a primary term of three years, and is renewable for two additional three year periods and then can be extended by production.

Annual rental payments will be:

\$2.00 per acre for years 1-3;

\$4.00 per acre for years 4-6; and \$10.00 per acre thereafter.

The lease will provide a Production Royalty of 3.0% NSR for the first sixty months of the lease, and 3.5% NSR thereafter.

The annual work requirement is:

\$20 per acre for years 1-3;

\$40 per acre for years 4-6, and

\$60 per acre thereafter.

Recommended Motion: "The Resource Management Committee recommends that the Trust Authority board of trustees concur with the decision to competitively lease land at Ophir for mineral exploration and development."

Item C – Assets Building Lease Renewal, MHT 9200608: The TLO is requesting that the Trust Authority board of trustees concur with the decision to approve a 10-year lease with Assets, Inc. for the building and property, located at 2330 Nichols Street in Anchorage, Alaska. The starting rent shall be \$60,000 per year/\$5,000 per month. This beneficiary-related use of Trust lands is proposed at rents that are below fair market value, the increment between the established rent and fair market rent of \$345,444 is \$285,444 in year one. Over the 10-year lease it is estimated that the uncompensated use of Trust land will be approximately \$3,197,900.

Anticipated Revenues/Benefits: Under this proposal base rent would be \$60,000/year with annual increases to be negotiated in the lease document. The total estimate of anticipated revenues is \$600,000.00 over the 10-year lease term.

Recommended Motion: “The Resource Management Committee recommends that the Trust Authority board of trustees concur with the decision to approve a 10-year lease with Assets, Inc. for the building and property, located at 2330 Nichols Street in Anchorage, Alaska. The starting rent shall be \$60,000 per year/\$5,000 per month. This beneficiary-related use of Trust lands is proposed at rents that are below fair market value, the increment between the established rent and fair market rent of \$345,444 is \$285,444 in year one. Over the 10-year lease it is estimated that the uncompensated use of Trust land will be approximately \$3,197,900.”

Item 1 – Cushman Street Building – TLO #2015-117: The TLO is requesting that the Trust Authority board of trustees concur with the decision for the Trust Land Office to negotiate a purchase price with the bankruptcy trustee for the facility at 3830 South Cushman Street in Fairbanks, Alaska, on terms acceptable to the executive director of the TLO within the limits established by the board of trustees and facilitate the acquisition; and Authorize the Trust Land Office to negotiate and execute a lease or loan transaction with Fairbanks Community Mental Health Services, LLC on terms acceptable to the executive director of the TLO within the limits established by the board of trustees; and the Alaska Mental Health Trust board of trustees delegate to the executive director of the TLO the authority to determine if it is necessary to modify or cancel this transaction within the limits established by the board of trustees.

Anticipated Revenues/Benefits: Repayment of the principal amount expended, with nominal interest charges to be determined. The principal expenditure is unknown at this time, but proposed not to exceed the appraised value of \$3,200,000.00 stabilized value as stated in the appraisal provided with the Approval Document.

Recommended Motion: “The Resource Management Committee recommends that the Trust Authority board of trustees concur with the decision for the Trust Land Office to negotiate a purchase price with the bankruptcy trustee for the facility at 3830 South Cushman Street in Fairbanks, Alaska, on terms acceptable to the executive director of the TLO within the limits established by the board of trustees and facilitate the acquisition; and Authorize the Trust Land Office to negotiate and execute a lease or loan transaction with Fairbanks Community Mental Health Services, LLC on terms acceptable to the executive director of the TLO within the limits established by the board of trustees; and the Alaska Mental Health Trust board of trustees delegate to the executive director of the TLO the authority to determine if it is necessary to modify or cancel this transaction within the limits established by the board of trustees.”

cc: Board of Trustees, Alaska Mental Health Trust
Jeff Jessee, CEO, Alaska Mental Health Trust Authority
Steve Williams and Kevin Buckland, Alaska Mental Health Trust Authority
John S. Morrison, Executive Director, Trust Land Office

Finance Committee Report

	Item Type	Proposal	Organization	Page #	Proposed Motion
1	Trust Item	Continued Suspension of Quarterly Transfers	The Trust	80	Approve the Finance Committee's recommendation to suspend transfers of cash principal from the Trust Authority Development Account to the Alaska Permanent Fund Corporation through November 2016.
2	Trust Item	Program Related Investments Maintenance Authorization	The Trust	81	Approve the Finance Committee's recommendation for an appropriation for \$195,000 for program related facility maintenance and operations; the CFO may transfer up to this amount from IRIS fund 1092 or 3322 in one or more transfers to the Trust Land Office (TLO) and/or a third-party property manager at the request of the TLO. These funds do not lapse.
3	Partnership	Culturally Responsive, Embedded, Social and Emotional Learning	Association of Alaska School Boards	82	Approve the Finance Committee's recommendation for a \$100,000 FY16 partnership grant to Association of Alaska School Boards for the Culturally Responsive, Embedded, Social and Emotional Learning project, contingent on award of US Department of Education-Innovation Fund (i3) program funds.
4	Partnership	Eklutna Clinic and Community Center	Native Village of Eklutna	90	Approve the Finance Committee's recommendation for a \$55,900 FY16 partnership grant to the Native Village of Eklutna for the Eklutna Clinic and Community Center.
5	Partnership	Life House Community Health Center Construction Project	Southcentral Foundation on behalf of Chickaloon Traditional Council	104	Approve the Finance Committee's recommendation for a \$75,000 FY16 partnership grant to Southcentral Foundation on behalf of Chickaloon Traditional Council for the Life House Community Health Center Construction project.
6	Partnership	Acquisition of the John Thomas Building	RurAL CAP	113	Approve the Finance Committee's recommendation for a \$125,000 FY16 partnership grant to RurAL CAP for the acquisition of the John Thomas building at 325 E. 3rd Avenue.
Finance Report - Approved at the October 21 , 2015 Finance Committee Meeting					(NO ACTION REQUIRED)
	Partnership	Patient Benefits and Patient Services	Christian Health Associates		Approve a \$25,000 FY16 partnership grant to Christian Health Associates for the Patient Benefits and Patient Services project.

MEMO

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

REQUESTED MOTION:

The Finance Committee recommends that the full Board of Trustees suspend transfers of cash principal from the Trust Authority Development Account to the Alaska Permanent Fund Corporation through November 2016.

BACKGROUND:

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

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

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

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

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

² General Fund and Other Non-Segregated Investments

MEMO

To: Carlton Smith, Finance Committee Chair
From: Kevin Buckland, Chief Financial Officer
Date: October 17, 2015
Re: PRI Facility Appropriation Request
Fiscal Year: 2016
Amount: \$195,000

REQUESTED MOTION:

Recommend the Alaska Mental Health Trust 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 (TLO) and/or a third-party property manager at the request of the TLO. These funds do not lapse.

BACKGROUND:

Trustees previously approved up to \$305,000 for use in various Program Related Investments (PRI) facilities transferred from the Department of Health & Social Services¹. Of the authorized amount, \$110,000 was transferred to the TLO during FY 2015 for remittance to a third-party property manager².

This request permits the Trust to re-establish an appropriation in IRIS³ under the authority of AS 47.30.056(a) and AS 37.14.041 for up to the unexpended authorization previously approved by Trustees and remit the funds to the TLO and/or a third-party property manager at the request of the TLO. I have requested that these funds not lapse so that in the event that funds remain at June 30 and into the next fiscal year, the Trust will not have to request re-authorization of the same funds.

Thank you.

¹ PRI facilities include the Denardo & Fahrenkamp facilities located in Fairbanks and the ASSETS building located in Anchorage.

² \$30,000 was remitted each for ASSETS and Fahrenkamp; \$50,000 was remitted for Denardo.

³ Integrated Resource Information System (AKSAS system replacement).

MEMO

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

REQUESTED MOTION:

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

Assigned Program Officer: Katie Baldwin

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

PROJECT DESCRIPTION:

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

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

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

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

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

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

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

Schools will establish:

- 1) school-wide expectations and norms for a safe and positive climate
- 2) school- wide practices to support SEL

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

EVALUATION CRITERIA:

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

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

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

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

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

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

SUSTAINABILITY:

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

support organizations interested in embedding SEL and trauma informed practices into partner organizations.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

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

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

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

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

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

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

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

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

According to the 2013, Youth Risk Behavior Survey 13% of students report having drank before the age of 13. We believe that there can be a shift in these indicators by offering support with trauma-informed schools and creating social and emotional learning environments that support SEL skill development.

BUDGET

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

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

	<table><tr><td>General supplies</td><td>\$200</td><td>48 months</td><td>\$9,600</td></tr><tr><td>Curricula/Materials</td><td>\$15,000</td><td>1 year</td><td>\$15,000</td></tr><tr><td>Mtg Materials</td><td>\$5,000</td><td>4 years</td><td>\$20,000</td></tr></table> <p>These supplies match the activities outlined in the project narrative and will support culturally supported SEL. Additional supplies are included under contractual sub-grantees.</p>	General supplies	\$200	48 months	\$9,600	Curricula/Materials	\$15,000	1 year	\$15,000	Mtg Materials	\$5,000	4 years	\$20,000																																				
General supplies	\$200	48 months	\$9,600																																														
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Other Costs	\$76,800.00																																																
Other Costs (other sources)	\$2,453,140.00																																																
Other Costs Narrative:	<p>Type Cost Length of Time Total</p> <p>CONTRACTUAL</p> <table><tr><td>Evaluator Contract:</td><td>\$186,797</td><td>4 years</td><td>\$747,188</td></tr><tr><td>Trainers:</td><td>\$10,000</td><td>3 years</td><td>\$30,000</td></tr><tr><td>Cultural Experts:</td><td>\$15,000</td><td>4 years</td><td>\$60,000</td></tr><tr><td>Contractual Travel:</td><td>\$3,000</td><td>3 years</td><td>\$9,000</td></tr><tr><td>Afterschool Support:</td><td>\$15,000</td><td>4 years</td><td>\$60,000</td></tr><tr><td>Training Stipends</td><td>\$75 years</td><td>30/2 years</td><td>\$4,500</td></tr></table> <p>Subtotal Contracts and Stipends \$910,688</p> <p>20% of the grant will be dedicated to evaluation including evaluator time and travel as needed.</p> <p>Allocations are based on similar evaluation contracts with AIR. Additional trainers will be contracted for trainings, professional development on specific SEL materials, and cultural content. Additional flights will be covered by airline donations and coordinated with other travel. First Alaskans Institute will be a key partner and work with both AASB and local cultural experts to ensure culturally responsive SEL. Supports and incentives will be provided to afterschool providers. This will be carried out in partnership with the Alaska Afterschool Network.</p> <p>Sub-grantees:</p> <table><tr><td>Districts</td><td>Allocation</td><td>Years</td><td>Total</td></tr><tr><td>2 districts</td><td>\$75,500</td><td>3.5</td><td>\$525,000</td></tr><tr><td>3 districts</td><td>\$65,000</td><td>3.5</td><td>\$682,500</td></tr><tr><td>1 district</td><td>\$45,000</td><td>3.5</td><td>\$157,500</td></tr><tr><td>Cont. State Travel</td><td>\$13,000</td><td>3</td><td>\$39,000</td></tr><tr><td colspan="4">Subtotal Subgrantees: \$1,404,000</td></tr></table> <p>Allocations to sub-grantees are based on travel needs, number of schools and geography. It includes funding for: district SEL coordinator, district training and travel, substitutes, evidence-based, SEL materials, statewide travel, and counselor time to integrate PBIs or RTI. Some travel will be paid for by districts and</p>	Evaluator Contract:	\$186,797	4 years	\$747,188	Trainers:	\$10,000	3 years	\$30,000	Cultural Experts:	\$15,000	4 years	\$60,000	Contractual Travel:	\$3,000	3 years	\$9,000	Afterschool Support:	\$15,000	4 years	\$60,000	Training Stipends	\$75 years	30/2 years	\$4,500	Districts	Allocation	Years	Total	2 districts	\$75,500	3.5	\$525,000	3 districts	\$65,000	3.5	\$682,500	1 district	\$45,000	3.5	\$157,500	Cont. State Travel	\$13,000	3	\$39,000	Subtotal Subgrantees: \$1,404,000			
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	<p>will be aligned with annual school board, superintendent, or principal conferences.</p> <p>Other (Line 8): Cost Years Total</p> <p>Indirect Costs: 17.2% Total Indirect: \$215,252 AASB has a federally approved indirect cost rate agreement of 17.2% of direct allocations. This applies to direct costs and the first \$25,000 of sub-grantee and evaluation contracts (\$103,200)</p>
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Total Amount to be Funded by the Trust	\$100,000.00
Total Amount Funded by Other Sources	\$3,238,680.00

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

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MEMO

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

REQUESTED MOTION:

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

Assigned Program Officer: Katie Baldwin

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

PROJECT DESCRIPTION:

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

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

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

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

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

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

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

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

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

EVALUATION CRITERIA:

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

We estimate serving the following beneficiaries:

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

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

SUSTAINABILITY:

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

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

WHO WE SERVE:

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

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

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

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

Appropriate facilities will allow us to:

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

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

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

BUDGET

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

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

Total Amount to be Funded by the Trust	\$55,900.00
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Total Amount Funded by Other Sources	\$4,631,385.00
Total Project Cost	\$4,687,285.00

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

Trust Capital Project Questionnaire

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

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

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

Organization name: The Native Village of Eklutna

Contact: Marlene Johnson, Tribal Administrator

Email: administrator@eklutna-nns.gov

Phone: (907) 688-6020

A. Organizational Issues

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

B. Program Issues

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

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

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

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

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

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

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



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

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

C. Site Issues

C1. Has a site been identified for this project?

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

C2. Were alternative sites fully evaluated?

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

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

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

C4. Has a site plan been completed?

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

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

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

C5. What is the status of site ownership?

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

D. Facility Issues

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

E3. How will increased operating expenses be covered?

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

F. Other information that helps explain your project:

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

MEMO

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

REQUESTED MOTION:

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

Assigned Program Officer: Katie Baldwin

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

PROJECT DESCRIPTION:

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

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

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

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

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

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

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

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

EVALUATION CRITERIA:

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

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

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

SUSTAINABILITY:

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

WHO WE SERVE:

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

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

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

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

BUDGET

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

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

Trust Capital Project Questionnaire

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

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

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

Organization name: Southcentral Foundation

Contact: Marie Stewman, Director of Planning and Grants

Email: mstewman@southcentralfoundation.com

Phone: 907-729-5262

A. Organizational Issues

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

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

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

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

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

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

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

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

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

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

In the early 2000's, Southcentral Foundation (SCF) joined with a group of rural healthcare providers concerned about primary care access in the Matanuska-Susitna Borough (Borough) formed the Mat-Su Rural Healthcare Planning Network (RHPN). While the initial purpose of the group was to share best practices and facilitate collaboration, soon the members decided that a comprehensive plan was needed. The group members collaborated to seek funding to develop a report in 2002 with the goal of meeting the healthcare access needs of all borough residents in the best manner possible. Members of RHPN included: Chickaloon Village Traditional Council, Mat-Su Health Services, Matanuska-Susitna Borough, Southcentral Foundation, Sunshine Community Health Center, Valley Healthy Communities Program, and Valley Hospital Association, the predecessor to the new Mat-Su Regional Medical Campus. Meetings were open to the public and were frequently attended by staff from the Denali Commission, Mat-Su Public Health, and the Alaska Department of Health and Social Services. Following community meetings and community surveys a report was completed. The "Mat-Su Borough Primary Healthcare Plan 2005-2015" outlines the needs of the community. The third recommendation of the eleven made in the report is to establish a community health center (CHC) along the section of the Glenn Highway that is the proposed new location of the Life House CHC. This recommendation for a CHC was made after reviewing public, community, state and local partner, and network member input.

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

Approximately three months.

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

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

B. Program Issues

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

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

C. Site Issues

C1. Has a site been identified for this project?

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

C2. Were alternative sites fully evaluated?

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

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

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

C4. Has a site plan been completed?

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

C5. What is the status of site ownership?

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

D. Facility Issues

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

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

population increase.

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

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

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

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

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

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

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

Financial Issues

E1. Is the full cost of the project identified?

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

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

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

E3. How will increased operating expenses be covered?

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

MEMO

To: Carlton Smith, Finance Committee Chair
Date: October 16, 2015
Re: FY16 Partnership Request
Fiscal Year: 2016
Amount: \$125,000.00
Grantee: RurAL CAP
Project Title: Acquisition of the John Thomas Building

REQUESTED MOTION:

Recommend 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 E. 3rd Avenue.

Assigned Trust Staff: Jeff Jessee

DESCRIPTION OF PROJECT

This request is specifically for **RurAL CAP's Supportive Housing** division, which helps individuals move to economic independence by addressing the frequently interrelated problems of homelessness, addiction, mental illness, and increases access to affordable housing for low-income individuals and families. The Division is built upon the principles of self-advocacy and skill building as pathways to permanent housing and community reintegration.

Target Population

RurAL CAP is developing 20 single-occupancy affordable permanent supportive Housing First apartments in downtown Anchorage for chronically homeless individuals with severe needs.

RurAL CAP expects that many of those served will have both substance dependence and mental health disorders (co-occurring). More specifically, RurAL CAP has made a **commitment to serving the 'hardest to house' of the target population and will prioritize** serving chronically homeless individuals, with incomes at 50% of the Area Median Income, who have a history of hospitalization and/or law enforcement contacts, are top users of the Anchorage Safety Center, and with a high vulnerability rating and who have a substance abuse diagnoses. This population will often have co-occurring disorders (mental health and substance use disorders), as diagnosed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V). Based on experience, it is anticipated that the majority of these individuals will be Alaska Native men and women 31-50 years of age. It is anticipated that of the individuals served, approximately 60% will be male and 40% will be female. This population speaks primarily English and has limited literacy skills.

The downtown Anchorage **business area, where the project, hereafter called ‘325 E 3rd’** will be located, is experiencing a high number of homeless individuals with limited or non-existent housing options in the immediate vicinity. RurAL CAP will work with the downtown business community, the Anchorage Downtown Business Partnership, and community councils to provide outreach efforts to members of the targeted population in order to connect them with housing at 325 E 3rd as appropriate.0

Need for the Project

There is a statewide shortage of supportive housing to accommodate people with serious mental illness and other disabling conditions who are in need of services in order to retain housing and move forward with recovery. Most individuals in this population do not meet required criteria for hospitalization and are not successful in the assisted living mental health system. Individuals being discharged from correctional facilities, API, involved with the Court System, or other inpatient treatment facilities have limited access to affordable housing and needed services, causing recidivism rates to skyrocket. Without a stable place to live, mental health and addiction symptoms are exacerbated and effective recovery services are difficult or impossible to deliver. A lack of integrated community-based services paired with a lack of appropriate housing have led to persons experiencing chronic homelessness with primary diagnosis of substance abuse and/or mental health disorders repeatedly (and unnecessarily) cycling through emergency, correctional, and acute care systems.

In Anchorage, the need for housing far exceeds what is available. With a significantly low vacancy rate and a high cost of living, the city is home to many people needing just that – a **home. The Municipality of Anchorage’s** (MOA) Five Year Housing and Community Development Consolidated Plan 2013-2017 states that in 2012 there was an exceptional demand for rental units affordable to (Extremely Low Income) people making 30% or less Area Median Income (AMI). Two bedroom units – enough room for a small family – had a 2.4% vacancy rate, making it nearly impossible for those in need to acquire affordable housing. With a high cost of living, and wages that fall short of meeting housing costs, low-income people are further squeezed out of rental opportunities as median income families seek cheaper housing options and consume the majority of affordable housing stock **available. The MOA’s 2014 Action Plan for Housing and Community Development reports** that in April 2013, over 1,500 people were on the waitlist for Housing Choice Vouchers, and over 3,000 people were on the waitlist for other various Alaska Housing Finance Corporation (AHFC) rental assistance units. In 2012, the median rent cost increased by 4%, vacancy rates dropped, and the increase of household income (up 31%) did not meet the increase in home value (up 59%).

The cost of living in Anchorage is up to 26.5% above the U.S. average (Alaska Economic Trends, July 2013, <http://laborstats.alaska.gov/col/col.pdf>). **The MOA’s 2014 Action Plan** states that the median rental costs for a 2 bedroom apartment in Anchorage in 2012 was \$1,240, and \$1,020 for a single. For a single family home rental, the 2012 Anchorage median rent was \$1,458 for 2 bedrooms and \$928 for one bedroom. According the National Low Income Housing Coalition housing wage calculator, for example, one would have to make at least \$19.62 per hour, or \$40,800 a year, to spend no more than 30% of their income on a

one bedroom rental unit in Anchorage. A minimum wage employee at \$7.75 would need to **work 101 hours per week to afford a median cost rental unit. The Coalition's Out of Reach 2013 publication states that the "...urgent solution to these issues is clear: expanding the supply of affordable housing units, dedicated to the lowest income renter," as wages remain stagnant, rent costs increase, and the supply of affordable housing units remains inadequate.** The Coalition ranks Alaska as the 9th most expensive state in 2013 in their Housing Wage for Two-Bedroom FMR (Fair Market Rate) research, at \$21.37 per hour being the necessary wage to appropriately afford housing.

Statewide, institutional systems use the streets of Anchorage as their default discharge location. Because Anchorage is *the* hub for hospital facilities, API, a probationary system, and the largest social service network in the State, individuals are continuously discharged onto the streets of Anchorage, resulting in individuals with severe needs becoming chronically homeless and getting trapped cycling through emergency care systems. **While Anchorage's lower income populations face extreme barriers, those with a history of** cycling through homelessness, API, and correctional facilities because of disabilities are further inhibited from finding affordable housing and the supportive services they need to retain housing. As a result, many individuals experiencing chronic homelessness have no access to housing or the resources required to address and stabilize, let alone improve, their conditions.

Further complicating the problem is the common practice of discharging users of homeless shelters, correctional facilities, API, and other emergency facilities to the streets of Anchorage, no matter where the individual is originally from. Many who have been discharged on the streets of Anchorage can no longer return to their home communities in more rural areas because of their severe needs and/or the lack of services outside of Anchorage. As a direct result of these practices, individuals get stuck in Anchorage, cycling through emergency and homeless systems for years. The 325 E 3rd project offers a viable solution to this costly problem.

The target population is clearly challenged by extreme barriers to accessing needed resources and an inability to seek and maintain a permanent home. These individuals are drastically underserved, in part because traditional mental health and substance abuse treatment services have failed to meet their challenging and unique needs. When this population is not safely housed, it results in the overutilization of police, EMT, Anchorage Safety Patrol calls, and a high rate of hospital emergency room visits.

Whether derived from national statistics or local housing program waitlists, the evidence in Anchorage points definitively to the need for expanding affordable and supportive housing. RurAL CAP has made it an agency strategic planning priority to expand housing inventory and opportunities, improve existing housing stock, and is committed to improving and increasing the full spectrum of housing services – especially support services for residents that enables forward movement to safe, permanent housing and self-sufficiency when possible.

325 E 3rd Contributing to Quality of Life

RurAL CAP proposes to address this need for residential supportive housing that accommodates the target population by adding 20 units of permanent supportive housing where the greatest number of underserved individuals of the target population reside; Anchorage.

RurAL CAP has identified the 28,000 square foot Thomas Building located at 325 East 3rd Avenue in downtown Anchorage as a suitable location for this project and is pursuing the acquisition, remodel, and operation of this building as the new 325 E 3rd permanent supportive Housing First facility. The building will be purchased from the Municipality and remodeled to have 20 permanent housing studio apartments and a Supportive Services Center which will include offices for staff, community space, kitchen facilities, and meeting space. The operating plan for 325 E 3rd will follow the evidence-based best practices of Permanent Supportive Housing and rely on the principles of Housing First to successfully provide supportive services for the target population of chronically homeless, severe needs individuals in order to assist them in maintaining housing and becoming more self-sufficient.

The 325 E 3rd project will adhere to the following Housing First principles:

- Housing is a basic human right, not a reward for clinical success; and
- **Once the chaos of homelessness is eliminated from a person's life, clinical and social stabilization can occur faster and changes are more enduring.**

The 325 E 3rd project will also use the following seven standards of Housing First:

1. Move people into housing directly from the streets and shelters without pre-conditions of treatment acceptance or compliance;
2. The provider is obligated to bring robust support services to the housing. These services are predicated on assertive engagement, not coercion;
3. Continued tenancy is not dependent on participation in services;
4. Housing units are targeted to the most disabled and vulnerable homeless members of the community;
5. Embrace a harm reduction approach to addictions rather than mandating abstinence. At the same time, the provider must be prepared to support resident commitments to recovery;
6. Residents must have lease agreements and tenant protections under the law; and
7. Housing First can be implemented as a project-based or scattered-site model.

Further, the 325 E 3rd project will follow the evidence-based best practice of Permanent Supportive Housing which include 1.) Choice of Housing; 2). Functional Separation of Housing and Services; 3). Housing Integration; 4). Rights of Tenancy; 5). Access to Housing; and 6). Flexible and Voluntary Services.

The ultimate goal of the 325 E 3rd project is to place individuals of the target population experiencing chronic homelessness into permanent housing and to provide them with the

resources, supports, and skills necessary to maintain safe and secure housing and to move forward in their recovery.

Current Status

RurAL CAP has contracted with Alaska Project Development, LLC (APD) to lead the development process for the 325 E 3rd project. RurAL CAP and APD have conducted a financial feasibility assessment and identified sufficient funding sources to acquire the property, complete construction/rehab activities, and cover related soft costs.

Applications have been submitted to secure capital funding through Alaska Housing Finance Corporation's (AHFC) Special Needs Housing Grant (SNHG) opportunity for SNHG capital funds, Low Income Housing Tax Credit (LIHTC) capital funds, and energy credits. Funding from SNHG in the amount of \$3M has been awarded. It is expected that the LIHTC process will close in mid- to late November. Preliminary design plans and cost estimates have been completed, evidence of acceptable zoning has been provided by the Municipality of Anchorage, and site control has been secured.

SUSTAINABILITY

For 20 years, RurAL CAP has operated Homeward Bound and provided transitional housing for individuals experiencing chronic homelessness and inebriation in Anchorage. Supportive services have been provided by the Continuum of Care (CoC) funding stream overseen by the Department of Housing and Urban Development (HUD). Abundant research has made it clear that providing supportive housing that utilizes a Housing First model is a proven best practice, and HUD has shifted priority focus from transitional to permanent housing. In order to retain CoC funding, maintain local supportive housing stock, and serve this hard-to-house population, RurAL CAP is moving quickly to convert the property on 3rd and Cordova into the 325 E 3rd permanent Housing First facility, replacing Homeward Bound. RurAL CAP will transfer sufficient operating funds from Homeward Bound to 325 E 3rd and be operational at the new permanent supportive housing site by late summer/fall 2016.

Once capital funding is secured, future operating and maintenance costs, including supportive services for residents, will be covered by Continuum of Care funding through HUD (\$504,670) with match funding provided by AHFC (\$246,090) and RurAL CAP's Community Services Block Grant (CSBG) (\$55,000). These are reliable sources of funding that RurAL CAP has received continually since the early 1990's. Rental revenue projections based on experience serving a similar population at RurAL CAP's Karluk Manor Housing First facility will be \$55,800/year. Projections show that the facility will be operated with an annual net operating income of over \$13,000.

BUDGET NARRATIVE

The total capital costs for the 325 E 3rd project are \$6,462,770, including building acquisition, construction/rehab and associated costs, and related soft costs. The project will result in 20 units of permanent supportive housing, seven offices, common space, meeting space, and community kitchen space. RurAL CAP and APD have been awarded \$3M in SNHG capital funding. The Low Income Housing Tax credit program (LIHTC) will generate

\$2,196,551 and \$112,200 in Energy Credits will be applied. A request for \$475,000 is pending with the Rasmuson Foundation with a commitment letter expected in late **November 2015. RurAL CAP's board has approved a 0% interest \$400,000 forgivable loan of RurAL CAP's unrestricted funds to the project, repayment contingent upon project income availability.**

This request to the Alaska Mental Health Trust Authority (AMHTA) for a \$125,000 grant is the final piece of funding needed to completely fund the capital portion of this project.

RurAL CAP will reallocate Department of Housing and Urban Development (HUD) Continuum of Care (CoC) and Alaska Housing Finance Corporation (AHFC) CoC matching funds for operating the project (approximately \$750,760), contribute Community Service Block Grant operating funds (\$55,000), and collect tenant rent at a conservatively estimated \$55,800/year. These funds will cover operating expenses for the facility and the supportive services for tenants.

PROJECT DIRECTORS AND QUALIFICATIONS

- **Corrine O'Neill** has nearly 15 years of experience working on the issues of affordable housing and homelessness in Anchorage. She has three years experience in Clinical Management of homeless and Housing First programs at Anchorage Community Mental Health Services (ACMHS). Ms. O'Neill supervised the HUD Housing Programs and Substance Abuse and Mental Health Services Administration (SAMSHA) Projects for Assistance in Transition from Homelessness (PATH) funding **for ACMHS. Ms. O'Neill was the ACMHS Cooperative Agreement to Benefit Homeless Individuals (CABHI) Supervisor** from July 2012-2014. She joined the RurAL CAP team in May of 2014 as the Supportive Housing Division Director. She has trainings and certifications in Integrated Dual Diagnosis Treatment (IDDT), Motivational Interviewing, Seeking Safety, Housing First, and Harm Reduction. She also has extensive experience training direct line/case management staff.
- **Ken Scollan** is the Supportive Housing Division Manager. With over 28 years in the construction and housing industry, he has extensive experience with rehabilitation and construction projects, property acquisition, housing and facility financing, and managing ongoing maintenance and repair needs for rental housing. He has worked for RurAL CAP since 1994 in a variety of positions including the Weatherization Superintendent, Self Help Project Manager, Operations Manager for Homeward Bound, and is now the Property Manager for Affordable Housing.
- RurAL CAP has contracted with **Alaska Project Development, LLC (APD)** to lead the development process for Susitna View. APD has substantial experience in innovative design and financing, design/build, construction, and project management techniques, as well as extensive professional contracts with firms qualified to support large development efforts, such as the 325 E 3rd project. Members of APD include Glenn Gellert, John McGrew, Ron Bateman, and Marlene Bateman.

Alaska Commission on Aging

**Alaska Commission on Aging Report
will be distributed at
the Full Board of Trustee meeting
on November 18, 2015**

Governor's Council on Disabilities and Special Education



Governor's Council on
Disabilities & Special Education

November 2015
Board of Trustees Meeting
Alaska Mental Health Trust
Authority

Patrick Reinhart, Executive Director
Rich Sanders, Planner III



Current ~~To Do~~ "Doing" List

- New Council Appointments
 - Medicaid Expansion/Reform
 - Council 5 Year State Plan
 - Implementation of the Durable Medical Equipment Re-Use & Recycling legislation
 - Passage of ABLE Act legislation
 - Key Campaign priorities
 - DD Grants
 - Council cost-cutting measures
 - Creation of new Telepractice Committee
 - Infant Learning Program changes
 - Implementation of Employment First Legislation
- 

New Council Appointments

- **Reappointments:**
 - Consumer/Primary, Dean Gates
 - Consumer/Secondary, Jeanne Gerhardt-Cyrus
 - Consumer/Secondary, Margaret Lanier Kossler
 - Higher Education, Christine King
 - NGO/Nonprofit Agency, Amy Simpson
- **New appointments:**
 - Consumer/Primary, Maggie Winston
 - Consumer/Primary, Sara Kveum
 - Consumer/Secondary, Sandra DeHart-Mayor
 - Special Education, David Kohler
 - Older Americans Act/Aging Commission, Edna DeVries
 - D.V.R., John Cannon

Council Staff Update

- **New Program Coordinator - Ric Nelson**
 - Primary Functions
 - Business and Industry Liaison
 - Advocacy
 - Legislative Coordination
- **New Administrative Assistant II - HalleliYah Yisra'el**
 - Council Administrative lead
- **Staff Retreat held on October 30th**
 - Review staff projects and workload
 - Discuss priorities
 - Develop methods to work effectively and efficiently as a team

Medicaid Expansion / Reform

- Council Staff
 - Steering Committee
 - Council Medicaid Ad Hoc Committee
 - Medicaid Redesign Key Partners
- Council Members
 - Community First Choice (CFC) Implementation council



Medicaid Development & Implementation Council

- An advisory group for members and the public on Medicaid reform project information in Alaska
- The GCDSE is providing input on implementation and structure of the 1915(k) (Community First Choice (CFC) Option for Home and Community-Based Services (HCBS benefits) options
- Governor's Council on Disabilities & Special Education involvement
 - Council Members
 - Sara Kveum (Self-Advocate)
 - Art Delaune (Parent / Advocate)
 - Former Council Members
 - Karli Lopez (Former Council member - Parent/Advocate)
 - Banarsi Lal (Former Council member - Senior/Advocate)
- Provider and Public Forums - GCDSE staff available to assist as needed
 - Advertising assistance (Facebook, Twitter, GCDSE website, email lists)
 - Technical assistance (logistics, equipment, etc.)

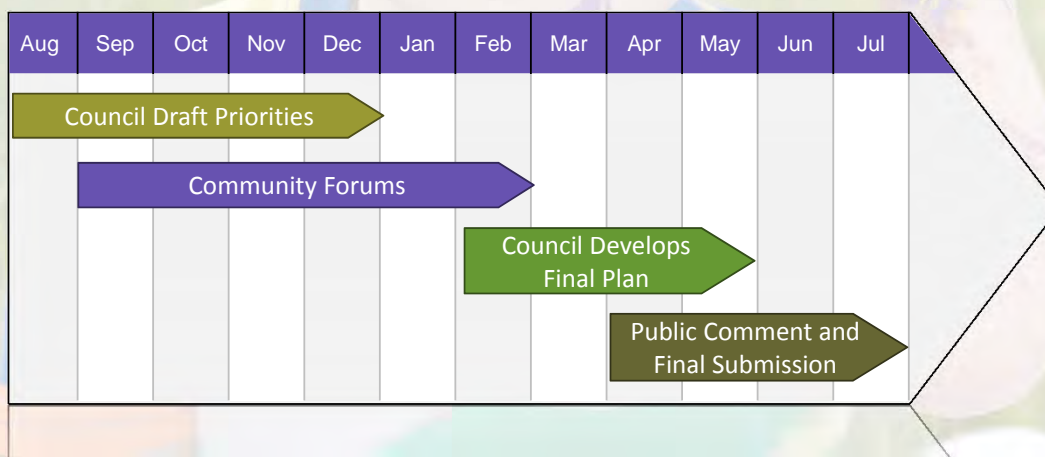


Medicaid Redesign Key Partners

- GCDSE staff (Brittney Howell, Research Analyst III) participated in the meeting on November 10th
 - Meeting consisted of Key Partners across DHSS, the Trust, Trust partner boards, behavioral health agencies, primary care representatives, etc.
 - Purpose
 - To present the Goals and Vision for Medicaid Redesign and Expansion
 - Update on the project
 - Present and Discuss
 - » Medicaid Reform Initiative Options
 - » Potential Alternative Coverage Models for Expansion Population

*GCDSE provided a sound system so participants could be heard

Council 5-Year Plan Process



Community Forum Locations

Represents each region of Alaska and takes place at hubs that represents nearly 90% of the Population

- Sitka
- Ketchikan
- Cordova
- Kodiak
- Anchorage
- Homer
- Fairbanks
- Kotzebue
- Bethel
- Eagle River
- Wasilla
- Soldotna

Medicaid Ad Hoc Committee

- Staff lead: Britteny Howell
 - Committee reviews all proposed regulations and submits comments
 - HCBS Settings Draft Policy
 - DD Registry Selection Draft Policy
 - Monitoring the impact of the waitlist draw reduction

Early Intervention Committee (EIC) Update



The EIC has been very involved in developing the State Systemic Improvement Plan (SSIP). This is a new quality performance indicator required of each state by the Office of Special Education Programs (OSEP). Alaska has chosen improving social and emotional outcomes for its targeted focus area.

EIC parents and staff have participated in OSEP collaborative training for this with state staff in Chicago and Atlanta. We will be meeting with the Federal project officer later this month in Juneau to participate in "Phase II" of this five year plan.

Education Committee (Ed Comm)



The Ed Comm has been involved in a regulation change that would add Fetal Alcohol Spectrum Disorders (FASD) to the conditions listed under "Other Health Impaired" (OHI) eligibility.

We have been collaborating with stakeholders; public health, special ed administrators, teachers, parents and advocates to define the term "physician" for this regulation.

Our recommendation to the Department of Education use the terms "licensed physician and advanced nurse practitioner" in this regulation change. We have provided written input and are organizing oral comments.

Education Committee (Ed Comm)



The Ed Comm has also been involved in the State Systemic Improvement Plan (SSIP) for special education. It's targeted focus is graduation.

We have been providing stakeholder and parent input for a collaborative Transition Handbook.

We have been collaborating on the development of a career exploration curriculum that will be piloted in 5 school districts this fall.

Autism Ad Hoc Committee



With numerous partners we have started an Autism Ad Hoc Committee. The purpose of the committee is to develop and implement a "Phase II" Autism Five year Plan.

With a facilitator from Agnew:Beck, we have held three meetings and have just finished a plan of across the life span supports focused on five domains

- Screening and diagnosis
- Workforce development and training
- Early intervention and education
- Comprehensive supports
- Funding and payment

DD Committee

- Commented on changes to DD Determinations Policies
- Provided feedback to the Medicaid ad hoc Committee on:
 - Waiver performance measure comment
 - Waitlist draw reductions
 - Transition plan on settings
- Hosted guest speaker, Roy Scheller, PhD to speak about Hope's Intentional Communities
- Drafting objectives for the next 5-year state plan

Employment & Transportation Committee

- Alaska Integrated Employment Initiative
 - Discovery Classes
 - Interagency Matrix of Services Update
 - New "Certificate in Employment Services
 - AIEI Advisory Board meeting November 16-17
 - Staff assisting with Employment First implementation (Rich Sanders, Kristin Vandagriff)
 - Staff working with the new Disability Employment Initiative through the Department of Labor & Workforce Development - Focus on Transition Youth
 - Working on implementing best practices into grant planning
 - Project SEARCH Expansion
 - Presentation at Society for Human Resource Managers Conference



Employment First Update

- Inter-department Meeting held on November 9th
 - Departmental Representatives Present
 - Department of Education & Early Development Representative - Don Enoch
 - Department of Health & Social Services Representative - Duane Mayes
 - Department of Labor & Workforce Development Representative - John Cannon
 - Established new draft annual reporting system (8 scaled measures of success) and discussed methodology and departmental reporters to complete and provide to the AMHTA by December 31, 2015
 - Discussed potential existing entities that could become an “Employment First Council” or “Oversight Committee”

Early Intervention Committee



Lorem Ipsum has been the industry's standard dummy text ever since the 1500s

When an unknown printer took a galley of type and scrambled it to make a type specimen book

It has survived not only five centuries, but also the leap into electronic typesetting, remaining unchanged

FASD Workgroup - Huge Success

- FASD Awareness Day - September 9, 2015
 - Coordinated by Staff - Britteny Howell 🍌
 - Held at Anchorage School District
 - 173 persons attended the event
 - 20+ Vendors
 - Speakers included parents, self-advocates and Mayor Berkowitz
 - [KTVA Coverage of the FASD Awareness Day Event](#)

Health & Disability Update / ASPEN

- Health & Disability Program
- FY'16 Top Projects
 - Adaptive Physical Activity
 - Friendship and Dating
 - Health Matters
 - Special Olympics
- ASPEN
 - Working on Tribal Review
 - Contracts to be sent out
 - Needs Assessment
 - Policy and Procedure review
 - Focus groups
 - Key informant interviews

New Telepractice Committee

- Formed originally by the Council in Summer of 2015
- First meeting to be held on November 23rd
- Purpose: To determine the use of telepractice in education, training, medical services and other services to Alaskans with disabilities and develop potential services and plans to use telepractice:
 - Reducing costs and improve access to services for remote and rural (and urban) areas
 - Improve efficiency of service delivery statewide
 - Improving access to services and
 - Developing new programs to address service needs for Alaskans with disabilities
- Members include telepractice professionals at health care organizations, Council members and other agency staff involved in current telepractice programs



ABLE Accounts:

- Achieving a Better Life Experience Act



[What does it Mean?](#)

ABLE Accounts: “Achieving a Better Life Experience” Act

1. What is an ABLE account?

- Tax-advantaged savings accounts for individuals with disabilities and their families
 - Similar to 529 college saving accounts
- Income earned by the accounts = not taxed
- Contributions to the account = not tax deductible.



2. Why the need for ABLE accounts?

- ABLE savings accounts will not affect eligibility for SSI, Medicaid/other public benefits
 - Previously, public benefit eligibility required an individual to remain poor
 - Recognizes of the extra costs of living with a disability

ABLE Accounts: “Achieving a Better Life Experience” Act

3. Am I eligible for an ABLE account?

- Eligibility = individuals with significant disabilities with an age of onset prior to turning 26
- SSI and/or SSDI = automatically eligible to establish an ABLE account
- No SSI and/or SSDI = eligible to open an ABLE account if you meet SSI criteria
 - Significant functional limitations
- Can be under 26 or over 26
- If over 26 - documentation of onset needed

4. Are there limits to how much money can be put in an ABLE account?

- Total annual contributions = \$14,000
 - Amount will be adjusted annually for inflation
 - Gift Tax Exclusion: \$14,000 = maximum amount individuals can give & not pay taxes
- Total limit over time = determined by state:
- SSI/Medicaid recipients = exempt from resource limit up to **\$100,000**
 - Exceeding \$100,000 = loss of SSI eligibility/benefits, Medicaid eligibility continues

ABLE Act Implementation U.S. & Alaska



- HB 188: Disability Savings Accounts (ABLE ACT)
 - Introduced last session - Representative Saddler is the sponsor
 - "An Act relating to financial accounts for persons with disabilities; relating to financial institutions; relating to property exemptions; relating to securities; and providing for an effective date."
 - To read more about the bill, visit:
http://www.legis.state.ak.us/basis/get_bill.asp?bill=HB%20188&session=29
- Internal Revenue Service Proposes Regulations for New State-Sponsored ABLE Accounts
 - To help states implement these accounts, the Internal Revenue Service (IRS) has issued proposed regulations that are now available for public comment until September 21.
 - Proposed regulations link:
<https://www.federalregister.gov/articles/2015/06/22/2015-15280/guidance-under-section-529a-qualified-able-programs>

FY'15 DD Grants

- Budget - \$11,600,000
- 26 different agencies throughout the state
- Total number of grant recipients in CDDG: 969
- Average cost per recipient: \$11,971
- Most common services purchased in FY15:
 - Case Management
 - Respite


Council Cost Cutting Measures

- Significant reductions in travel
- Condensed Council meetings
- More use of technology vs. travel for meetings
- More use of electronic files
- Integration of activities into current staffing (i.e., legislative advocacy, etc.)
- Better use of social media

Legislative Priorities

Following these bills next legislative session:


- HB 27/28: PCA Services
- SB 78/HB 148: Medicaid Expansion and Reform
- HB 77: Disability Training and ID Bill
- HB 154: Civil Legal Services Appropriations
- HB 99: Voluntary Termination of Life
- HB 85: Repealing College and Career Readiness Assessments
- HB 89: Graduation Requirements
- HB 102: Residential Psychiatric Education Funding
- HB 188: Disability Savings Accounts (ABLE ACT)



GOVERNOR'S COUNCIL
ON DISABILITIES &
SPECIAL EDUCATION

Do you have any questions?

Patrick Reinhart
Executive Director
Governor's Council on Disabilities & Special
Education
3601 C Street, Suite 740
Anchorage, Alaska 99503
907-269-8990
patrick.reinhart@alaska.gov



**Advisory Board on
Alcoholism & Drug
Abuse /
Alaska Mental Health
Board**

**Alaska Mental Health Board /
Advisory Board on Alcoholism & Drug Abuse Report
will be distributed at
the Full Board of Trustee meeting
on November 18, 2015**