Trust
Alaska Mental Health Trust Authority

3745 Community Park Loop, Suite 200
Anchorage, AK 99508
Tel 907.269.7960
www.mhtrust.org

MEETING AGENDA

Meeting: Program & Planning Committee
Date: April 20, 2018
Time: 9:00 am
Location: Trust Authority Building, 3745 Community Park Loop, Anchorage
Teleconference: (844) 740-1264 / Meeting Number: 802 130 773 # / Attendee Number: #
http://thetrust.webex.com
Trustees: Chris Cooke (Chair), Verné Boerner, Laraine Derr, Paula Easley, Mary Jane Michael, Jerome Selby, Carlton Smith

Friday, April 20, 2018

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9:00a **Call to order (Chris Cooke, Chair)**
Roll Call / Announcements / Approve agenda / Ethics Disclosure
Approval of Minutes - January 4, 2018 6

9:10 **CEO Update**

9:20 **Housing** 15
- Brian Wilson, Alaska Coalition on Housing and Homelessness
- Cathy Stone and Daniel Delfino, Alaska Housing Finance Corporation
- Colleen Dushkin, Alaska Association of Housing Authorities
- Susan Musante, DHSS, DBH
- Mike Sanders, City of Fairbanks
- Scott Ciambor and Irene Gallion, City and Borough of Juneau
- Nancy Burke, Municipality of Anchorage
- Kelda Barstad, Trust

10:30 **Break**

10:45 **Housing (continued)**

11:30 **FY20/21 Budget Planning Update**

11:45 **Lunch on your own**

1:15p **API Strategy / Plan**
- Randall Burns, Director Division of Behavioral Health

2:00 **Break**

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Friday, April 20, 2018
(Continued)

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2:15	**Approvals**		
	Focus Area Allocations		
	• FY19 Beneficiary Projects	$1,420,000	31
	FY19 Partnerships		
	• Fairbanks Rapid Rehousing Project	$305,000	93
	• Pioneer Home Contract	$175,000	99
	• AHFC – Rural Housing Planner	$135,000	103
	FY19 MHTAAR Change of Intent		
	• DHSS DBH Medicaid ASO Reallocation		106
3:15	**Break**		
3:30	**Workforce Development**		
4:30	**Trustee Comments**		
4:45	**Adjourn**		

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Future Meeting Dates

Full Board of Trustee / Program & Planning / Resource Management / Finance
2018 / 2019 / 2020

(Updated – April 6, 2018)

• Program & Planning Committee	April 20, 2018	(Fri)
• Resource Mgt Committee	April 19, 2018	(Thu)
• Audit & Risk Committee	April 19, 2018	(Thu)
• Finance Committee	April 19, 2018	(Thu)
• Full Board of Trustee	May 24, 2018	(Thu) – Anchorage - TAB
• Program & Planning Committee	Jul 31- Aug 1, 2018	(Tue, Wed)
• Resource Mgt Committee	August 2, 2018	(Thu)
• Audit & Risk Committee	August 2, 2018	(Thu)
• Finance Committee	August 2, 2018	(Thu)
• Full Board of Trustee	Sep 5-6, 2018	(Wed, Thu) – Anchorage – TAB
• Program & Planning Committee	October 17, 2018	(Wed)
• Resource Mgt Committee	October 17, 2018	(Wed)
• Audit & Risk Committee	October 17, 2018	(Wed)
• Finance Committee	October 17, 2018	(Wed)
• Full Board of Trustee	November 15, 2018	(Thu) – Anchorage – TAB

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Future Meeting Dates

Full Board of Trustee / Program & Planning / Resource Management / Finance
2018 / 2019 / 2020

(Updated – April 6, 2018)

• Program & Planning Committee	January 3, 2019	(Thu)
• Resource Mgt Committee	January 3, 2019	(Thu)
• Audit & Risk Committee	January 3, 2019	(Thu)
• Finance Committee	January 3, 2019	(Thu)
• Full Board of Trustee	January 30-31, 2019	(Wed, Thu) – JUNEAU
• Program & Planning Committee	April 17, 2019	(Wed)
• Resource Mgt Committee	April 17, 2019	(Wed)
• Audit & Risk Committee	April 17, 2019	(Wed)
• Finance Committee	April 17, 2019	(Wed)
• Full Board of Trustee	May 8, 2019	(Wed) – TBD
• Program & Planning Committee	July 30-31, 2019	(Tue, Wed)
• Resource Mgt Committee	August 1, 2019	(Thu)
• Audit & Risk Committee	August 1, 2019	(Thu)
• Finance Committee	August 1, 2019	(Thu)
• Full Board of Trustee	September 4-5, 2019	(Wed, Thu) – Anchorage – TAB
• Program & Planning Committee	October 16, 2019	(Wed)
• Resource Mgt Committee	October 16, 2019	(Wed)
• Audit & Risk Committee	October 16, 2019	(Wed)
• Finance Committee	October 16, 2019	(Wed)
• Full Board of Trustee	November 14, 2019	(Thu) – Anchorage – TAB

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Future Meeting Dates

Full Board of Trustee / Program & Planning / Resource Management / Finance
2018 / 2019 / 2020

(Updated – April 6, 2018)

• Program & Planning Committee	January 3, 2020	(Fri)
• Resource Mgt Committee	January 3, 2020	(Fri)
• Audit & Risk Committee	January 3, 2020	(Fri)
• Finance Committee	January 3, 2020	(Fri)
• Full Board of Trustee	January 29-30, 2020	(Wed, Thu) – JUNEAU
• Program & Planning Committee	April 22, 2020	(Wed)
• Resource Mgt Committee	April 22, 2020	(Wed)
• Audit & Risk Committee	April 22, 2020	(Wed)
• Finance Committee	April 22, 2020	(Wed)
• Full Board of Trustee	May 7, 2020	(Thu) – TBD
• Program & Planning Committee	August 4-5, 2020	(Tue, Wed)
• Resource Mgt Committee	August 6, 2020	(Thu)
• Audit & Risk Committee	August 6, 2020	(Thu)
• Finance Committee	August 6, 2020	(Thu)
• Full Board of Trustee	September 2-3, 2020	(Wed, Thu) – Anchorage – TAB
• Program & Planning Committee	October 21, 2020	(Wed)
• Resource Mgt Committee	October 21, 2020	(Wed)
• Audit & Risk Committee	October 21, 2020	(Wed)
• Finance Committee	October 21, 2020	(Wed)
• Full Board of Trustee	November 19, 2020	(Thu) – Anchorage – TAB

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Future Meeting Dates

Statutory Advisory Boards - 2018

(Updated – April 6, 2018)

Alaska Mental Health Board / Advisory Board on Alcoholism and Drug Abuse

- April 16-20, 2018 – Utqiaġvik / Barrow <dates tentative>

Governor's Council on Disabilities and Special Education

- May 15, 2018 – Video/Teleconference
- September 22-23, 2018 – Anchorage – Self Advocates Summit
- September 26-27, 2018 – Anchorage – Annual Aging & Disability Summit
- October 4-6, 2018 – Anchorage

Alaska Commission on Aging

- May 1, 2018 – Video/Teleconference
- September 26-27, 2018 – Anchorage – Annual Aging & Disability Summit

ALASKA MENTAL HEALTH TRUST AUTHORITY

PROGRAM & PLANNING COMMITTEE

January 4, 2018
9:00 a.m.

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

OFFICIAL MINUTES

Trustees present:
Chris Cooke, Chair
Mary Jane Michael
Carlton Smith
Laraine Derr (via Speakerphone)
Jerome Selby
Paula Easley
Greg Jones

Trust staff present:
Mike Abbott
Steve Williams
Miri Smith-Coolidge
Kelda Barstad
Andy Stemp
Carley Lawrence
Luke Lind
Michael Baldwin
Carrie Predeger
Katie Baldwin-Johnson
Jimael Johnson
Valette Keller

Also participating:
Verne Boerner; Kathy Craft; Randall Burns; Patrick Reinhart; Duane Mayes (via Speakerphone).

PROCEEDINGS

CHAIR COOKE calls the Program & Planning Committee meeting to order, stating that all trustees are present. He asks for any announcements. He introduces Verne Boerner, one of the two new members of the Trust Authority Board appointed by Governor Walker, subject to legislative confirmation. He congratulates her on the appointment. He adds that the other appointee is Mike Powers who is not here today, and he extends congratulations to him, as well. He moves to the agenda and asks for a motion for approval.

TRUSTEE SELBY makes a motion to approve the agenda.

CHAIR COOKE states that he would like to take the privilege of the chair to make one addition to the agenda. He continues that it would be useful to have a brief section on the agenda for trustee comments, in case there are any. He asks for any objection to approve the agenda, as amended.

There being no objection, the motion is approved.

CHAIR COOKE moves to the minutes from October 26, 2017.

TRUSTEE SELBY makes a motion to approve the minutes of the October 26, 2017 meeting.

TRUSTEE MICHAEL seconds.

There being no objection, the motion is approved.

MEMBER COMMENTS

CHAIR COOKE moves to member comments, stating that he will go around the room.

TRUSTEE EASLEY has no comments.

TRUSTEE JONES also has no comments.

TRUSTEE SELBY states that the information flow has been good since the last meeting and adds that staff is doing a very good job. He appreciates the updates and being kept informed.

TRUSTEE SMITH echoes those thoughts and states that it is nice to have things on a regular schedule. He added that it is also nice to see things concise and laid out. He also wishes everyone a Happy New Year.

TRUSTEE MICHAEL wishes a Happy New Year to everyone. She states that she has been meeting weekly with Mr. Abbott. It has been very helpful and a good opportunity to exchange ideas, and answer questions. She continues that she had an opportunity to attend the Girdwood event, Challenge Alaska. They were celebrating their capital campaign, and they are purchasing the land that their building sits on in Girdwood from the resort. They were on a long-term lease which was expiring, and they had the option to purchase. She adds that, with this opportunity to participate, she gave them the good news that the Trust was providing the grant to help them top off this capital project. It was a packed house and a great celebration.

CHAIR COOKE asks Ms. Derr if she has any comments.

TRUSTEE DERR replies not at this time.

CHAIR COOKE echoes the comments about the staff performance, stating that he likes the weekly reports that Mr. Abbott has started. They are informative and brief, which means they will actually get read. With regard to the new appointees, he states that it is in the Trust's interest to see that the Governor's appointees be confirmed. He would like to explore a policy that the Trust can assist in dealing with the costs in attending board meetings and committee meetings.

MR. ABBOTT states that he will work with the board chair and bring the proposal back to the board later in January.

CHAIR COOKE moves on to the regular agenda and the Medicaid reform update. He asks Ms. Baldwin-Johnson to continue.

MEDICAID REFORM UPDATE

MS. BALDWIN-JOHNSON introduces Randall Burns and Genn Moreau, stating that they will start with a discussion about where the efforts related to Medicaid reform and all of the activities that the Department and, specifically, DBH, have been engaged in. She continues that after that, Duane Mayes will be speaking specifically about some of the progress related to the 1915(i) and (k) reforms. She adds that there will be an opportunity to ask and answer questions. She states that the Trust has a substantial investment in Medicaid reform with the Department, and she appreciates the time that it has been taken to prepare this presentation.

MR. BURNS states that they were asked to provide an update on some of the progress on 1115, where we are, and the anticipated additional time frames for implementation. He begins with an update on the commitment that the Trust made to support the 1115 effort, as well as Medicaid reform. Also included is the Administrative Services Organization and bringing them online. He states that the Department made a commitment, working with the Behavioral Health Association, and the directors of the various behavioral health agencies to begin a rebasing project on the behavioral health rates. He adds that this only applies to nontribal behavioral health providers. The tribal beneficiaries' providers are on a separate system set up by the Indian Health Services. He continues that this project began about two-and-a-half years ago, and the good news is that there are proposed new rates and he believes that will be out for public comment by the end of this month. He thinks that this will have a substantial impact on services to individuals in the state with behavioral health, whether it is mental health or substance-abuse needs, and they have been reduced recently because of their inability to be competitive in terms of salary increases due to the underfunding. The hope is that this will change the trajectory. He adds that there has also been a lot of involvement by stakeholders in the Medicaid reform process, including the behavioral health processes. He explains that six teams were formed as part of the 1115, and over 90 people participated in the development of the application. This application is being applied to CMS and is the Medicaid section 1115 behavioral health waiver demonstration. He states that an RFI was developed to get an impression of whether there was interest outside of Alaska by nationally known companies, and we received responses from over ten individuals that were interested. Those responses were used to request information to help formulate the request for proposals, which is now in substantial draft. The scope of work is done with the hope to have it on the street by March. He talks about creating the trainings and the

need to increase the understanding of contract management and performance measurements. He adds that it became clear that the provider organizations needed some financial management and focus. He states that the 1115 is specifically intended to provide states with additional flexibility to redesign and improve their access to Medicaid services and programs, and to evaluate whether or not the State's plan for those new services is effective. He continues that the 1115 is being designed to offer services that are not typically offered in Alaska. Also being suggested is a focus on early intervention with families and children, and moving people away from the overuse of acute care and hospital services. He adds that one of the things that is required is quarterly reports on the success of the changes that are being implemented over the five years of the waiver. There will be a lot of data to track on whether or not there is success in the commitments that have been made to these goals. He talks about the funds that the Trust committed and how they were used. He moves to the ASO, which is not a part of the 1115 on the application to CMS, but is clearly key to the plans for reform of the system. The ASO is intended to expand the existing treatment and capacity of the system, and to improve the ability for residents to access the proposed changes that are being made to behavioral health care. He states that this is key to the Medicaid cost containment, and the service quality and outcomes. They will be actively involved in working to meet the outcome requirements that CMS will put on for the waiver. He adds that they, with the Department, will be responsible for the successful reforms to the system and the reductions to the administrative burdens that are currently on providers, which have also been committed to changing. He states that all of this work has caused a significant change in the timelines for this project; and we expect that work to continue for the next year, which changes how the project is being monitored. He moves on and talks about the funding and how it will change. He adds that by FY20 all of those funds that have been committed by the Trust will be spread over three years instead of two. He thanks all, and asks for any questions.

CHAIR COOKE thanks Mr. Burns and asks the trustees for any questions.

TRUSTEE MICHAEL asks that given that there is funding available in each of these years, if there are any organizations that may need bridge funding, mental health programs that can be supported while waiting for the rebasing to occur. She continues that there are less mental health services going to people, and the Trust may prevent that from happening through rebuilding these programs.

MR. BURNS replies that the answer is complicated. He explains that when the Governor introduced his budget for FY19, he also introduced a supplemental budget for the current fiscal year. In that budget is $18 million that the Department has put together seeking specifically substance use treatment in a variety of ways and in various communities. He adds that he is hopeful that it has the support of the Legislature and is acted on quickly. If it is supported, that money could go out on the street as soon as possible. He explains what it will be used for. He adds that they are also seeking, specifically in Anchorage and the Mat-Su, withdrawal management programs, because they are so few. They are also seeking additional funding for residential substance abuse treatment, and for housing supports to help individuals who are coming out of residential treatment or jail who need housing. Again, he states that it requires some infrastructure, which is desperately needed.

TRUSTEE MICHAEL states that she would like to work with the group on the issue of setting up some kind of a crisis response stabilization facility. She continues that there are opportunities for partnering and going in early.

TRUSTEE SELBY commends Mr. Burns and his staff for their tenacity in dealing with the 1115 process. He asks which grantee providers took the $10 million hit.

MR. BURNS replies that they were all of the grantees that the Division funds. A percentage of reduction was taken out of most of the grants that were awarded. The only ones that were withheld from any impacts were the psych emergency services grants.

A brief discussion ensues.

TRUSTEE DERR states appreciation for all the hard work that everyone put into this.

CHAIR COOKE thanks Mr. Burns, and states that Duane Mays, Senior and Disability Services, has the next presentation.

SENIOR AND DISABILITY SERVICES

MR. MAYES begins with the history and Senate Bill 72, which passed in 2016. There were different cuts to the budget, specifically with SDS, but replaced with Medicaid dollars. Another contract was made with home- and community-based strategies. Within the contract there was a section specific to behavioral health around home- and community-based services, which is being addressed in the 1115. He states that the object was to complete a plan that details all the tasks necessary to implement the changes which was moved forward in February 2017. He moves to the two important pieces: The Community First Choice Option, 1915(k); and the ISW, the individualized supports waiver, which is an authority under the 1915 (c) section of the Social Security Act. He states that quite a bit of work has been done, and we are ready to go live with the option of CFC and the authority of ISW in March of 2018. He explains that the legacy system, referred to as DF3, is being replaced with a computerized off-the-shelf product that is being customized to the Division and referred to as "Harmony." It is important to note that currently there is a consumer-driven personal care assistance program. He adds that in order to receive that institutional level of care, that level has to be met. He continues that the other piece are the four individualized supports waivers, which is currently within Senior Disability Services, the 1915 (c) waivers, and they have been in place for 25 or 30 years. A fifth waiver is being added. He states that the ability to control and manage the costs for the ISW is establishing a cap of $17,500. That seems to be a doable figure for this group of people. He adds that the cap is a way to control costs going forward. He moves to the third piece, which is the assessment tool. He states that this tool will be changed out, and the one that will be used is referred to as the InterRAI. This will go live in July of 2019. He continues that the high-level workflow is being vetted with the stakeholders, and will come up with a more detailed framework that will be presented to the stakeholders in June of 2018. He adds that the community is excited about the ISW because a General Fund program, community development disability grant component, is being refinanced under the new ISW authority. He asks for any questions.

TRUSTEE MICHAEL commends the efforts because it has been a long process. She states that the ISW waiver will reach a lot of individuals who do not need a high level of care, but do need supports in order to be successful in the community. She asks about the budget.

MR. MAYES replies that they are actually on budget and on target to support the implementation of the ISW, the new authority, the PFC.

CHAIR COOKE asks Mr. Abbott if the administration will be able to work with the Division concerning the carrying over from ’18 to ’19 in the use of those funds.

MR. ABBOTT replies affirmatively, stating that we are grateful for that kind of information.

CHAIR COOKE asks for any other questions. There being none, he asks Carley Lawrence to begin her presentation.

PUBLIC PERCEPTIONS OF THE TRUST AND TRUST BENEFICIARIES

MS. LAWRENCE states that, since 2002, the Trust has conducted quantitative research every two to three years to better understand Alaskans’ perceptions and possible discrimination and stigmas associated with Trust beneficiaries, and the broad awareness levels of the Trust Authority. She continues that Jean Craciun will present the findings from this quantitative research. She adds that the survey was done differently, diving deeper into the possible discrimination and stigmas associated with two beneficiary groups.

MS. CRACIUN states that this is a sociologist’s methodology that has been used for a long time, and we are now starting to see more of its application in important studies, such as this one. This work was done in August 2017, with a very large sample, 700. She continues that a lot of the State’s statistics were used to make sure that the State was being represented. In terms of the residents’ populations, there is only census data from 2012, and we go back there to update the databases regularly. The margin of error is 4 percent in either direction. She adds that the five main regions in Alaska were specifically looked at: Anchorage, Mat-Su, Kenai, Fairbanks, Rural and Southeast. Asked about was the Affordable Care Act, and we and found that there are conflicting views by Alaskans. The study was split-sampled three ways with three stories: one about alcohol abuse; one about drug abuse; and one about mental illness. Then, a series of questions were asked. She states that throughout the survey, a negative sentiment was disproportionately expressed toward Alaskans experiencing alcohol abuse. Compared to drug addiction and mental illness, respondents are 11 percent more likely to believe that people suffering from alcohol addiction should be able to snap out of it. She adds that responders are more than twice as likely to deny employment to someone with an alcohol abuse problem than they are to deny employment to someone with mental illness. She goes through the survey, explaining as she goes through the results. She then moves to the perceptions of the Trust and Land Office. There is a quarter of the population in Alaska that still views the Trust as just dealing with mental illness, and therein lies the communication work and the work moving forward.

CHAIR COOKE asks for any questions.

TRUSTEE DERR states that from the very beginning, in doing another study, she has been a skeptic because she believed that we all know that people with mental illness, alcoholism, whatever, are discriminated against. She asks if there are any statistics that looked at how this Alaska survey differs from national statistics.

MS. CRACIUN replies that was not part of this study, and she would like to take it down to that next level. This study was: Can you find a way to identify stigmas? A national search and research was done on that to try to find studies throughout the country that were looking at stigma identification.

TRUSTEE SMITH states that this is a great start. He asks how this information will be used going forward; and if a plan will be formulated to address these perceptions. He continues that he is also interested in knowing what the Congressional delegation knows, understands, about the Trust, particularly the Legislature.

MS. CRACIUN replies that is what she does.

A short discussion ensued.

TRUSTEE DERR asks to what end is this being done, and what will be done with this data.

MS. LAWRENCE replies that this information helps inform the communication strategies and is used as a baseline to see if there is an impact on reducing discrimination associated with Trust beneficiaries. She continues that this is monitored to see if the communication is having an impact on helping reduce the stigma that so many beneficiaries have to deal with on a daily basis.

CHAIR COOKE calls a break.

(Break.)

CHAIR COOKE states that next on the agenda is Alaska 211.

ALASKA 211

MS. BROGAN states that in August, 2017, Alaska 211 celebrated its tenth anniversary in operation. She continues that the support of the Trust has been a key component in the ongoing success and in the ability to continue to answer those calls. She adds that Alaska 211 is a free and confidential service supported by a call center and also an online website that is a database of resources from across the state. When it was launched, there were only a couple thousand services in that database. Today there are over 7700 individual services that are available for referrals. She states that the call volume continues to be monitored before and after the hours of operation. She adds that they are co-located with the Municipality of Anchorage over at the Operation Center. It is a great partnership. If there was a disaster in the Municipality of

Anchorage, Alaska 211 would be used for folks to get emergency information out. In 2017 there were some opportunities to be involved in the development of some other statewide systems. The first partnership was with the section focusing on suicide prevention within the Alaska Native Tribal Health Consortium. That will continue, and it has uncovered some brand-new resources out in Rural Alaska. The second partnership is the Anchorage Coalition to End Homelessness, which is interested in looking at prevention and diversion, and what that may mean. Alaska 211 will be able to use the data that has been collected for all of those requests to affect positive change as far as folks getting those assessments, which is the first step into getting stable housing. She moves on to the project with the State Court System and the Access to Justice Committee, and the Justice for All Steering Committee; they are looking at a pilot portal project using technology to create an access point for individuals that have issues around Access to Justice. She explains that when working with civil justice and justice issues, they also need food, perhaps daycare, and they are interested in how the 211 system can be integrated with that portal project. For the fifth year, United Way was an ACA health-care navigator organization. For the third year there was a health-care navigator in the call center at Alaska 211, and we were able to take calls, answer questions and make appointments with other health-care navigators out in the community. She states that next is the Recover Alaska Project, and we are in the second year of a contract with them for the resource center. She continues that what is interesting and what is being learned about through the Recover Alaska project is that the role of Alaska 211 is in information and referrals. The job is to have a robust database of services, and then share that information with the callers. She states great appreciation for the support of the Trust, and she hopes that the slight reduction in funding from the Trust this past grant year can be restored.

CHAIR COOKE asks for any questions.

TRUSTEE DERR states that Alaska 211 is providing a good service, and appreciates the work being done.

CHAIR COOKE asks how people are informed about the availability of Alaska 211, and if it is only for Anchorage or is it available statewide.

MS. BROGAN replies that Alaska 211 is statewide. About 79 percent of the calls come from the Anchorage Bowl area, and we are still looking for why that is the case.

A brief discussion ensues.

CHAIR COOKE asks for a motion to adjourn.

TRUSTEE SELBY makes a motion to adjourn the meeting.

TRUSTEE MICHAEL seconds.

There being no objection, the meeting is adjourned.

(Program & Planning Committee adjourned at 11:40 a.m.)

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Program & Planning Committee
April 20, 2018

Housing Presentation

Background Information

Public Housing Division FACT SHEET

Public Housing
AHFC owns and manages 1,531 units in 13 communities. To be eligible for the rental assistance in there units, applicants must be at or below 80% of Area Median Income. Approximately 600 of these units are exclusively for seniors, 62 years of age or older, or adults with a disability.

Housing Choice Voucher
Families whose incomes are at or below 50 percent of Area Median Income may be eligible for a Housing Choice Voucher. The Housing Choice Voucher Program is AHFC's largest rental subsidy program with 4,400 vouchers available statewide. (This voucher is sometimes referred to as "Section 8"). AHFC's Housing Choice Voucher is available in 12 communities.

Families receiving public housing or voucher assistance participate in one of two programs:

> **Step:** Step offers families with a "work able" adult opportunities to increase economic independence and to transition into traditional rental or homeownership markets. Rental assistance in the Step program is limited to five years, and rent is gradually "stepped up" throughout the family's participation.
>
> **Classic:** Classic provides long-term, stable rental assistance to families who rely on fixed income sources such as Social Security and disability income. It serves seniors and families with disabilities. Families can expect to pay 28.5 percent of gross monthly income as rent.

Other Rental Assistance
Including the Housing Choice Voucher described above, AHFC also provides set aside rental assistance targeting vulnerable, low-income Alaskans. Subsidy is based on a percentage of a family's monthly income and provide assistance to the following populations:

- **Empowering Choice** for victims displaced due to domestic violence or sexual assault
- **Moving Home** for individuals receiving supportive services from the State of Alaska
- **Making A Home** for youths aging out of foster care
- **Returning Home** for Alaskans under a Department of Corrections' supervision requirement
- **Veterans Affairs Supportive Housing** for homeless veterans

Administration of Programs
The federal department of Housing & Urban Development financially supports AHFC's administration of housing programs. AHFC is one of just 39 *Moving to Work* Agencies across the U.S. that allows AHFC to develop innovative programs meeting Alaskan's needs.

04/02/2018

Housing & Homelessness Data Highlights

Fairbanks, AK
April, 2018

Homelessness in Fairbanks is a significant matter. Home-Rule Cities in a Second-Class Borough have limited abilities to address homelessness, but during a February 2018 Arctic Urban Sustainability meeting for Fairbanks and North Pole all three local mayors listed homelessness as a top tier concern for the community. This handout highlights some relative data for Fairbanks North Star Borough to illustrate what the region is facing.

Homeless Management Information System

2017 Data

1571 unique persons used homeless services

- 928 male / 599 female
- 245 people over 55
- 258 people were 18-24 years old
- 201 unaccompanied minors
- 328 prior victims of domestic violence
- 303 people with diagnosed mental illness
- 205 people with a physical disability
- 205 people with a developmental disability
- 176 people with a chronic health condition
- 34 people with HIV/AIDS

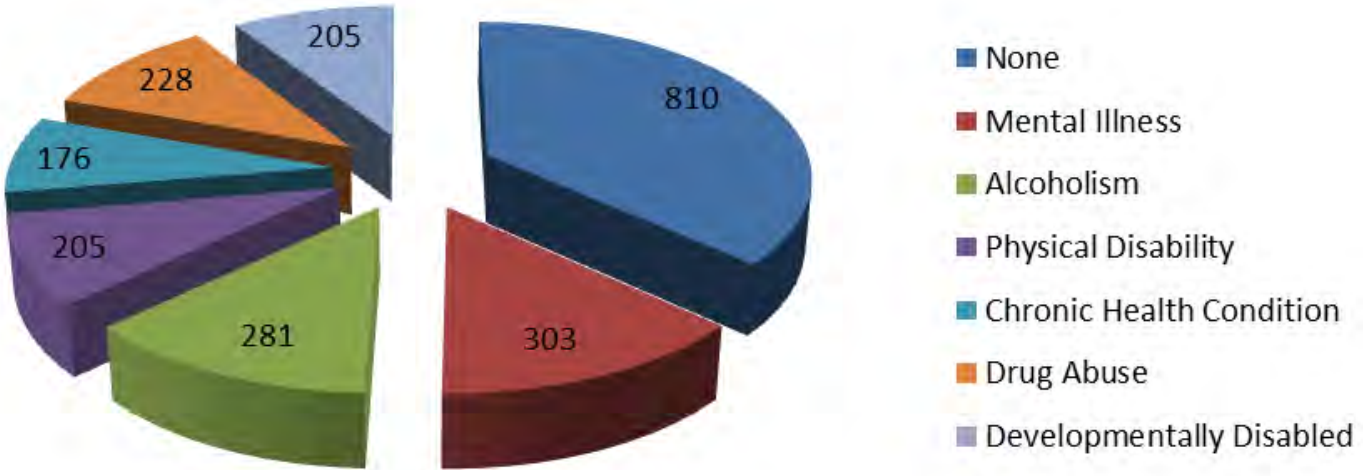
Average number of persons served each night: 355

- 267 adults without children
- 25 adults with other adults and children
- 41 adults with children only

Residence prior to entering services

- 497 people lived with friends/family
- 204 from places not meant for habitation
- 165 people lived in a rental unit
- 115 people from emergency shelters
- 106 people were incarcerated
- 53 people were living in motels
- 22 people were in foster care

Known Housing Barriers



395 people suffer from 2 or more conditions

Homeless Management Information System

2017 Data continued

349 people (22%) exited services to a permanent destination

100 permanently stayed with friends/family

Nobody exited from other HMIS services into Permanent Supportive Housing

382 people (24%) exited services without a permanent destination

222 temporarily stayed with friends/family

140 exited to a place not meant for human habitation

326 did not have a long term housing barrier, but still exited to a non-permanent destination

63% of people that accessed services exited without steady sources of income

97% of people that accessed services exited making less income than mean renter wage

Fairbanks 2018 Point In Time (PIT) Count

211 homeless individuals

122 people in emergency shelter

43 people in transitional housing

46 unsheltered

Temperature during PIT Count: -30° F

Alaska Housing Finance Corporation

2018 Fairbanks Housing Assessment

Fairbanks has the highest percentage of cost-burdened housing in the state

Over crowding is double the national average

Heating costs are 1.3 x state average and 2.3 x national average

Housing & Urban Development Fair Market Rent Documentation

Fairbanks 2017

Efficiency	One Bedroom	Two Bedroom	Three Bedroom
$804	$953	$1,267	$1,844

36% of all renters in Fairbanks pay more than 30% of their total income on rent

AHFC April 2018 Fairbanks Voucher/Public Housing Update

All Housing Choice Vouchers have waiting lists except Returning Home & Moving Home referral programs

Moving to Work (most common) has about a two year waiting list

All local Public Housing (Family/Elderly Preference/Elderly Disabled) has an approximate 6 month waitlist

4th Quarter 2017 Fairbanks Housing Market

3001 total rental units in FNSB

- 1,162 available
- 505 uninhabitable
- 657 rentable as is
- 367 available in Fairbanks area

301 homes for sale

Average annual new construction of 259 homes

Affordability Index of 0.95

Average Contract Rent: $1,066

Average Adjusted Rent: $1,208

FNSB Regional Growth Plan – 2017

3,256 additional people expected with the F35 squadrons by 2022

F35 move creates demand for an additional 974 off base housing units

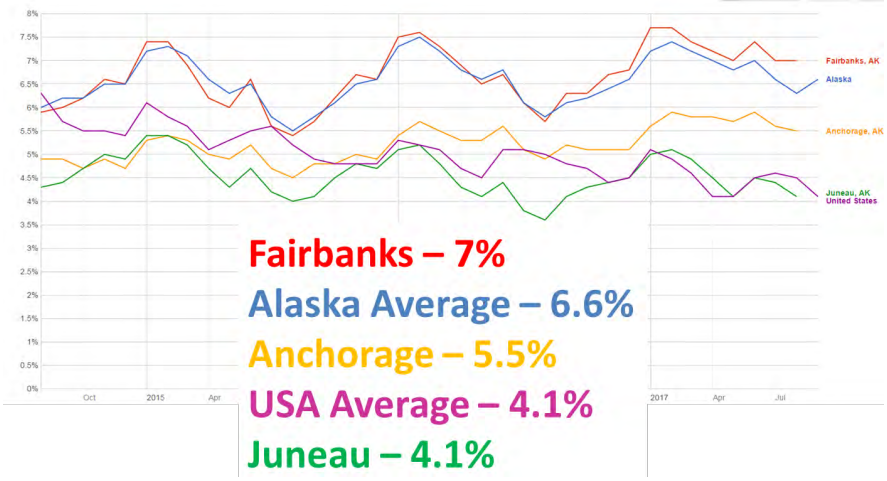
- 641 units for families
- 225 efficiency units

4,158 addition jobs expected from F35 move by 2022

Natural resource development and military construction expected to grow over next 3-5 years

North Pole is leading the state in economic growth due to military construction

U.S. Bureau of Labor Unemployment Statistics—Nov 2017



Institute for Community Alliances

April 2018 Data Dashboard

39% of all people staying in an emergency shelter in Fairbanks are doing so due to underemployment and/or unemployment not related to other factors.

Underemployment / unemployment was the leading cause of homeless in Fairbanks for 2017

Fairbanks Housing & Homeless Coordinator Synopsis

Homelessness in the Fairbanks area is exacerbated by a tight housing market and high unemployment. Expected military and natural resource projects in the next 3-5 years will be a boom to the economy, which should significantly reduce unemployment, but the housing market will likely constrict before construction catches up with the increased demand. This will have a negative impact on some low income individuals/ families, as they will not be able to compete for housing with the higher paid individuals entering the area, but some low income families will be helped by the expected economic boom as it will open up new jobs.

Local organizations are eager to help people struggling with housing barriers. The community has coalesced around numerous evidence based housing solutions including Rapid Re-Housing, Permanent Supportive Housing, and Assertive Community Treatment concepts/proposals. With the new found level of collaboration amongst local agencies, Fairbanks is poised to significantly reduce homelessness in Interior Alaska.

Juneau Housing First Collaborative Forget-Me-Not Manor – Preliminary Data

The Juneau Housing First project is conducting a 3-year evaluation of program impact, conducted by University of Alaska Fairbanks' Heidi Brocious, PhD, MSW, and Morgan Erisman, MSW & MPH Candidate. Here is data from the first 6 months, with a couple of caveats:

- ER visit data is a six month pre-5 month post comparison that will be updated when six month data is available.
- All Bartlett and Juneau Police Department six month data is based on 22 study participants. Rainforest Recovery Center data is based on 21 participants.

Housing First (HF) Preliminary Data Review April 9, 2018			
	Total HF Resident Contacts 6 months prior to move in	**Total HF resident contacts 6 months post move in**	**% Decreased Usage**
Bartlett Emergency Room Visits	360	97	73.1%
Rainforest Recovery Center sleep off visits	354	2	99.4%
Contacts with Juneau Police Officers	674	151	77.6%

2018 HUD Annual Point In Time Count

The annual HUD Point in Time Count is conducted in Juneau at the end of January. The community engages with persons experiencing homelessness on the day of the count through 1) Project Homeless Connect event, 2) street outreach, and 3) data taken directly from shelter and transitional housing programs.

- In 2018, the overall homeless population continues to increase, up to 235 individuals.
- The *unsheltered homeless count* decreased. (44 individuals, down from 59)

Juneau Point In Time Count Results 2016-2018			
Point In Time Count	**2018**	**2017**	**2016**
Unsheltered	**44**	59	51
Emergency Shelter	83	56	77
Transitional Housing	108	100	83
Total	**235**	215	211

Homeless Inventory Chart: Housing inventory and homeless services added during 2017-2018

1. **Juneau Housing First Collaborative**: 32 units of permanent supportive housing. (Oct. 2017)
2. **JAMHI Health & Wellness**: Healthcare clinic open on-site of Housing First project. (Nov. 2017)
3. **Juneau Housing First Collaborative**: Funding for 6 units of scattered site permanent supportive housing through the Alaska Coalition on Housing and Homelessness Continuum of Care competition. (FY2018)
4. **Volunteers of America Terraces at Lawson Creek Phase II**: 3 set-aside units with homeless preference.
5. **Tlingit-Haida Regional Housing Authority: Veterans Administration Supportive Housing** vouchers. (20 vouchers for SE Alaska)
6. **CBJ Cold Weather Emergency Shelter** (December 1-April 15): Up to 30 beds when below 32 degrees Fahrenheit.

CBJ Assembly Taskforce on Homelessness: The CBJ Assembly Taskforce on Homelessness held six meetings between June 13–September 12, 2017. Recommendations:

Winter Campground: Not an option to pursue given the complex needs of clientele.

Juneau Coalition on Housing and Homelessness Proposals:

1. **Winter cold weather emergency shelter (warming center):** In place as of December 1, 2017**.**
2. **Assertive Community Treatment Team:** Medium-term consideration to work with local (JAMHI) and state partners (DHSS) to determine if volume of clients/funding is available.
3. **Scattered Site Permanent Supportive Housing (PSH):** Juneau Housing First Collaborative received HUD Continuum of Care funding for 6 units of PSH beginning in FY2018.

CBJ Housing and Homeless Services Coordinator - Started in February, with three basic priorities:

1. **Coordinated Entry** – Work group scheduled on May 1, 2018 with local and state partners.
   - Establish by-name community list with Homeless Management Information System Data (HMIS) and regular case conference meetings.
   - Target the most vulnerable.
   - Use information for services gap analysis.
2. **Funding core homeless services**

   Juneau Community Fund – HOPE: From personal donation and City and Borough of Juneau Social Services Advisory Board funds.

   2018 Projects funded, continuation grants:
   - Navigators ($442,000).
   - Medical Respite ($5,000).
   - Security Deposits and rental assistance ($100,000).
   - Juneau Housing First Collaborative operations ($95,000).
   - Saint Vincent de Paul operations ($60,000).

   2018 Projects funded, new:
   - Haven House Re-entry Housing ($50,000).
   - Glory Hole operations ($70,000).
   - Juneau Youth Services federal grant match ($25,000).
   - Family Promise ongoing services ($5,000).
3. **Framework for CBJ community homeless plan**

Challenges

Juneau Re-entry Coalition:

- Increased pressure from SB91 and Juneau as a hub community for probation services.
- CBJ establishes a Public Safety Taskforce.

Immediate clinician support and services for Housing First (JAMHI/Housing First request to AMHTA)

- 32 new residents dubious of services at the outset. The relationship-building time needed to get clients into services is prohibitively expensive and without grant support.
- Benefits to AMHTA Trustees of supporting immediate services:
  - Quicker eligibility for on-going, publicly-funded behavioral health and rehabilitation services.
  - More successful transition to new environment of Housing First.
  - Stable Housing First placements – less likely to lose housing.
  - Staff training on trauma-informed, culturally competent support for diagnosis and de-escalation.

Supportive housing for individuals with behavioral health issues only or persons with severe drug addictions.

NATIONAL GOVERNORS ASSOCIATION

CSH

Issue Brief

Addressing Housing Instability Through Systems Alignment and Coordination

Highlights from a housing and human services policy discussion at the fall 2017 National Governors Association Center for Best Practices Policy Institute for Governors' Human Services Advisors[1]

Executive Summary

States and communities work continuously to better address the needs of people facing housing instability and crisis, especially those struggling through addiction and mental health disorders. These individuals and their families are among the most regular users of public systems, experiencing frequent and multiple contacts with courts, corrections systems, emergency shelters, hospitals, child welfare and other costly public services.[2] This constant rotation of systems involvement indicates the relative instability of and need for additional support for low-income children and families.[3] Furthermore, frequent users of public systems create significant strain on public budgets.[4] Dozens of communities are turning to models that embrace systems alignment, coordination and partnerships, relying more on data-driven solutions to improve outcomes for some of the most impoverished and vulnerable people in the United States.[5] This issue brief presents a set of models states can consider when addressing housing instability through systems alignment and coordination.

Returning Home: Successful Reentry and Reintegration

- ***Aligning Corrections + Mental Health + Housing***
- ***Using Prerelease Data for Postrelease Support***

The **Ohio** Department of Rehabilitation and Correction (ODRC) implemented a reentry-supportive housing model called "Returning Home Ohio" (RHO) to provide intensive prerelease coordination and postrelease housing and services to people the state has identified as "at risk of homelessness upon release" and as having a substance use, mental health or serious behavioral health disorder.

A rigorous evaluation found that participants were 60 percent less likely to be reincarcerated and 40 percent less likely to be rearrested for any crime. They also received 290 percent more mental health and substance abuse service days than the comparison group. Furthermore, a cost study found that RHO participation resulted in lower criminal justice system costs.[6] Since the program's inception in 2006, ODRC has invested more than $5 million to provide rental subsidies, tenant assistance, support services, evaluation and project management.

Frequent Users Systems Engagement: Ending the Crisis Systems Cycle

- ***Aligning Corrections + Courts + Health Care + Housing***
- ***Identifying Frequent Utilizers Through Cross-Agency Data Matching***

Frequent Users Systems Engagement (FUSE) is a model in which communities use extensive data to identify and engage high utilizers of public systems and place them in supportive housing to break the cycle of their repeated use of costly crisis services such as emergency departments, shelters and the criminal justice system.[7] Through partnerships among local corrections, hospitals, courts and housing agencies, 35 communities across the country are providing supportive housing to their top system utilizers—and lowering costs in the process.

The **Connecticut** Departments of Correction, Mental Health and Addiction Services, and Social Services launched a structured FUSE demonstration that targets

the top users of corrections and homelessness services. The first 120 people housed experienced a near-total decrease in shelter days and a 73 percent reduction in jail days after just one year. Based on this success, Connecticut has expanded the initiative from 30 to 190 supportive housing units.

Keeping Families Together

- ***Aligning Goals Across Child Welfare + Housing***
- ***Matching Child Welfare Data + Housing Need***

Keeping Families Together (KFT) supportive housing is a model that offers families with children who are at risk of recurring involvement in the child welfare system a stable, safe home environment so that they can move forward as a family unit, which evidence shows is preferable to parent-child separation. Currently active in seven states, KFT provides access to affordable housing and essential support that helps every member of the family. This model is reuniting children with their parents, reducing unnecessary foster care placements and lowering costs.[8]

The **New Jersey** Department of Children and Families (DCF) used state funds to launch a KFT program in 2014. DCF used data to identify the most frequently encountered families that face homelessness and also experience multiple complex challenges to family progress and socioeconomic mobility. Through a partnership with the state housing agency and the New Jersey Department of Community Affairs, DCF now provides supportive housing to families with children at risk of or in out-of-home placement and who are also deemed ready for reunification with parents for whom housing instability is the only barrier. The initiative has seen early success consistent with improved housing stability for families and a reduction in child abuse and neglect reports. Based on promising early results, New Jersey has expanded the program to a target of 173 units by the end of 2017.

Governors Play a Critical Role in Helping Low-Income Families Stay Housed

Housing security is a key component of families' economic stability. Addressing the housing needs of low-income families is an opportunity for governors to demonstrate compassion and leadership while partnering with federal, state, county, local and private sector partners to identify innovations in public service. Supportive housing is a proven intervention that pairs subsidized housing with coordinated support services, and opportunities exist for state leadership to create cross-jurisdictional relationships to provide unified fronts on certain issues.

In addition to Governor Chris Christie's work in the New Jersey KFT model, **California** Governor Jerry Brown in 2016 signed the No Place Like Home initiative into law, establishing a $10 million Bringing Families Home state grant to house child welfare-involved families experiencing homelessness. The effort, led by the California Department of Social Services and county child welfare agencies, provides families with stable, safe housing to prevent out-of-home placement and facilitate children's reunification with birth parents.

Governors have an opportunity to use their executive leadership to work with their state's leaders to streamline safety net efforts and support cross-system collaboration to serve vulnerable populations.

"My administration has made eliminating homelessness for New Jersey citizens a key priority through a variety of programs, including Keeping Families Together, which provides families with the support services they need to get them back on track and stand on their own. Our homelessness efforts are an investment in the future, giving parents the opportunity and stability in their lives to reconnect with their children or to literally keep their families together." - **New Jersey** Governor Chris Christie[9]

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Endnotes

[1] The National Governors Association Center for Best Practices Policy Institute for Governors' Human Services Advisors is an annual convening of governors' human services policy advisors, secretaries and directors of human services agencies and state child welfare commissioners. The institute is designed to convene policy leaders and administrators from U.S. territories and states to highlight innovations and best practices in serving children and families and to provide opportunities for peer-to-peer consultation and learning. The 2017 fourth plenary meeting on housing and human services included the following state policy specialists: Erin Burns-Maine, director of state policy, Corporation for Supportive Housing; Sharon McDonald, director, families and youth, National Alliance to End Homelessness; Kelly Sinko, policy development coordinator, Office of Policy and Management, State of Connecticut; and Janel Winter, director of community resources, New Jersey Department of Community Affairs. For a summary of past institute convenings, including the 2017 meeting, please see https://www.nga.org/cms/center/issues/eo/human-services.

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[3] Jonson-Reid, M., Emery, C. R., Drake, B., & Stahlschmidt, M. J. (2010). Understanding chronically reported families. Child Maltreatment, 15(4), 271–281. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3628675.

[4] National Association of Counties & CSH. (2013). Supportive housing for justice-involved frequent users of county public systems: A guide for county officials. Retrieved from http://www.naco.org/sites/default/files/documents/Supportive_Housing_2013.pdf; and MacDonald et al., The Rikers Island hot spotters.

[5] Brooks, J., & Wills, M. (2015). Data-driven approaches to delivering better outcomes. Retrieved from https://www.nga.org/files/live/sites/NGA/files/pdf/2015/1415CIDataandEvidence.pdf.

[6] Fontaine, J., Gilchrist-Scott, D., Roman, J., Taxy, S., & Roman, C. (2012). Supportive housing for returning prisoners: Outcomes and impacts of the Returning Home-Ohio pilot project. Retrieved from http://www.csh.org/wp-content/uploads/2012/08/Report_Supportive-Housing-for-Returning-Prisoners_Aug12.pdf.

[7] Aidala et al., Frequent Users Service Enhancement "FUSE" initiative.

[8] Swann-Jackson, R., Tapper, D., & Fields, A. (2010). Keeping Families Together: An evaluation of the implementation and outcomes of a pilot supportive housing model for families involved in the child welfare system. Retrieved from http://www.metisassociates.com/publications/downloads/Metis_11-10_KFTReport.pdf.

[9] State of New Jersey, Office of the Governor. (2017). Governor Christie announces expansion of successful homelessness reduction program [Press release]. Retrieved from https://www.publicnow.com/view/CC9BE56773F66D4992800C413D962FACED5BCCDF.

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Program & Planning Committee Meeting
April 20, 2018

Housing Links

Report – Housing as Health Care: A Roadmap for States, September 2016, National Governor's Association

- http://mhtrust.org/meeting/meeting-1509379750/

Report - Governor's Housing Summit with Updates, October 2018:

- http://mhtrust.org/meeting/meeting-1509379750/

	Item Type	Proposal	Organization	Page #	Proposed Motion
1	Focus Area Allocation - Beneficiary Employment & Engagement	CHOICES Community Options Program	CHOICES, Inc.	**31**	Approve a $440,170 FY19 Beneficiary Employment and Engagement focus area allocation to CHOICES Inc. for the FY19 CHOICES Community Options Program grant.
2	Focus Area Allocation - Beneficiary Employment & Engagement	Alaska Mental Health Consumer Web BPI Grant	Alaska Mental Health Consumer Web	**43**	Approve a $333,600 FY19 Beneficiary Employment and Engagement focus area allocation to the Alaska Mental Health Consumer Web for the FY19 Alaska Mental Health Consumer Web BPI grant.
3	Focus Area Allocation - Beneficiary Employment & Engagement	Community-Based Peer Navigation	Alaska Youth and Family Network	**53**	Approve a $208,650 FY19 Beneficiary Employment and Engagement focus area allocation to the Alaska Youth and Family Network for the Community-Based Peer Navigation project.
4	Focus Area Allocation - Beneficiary Employment & Engagement	Polaris House Clubhouse BPI Grant	Polaris House	**62**	Approve a $182,959 FY19 Beneficiary Employment and Engagement focus area allocation to Polaris House for the FY19 Polaris House Clubhouse BPI grant.
5	Focus Area Allocation - Beneficiary Employment & Engagement	NAMI Anchorage Capacity Building Grant	NAMI Anchorage	**72**	Approve a $154,071 FY19 Beneficiary Employment and Engagement focus area allocation to NAMI Anchorage for the FY19 NAMI Anchorage Capacity Building Grant.
6	Focus Area Allocation - Beneficiary Employment & Engagement	NAMI Beneficiary Project Initiative Grant	NAMI Juneau	**82**	Approve a $100,550 FY19 Beneficiary Employment and Engagement focus area Allocation to NAMI Juneau for the NAMI Beneficiary Project Initiative grant.
7	Partnership	Fairbanks Rapid Re-Housing	Fairbanks Rescue Mission, Inc.	**93**	Approve a $305,000 FY19 partnership grant to the Fairbanks Rescue Mission, Inc. for the Fairbanks Rapid Re-Housing project.
8	Partnership	Pioneer Home Staffing Analysis to Maximize Facility Utilization	The Trust	**99**	Approve using up to $175,000 in FY19 partnership grant funds for contractual services to assist the Alaska Pioneer Home with Staffing Analysis to Maximize Facility Utilization.
9	Partnership	Alaska Coalition on Housing and Homelessness Rural Capacity Expansion	Alaska Housing Finance Corporation	**103**	Approve a $135,000 FY19 partnership grant to the Alaska Housing Finance Corporation for the Alaska Coalition on Housing and Homelessness Rural Capacity Expansion.
10	FY19 Department of Health & Social Services MHTAAR Change of Intent	Reallocate FY19 Medicaid Reform Administrative Service Organization MHTAAR Funds	Division of Behavioral Health	**106**	Recommend approval to the full board of trustees of a $525,000 FY19 MHTAAR re-allocation to the Division of Behavioral Health for contractual support.
11	FY19 Department of Health & Social Services MHTAAR Change of Intent	Reallocate FY19 Medicaid Reform Administrative Service Organization MHTAAR Funds	Division of Senior and Disabilities Services		Recommend approval to the full board of trustees of a $262,000 FY19 MHTAAR re-allocation to the Division of Senior and Disabilities Services for contractual support.
12	FY19 Department of Health & Social Services MHTAAR Change of Intent	Reallocate FY19 Medicaid Reform Administrative Service Organization MHTAAR Funds	Division of Health Care Services		Recommend approval to the full board of trustees of a $200,000 FY19 MHTAAR re-allocation to the Division of Health Care Services for continued support for the implementation of the Coordinated Care Demonstration Project.
13	FY19 Department of Health & Social Services MHTAAR Change of Intent	Reallocate FY19 Medicaid Reform Administrative Service Organization MHTAAR Funds	Office of Rate Review		Recommend approval to the full board of trustees of an $85,000 FY19 MHTAAR re-allocation to the Office of Rate Review for the SB74 workgroup and stakeholder activities.

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COVER MEMO

To:	Chris Cooke, Program and Planning Committee Chair
Date:	March 27, 2018
Re:	FY19 Beneficiary Employment & Engagement program grants
Fiscal Year:	2019
Amount:	$1,420,000 (Total Approved FY19 Allocation)
Grantee:	Authorized Grantees
Project Title:	FY19 Beneficiary Project Initiative (BPI) Grants

Assigned Program Officer: Jimael Johnson

STAFF ANALYSIS

This request seeks approval of the attached FY19 funding allocation for programs supported through the Beneficiary Employment and Engagement focus area. Trustees authorized $1.42 million in the FY18/19 budget specifically for beneficiary run and directed programs with primary missions to serve Trust beneficiaries. The six remaining BPI organizations have received either flat or reduced Trust funding over the past several years, which, in the face of diminishing state resources, have often created hardship and reduced services for the highly vulnerable and underserved beneficiary populations they serve. As other organizations from the original BPI cohort have either closed their doors or otherwise stopped receiving Trust funds, the full allocation approved by Trustees has not been expended in recent years. This FY19 request includes increases to each of the organizations based on methodology described below to be used for health care stipends (or equivalent operational costs) based on each respective agency's number of FTEs.

PROJECT DESCRIPTION

The Trust's Beneficiary Employment and Engagement (formerly Beneficiary Projects Initiative (BPI)) began in 2008 to "help beneficiaries conceive and manage programs that focus on peer-to-peer support." The primary purpose of the initiative focused on development of safe, effective and sustainable services for Trust beneficiaries. The agencies represented by the BPI cohort serve exceptionally vulnerable beneficiaries using peer-support recovery oriented services – many who are unable or unwilling to receive services at traditional behavioral health provider agencies due to their intensive and complex needs.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), Peer Support and Social Inclusion is an evidence-based practice that facilitates recovery and reduces health care costs. The SAMHSA definition of the service states, "By sharing their experiences, peers bring hope to people in recovery and promote a sense of belonging within the community."

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A related, but secondary initiative purpose focused on providing beneficiary projects with the resources they need to build organizational capacity, become more programmatically and fiscally efficient, and to ultimately deliver services that have measureable positive outcomes for individual beneficiaries and the beneficiary community as a whole. The initiative was intended to establish and support these programs that provide options for beneficiaries and meet important needs by cost effectively filling gaps in services created by a primarily Medicaid driven service delivery system.

Cost effectiveness of the Trust investment in the BPI organizations is demonstrated by average **FY17 costs per beneficiary**, across all currently funded BPI agencies, of **$259.00/annually or $0.71/daily**. However, most BPI agencies report stagnant or reduced capacity to adequately support beneficiaries due to flat or reducing funding. Some agencies report growing waitlists for services which may lead to increased use of higher, more costly levels of care (i.e. institutions).

Due to diminishing resources and other internal and external factors, the number of organizations included in the BPI cohort has gradually reduced. The six remaining grantees are:

- Alaska Youth and Family Network (Anchorage, Mat-Su)
- CHOICES, Inc. (Anchorage)
- NAMI Anchorage (Anchorage, Eagle River)
- NAMI Juneau (Juneau)
- Polaris House (Juneau)
- Alaska Mental Health Consumer Web (Anchorage)

The programs funded through the BPI allocation provide a range of supports and services for Trust beneficiaries including health promotion and education, employment, housing and engagement services, peer support, outreach, advocacy, referral, and systems navigation.

The Trust continues to evaluate the organizational capacity and effectiveness of programs funded through the focus area with specific emphasis on sustainability (or lack thereof) as well as overall impact of services on Trust beneficiaries. Ongoing technical assistance is available to agencies who regularly utilize additional supports to encourage board development and explore diversified funding sources including opportunities that may arise from current Medicaid and other health care and systems reform efforts.

BUDGET

The six beneficiary run BPI organizations supported by the Trust have experienced flat or reduced funded for several years and report difficulty with recruitment and retention due to reduced capacity to offer competitive wages and benefits.

FY19 Trust funds proposed for each of the six BPI grantees include an incremental increase to fully expend the Trustee approved BPI allocation (total allocation = $1,420,000). Each proposal has been adjusted starting with their respective FY18 base budgets through a fair and equitable

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process based on the total number of FTEs for each agency and tailored to meet individual organizational needs as described below.

- **The funding increases requested for five of the six grantees** include support for health care stipends based on the number of FY19 FTEs at a rate of $3700 per employee. Stipends will generally offer much needed recruitment and retention support and help to stabilize the health and wellness of individual beneficiaries hired as peer supports within the agency while increasing agency capacity and service quality. These five agencies do not currently offer health care benefits to their employees due to funding limitations.

- **The increase requested for the sixth grantee** (Polaris House) is to bridge an operational funding gap caused by the impending loss of a community health foundation grant. Health care stipends are not needed since the organization already offers this as a benefit to employees. However, the operational gap funding is roughly equivalent to the FTE calculation that would otherwise have been used had the agency not already offered beneficiary/employee health care stipends.

The table below summarizes the FY19 recommendations for each BPI grantee's continuation funding. Further detail can be found in each respective funding memo (see attachments).

Summary Table of FY19 Funding Recommendations

Grantee	
Alaska Youth and Family Network	$208,650
CHOICES, Inc.	$440,170
National Association on Mental Illness (NAMI Anchorage)	$154,071
National Association on Mental Illness (NAMI Juneau)	$100,500
Polaris House	$182,959
Alaska Mental Health Consumer Web	$333,600
Total FY19 Beneficiary Project Initiative Budget Recommendation	**$1,420,000 (FY19 Approved Allocation)**

Attachments:

- Individual BPI Grantee FY19 funding request memos (including budget details)
- One page organizational descriptions

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MEMO

To: Chris Cooke, Program and Planning Committee Chair
Date: April 20, 2018
Re: FY19 Beneficiary Employment and Engagement Focus Area Allocation
Amount: $440,170
Grantee: CHOICES Inc.
Project Title: FY19 CHOICES Community Options Program

REQUESTED MOTION:

Approve a $440,170 FY19 Beneficiary Employment and Engagement focus Area allocation to CHOICES Inc. for the FY19 CHOICES Community Options Program grant.

Assigned Program Officer: Jimael Johnson

STAFF ANALYSIS

This funding request supports continuation funds for a proportion of the CHOICES Inc. operating budget as a Trust Beneficiary Project Initiative (BPI) agency providing recovery-oriented peer support services.

The FY19 funding increase requested will support health care stipends based on the number of FY19 FTEs at a rate of $3700 per employee. Stipends will generally offer much needed recruitment and retention support and help to stabilize the health and wellness of individual beneficiaries hired as peer supports within the agency while increasing agency capacity and service quality. The agency does not currently offer any healthcare benefits to their employees because of funding limitations.

The following is excerpted from the grantee's application.

PROJECT DESCRIPTION

CHOICES, Inc. is a mental health service provider that offers beneficiaries strategies, opportunities, resources and supports for personal growth, recovery, peer support and successful community integration. CHOICES, Inc. promotes a stigma free environment, supporting individuality and self-determination. Supports and services are provided primarily by people who have experienced recovery from mental health challenges. People who participate with CHOICES, Inc. experience an improved life as evidenced by success in working, living, school, and personal relationships. We expect participants will have decreased homelessness and increased days living and being in the community outside of institutions.

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Program Highlights

- CHOICES offers peer-run, self-directed, intensive case management (ICM) program and Peer Bridger Program services for people experiencing severe psychiatric symptoms. In FY17, the ICM program served 49 and the Peer Bridger Program served 737 beneficiaries.
- 99% of ICM clients are in stable housing out of the elements and 99% reported clean and sober.
- ICM reported 7% increase in family's reunification though stable housing with collaborative efforts of ICM, Peer Support, Justice system and family members.
- 25% of clients employed within Anchorage community. 8% are volunteering within shelters and community organizations.
- 95% decrease in utilization of acute care systems.

With BPI funding, CHOICES proposes to continue and expand current recovery-oriented peer support services and Recovery Coordination activities in FY2019, including:

Peer Support: Peer Support workers fulfil a critical role in the CHOICES continuum of services by providing wellness education (WRAP) classes and ongoing support groups to CHOICES program participants. As CHOICES beneficiaries progress in their wellness, Peer Support plays an important role as the final step in their journey back into the community by providing referral and ongoing support to help them overcome the many challenges they may face including accessing and retaining adequate and safe housing and other critical basic needs. There is no time limit on receiving peer support services, so all persons can access support services as the need arises.

Outreach and engagement: CHOICES peer staff will continue to work with community partners by providing information and assistance accessing community services, as well as wellness education and recovery support to their beneficiaries as requested. In addition to API, The Consumer WEB and RurAL CAP, CHOICES is developing memos of understanding with Bean's Café and the Brother Francis Shelter to provide weekly one-on-one and group support sessions to their homeless and near homeless guests living with severe behavioral health issues. This important outreach will give CHOICES' Peers the ability to develop meaningful relationships resulting in successful referral to other agencies that can best serve their needs.

Peer Bridging (API): CHOICES Peer Specialists will continue to provide one-to-one and group support sessions as requested and provide support and referral to appropriate community-based service providers for individuals transitioning from the hospital back into the community.

Individual Case Management (Recovery Coordination): In complement to formal peer support and other CHOICES programs and services, Recovery Coordination will continue to provide less intensive but individualized case management services to adults living with severe

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mental health and substance use issues. Individualized case management fills the gap between intensive case management/psychosocial therapy and ongoing peer support by providing one-on-one formal case management services for individuals transitioning from CHOICES Intensive Case Management/Chronic Inebriate Treatment and Assertive Community Treatment (ACT) programs. Like peer support staff, all Recovery Coordination case managers will be trained individuals who self-identify as living with behavioral health issues.

Advocacy and Community Education: CHOICES will continue to play an active and meaningful role in state and local initiatives to advance the understanding and promote the availability of pro-active non-clinical recovery-oriented modes of services throughout Alaska. In addition, CHOICES will continue to work with the state in their efforts to formalize the certification process for peer support including training, testing, certifying, marketing and service availability.

CHOICES Continuum of Services: CHOICES provides a continuum of basic needs and therapeutic services targeting the behavioral health needs of Anchorage's homeless and near homeless residents living with severe behavioral health challenges. Beginning with homeless outreach and engagement (PATH Program), comprehensive mental health treatment for homeless adults (Housing First Assertive Community Treatment), substance use intensive case management (Chronic Inebriate ISM), individualized case management (Recovery Coordination) and wellness/recovery and community reintegration (Peer Support). All CHOICES programs and services strictly follow recognized recovery-oriented modalities with the beneficiary at the center of all decisions and, unless beneficiary actions reasonably show a danger to self or others, beneficiary shall maintain veto power over all activities related to their behavioral health treatment.

The scope of services provided through CHOICES programs include mental health and substance use outpatient assessments and therapy; housing and other basic needs assistance; supported employment; group and individualized psychotherapy and peer support; medication management services; individual and intensive case management; wellness, recovery and life skills workshops; hospital to community reintegration (bridging); and referral to specialized services including psychical health, dentistry and inpatient treatment. The PBI funded programs (Recovery Coordination and Peer Support) shall be staffed by individuals who self-identified as living with behavioral health issues.

Community Collaborations and Partnerships: All CHOICES programs and services are active and meaningful collaborative partners with local behavioral health service providers and coalitions including the Anchorage Regional Behavioral Health Coalition, the Alaska Behavioral Health Association, the Anchorage Coalition to End Homelessness, the AK DBH BRSS TACS

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Policy Academy, Alaska Peer Support Consortium, the Coordinated Resources Project (Mental Health Court), and other ad hoc state and local behavioral health committees and task forces.

Since its founding, CHOICES has been dedicated to working within local and state efforts to build and maintain the most effective and efficient behavioral health services system possible and will continue to be active and meaningful member of these efforts. CHOICES has a strong history and reputation in collaborative efforts between local and state service providers to develop the best possible services that meet the needs of the people we serve.

To help make CHOICES programs and services the most effective and efficient possible, the CHOICES Board of Directors is committed to the following strategic initiatives:

1. CHOICES is currently working with the Alaska Mental Health Consumer WEB and the Alaska Mental Health/Land Trusts to identify, secure and open a service delivery site where CHOICES, the WEB and other small behavioral health consumer-run organizations can co-locate, share infrastructure expenses (meeting/conference rooms, copiers, internet, telecommunications, etc.) and coordinate activities to help ensure the people we service receive appropriate, effective and timely services.
2. Obtaining an electronic medical record system to streamline data management, improve service billing and help eliminate reliance on paper records.
3. Continued Development activities of CHOICES Board of Directors including increasing Board membership to 15 members and recruit members strategic recruitment, Resource Development/marketing, capital campaign for new facility
4. Obtain CARF re-accreditation (Spring 2019)

Pending programs and Services:

1. Securing funding necessary to continue the Intensive Case Management/Chronic Inebriate Program
2. Continue advocacy efforts to help gain support for pro-active mental health prevention/diversion services (crisis respite, law enforcement referral)
3. Expanded ACT Supported employment to allow non-ACT team members access to employment support services.
4. Provide compensated substance use/mental health assessments (court ordered, etc.) availability to the general public. Access to these critical diagnostic services is limited and this service will help address the increasing needs as well as serve as an additional revenue source.

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5. Expanded peer support services through collaboration with other human service providers wishing for assistance with those they serve, including Beans Café, and Brother Francis Shelter.

The following beneficiary stories highlight a small sample of CHOICES Inc. successful outcomes:

DA was accepted to the Intensive Case Management (ICM) program after being referred inter-agency from the Housing First/Assertive Community Treatment (HF-ACT) Team. The beneficiary had managed to stabilize with housing after being homeless and had cut down on substance use with the harm reduction approach in group and individual therapy; however, he his progress began to decline and he was having difficulty following through with appointments and establishing employment. The beneficiary needed to continue services, but at a lower level of care. The ICM Team collaborated with HF-ACT Team to begin services with the beneficiary. ICM maintained continuity of care with the beneficiary by advocating on his behalf to the Alaska Housing Finance Cooperation and the landlord so the beneficiary could keep his Moving Home Voucher that he had obtained through support of the HF-ACT Team. He has progressed through the services obtained with ICM and has recently re-established a new apartment after being mutually terminated due to disruption from intimate partner issues in which the beneficiary was the victim. He has since regained emotional stability in psychotherapy, stabilized on psych medication through another provider, maintained sobriety in Recovery Group, repaired relationships with his own children/co-parent, and recently informed ICM staff of being employed after being without stable employment for over 6 months.

AW has been receiving services with the ICM Program to address psychotic disorder, partial legal blindness as result of being a victim of DV and other medical conditions. The program provided Medication Management, Case Management and Psychotherapy. Recently the beneficiary had multiple episodes of recurrent suicidal ideation due to a lapse in medication as main provider was no longer available. ICM Team provided Crisis Intervention by linking the beneficiary to Providence Psych ER to address suicidal symptoms. Staff continued to advocate for the beneficiary to connect with an appropriate medication provider so the beneficiary would have the needed prescription to manage symptoms of mental illness. The beneficiary has successfully stabilized on psych medication, is no longer in crisis mode and is now better able to focus on recovery. Moreover, the beneficiary has been able to advocate for self to public assistance and to the landlord who had threatened eviction due to non-payment of rent. The beneficiary had not gotten the full amount of her money due to erroneous reduction in Alaska Temporary Assistance Program (ATAP) cash benefits. According to the beneficiary, ATAP

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reportedly corrected the problem. If the beneficiary was still in crisis mode, the additional crisis would have exacerbated the problem causing further risk of injury to self or others. Staff intervened, advocated for the beneficiary to the landlord, and assisted the beneficiary to access emergency funds to cover rent. As a result housing remained stable.

EVALUATION CRITERIA

Performance measures were developed to cover the breadth of BPI grantee services and are use the Results-Based Accountability framework to answer three primary questions related to program outputs and outcomes (how much, how well, and better off).

Beneficiary Projects Initiative Performance Measures

How Much?

a) The number (#) of beneficiaries (unduplicated) served, broken down by Trust beneficiary group.
b) The number (#) and percentage (%) of new beneficiaries (unduplicated) served during the reporting period, broken down by Trust beneficiary group.
c) The total (#) of activities or events held. For each activity or event, please include the date(s), location(s) and number (#) of attendees.

How Well?

a) Provide a brief narrative describing the activities, successes, challenges, and any lessons learned during the reporting period.
b) Describe any community networking activities that occurred during the reporting period. This may include interactions with state or local non-profit organizations, governmental entities, or Trust advisory boards and/or partners.
c) Number (#) and percentage (%) of individuals reporting satisfaction with the program, service, event and/or activity in which they participated.
d) For the final report, provide the BPI Organizational Capacity Worksheet (form will be provided via email in June).

Better Off?

a) Number (#) and percentage (%) of individuals who report overall improved functioning and/or quality of life since participating in the program.
b) Number (#) and percentage (%) of individuals who have experienced two or more of the following key outcome areas pertinent to your program:
    i. Increased ability to manage challenging situations.
    ii. Increased ability to manage challenging behaviors.

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iii. Became stably housed as a result of the program.
iv. Became employed as a result of the program.
v. Decreased substance use.
vi. Decreased legal involvement.
vii. Increased healthy behaviors (e.g., physical activity or eating healthfully).
viii. Reduction in number of days with poor physical or mental health.
ix. Became connected to benefits programs (e.g., Medicaid or Food Stamps).

c) Provide two (or more) stories from individuals (in their own words) that describe how their quality of life has improved since participating in the project.

SUSTAINABILITY

CHOICES has identified 4 strategic areas to focus on to achieve long term stability of the organization:

1. **Strong Governance and Management**: Goal to increase the membership of the Board up to 15 individuals with the knowledge, skills and abilities necessary to bring financial security to the organization including expertise in marketing, legal, law enforcement and philanthropy. Currently CHOICES has 8 members of the Board with one CPA and attorney as its newest members. CHOICES is a member of the Foraker Group and will continue to utilize their expertise in building the strongest and most effective Board possible. CHOICES is a peer-run organization requiring a minimum of 51 percent of its members self-identifying as individuals living with behavioral health issues and/or having a direct family member living with behavioral health issues.

2. **Enhanced Fiscal Capacity and Financial Resilience**: Diverse revenue streams is both necessary to reach financial sustainability as well as meet current state grant requirements. In addition to The Board's activities to increase public support for its programs and services, CHOICES has focused on its capacity to bill outside insurance carriers including Medicaid, Medicare and private insurance by hiring a billing specialist and looking into acquiring a electronic medical record with the capability to meet all data collection requirements, ease of use and efficient billing capacity. The current strategic plan identifies 2 additional activities still needed to be completed by the Board including the need for the development of a "Business Plan for Sustainability;" and creation of a committee structure to improve the strategic focus of the Board beyond governance and into resource development and increased public awareness of CHOICES and the programs and services provided to the comity.

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3. **Engaging Community Outreach and Advocacy**: CHOICES staff shall continue to maintain its strong and meaningful involvement in state and local efforts to increase community knowledge of the need for a strong and effective behavioral health service system, the integration of recovery-oriented peer support throughout the system, and other important issues and challenges that may arise. Board: Create a Board member "Speakers Group" to serve as community spokespersons for the organization, its programs and the people we serve.
4. **Strong Programs with Demonstrated Impact**: CHOICES is committed to providing the most effective and efficient programs possible and shall develop a formal Continuous Quality Improvement committee that shall oversee the collection and compilation of relevant and uniform data throughout the entire organization. The organization is currently looking into acquiring an electronic data system that will serve as a repository of electronic medical records, performance/satisfaction data, as well as electronic billing of Medicaid, Medicare and other insurance carriers.

WHO WE SERVE

CHOICES, Inc. is a mental health service provider that offers beneficiaries strategies, opportunities, resources and supports for personal growth, recovery, peer support and successful community integration. CHOICES, Inc. provides a continuum of basic needs and therapeutic services targeting the behavioral health needs of Anchorage's homeless and near homeless beneficiaries living with severe behavioral health challenges. The table below describes the beneficiary populations and members of the general public/professionals served in FY17.

CHOICES Inc. – Individuals Impacted FY17

Mental Illness	Substance Abuse	Develop-mental Disability	Alzheimers /Dementia	Traumatic Brain Injury	Total # of Primary Beneficiaries Served	# Outreach & Education	# Professionals Trained	TOTAL Served (all categories)
786	23	23	1	17	850	2	2	854

CHOICES, Inc. promotes a stigma free environment, supporting individuality and self-determination. Supports and services are provided primarily by people who have experienced recovery from mental health challenges. People who participate with CHOICES, Inc. experience an improved life as evidenced by success in working, living, school, and personal relationships.

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We expect participants will have decreased homelessness and increased days living and being in the community outside of institutions.

BUDGET

This FY19 request includes an increase from previous years to allow the agency to offer, for the first time, health care stipends for staff, including beneficiaries/peers employed by the agency.

The total stipend funds requested represent an overall Trust budget increase of $92,500 ($3700 stipend per FTE x 25 FTEs). This addition will support the wellness of agency staff (many of whom are also beneficiaries) while improving recruitment and retention to promote even greater capacity and higher quality services to beneficiaries served. While Trust funds directly cover only a portion of the agency's staff due to effective braiding and blending of additional funding resources (approximately 6 of 26 FTE directly supported by Trust funds), the full array of CHOICES providers, including administrative, clinical, and peer support staff, are necessary to ensure organizational sustainability and continuity of care for beneficiaries. For this reason, the proposed budget supports health care stipends for the all 25 FTE positions in the agency.

FY19 Grant Amount Requested from Trust:	$440,170
FY19 Total Operational Budget Amount:	**$2,096,747**
Trust grant % of the organization's Total Operational Budget Amount:	17%

Other funds include:

Division of Behavioral Health Grants	
Intensive Case Management	100
Assertive Community Treatment Capital Grant (includes Chronic Inebriate and PATH Homeless Outreach Funds)	438,920
Assertive Community Treatment Operating Grant	1,030,971
Peer Bridger Grant	58,785
Medicaid Billing	176,500
Fundraising	26,500
Other FY19 Funds Total:	**$1,731,776**

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CHOICES Inc. FY19 Trust Funding Budget Proposal

Personnel Services (SALARY AND WAGES)		
Clincian	1.00	$33,000
Case Manager 3*	1.00	$0
Case Manager 2	1.00	$37,444
Case Manager 1*	1.00	$0
Peer Support Lead	1.00	$35,000
Peer Support Specialist	2.00	$63,440
PATH Worker*	1.00	$0
Data Specialist	1.00	$10,000
Personnel Services (FRINGE BENEFITS)		
Clincian		$12,811
Case Manager 3*		$0
Case Manager 2		$14,536
Case Manager 1*		$0
Peer Support Lead		$13,587
Peer Support Specialist		$24,627
PATH Worker*		$0
Data Specialist		$3,881
Health Care Insurance Stipend ($3700 per FTE) - DIRECT BPI	9.00	$33,300
Health Care Insurance Stipend ($3700 per FTE) - BALANCE OF BPI AGENCY STAFF	16.00	$59,200
Total Personnel Costs:		**$340,825**
Travel		
In State:		
Mileage Reimb		$2,834
Staff Development		$5,000
Total Travel Costs:		**$7,834**
Equipment		
Computer		$6,000
Office Furniture/Equipment		$10,000
Safety Equip		$150
Total Equipment Costs:		**$16,150**
Supplies		
Client		$1,000
Operations		$354
Telephone		$7,200
Total Supplies Costs:		**$8,554**

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Other	
Office Rent	$10,000
Telephone	$7,200
Internet/IT Support	$5,000
Pro Liability	$3,000
Unemployment Insurance	$5,000
Worker's Comp Insurance	$5,000
Subtotal:	**$35,200**
TOTAL DIRECT CHARGES	**$408,563**
INDIRECT CHARGES (8%)	**$31,607**
TOTALS	**$440,170**

*other personnel funds leveraged to support essential Trust program interests

CHOICES, Inc. provides a continuum of basic needs and therapeutic services targeting the behavioral health needs of Anchorage's homeless and near homeless residents living with severe behavioral health challenges.

CHOICES
Consumers Having Ownership in Creating Effective Services

Outreach and Referral. PATH, our newest program, will work in close association with the Anchorage Coalition to End Homelessness with staff seeking out and engaging with homeless individuals residing in Anchorage, and then assisting them in accessing the services they need to climb out of homelessness.

Housing First-Assertive Community Treatment (HF-ACT) Program is a transdisciplinary team of service providers who provide client-centered treatment to address homelessness, serious mental illness and dual diagnosis disorders. They utilize the Housing First model in conjunction with the Assertive Community Treatment model to aid in delivering client-centered, strengths based, recovery-oriented services. Our HF-ACT program provides clients with support and services including:

- Comprehensive psychiatric evaluations
- Medication management
- Health education and support
- Individual and group psychotherapy
- Vocational services
- Peer counseling
- Housing support

ICM/Recovery Coordination Program provides intensive client-centered, outpatient case management services for individuals living with serious mental health issues. **ICM/Chronic Inebriate Program** provides intensive case management services with individuals living with severe and chronic substance use. ICM staff can help individuals in the following areas:

- Treatment planning and care coordination
- Housing/tenancy support
- Medicaid and Social Security Disability enrollment
- Advocacy
- Accompaniment to appointments; i.e. court, medical, etc.
- Budget support
- Vocational support
- Wellness Groups

Peer Support: Peer Support workers fulfil a critical role in the CHOICES continuum of services by providing wellness education (WRAP) classes and ongoing support groups to CHOICES program participants. As CHOICES clientele progress in their wellness, Peer Support plays an important role as the final step in their journey back into the community by providing referral and ongoing support to help them overcome the many challenges they may face including accessing and retaining adequate and safe housing and other critical basic needs. There is no time limit on receiving peer support services, so all persons can access support services as the need arises.

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MEMO

To: Chris Cooke, Program and Planning Committee Chair
Date: April 20, 2018
Re: FY19 Beneficiary Employment and Engagement Focus Area Allocation
Amount: $333,600
Grantee: Alaska Mental Health Consumer Web
Project Title: FY19 Alaska Mental Health Consumer Web BPI Grant

REQUESTED MOTION:

Approve a $333,600 FY19 Beneficiary Employment and Engagement focus Area allocation to the Alaska Mental Health Consumer Web for the FY19 Alaska Mental Health Consumer Web BPI grant.

Assigned Program Officer: Jimael Johnson

STAFF ANALYSIS

This funding request supports continuation funds for a proportion of the Alaska Mental Health Consumer Web (the Web) operating budget as a Trust Beneficiary Project Initiative (BPI) agency providing recovery-oriented peer support services.

The FY19 funding increase requested includes support for health care stipends based on the number of FY19 FTEs at a rate of $3700 per employee. Stipends will generally offer much needed recruitment and retention support and help to stabilize the health and wellness of individual beneficiaries hired as peer supports within the agency while increasing agency capacity and service quality. The agency does not currently offer any healthcare benefits to their employees because of funding limitations.

The following is excerpted from the grantee's application.

PROJECT DESCRIPTION

The Alaska Mental Health Consumer Web (The Web) is the only peer run recovery oriented drop-in and engagement center in Anchorage. The Web serves individuals who experience life challenges including: mental illness, traumatic brain injury, developmental delays, substance addiction issues, and homelessness in addition to secondary Trust beneficiaries who encounter an array of negative life circumstances. The prevailing philosophy at The Web is the development of relationships through the use of peer mentors and their experiential knowledge of mental illness, substance abuse, homelessness and other similar life experiences. Peer support is utilized as the

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bridge that breaks down stigma and isolation and establishes the connection that leads to relationship and story.

The Web recognizes sharing story is relationship orientated, and relationship building is a crucial component of recovery. The Web endeavors to utilize the relationship established through the peer-to-peer connections to meet the individual needs of each person; as we recognize the one-size fits all approach to service often fails. Individuals experiencing chronic homelessness and co-occurring substance use disorders tend to be the hardest to reach because they do not integrate easily into the conventional behavioral health system. Because of the difficulty integrating, at times the Web is the last service option for many of these individuals, as they have burned bridges within the traditional social service system. Currently, Web services include one-on-one Peer Mentoring, referral to and coordination of health services, assistance with benefits applications, housing assistance, AA and NA recovery groups, life skills training through WRAP, Mind, Body & Spirit and Women's Groups, computer usage, clothing vouchers, outreach, assistance with employment search & resume building, resource referral, cooking class, and community engagement & social inclusion through recreational activities (fishing trips, state fair, performing arts events, etc.).

Partnerships

While services available in-house are sizeable, operating as a smaller organization allows the flexibility to tailor what services are available to best meet each program participant's needs. Conversely, being a smaller organization also necessitates the need to partner and collaborate with other organizations in the community. The Web partners with and participates in the following: the Anchorage Regional Behavioral Health Coalition, The Anchorage Coalition to End Homelessness, The Alaska Peer Support Consortium, Anchorage Community Mental Health, Catholic Social Services, CHOICES, Partners Reentry Center, Municipality of Anchorage, Anchorage Coordinated Entry, NAMI Anchorage, Alaska Native Tribal Health Consortium, Anchorage Project Access in addition to other organizations that provide behavioral health and homeless support services such as Department of Corrections, Division of Behavioral Health Services, VA Domiciliary, etc. The Web has memorandum of agreements with all participating agencies of the Anchorage Behavioral Health Coalition that is renewed annually.

Program Collaborations

The relationship with community partners continues to be a key area of focus for the Web to identify and streamline access to supports and services for participants. Both CHOICES and the Web continue to focus on collaboration and have agreed to quarterly joint staff meetings and program liaisons to attend weekly staff meetings to set the foundation for connection and trust to build openly and organically. This past January CHOICES and Web staff held a "Meet & Greet"

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for newly elected representatives, community members & partner agencies to meet the staff and learn more about the array of services provided by both agencies. In addition to Peer Bridger's, the Web continues to refer to the CHOICES Assertive Community Treatment Team (ACT) for wraparound services outside of the scope of services Web peer mentors can provide. The ACT Team provides Web participants with that continued peer connection while ensuring consumer choice and empowerment. This relationship with CHOICES has been advantageous for participants of the Web, with referrals to the ACT Team & Peer Bridger to help meet the often-complex needs of participants. The Web also values the collaboration with RurAl Cap's Housing programs, such as Sitka Place, the new 325 3rd Ave building and Safe Harbor Muldoon for participants with children; additional collaboration with Cook Inlet Housing Authority, NeighborWorks Alaska and AHFC to help meet the need of appropriate, affordable housing. The ability to assist through housing referrals along with the other community partners helps prepare participants to take their first steps toward sober living, wellness, and overall health.

Program Highlights

- In FY17, 1770 Trust beneficiaries utilized the Web as a sober, safe haven that provides assistance with employment and housing opportunities, peer support and mentoring, peer group discussions, 12-step meetings, computer access, transportation to medical appointments, haircuts, nutrition and cooking classes, as well as referral and coordination of support services such as dental care and medical treatment.
- FY17 consumer survey results indicated:
    - 95% of surveyed consumers reported that the Web helped them access some of life's necessities such as clothing, food, ID and mail
    - 83% responded that the Web helped them stay sober or drink less
    - 59% responded that the Web offers increased access to mental health treatment
    - 92% responded that the Web offers a place for positive social interactions
- Employment assistance was provided to 837 beneficiaries in FY17, consisting of resume preparation, identifying potential employers, application assistance, obtaining interview clothing and attire once employed, and bus passes to assist with transportation to interviews and job fairs.

During the past six months, the Web has served 1,373 unduplicated individuals, completed applications for 141 new members, the program averaged serving 65 participants per day in a safe, sober, supportive environment that promotes recovery and wellness.

Daily Peer to Peer group meetings serve to welcome new participants, discuss events and activities within The Web and the community at large. Peer staff engage participants throughout the day and provide one-on-one assistance to promote participant success by empowering participants with tools, skill development and access to resources.

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During the last six months 23 Weekly WRAP, 23 Mind, Body & Spirit life skills groups, along with 71 AA & NA groups were hosted by the Web to further promote recovery, wellness and overall health were accessed by participants.

During this same timeframe, 117 participants sought staff assistance to take the next steps in engaging in substance abuse and mental health treatment with partner agencies in the community.

The Peer Employment specialist assisted in creating or updating 86 resumes assisted 123 individuals with employment search and referrals resulting in 4 obtaining full-time employment and 13 obtaining part-time employment, which has had a profound positive impact on participants' lives.

The Peer housing mentor meets with participants daily to locate appropriate, affordable housing, engage property managers and owners, during the past 6 months she has assisted 9 individuals obtaining permanent housing and provided homeless prevention assistance to 10 households.

Each day that a participant comes to the Web is also a measurable success, being that they are engaged and active in their recovery and wellness, during the past 6 months the Web has provided 10,157 days of service, each a measurable success.

Strategic Objectives for the Coming Year

The Web's Board of Directors fully recognizes the overwhelming importance of identifying broad strategic goals which shape the direction and future of the organization. The Web's Board of Directors held a Strategic Planning meeting in October of 2016 facilitated by Dennis McMillian to further refine the long-range plan, which included a goal for a Capital Project to move the Web into a new facility. Both the Web and CHOICES have been actively working with the Trust's Land Office to identify an appropriate facility where both programs would reside and reduce costs through shared expenses. The Web is working within its recent strategic plan updated in 2016 and is currently in the second year of the updated plan with an ongoing focus and work on the goals outlined in the plan.

The diversification of funding is identified as a priority for the organization. Presently, calculated plans to increase donations have been broached via the use of a donor newsletter, researching a signature fundraiser additional promotion of Pick-Click-Give and our new website which went live in November of 2017 has enabled online donations directly to the program. Access to additional funding sources is continually being pursued in our efforts to diversify funding.

Another area of focus for the Board is the ability to increase budget reserves to strengthen the overall financial health of the organization. Additionally, groundwork collaborative efforts have

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begun to move the idea of social entrepreneurialism from vision to reality. Moving forward, the strategic plan details goals/task for cross-training of staff across peer organizations as a tactical move for increasing the availability of qualified peer staff, but more importantly, as a cost savings measure. The past year measurable progress has been made towards a developing a Peer Mentor Certification process that will be adapted by agencies providing Peer support and recognized by the State of Alaska Division of Behavioral Health, this work continues into 2018.

With renewed organizational stability within the management ranks the Web board is highly motivated to complete the business plan for a new building, diversifying funding and developing an effective Peer training program.

EVALUATION CRITERIA

Performance measures were developed to cover the breadth of BPI grantee services and use the Results-Based Accountability framework to answer three primary questions related to program outputs and outcomes (how much, how well, and better off).

Beneficiary Projects Initiative Performance Measures

How Much?

a) The number (#) of beneficiaries (unduplicated) served, broken down by Trust beneficiary group.
b) The number (#) and percentage (%) of new beneficiaries (unduplicated) served during the reporting period, broken down by Trust beneficiary group.
c) The total (#) of activities or events held. For each activity or event, please include the date(s), location(s) and number (#) of attendees.

How Well?

a) Provide a brief narrative describing the activities, successes, challenges, and any lessons learned during the reporting period.
b) Describe any community networking activities that occurred during the reporting period. This may include interactions with state or local non-profit organizations, governmental entities, or Trust advisory boards and/or partners.
c) Number (#) and percentage (%) of individuals reporting satisfaction with the program, service, event and/or activity in which they participated.
d) For the final report, provide the BPI Organizational Capacity Worksheet (form will be provided via email in June).

Better Off?

a) Number (#) and percentage (%) of individuals who report overall improved functioning and/or quality of life since participating in the program.

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b) Number (#) and percentage (%) of individuals who have experienced two or more of the following key outcome areas pertinent to your program:
   i. Increased ability to manage challenging situations.
   ii. Increased ability to manage challenging behaviors.
   iii. Became stably housed as a result of the program.
   iv. Became employed as a result of the program.
   v. Decreased substance use.
   vi. Decreased legal involvement.
   vii. Increased healthy behaviors (e.g., physical activity or eating healthfully).
   viii. Reduction in number of days with poor physical or mental health.
   ix. Became connected to benefits programs (e.g., Medicaid or Food Stamps).
c) Provide two (or more) stories from individuals (in their own words) that describe how their quality of life has improved since participating in the project.

SUSTAINABILITY

The Web's board of Directors and executive leadership continue to work attentively on sustainability efforts as noted in the organizations strategic plan. Efforts currently underway are increased fundraising activities, which include greater promotion of Pick-Click-Give through our Website and Facebook page. During the holiday season, The Web sent an appeal letter to 485 households throughout Anchorage seeking private donations.

The Web's new website went live in November of 2017. This resulted in The Web receiving several direct online donations, a first in our program's history. The Board continues to research a signature annual fundraiser to both promote the mission of The Web and increase unrestricted funds.

The Web continues the work outlined during the Pre-Development project with the Foraker Group to identify appropriate space with the hope it can be shared with another community partner to save costs and streamline access to services for participants.

Furthermore, The Web continues to seek other grant opportunities which align with the organizational mission and provide an opportunity for innovative efforts and capacity building. During the past 12 months, The Web has successfully applied for and received a $25,000 donation to assist with program operating costs. This was the second gift with an opportunity to reapply in 2018. Additional grant funding from Alaska Housing Finance Corporation provides funding diversity to cover 1.0 FTE to help house homeless participants in both short-term emergency housing and long-term permanent housing. Additionally, Division of Behavioral

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Health funds continue to contribute significantly to the Web's overall operating budget; we anticipate that these funds will continue in FY 2019 for current grantees.

WHO WE SERVE

The Web serves individuals who experience life challenges including: mental illness, traumatic brain injury, developmental delays, substance addiction issues, and homelessness in addition to secondary Trust beneficiaries who encounter an array of negative life circumstances. The prevailing philosophy at The Web is the development of relationships through the use of peer mentors and their experiential knowledge of mental illness, substance abuse, homelessness and other similar life experiences. The table below describes the beneficiary populations and members of the general public/professionals served in FY17.

Alaska Mental Health Consumer Web – Individuals Impacted FY17

Mental Illness	Substance Abuse	Develop-mental Disability	Alzheimers / Dementia	Traumatic Brain Injury	Total # of Primary Bene-ficiaries Served	Secondary Bene-ficiaries	Grand Total # of Bene-ficiaries (Primary + Secondary)	# Outreach & Education	# Profess-ionals Trained	TOTAL Served (all categories)
1179	503	34	1	53	1770	5	1775	1584	757	4116

BUDGET

This FY19 request includes an increase from previous years to allow the agency to offer, for the first time, health care stipends for staff, including beneficiaries/peers employed by the agency.

The total stipend funds requested represent an overall Trust budget increase of $29,600 ($3700 stipend per FTE x 8 FTEs). This addition will support the wellness of agency staff (many of whom are also beneficiaries) while improving recruitment and retention to promote even greater capacity and higher quality services to beneficiaries served.

FY19 Grant Amount Requested from Trust:	$333,600
FY19 Total Operational Budget Amount:	**$577,807**
Trust grant % of the organization's Total Operational Budget Amount:	58%

Other funds include:

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Division of Behavioral Health	137,638
Alaska Housing Finance Corporation	96,279
Unrestricted	10,290
Other FY19 Funds Total:	**$244,207**

Alaska Mental Health Consumer Web FY19 Trust Funding Budget Proposal

Personnel Services (SALARY AND WAGES)	**FTE**	
Executive Director	1.00	$78,030
Program Coordinator	0.50	$20,558
Administrative Assistant	0.50	$16,230
Peer Mentors	4.60	$66,511
Employment Specialist	0.40	$11,575
Housing Specialist	1.00	
Personnel Services (FRINGE BENEFITS)		
Executive Director	1.00	$19,394
Program Coordinator	0.50	$3,623
Administrative Assistant	0.50	$1,596
Peer Mentors	4.60	$11,720
Employment Specialist	0.40	$2,040
Housing Specialist	1.00	
Health Care Insurance Stipend ($3700 per FTE)	*8.00*	*$29,600*
Total Personnel Costs:		**$260,877**
Travel		
In State:		
Mileage and Parking		$50
Total Travel Costs:		**$50**
Equipment		
Equipment and Software Purchases		$1,500
Repairs, Maintenance, and Support		$2,000
Total Equipment Costs:		**$3,500**
Supplies		
Office and Program Supplies		$2,200
Total Supplies Costs:		**$2,200**
Facility		
Rent		$19,008

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Utilities	$14,492
Building Repairs & Maintenance	$1,100
Total Facility Costs:	**$34,600**
Other	
Bookkeeping, Audit, and Tax Preparation	$21,807
Bank Fees	$150
Board / Meeting Expenses	$1,500
Dues and Subscriptions	$900
Insurance	$2,556
License and Permits	$150
Give-aways	$250
Participant Integration / Quality of Live	$4,000
Training and Conference	$600
Volunteer Incentives	$360
Miscellaneous Expenses	$100
Subtotal:	**$32,373**
TOTALS	**$333,600**

Alaska Mental Health Consumer Web

Recover-Based Engagement & Drop-in Center

The Web provides peer-driven, peer support in a safe environment guided by unconditional positive regard using a recovery-based philosophy.

The Alaska Mental Health Consumer Web (The Web) is a recovery-based, Consumer-driven drop-in center in Anchorage's Fairview community. The organization's activities are completely free of charge. The Web is funded through grants from the Alaska Mental Health Trust Authority, State of Alaska Division of Behavioral Health and Alaska Housing Finance Corporation.

The Web serves individuals who experience mental health issues and/or addictions who are oftentimes homeless. The Web has over 2,000 active members who utilize the center over 20,000 times annually for services such as computer access, support for substance abuse recovery, peer mentoring, support groups, assistance with obtaining employment and housing, community involvement, recreation, education and more!

Community Partners

Alaska Mental Health Trust Authority
Alaska Division of Behavioral Health
RurAL CAP
Catholic Social Services
NAMI Anchorage
CITC
AK Peer Consortium
CHOICES Inc.
Southcentral Foundation -Alaska Women's Recovery Project
Anchorage Neighborhood Health Center
Mental Health Court
Department of Corrections
Veteran Administration Domiciliary

Peer Mentoring: Participants of the Web find that a Peer Mentor is a valuable tool for recovery from mental health issues and substance abuse. A Peer Mentor engages participants in regaining control over their lives, over their recovery process and empowers them to live life to their fullest vision. Participants may choose to work one-on-one with a Peer Mentor on staff at the Web, but also will find many opportunities to form mentorships with other participants in the program.

Women's Support Group: Weekly a Peer Mentor facilitate a weekly group focused on women and their specific needs and support to promote personal growth and recovery in a safe and supportive environment. This group has been assisting women of the Web for the past 6 years.

Employment: Our Peer Employment Mentor assist participants with resume writing, job searching, interviewing skills and clothing. The Web is continually engaged with employers, employment agencies and other community partners to effectively assist participants. Each participant who is seeking employment is assisted and encouraged to obtain meaningful employment.

W.R.A.P: Peer Mentors facilitate weekly WRAP groups for participants to learn and hone skills for recovery and illness self-management. The Wellness Recovery Action Plan® or WRAP®, is a self-designed prevention and wellness process that anyone can use to get well, stay well and make their life the way they want it to be. It was developed in 1997 by a group of people who were searching for ways to overcome their own mental health issues and move on to fulfilling their life dreams and goals. It is now used extensively by people in all kinds of circumstances, and by health care and mental health systems all over the world to address all kinds of physical, mental health and life issues.

Housing: The Housing Peer Mentor provides assistance to some of Anchorage's most vulnerable adults with securing emergency and permanent housing through our partnership with Alaska Housing Finance Corporation. Peer Mentors work with participants within the Web program, or by special referral from partner agencies within the community.

Quality of Life Recreation: The Web provides community integration outings such as performances at the Preforming Arts Center, Alaska Zoo, fishing trips, hiking day trips just to name a few. The Web's 12-person van provides for greater opportunity for participation in the many activities in our community

Mind Body & Spirit: Weekly this group meets to support participants in their life journey. Participants engage in self-discovery and that "Understanding comes a little at a time over a lifetime." Stress management, nutrition, meditation, exercise, rest are key elements.

"We offer HOPE with No Red Tape and No Strings Attached."

Hours of operation: Monday through Friday--8:30 am to 5:00 pm

Saturday-- 10:00 am to 4:00 pm Sunday—Closed

Alaska Mental Health Consumer Web 1248 Gambell Street Anchorage, Alaska 99501
(907) 222-2980

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MEMO

To: Chris Cooke, Program and Planning Committee Chair
Date: April 20, 2018
Re: FY19 Beneficiary Employment and Engagement Focus Area Allocation
Amount: $208,650
Grantee: Alaska Youth and Family Network
Project Title: Community-Based Peer Navigation

REQUESTED MOTION:

Approve a $208,650 FY19 Beneficiary Employment and Engagement focus Area allocation to the Alaska Youth and Family Network for the Community-Based Peer Navigation project.

Assigned Program Officer: Jimael Johnson

STAFF ANALYSIS

Funding request supports a significant proportion of the Alaska Youth and Family Network (AYFN) operating budget as a Beneficiary Project Initiative (BPI) agency providing peer-delivered, gap filling services not easily supported by Medicaid or other funding sources. Agency outcomes reveal intensely supportive and highly successful family support and reunification services, especially for OCS involved families.

The FY19 funding increase requested will support health care stipends based on the number of FY19 FTEs at a rate of $3700 per employee. Stipends will generally offer much needed recruitment and retention support and help to stabilize the health and wellness of individual beneficiaries hired as peer supports within the agencies while increasing agency capacity and service quality. The agency does not currently offer any healthcare benefits to their employees because of funding limitations.

The following is excerpted from the grantee's application.

PROJECT DESCRIPTION

Alaska Youth and Family Network (AYFN) is a family-run, peer-delivered provider of behavioral health and social services to Alaskan families. A group of parents raising children experiencing significant behavioral health needs, frustrated by the inaccessibility, complexity, and lack of quality and consistent family-focused, family-driven home-based care available in Alaska founded AYFN in 1997. During its early years, AYFN provided parent-to-parent peer support and connection to reduce the loneliness, isolation, and stigma so many families experience when

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faced with raising a child with behavioral health challenges. Parents supported one another when their children and families were in crisis so that their children would not become involved in unnecessary and traumatizing out of home care. AYFN also provided a safe, stigma-free place for their children to connect with peers in a supportive and non-judgmental atmosphere free from the stigma, bullying, and lack of understanding they often experienced in other places in their communities.

Program Highlights

- 2,450 primary and secondary Trust beneficiaries were served in FY17 by AYFN throughout Alaska. Services provided by AYFN include case management, community based peer navigation, counseling, support and education services, advocacy across systems (behavioral health, child welfare, juvenile justice, medical, corrections, special education), as well as family preservation and stabilization services.
- In FY17 only 8 of the 149 (5%) Youth ages 13-24, with significant mental health or substance use challenges moved to a higher-level care after engaging in services with AYFN.
- In FY17 **none** of the 53 parents on probation or parole that AYFN served returned to jail or prison.
- 383 parents and caregivers attended family support groups and parent education classes, of which 86% demonstrated improvement in parenting skill and positive coping techniques.
- Of the 127 families whose child welfare cases were closed in FY17, only 12 didn't reunify - a successful reunification rate of 91%. This is significantly higher than the ~50% reunification rate without family support services. Family support has been shown to improve the likelihood of reunification by 4x, stabilizing families and offering significant cost savings to the state.
- AYFN helped 79 unattached youth achieve goals of stable housing, involvement education, employment and stronger connections to their communities.
- AYFN provided behavioral health information and referral to 328 individuals over the phone.

Alaska Youth and Family Network's mission is "Cultivating wellness and stability for families within their homes and communities through peer-supported advocacy, education, and behavioral health services." For the last 21 years, AYFN has been supporting Alaskan families determined to recover and overcome the barriers behavioral, mental health, substance use, and intellectual and developmental disabilities have presented in their lives. Our services have grown and have become more comprehensive and flexible as the needs of the families we support have increased, and the systems designed to serve them have become even more complicated and fragmented. Twenty-one (21) years later AYFN provides comprehensive family peer support, education, advocacy (at all levels), system navigation, and recovery-focused behavioral health and substance use support services. AYFN's care is non-judgmental, stigma-free, strengths-based, and

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driven by the beneficiary. We believe that children raised by properly supported families, in loving and capable homes, are in the best place for them. We work to prevent the separation of children and youth from their families to higher, much more costly and traumatizing care settings outside of their homes and communities. If a child is placed outside of her home for their care or safety, our Family Navigators work with the family and other community team members to alleviate any safety concerns, find or provide appropriate and helpful behavioral health interventions and concrete supports, and reunite the family with one another as quickly and safely is reasonable.

AYFN is currently the only family and child-serving behavioral health provider that solely employs peer providers willing to share their lived experience to the benefit of those they serve in South Central Alaska. We provide comprehensive, whole family, home and community-based behavioral healthcare and social service support to at-risk families. By specializing only in services and supports focused on family preservation and reunification, we have become expert in using the Strengthening Families Protective Factors Framework to provide practical, concrete support and skills to minimize risk factors and enhance the protective capacity of the parents we support. We take a hands-on approach to building partnerships with families to improve their overall functioning, social-emotional and parenting skills, as well as their connection to the community and natural support systems. AYFN provides services and training to the families it serves and the parent navigators it hires that promote and strengthen communication, collaboration, and advocacy skills.

Alaska Youth and Family Network reduces the likelihood of future abuse and neglect occurring in the homes of the families we serve, who are at high risk of future maltreatment, by engaging them in family preservation and reunification services that are collaborative, strengths-based, and goal oriented and rooted in peer and family support. AYFN currently uses elements from several different approaches to work with struggling, at-risk families including Homebuilders, Transition-to-Independence Process, Strengthening Families Framework, Scream Free Parenting, and Family-to-Family Support. We work to alleviate the risk of harm to the children we serve, rather than working to remove the child from their homes. The Family Navigators employed by AYFN use their ability to connect with families through their lived experience and training to engage families in a non-judgmental manner that results in a relationship built on trust and collaboration. We assist our families in learning new behaviors and building connections to new social and community supports which help them make better choices for and provide more opportunities to their children.

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EVALUATION CRITERIA

Performance measures were developed to cover the breadth of BPI grantee services and are use the Results-Based Accountability framework to answer three primary questions related to program outputs and outcomes (how much, how well, and better off).

Beneficiary Projects Initiative Performance Measures

How Much?

a) The number (#) of beneficiaries (unduplicated) served, broken down by Trust beneficiary group.
b) The number (#) and percentage (%) of new beneficiaries (unduplicated) served during the reporting period, broken down by Trust beneficiary group.
c) The total (#) of activities or events held. For each activity or event, please include the date(s), location(s) and number (#) of attendees.

How Well?

a) Provide a brief narrative describing the activities, successes, challenges, and any lessons learned during the reporting period.
b) Describe any community networking activities that occurred during the reporting period. This may include interactions with state or local non-profit organizations, governmental entities, or Trust advisory boards and/or partners.
c) Number (#) and percentage (%) of individuals reporting satisfaction with the program, service, event and/or activity in which they participated.
d) For the final report, provide the BPI Organizational Capacity Worksheet (form will be provided via email in June).

Better Off?

a) Number (#) and percentage (%) of individuals who report overall improved functioning and/or quality of life since participating in the program.
b) Number (#) and percentage (%) of individuals who have experienced two or more of the following key outcome areas pertinent to your program:
    i. Increased ability to manage challenging situations.
    ii. Increased ability to manage challenging behaviors.
    iii. Became stably housed as a result of the program.
    iv. Became employed as a result of the program.
    v. Decreased substance use.
    vi. Decreased legal involvement.
    vii. Increased healthy behaviors (e.g., physical activity or eating healthfully).

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viii. Reduction in number of days with poor physical or mental health.
ix. Became connected to benefits programs (e.g., Medicaid or Food Stamps).

c) Provide two (or more) stories from individuals (in their own words) that describe how their quality of life has improved since participating in the project.

SUSTAINABILITY

AYFN is a State of Alaska, Division of Behavioral Health, Community Behavioral Health Treatment and Recovery grantee, as well as the recipient of grant funding from the Mat-Su Health Foundation, and the Alaska Mental Health Trust Authority.

AYFN has made substantial progress in setting up a solid foundation to support growth. We have contracted, developed and implemented our electronic clinical record. We have restarted our efforts to achieve accreditation through the Council on Accreditation and have begun a conversation to seek investment from our other stakeholders including DBH, OCS, and The Mat-Su Health Foundation. Because of the challenges inherent in the regulations regarding reimbursement for family support services and the population AYFN serves as outlined above in objective number four, long-term, unsubsidized, sustainability will likely be unattainable in the near future. And continued operation of AYFN will likely contain a payer mix of Medicaid and grant funding. We are pursuing strategies to improve AYFN's attractiveness as a partner for the ASO when they begin administering behavioral health services for the State of Alaska. Our current work plan will be updated and modified after an April 2018 planning meeting with The Trust and Agnew::Beck to discuss technical assistance needs and shape our strategy for the next fiscal year.

WHO WE SERVE

During FY17 AYFN cared for 624 families that had a least one Alaska Mental Health Trust Authority Beneficiary in their household. 70% of our families or slightly more than 430 had Office of Children's Services (OCS) involvement. The table below describes the beneficiary populations and members of the general public/professionals served in FY17.

Alaska Youth and Family Network – Individuals Impacted FY17

Mental Illness	Substance Abuse	Develop-mental Disability	Alzheimers/ Dementia	Traumatic Brain Injury	Total # of Primary Beneficiaries Served	Secondary Beneficiaries	Grand Total # of Beneficiaries (Primary + Secondary)	# Outreach & Education	# Professionals Trained	TOTAL Served (all categories)

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699	145	184	0	28	1056	1394	2450	60	420	2930

Even though OCS involvement is the primary reason most of the families AYFN serves initially connect with us, it is only one of the many factors causing difficulty in their lives. The families we serve are typically living in or near poverty. They are involved in several complicated child and family serving systems. Two-thirds of our families are headed by single young women, under 30, raising two or more children under the age of twelve. These parents are working to overcome the effects of a lifetime of trauma and unaddressed or inadequately addressed mental illness, substance use, and intellectual and developmental disability. It is rare for AYFN to serve a parent with an Adverse Childhood Experiences score of less than four.

BUDGET

This FY19 request includes an increase from previous years to allow the agency to offer, for the first time, health care stipends for staff, including beneficiaries/peers employed by the agency.

The total stipend funds requested represent an overall Trust budget increase of $61,050 ($3700 stipend per FTE x 16.5 FTEs). This addition will support the wellness of agency staff (many of whom are also beneficiaries) while improving recruitment and retention to promote even greater capacity and higher quality services to beneficiaries served.

FY19 Grant Amount Requested from Trust:	$208,650
FY19 Total Operational Budget Amount:	**$1,209,370**
Trust grant % of the organization's Total Operational Budget Amount:	17%

Other funds include:

Division of Behavioral Health	692,620
Mat-Su Health Foundation (PENDING)	217,500
Office of Children's Services	90,600
Other FY19 Funds Total:	**$1,000,720**

Alaska Youth & Family Network FY19 Trust Funding Budget Proposal

Personnel Services (SALARY AND WAGES)	**FTEs**	

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Peer Navigators	10.50	$73,195
Engagement Specialist	1.00	$9,984
Administrative	2.00	$9,984
Program Supervisor	1.00	
Office Manager	1.00	
Executive Director	1.00	
Personnel Services (FRINGE BENEFITS)		
Peer Navigators	10.50	$10,230
Engagement Specialist	1.00	$929
Administrative	2.00	$929
Program Supervisor	1.00	
Office Manager	1.00	
Executive Director	1.00	
Health Care Insurance Stipend ($3700 per FTE)	*16.50*	*$61,050*
Total Personnel Costs:		**$166,301**
Travel		
Out of State:		
Training opportunities		$2,100
In State:		
Mileage & Other training opportunities		$1,300
Total Travel Costs:		**$3,400**
Equipment		
Maintenance & Support		$250
Record Management & Support		$3,350
Purchase		$500
Total Equipment Costs:		**$4,100**
Supplies		
General Supplies		$500
Program Expenses		$450
Youth / Support Group		$1,000
Postage		$50
Total Supplies Costs:		**$2,000**
Facility		
Rent		$17,539
Communications		$3,500
Utilities		
Repairs, Maintenance & Janitorial		$3,000
Total Facility Costs:		**$24,039**

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Other	
Accounting, tax audit preparation, and other professional services	$5,860
Insurance	$1,315
Conference Registration / Training	$500
Dues, Subscriptions & Memberships	$475
Printing & Reproduction	$100
Flexible Funding	$250
Board / Meeting Expenses	$100
Advertising	$50
Bank Fees	$100
Miscellaneous Expenses	$60
Total Other Costs:	**$8,810**
TOTAL	**$208,650**

ALASKA YOUTH & FAMILY NETWORK

The Alaska Chapter of the National Federation of Families for Children's Mental Health

Our Mission: To strengthen, preserve, and unify families through advocacy, peer-to-peer support, education, and connections to community-based services that promote social, emotional, behavioral/mental health and substance use recovery.

Alaska Youth and Family Network is a Family-Run Organization that provides recovery-oriented service to families involved in Alaska's behavioral health system of care. Family-Run organizations are a unique branch of peer-to-peer support that rests on the knowledge afforded by recovery experience of parents and children. AYFN employees have a variety of experience both professional and lived, in navigating behavioral health systems. Family navigators advocate, educate, and support parents, children, and youth in their efforts to achieve wellness stability, with a focus on behavioral health. Behavioral health needs may include mental health diagnoses, emotional stressors, substance use recovery, brain-based diagnoses, and involvement in the criminal justice and/or child welfare systems. AYFN strives to include the whole family in the service delivery process, as an effort to address family culture as a key factor in individual wellness. We have two locations, one in Anchorage and one in the Mat-Su Valley.

AYFN is fully funded by grants from the State of Alaska Division of Behavioral Health, the Alaska Mental Health Trust Authority, Mat-Su Health Collaborative, and the National Association for Mental Health.

Family Navigation: Navigation services include connection to community providers, advocacy and education. Family members may choose to receive family navigation support to address parent and/or child recovery needs.

Parenting Class: AYFN provides a 12-week parenting class based on the Scream Free Parenting model by Hal Runkel. Participation includes weekly parent coaching in the environment of the parent's choice in order to practice learned skills and process information from each week's class.

Family Night: Once a week, AYFN hosts a drop-in group to support the whole family; a light dinner is served family-style before all family members separate into the support groups for the age and stage in life. Activities are designed to encourage social connection and processing for life events.

Other Groups: AYFN provides and designs a variety of groups to meet the needs of the community. Activities are provided for learning life skills, making social connections, and discovering wellness tools. Current groups are Beading Group and Moral Reconation Training. Upcoming Groups are Wellness Group and Stewards of Children Group.

- In FY17 only 8 of the 149 (5%) Youth ages 13-24, with significant mental health or substance use challenges moved to a higher-level care after engaging in services with AYFN.
- In FY17 none of the 53 parents on probation or parole that AYFN served returned to jail or prison.
- 383 parents and caregivers attended family support groups and parent education classes, of which 86% demonstrated improvement in parenting skill and positive coping techniques.
- Of the 127 families whose child welfare cases were closed in FY17, only 12 didn't reunify - a successful reunification rate of 91%. This is significantly higher than the ~50% reunification rate without family support services. Family support has been shown to improve the likelihood of reunification by 4x, stabilizing families and offering significant cost savings to the state.

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MEMO

To: Chris Cooke, Program and Planning Committee Chair
Date: April 20, 2018
Re: FY19 Beneficiary Employment and Engagement Focus Area Allocation
Amount: $182,959
Grantee: Polaris House
Project Title: FY19 Polaris House Clubhouse BPI Grant

REQUESTED MOTION:

Approve a $182,959 FY19 Beneficiary Employment and Engagement focus Area allocation to Polaris House for the FY19 Polaris House Clubhouse BPI grant.

Assigned Program Officer: Jimael Johnson

STAFF ANALYSIS

This funding request supports continuation funds for the Polaris House Clubhouse operating budget as a Trust Beneficiary Project Initiative (BPI) agency providing recovery-oriented peer support services through a holistic philosophy for recovery.

In lieu of health care stipends requested by the other five BPI grantees (Polaris House already offers a health care stipend to employees), this FY19 requested funding increase effectively replaces operating funds anticipated to be lost during the year from a community-based funder. These funds will be critical to ensure Clubhouse services are maintained at the current level in order to adequately serve Trust beneficiaries.

The following is excerpted from the grantee's application.

PROJECT DESCRIPTION

We provide three distinct employment programs. During FY16 and FY17 our employment processes became well defined, this allowed us to provide immediate access to jobs for beneficiaries stating employment goals. We have connections with six employers who are aware of our programs and support hiring beneficiaries. During FY18 we saw a significant number of members return to paid employment after long absences from the local workforce.

Polaris House strives to assure no member is homeless. We will provide a complete array of supports to beneficiaries to secure, maintain or improve housing circumstances. We are in daily contact with members during which we evaluate their housing needs. We are focused on a small number of members, who have through their histories, been precluded from natural housing

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supports, assisted, living or other housing. This is a focus of daily conversations among staff to continue to find housing for this group.

Polaris House will continue to support beneficiaries for integration into local education opportunities such as; GED classes, obtaining Food Worker Cards, participation in Food Safety Manager Training, and the Computer Learning Center.

Polaris House will advocate for beneficiaries in securing and maintaining relative benefits such as; Medicaid, Social Security, Food Stamps, housing vouchers, Trust mini-grants, APA, PFD's, etc. We anticipate continued use of the maximum number of mini-grants allowed to Polaris House through the Trust Authority. We will ensure mini-grants are maximized for improvement of quality of life and supports for "turning the corner" in recovery.

We will continue to use a streamlined membership process. Our process can be completed in as little as two days. Our community partners are adept at completing our simple verification form, and the new member orientation can be completed in as little as a half hour.

Polaris House continues to be represented at City Rotary Club. These relationships are optimal for integrating members into the business community, assuring our presence in the community, and fostering relations with potential employers of members.

We continue to partner with: the Juneau Coalition on Housing and Homelessness; St. Vincent De Paul; SEARHC; REACH; Juneau Re-entry Coalition; Juneau Suicide Prevention Coalition; Northern Lights Church; Douglas Community Center; NAMI Juneau; and regular participation in the Southeast Behavioral Health Providers Organization. These partnerships include Project Homeless Connect; Job Fairs; Health Fairs; radio broadcasts; participation in the re-entry project "Success Inside and Out."

Program Highlights

In FY17, Polaris House continued to focus on employment. The realization that beneficiaries make decisions concerning paid employment based on financial issues, not as a condition caused by illness or disease, initiated an organizational shift to train and educate beneficiaries for higher paying jobs. Staff continue to work with beneficiaries and community partner agencies to promote education and employment goals and shift the mindset away from contented dependence on government support for persons living with mental illness.

Polaris House is addressing the challenge of tobacco addiction with beneficiaries/members. Six of the fifteen members enrolled in FY17 achieved smoke-free targets. Three smoke-free socialization outings were conducted.

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Beneficiary evaluation survey and feedback results indicate (of 67 member respondents):

- 80% report an increased ability to manage challenges in situations.
- 80% report an increased ability to manage challenging behaviors.
- 100% are housed
- 85% report decrease substance abuse
- Only 1% were actively involved with legal involvement or law enforcement encounters.

Over the past four and one-half years, quarterly member surveys consistently show satisfaction with services and supports is greater than 85%. The Clubhouse is a safe environment. We have had significantly fewer Law Enforcement encounters. In the past 24 months, we have had only three calls to the Police.

Members report fewer admissions to acute inpatient stabilization on the mental health unit at Bartlett Regional Hospital. Members report increased compliance with keeping appointments, attending groups and taking medications.

We continue to reduce the number of our homeless members. We have successfully placed five members in Housing First. We have placed five members in St. Vincent DePaul programs. These are great successes.

We support members to access education opportunities. These include GED classes, Computer Learning Center enrollment, and enrollment at the University of Alaska Southeast. We continue to place a high value on our clubhouse vehicles. The new truck made it possible to assist members with moving to new residences, hauling furniture, and facilitating our snow removal contracts. The new van has had a significant impact. This vehicle has helped members participate in community social activity, has provided much-needed transportation to holiday events, and very importantly has helped the members experience a sense of pride and ownership in the clubhouse. A few members were able to qualify to drive the vehicles. This has greatly improved members' sense of partnership in the operation of the clubhouse as a business.

We continue to assist members to obtain DEC Food Worker Cards. When a member passes the exam, Polaris House pays the fee. Members then have access to the kitchen. This work experience is then added to their resume.

We continue to facilitate Mini-grant applications. This has become a tool that has resulted in greater involvement in clubhouse activity. The Mini-grants have produced a sense of community pride in those who have received them. In FY17 we were able to use all 36 mini- grants that were provided by the Trust Authority. The member satisfaction surveys show that members value this support.

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Since June 2015, we have successfully sent two training groups to the Clubhouse International Training Base at Alliance House in Salt Lake City, UT and Genesis Clubhouse, Worcester, MA. This improved engagement and enthusiasm in the clubhouse and increased member leadership. In FY18 we sent staff and members to international training bases, and the Clubhouse International Seminar. This has had a significant impact on increased member involvement and a significant increase in our average daily attendance.

Our Work-Ordered Day attendance has steadily grown. Participation is stable at an average of 17 to 20 per day. We are looking for bigger space for the clubhouse. We believe attendance will increase with more available space.

Each day three members who attend the clubhouse daily, do not participate in structured clubhouse activity. However, the clubhouse is a safe, supportive environment where they receive positive peer support and encouragement for self-care. Opportunities for growth are made apparent to them should they choose to become more active. This is important as several members have no place left in Juneau that accepts them.

Our most important success is member involvement in all aspects of the operation of the clubhouse as a business. Members are showing increased interest in the work. Members are interested in the highest level of clubhouse business. The Executive Director has been tutoring members on clubhouse administration. We have had 18 members pursue paid employment as a result of their experience in the clubhouse operations. We have a clubhouse event every time a member gains employment. We celebrate these successes openly with all members, staff and the Board.

Beneficiary testimonials

"The Polaris house helps to be part of a community that includes a diverse ethnic mix of people who are helpful in sharing their experience, strength and hope. The activities are meaningful. I am grateful for all the Polaris House does."

"The Polaris House has helped me immensely. It gives me a place to go to be able to work on my mental health issues as well as assisting me with filling out applications for housing, work and other needs. Without the Polaris House being in Juneau I would not be able to survive here."

Strategic Objectives for the Coming Year

We will continue to maintain and streamline our Transitional Employment program. We have one member and one staff who attended a training base for the specific reason of ensuring the success of the employment program. This employment program is a key entry point for accessing community life. We hosted staff and members from the international training base Boston

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seminar on strengthening our employment supports. (Clubhouse Standards 12, 13, and 14) Clubhouse members will be enlisted for participation in Clubhouse International training activities. Staff and members attended a training at Gateway House in South Carolina. This will be followed up with an onsite visit for the purpose of achieving a benchmark needed for certification. (Standard 20)

We fully intend that no clubhouse member will be homeless. (Standards 27 and 28) We will continue to administer the member quarterly survey. (Standard 29)

Polaris House will maintain accreditation from Clubhouse International, Inc. (Standard 35)

We will continue to provide a place of opportunity in keeping with our mission. Trust beneficiaries who are Clubhouse members will continue to have a place in the community that guarantees four rights: A place to belong; a safe place; a right to meaningful relationships and a right to meaningful work. These supports and rights are maintained each and every day. (Standards 3, 4, 6, 11 and 15)

The Clubhouse will continue to be open on all holidays on the day they are observed. (Standard 31)

The Clubhouse generated seed money to support community-based fundraising events. We will plan at least one major fund-raising event. (Standards 11, 15, 18)

Polaris House Board of Directors will continue to provide governance. The Board will be engaged in establishing diverse funding sources: to include fundraising, broadening support for Polaris House in the business community; and continue to develop and expand relationships with other providers. We increased our unrestricted funds by $10,000. With a successful fundraiser, we will continue to achieve the Organization Focus items set by the Board. The Board has completed a revised strategic plan. The Board will recruit Board membership. (Standard 32)

EVALUATION CRITERIA

Performance measures were developed to cover the breadth of BPI grantee services and use the Results-Based Accountability framework to answer three primary questions related to program outputs and outcomes (how much, how well, and better off).

Beneficiary Projects Initiative Performance Measures

How Much?

a) The number (#) of beneficiaries (unduplicated) served, broken down by Trust beneficiary group.
b) The number (#) and percentage (%) of new beneficiaries (unduplicated) served during the reporting period, broken down by Trust beneficiary group.

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c) The total (#) of activities or events held. For each activity or event, please include the date(s), location(s) and number (#) of attendees.

How Well?

a) Provide a brief narrative describing the activities, successes, challenges, and any lessons learned during the reporting period.
b) Describe any community networking activities that occurred during the reporting period. This may include interactions with state or local non-profit organizations, governmental entities, or Trust advisory boards and/or partners.
c) Number (#) and percentage (%) of individuals reporting satisfaction with the program, service, event and/or activity in which they participated.
d) For the final report, provide the BPI Organizational Capacity Worksheet (form will be provided via email in June).

Better Off?

a) Number (#) and percentage (%) of individuals who report overall improved functioning and/or quality of life since participating in the program.
b) Number (#) and percentage (%) of individuals who have experienced two or more of the following key outcome areas pertinent to your program:
    i. Increased ability to manage challenging situations.
    ii. Increased ability to manage challenging behaviors.
    iii. Became stably housed as a result of the program.
    iv. Became employed as a result of the program.
    v. Decreased substance use.
    vi. Decreased legal involvement.
    vii. Increased healthy behaviors (e.g., physical activity or eating healthfully).
    viii. Reduction in number of days with poor physical or mental health.
    ix. Became connected to benefits programs (e.g., Medicaid or Food Stamps).
c) Provide two (or more) stories from individuals (in their own words) that describe how their quality of life has improved since participating in the project.

SUSTAINABILITY

We will continue to improve our independent fundraising activity. In FY17 we participated in the Mudrooms Inc. local activities to raise funds. It is our plan to reinvest some of those funds during FY19 to support the organization and delivery of a major fundraising event in Juneau. We will continue to distribute the “Awareness Packets.” This activity has already helped expand board membership, donations from private sector businesses and interest from individuals in the community.

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We have a Community Resource Provider Contract with the Division of Vocational Rehabilitation. We will be reimbursed at the rate of $70 per hour for employment-related services. We have recently restructured our contract with DVR to allow for greater billing. We are working to start an apprenticeship program with the Department of Labor. This will pay for one full-time staff person for one year.

We are completing Individual Service Authorizations with the DHSS. This will provide reimbursement for employment supports delivered to members.

We have established one more connection with a new partner foundation. We are experiencing increased financial support from local businesses and charitable organizations.

WHO WE SERVE

Polaris House serves beneficiaries who are living with a mental illness diagnoses. We are located in Juneau Alaska. We use a holistic philosophy for recovery. Our mission is to provide an environment of mutual support dedicated to the development of the self-confidence necessary to live, learn and work within a community of the members choice. The table below describes the beneficiary populations and members of the general public/professionals served in FY17.

Polaris House – Individuals Impacted FY17

Mental Illness	Substance Abuse	Develop-mental Disability	Alzheimers/ Dementia	Traumatic Brain Injury	Total # of Primary Beneficiaries Served	Secondary Beneficiaries	Grand Total # of Beneficiaries (Primary + Secondary)	# Professionals Trained	TOTAL Served (all categories)
427	200	20	0	5	652	3	655	16	671

BUDGET

Polaris House currently offers a health care stipend to employees as both an employee/beneficiary wellness and retention strategy. By investing in staff, the organization is better able to retain workers and ensure quality since it has not experienced loss of staff in over eighteen months.

This FY19 request includes an increase from previous years to effectively replace operating funds anticipated to be lost during the year from a community-based funder. These funds will be critical to ensure Clubhouse services are maintained at the current level in order to adequately serve Trust beneficiaries.

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The total operating fund increase requested due to loss of other funding represents an overall Trust grant budget increase of $23,959 and includes personnel (9,468 salary + 2,268 fringe), equipment ($300), supplies (804), facility (9,329 rent), and other (1,790 financial and misc).

FY19 Grant Amount Requested from Trust:	$182,959
FY19 Total Operational Budget Amount:	**$444,153**
Trust grant % of the organization's Total Operational Budget Amount:	42%

Other funds include:

Division of Behavioral Health Clubhouse Grant	210,153
Individual Placement and Supports Grant (Trust)	50,000
Unrestricted (Fundraising)	1,041
Other FY19 Funds Total:	**$261,194**

Polaris House FY19 Trust Funding Budget Proposal

Personnel Services (SALARY AND WAGES)	**FTE**	
Executive Director	1.00	$45,270
Assistant Director	1.00	$47,040
Generalists	3.00	
Personnel Services (FRINGE BENEFITS)		
Executive Director	1.00	$10,609
Assistant Director	1.00	$14,970
Generalists	3.00	
Total Personnel Costs:		**$117,889**
Travel		
In State:		
Mileage & Other training opportunities		$75
Total Travel Costs:		**$75**
Equipment		
Maintenance & Support		$200
Purchase		$400
Total Equipment Costs:		**$600**
Supplies		

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General Supplies	$1,000
Program Expenses	$1,200
Transportation	$1,679
Total Supplies Costs:	**$3,879**
Facility	
Rent	$30,931
Telephone / Internet	$2,075
Utilities	$3,425
Repairs & Maintenance	$500
Insurance (General & Liability)	$1,500
Postage	$100
Total Facility Costs:	**$38,531**
Other	
Bookkeeping	$9,280
Financial Review & Tax Preparation	$2,550
Computer Support	$750
Beneficiary Integration, Training & Support	$4,200
Staff Training	$2,000
Director & Officers Insurance	$1,100
Dues & Subscriptions	$1,555
Board / Meeting Expenses	$250
Bank Fees	$75
Miscellaneous Expenses	$225
Subtotal:	**$21,985**
TOTALS	**$182,959**

Polaris House: A Place To Belong

Our mission is to provide an environment of mutual support dedicated to the development of the self-confidence necessary to live, learn and work within a community of the members choice.

Polaris House serves adults who are living with a mental illness diagnoses. We are located in Juneau Alaska. We use a holistic philosophy for recovery.

Housing: The housing unit is dedicated to ensuring all of our members have safe, affordable, and quality housing. We actively help our members: complete housing applications; transportation for housing interviews; and we provide vehicles and manpower in the event a member needs to relocate. We maintain partnerships with Alaska Housing, St. Vincent de Paul housing, and other landlords to stay informed of what is available.

"Polaris House helps me with housing, jobs and all my personal issues. They have helped me be the best person I can be." Polaris House Member

Employment: Our employment programs are tailored to facilitate the talents and skills of our members. Paid employment is the single most effective activity for recovery for a person living with serious and persistent mental illness. Our employment specialist maintains three distinct employment opportunities. These programs serve persons who have been absent from the workforce for extended periods of time up to members who are independently employed.

Culinary: The culinary unit provides opportunity for skills development, increasing stamina by being active all day, and an opportunity to connect with the clubhouse community. Our food programs are self-supporting and are an inexpensive means for members to have access to healthy foods. Each day we have meals together. These activities decrease isolation, and improve the member's social skills.

"Polaris House helped me get my Alaska Food Handlers Card and I am a really great cook now. I really value my life now." Polaris House Member

Community Supports and Services: We assist members with accessing government support, Medicaid, Social Security applications, Food Stamp applications, Bus passes, driver's licenses, etc.
Education: Our education programs aim toward enrolling members in normal community learning opportunities. This includes University of Alaska Southeast; The Learning Center, and Food Safety Management.

"I am very proud to be a member of Polaris House. When I first became a member I was very depressed and was even considering suicide because I didn't think anyone cared. Polaris House gives me a place to come and be appreciated." Polaris House Member

Our vision is to strengthen partnerships with other service providers to support the community by improving culturally appropriate services and supports.

Polaris House, Inc.
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Juneau, AK 99801
907-780-6775

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Alaska Mental Health Trust Authority

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MEMO

To: Chris Cooke, Program and Planning Committee Chair
Date: April 20, 2018
Re: FY19 Beneficiary Employment and Engagement Focus Area Allocation
Amount: $154,071
Grantee: NAMI Anchorage
Project Title: FY19 NAMI Anchorage Capacity Building Grant

REQUESTED MOTION:

Approve a $154,071 FY19 Beneficiary Employment and Engagement focus Area allocation to NAMI Anchorage for the FY19 NAMI Anchorage Capacity Building Grant.

Assigned Program Officer: Jimael Johnson

STAFF ANALYSIS

This funding request supports continuation funds for the NAMI Anchorage operating budget as a Trust Beneficiary Project Initiative (BPI) agency providing recovery-oriented peer support services.

The FY19 funding increase requested will support health care stipends based on the number of FY19 FTEs at a rate of $3700 per employee. Stipends will generally offer much needed recruitment and retention support and help to stabilize the health and wellness of individual beneficiaries hired as peer supports within the agency while increasing agency capacity and service quality. The agency does not currently offer any healthcare benefits to their employees because of funding limitations.

The following is excerpted from the grantee's application.

PROJECT DESCRIPTION

NAMI Anchorage is the local affiliate of the National Alliance on Mental Illness. We provide support, education, and advocacy to beneficiaries living with mental illness (consumers), their families, friends, and community. We offer, free of charge to the participants: peer-led support groups and education classes for consumers and families; education forums for everyone; a helpline via phone, drop-in, and email; teaching self-advocacy and other life skills; opportunities for community advocacy with policy-makers; meet-and-greets with providers; awareness activities with community groups; assistance in training Crisis Intervention Team (CIT) officers; a lending library; internet access and meeting space; a website and Facebook; and volunteer opportunities. We serve people in Anchorage, throughout the state and even Outside when asked.

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Program Highlights

- 168 primary and 123 secondary beneficiaries were served in FY17.
- Approximately 200 community members and professionals were served through outreach and training in FY17.

The last 18 months at NAMI Anchorage have been very challenging to the organization. The loss of several board members and key, long-time staff members resulted in process breakdown, gaps in data collection and a loss of institutional knowledge. The organization suffered another hard blow with the sudden loss of its long-time Executive Director in November, 2017.

Despite these challenges, and with the hard work and support of the board and dedicated volunteers, NAMI Anchorage persevered and managed to continue its regular support groups and class schedules. Unfortunately, data collection for the last 18 months has several gaps due to the turnover and transition at the organization. The new Executive Director is working to establish processes that will improve data collection and increase the focus on evaluation, quality improvement, and service expansion.

How NAMI Anchorage Fits Within a Broader Continuum of Services

We have attached a continuum of care diagram that illustrates NAMI Anchorage's peer education, support, and advocacy services all along the continuum.

At the far end of the continuum, NAMI Anchorage serves as a first responder when consumers and family members are in distress or crisis, often a life-threatening crisis. NAMI Anchorage is their help of first resort because they often cannot get professional services quickly. Also, family members are often very afraid to call the police for fear that their ill relatives will be arrested, hurt, or maybe even killed. In the recent past, fewer of our contacts involve great distress or crisis, but rather, usually requested support, education, and information about community resources such as food, housing, and mental health care. However, the frequency of more urgent crisis-related calls to NAMI Anchorage has been increasing.

Why this change in the urgency of our contacts, we wondered, and we started asking. Stigma has perhaps broken down somewhat, with more celebrities disclosing their own mental health conditions and more positive social and traditional media coverage of the need for mental health care. We have also found that more often, people in crisis are not calling the police, but rather immediately turning to the internet. They search "mental illness" and our NAMI Anchorage website pops up. Our website, *www.namianchorage.org*, is very user-friendly and encourages people to seek further help.

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When they call or email or drop in, they are greeted like friends, and after introductions and hearing a brief explanation of why they are calling us, we quickly and with confidence disclose that all our staff members are affected by mental illness. Almost immediately, mutual knowingness and trust develops, and we get down to business. The staff listens closely and let the caller talk about their situation and vent their feelings. This is a dire need because so few in society want to hear what they need to say. Even over the phone, we can perceive the connection between us because the tension, speed, and volume of the caller's speech dramatically lessens. We can hear it.

We start triage. Is their ill relative threatening to kill themselves or hurt someone else? If yes, we tell them to hang-up and call 911. But they almost always do not want to because of the fears described above. So, we explain what CIT is and how CIT officers are so different in their attitude and approach. We explain that CIT officers resolve crises through empathy and de-escalation techniques, rather than belligerence and force. When appropriate we are successful in getting the family members to call the police and ask for CIT officers. If immediate danger is not present, if needed, we still encourage the family to call the non-emergency number and ask the dispatcher to send CIT officers for a welfare check. Family members are almost always surprised that there is such a service. We have received feedback that many families and consumers have received great help by following our CIT referrals.

Thus, on the emergency/crisis/distress end of the continuum of care, NAMI Anchorage works often and well to provide peer services to intervene and de-escalate situations and in some instances, save lives by persuading those to in trouble to seek help because we can vouch from personal experience, both as participants in CIT trainings and as users of CIT services, that this help is friendly and safe.

On a regular basis, NAMI Anchorage provides education to consumers and families about diagnoses, symptoms, medication management; NAMI Anchorage engages consumers and families in case management assistance, skill-building and socialization, daily living and personal care, referrals to the mental health court, crisis intervention, hospitalization support, and more.

How NAMI Anchorage Collaborates with Other Organizations and Programs

For collaborative efforts, we assist consumers and family members coming from numerous places including; Veteran's Association, ACMHS, API, Providence Hospital, private providers, the community, etc. We assist consumers and family members who find us through our website, flyers, brochures, and Facebook. We collaborate with the Mental Health Court in helping families connect with the court so that their loved ones can be located by the court for diversion. We help our beneficiaries navigate the AMHTA mini-grant process from start to finish. We provide assistance every step of the way; for everything from gathering materials and information for the

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application to physically shopping along with the beneficiary. We have presented the safeTALK suicide prevention program. We work with Alaska Health Fair to conduct outreach and provide information about mental illness at their Anchorage based events. We collaborate with the Anchorage Police Department on the CIT training to provide opportunities to meet and talk with consumers and families and listen to their stories of illness, treatment, and recovery. We collaborate with the VA by submitting mini-grant applications for formerly homeless veterans and with other community members and agencies who send over applications they cannot process. We are partnering with Community Covenant Church to bring programing to Eagle River.

Strategic Objectives for the Coming Year

NAMI Anchorage partnered with Professional Growth Systems to draft 3 major strategic initiatives and 2 improvement projects to focus on this coming year. (A draft version of the plan created is included with this application.)

These goals were the result of a 2-day Strategic Planning Workshop held in February 2018. The workshop helped to not only identify our strategic objectives but, just as importantly, helped to plot the course to their realization by creating a timeline for each objective complete with metrics and scheduled, measurable outcomes to meet throughout the year.

Each major goal has a project manager assigned for oversight as well as additional team members assigned responsibility for completing individual milestones. Goals and deliverables are divided fairly between staff and board members ensuring a shared responsibility in outcomes.

NAMI Anchorage Strategic Initiatives for FY19 are:

- Funding increase and diversification
  Increase funding from sources, especially sources other than AMHTA, to create sustainable growth. Our 1-year goal is a 10% increase in annual budget
- Outreach and advocacy
  NAMI Anchorage will create a baseline for outreach and advocacy. Will complete a minimum of 1 outreach/advocacy event per month and will develop a coordinated advocacy effort statewide with local and national stakeholders. We will also assess our current data management systems, address any gaps and implement improvements.
- NAMI program expansion
  NAMI Anchorage will continue to assess current needs but will at the minimum, present Ending the Silence 3 times, will hold an additional 4 Family & Friends Seminars, will re-launch the Peer to Peer Class and will provide a new class or support group in a new geographic location.

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NAMI Anchorage Improvement Projects for FY19 are:

- People engagement and retention to maximize use of staff, board, volunteers and members
- Identifying current & future needs for office space: The building that hosts the current NAMI Anchorage offices is up for sale. NAMI Anchorage will conduct office space analysis complete with needs options and a contingency plan

Target year-end conditions to be met by March 31st, 2019 are:

- Present (3) Ending the Silence programs in High Schools
- Present (4) Family & Friends Seminars focusing on underserved communities
- 10% funding from sources other than AMHTA
- Fund and utilize 20 more hours of staff time
- Fully functional volunteer management program
- Fully staffed, functional, and operational board with committees
- Co-host an event with a partner organization
- Office space analysis with needs, options and contingency plan

EVALUATION CRITERIA

Performance measures were developed to cover the breadth of BPI grantee services and use the Results-Based Accountability framework to answer three primary questions related to program outputs and outcomes (how much, how well, and better off).

Beneficiary Projects Initiative Performance Measures

How Much?

a) The number (#) of beneficiaries (unduplicated) served, broken down by Trust beneficiary group.
b) The number (#) and percentage (%) of new beneficiaries (unduplicated) served during the reporting period, broken down by Trust beneficiary group.
c) The total (#) of activities or events held. For each activity or event, please include the date(s), location(s) and number (#) of attendees.

How Well?

a) Provide a brief narrative describing the activities, successes, challenges, and any lessons learned during the reporting period.
b) Describe any community networking activities that occurred during the reporting period. This may include interactions with state or local non-profit organizations, governmental entities, or Trust advisory boards and/or partners.

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c) Number (#) and percentage (%) of individuals reporting satisfaction with the program, service, event and/or activity in which they participated.
d) For the final report, provide the BPI Organizational Capacity Worksheet (form will be provided via email in June).

Better Off?

a) Number (#) and percentage (%) of individuals who report overall improved functioning and/or quality of life since participating in the program.
b) Number (#) and percentage (%) of individuals who have experienced two or more of the following key outcome areas pertinent to your program:
   i. Increased ability to manage challenging situations.
   ii. Increased ability to manage challenging behaviors.
   iii. Became stably housed as a result of the program.
   iv. Became employed as a result of the program.
   v. Decreased substance use.
   vi. Decreased legal involvement.
   vii. Increased healthy behaviors (e.g., physical activity or eating healthfully).
   viii. Reduction in number of days with poor physical or mental health.
   ix. Became connected to benefits programs (e.g., Medicaid or Food Stamps).
c) Provide two (or more) stories from individuals (in their own words) that describe how their quality of life has improved since participating in the project.

SUSTAINABILITY

The first initiative in NAMI Anchorage's Strategic Plan for FY19 is to increase funding from revenue streams other than the Mental Health Trust Authority. Our goal is for a 10% increase (from current budget) with a focus on alternate revenue streams and a continuing goal of further percentage increases and the creation of sustainable growth.

This plan will include:

- Establishment of a fundraising committee to seek out and engage potential alternative revenue streams
- Apply for additional grants
- Apply for individual organization and foundation funding
- Membership increase of 50%
- Enhanced fundraising campaign for Pick.Click.Give
- Increased individual fund development efforts
- Provide fund development training for board and staff
- Expand Remembrance Tree Ceremony to expand donations and donor base

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We are also confident that with our additional strategic goals of increasing the amount and types of NAMI Programs offered as well as expanding the reach and impact of our mission, we will develop new relationships and touch new communities both in and out of Anchorage that will result in increased donations, memberships and strategic partnerships.

WHO WE SERVE

NAMI Anchorage is the local affiliate of the National Alliance on Mental Illness. We provide support, education, and advocacy to beneficiaries living with mental illness (consumers), their families, friends, and community. We offer, free of charge to the participants: peer-led support groups and education classes for consumers and families; education forums for everyone; a helpline via phone, drop-in, and email; teaching self-advocacy and other life skills; opportunities for community advocacy with policy-makers; meet-and-greets with providers; awareness activities with community groups; assistance in training Crisis Intervention Team (CIT) officers; a lending library; internet access and meeting space; a website and Facebook; and volunteer opportunities. We serve people in Anchorage, throughout the state and even Outside when asked. The table below describes the beneficiary populations and members of the general public/professionals served in FY17.

NAMI Anchorage – Individuals Impacted FY17

Mental Illness	Sub-stance Abuse	Develop-mental Disability	Alzheim-ers/ Dementia	Traumatic Brain Injury	Total # of Primary Beneficiaries Served	Secondary Bene-ficiaries	Grand Total # of Beneficiaries (Primary + Secondary)	# Outreach & Education	# Profess-ionals Trained	TOTAL Served (all categories)
168	0	0	0	0	168	123	291	200	2	493

BUDGET

This FY19 request includes an increase from previous years to allow the agency to offer, for the first time, health care stipends for staff, including beneficiaries/peers employed by the agency.

The total stipend funds requested plus minimal operating expense increases in other categories represent an overall Trust budget increase of $7,571 ($3700 stipend per FTE x 1.63 FTEs + $1540 operational expense increases). This addition will support the wellness of agency staff (many of whom are also beneficiaries) while improving recruitment and retention to promote even greater capacity and higher quality services to beneficiaries served.

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FY19 Grant Amount Requested from Trust:	$154,071
FY19 Total Operational Budget Amount:	**$160,671**
Trust grant % of the organization's Total Operational Budget Amount:	96%

Other funds and in-kind volunteer hour donations include:

Unrestricted Donations (Fundraising)	6,600
Other FY19 Funds Total:	**$6,600**
In-kind Donations (Volunteer Hour Value)	*$175,000*

NAMI Anchorage FY19 Trust Funding Budget Proposal

Personnel Services (SALARY AND WAGES)	**FTE**	
Executive Director	1.00	$56,000
Program Manager	0.63	$20,800
Personnel Services (FRINGE BENEFITS)		
Payroll taxes & Work comp	1.63	$7,500
Health Care Insurance Stipend ($3700 per FTE)	*1.63*	*$6,031*
Total Personnel Costs:		**$90,331**
Travel		
Out of State:		
Annual NAMI National Conference (travel $800, lodging $850, meal per-diem $425)		$2,075
Total Travel Costs:		**$2,075**
Equipment		
Purchase		$550
Maintenance/repair		$1,500
Total Equipment Costs:		**$2,050**
Supplies		
Office supplies & software		$4,500
Total Supplies Costs:		**$4,500**

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Contractual	**$0**
Facilities	
Rent	$18,000
Meeting Space rental	$1,875
Communication	$4,500
Other Facilitiy Expense	$3,000
Total Facilities Costs:	**$27,375**
Other	
Financial Statements & Form 990 prep	$4,500
Advertising	$200
Bank fees	
Board/Meeting expense	$500
Training/Conference registration	$800
Dues/Subscriptions	$650
Insurance	$2,150
License, Permits, fees	
Postage & delivery	$290
Printing	$2,400
Publications (library)	$250
Special Events / Refreshments	$2,500
Accounting	$12,000
IT/Database Management	$1,500
Subtotal:	**$27,740**
TOTALS	**$154,071**

NAMI Anchorage

National Alliance on Mental Illness

Providing support, education, and advocacy for individuals affected by mental illness, their families, friends, and community

NAMI Anchorage

is the local affiliate of the National Alliance on Mental Illness. We provide support, education, and advocacy to individuals living with mental illness (consumers), their families, friends, and community.

We offer, free of charge to the participants: peer-led support groups and education classes for consumers and families; public education forums; a helpline via phone, drop-in, and email; teaching self-advocacy and other life skills; opportunities for community advocacy with policy-makers; meet-and-greets with providers; awareness activities with community groups; assistance in training Crisis Intervention Team officers with the Anchorage Police Department; a lending library of mental health related books and DVDs; internet access and meeting space; a website and Facebook; and volunteer opportunities.

We tell our stories with many community groups and share our lived experiences with mental illness and recovery as a way to break stigma and build bridges.

Support Groups:

NAMI Anchorage's Support Groups are unique because they follow a structured model to ensure that all participants have an opportunity to be heard and are provided an opportunity for personal needs to be met. These groups encourage empathy, productive discussion and a sense of community. By sharing experiences in a safe and confidential setting, one gains hope and develops supportive relationships. We benefit through other's experiences, discover our inner strength and learn now to identify local resources and how to use them.

- **Connection Consumer Support Group** : NAMI Connection Recovery Support Group is a free, peer-led support group for adults living with mental illness. Participants gain insight from hearing the challenges and successes of others. We discuss psychiatric diagnoses, medications, therapies, coping skills and more. We help find answers to individual's questions and encourage each other. We embrace humor as healthy and remind each other to never give up hope! The groups are led by NAMI-trained facilitators with lived experience and are held at NAMI Anchorage offices Tuesdays from 1pm-2:30pm; Saturdays from 11:30am—1pm
- **Family Support Group:** NAMI Family Support Group is a peer-led support group for family members, caregivers and loved ones of individuals living with mental illness. Here, friends and family members can share their stories, discuss treatments and methods of support that have had success, gain insight from the challenges and successes of others facing similar circumstances and find fellowship in a community that understands. Groups meet: 2nd and 4th Tuesdays from 6pm-7:30pmat Central Lutheran in Anchorage; **Brand New** support group in Eagle River on 2nd & 4th Saturdays from 9:30am-11am at Community Covenant Church

Classes & Presentations:

- **NAMI Peer-to-Peer:** a free, 10-session educational program for adults with mental illness who are looking to better understand their condition and journey toward recovery. Taught by a trained team of people who've "been there," the program includes presentations, discussion and interactive exercises. This in-person group experience provides the opportunity for mutual support and positive impact. Participants can experience compassion and reinforcement from people who relate to their experiences and, through their participation, have the opportunity to help others grow. This is a confidential place to learn from shared experiences in an environment of sincere, uncritical acceptance. Recovery is a journey, and there is hope for all people living with mental illness.
- **NAMI Family-to-Family**: a class for families, partners and friends of individuals with mental illness. The course is designed to facilitate a better understanding of mental illness, increase coping skills and empower participants to become advocates for their family members. The course covers: information about each of the mental illnesses; current research relating to the biology of brain disorders; evidence-based, most effective treatments to promote recovery; up-to-date information about medications and side effects; coping skills such as handling crisis and relapse, problem solving, listening and communication techniques; and self-care for the caregiver. Family to Family Classes are offered at no cost. However, you must be a family member actively helping an individual in your family with mental illness to sign up. Classes are not available to the general public. **This program was designated as an evidence-based program by SAMHSA.**
- ***BRAND NEW*** **NAMI Family & Friends**: a 4-hour seminar that informs and supports people who have loved ones with a mental health condition. Participants learn about diagnoses, treatment, recovery, communication strategies, crisis preparation and NAMI resources. Seminar leaders have personal experience with mental health conditions in their families. This seminar is in development stages and NAMI Anchorage is among a handful of affiliates that are currently piloting this program for the national office.
- ***COMING SOON*** **NAMI Ending the Silence**: an in-school presentation designed to teach middle and high school students about the signs and symptoms of mental illness, how to recognize the early warning signs and the importance of acknowledging those warning signs.

Our Vision: *Resiliency, recovery, and wellness for all*

NAMI Anchorage 144 W 15thAve. Anchorage, AK 99501 | (907) 272.0227

Office Hours and Drop-in: Monday-Thursday 10am-3pm, Saturday 11am-1pm

(After hours by appointment)

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Alaska Mental Health Trust Authority

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MEMO

To: Chris Cooke, Program and Planning Committee Chair
Date: April 20, 2018
Re: FY19 Beneficiary Employment and Engagement Focus Area Allocation
Amount: $100,550
Grantee: NAMI Juneau
Project Title: NAMI Beneficiary Project Initiative Grant

REQUESTED MOTION:

Approve a $100,550 FY19 Beneficiary Employment and Engagement focus Area Allocation to NAMI Juneau for the NAMI Beneficiary Project Initiative grant.

Assigned Program Officer: Jimael Johnson

STAFF ANALYSIS

This funding request supports continuation funds for the NAMI Juneau operating budget as a Trust Beneficiary Project Initiative (BPI) agency providing recovery-oriented peer support services.

The FY19 funding increase requested includes support for health care stipends based on the number of FY19 FTEs at a rate of $3700 per employee. Stipends will generally offer much needed recruitment and retention support and help to stabilize the health and wellness of individual beneficiaries hired as peer supports within the agency while increasing agency capacity and service quality. The agency does not currently offer any healthcare benefits to their employees because of funding limitations.

The following is excerpted from the grantee's application.

PROJECT DESCRIPTION

We serve as Juneau's voice on mental illness and continue to serve a unique role in the community providing peer-driven and peer-led education and support programs to individuals living with mental illness (primary beneficiaries), and their family members (secondary beneficiaries). We are the local affiliate of the National Alliance on Mental Illness and our mission is to help individuals affected by mental illness build better lives through education, support and advocacy. Our office continues to provide soft navigation services, linking individuals affected by mental illness to needed services and supports. NAMI programs take the form of recurring mutual support groups, advocacy training, and 6, 9 and 12-week Biopsychosocial education

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classes. NAMI's evidence-based programs empower participants to be more informed and effective advocates for themselves or a family member. These programs have been shown to improve mental health outcomes, promote family engagement in treatment, and reduce the threat of negative outcomes, such as hospitalization, incarceration and suicide.

Stigma and misunderstanding are cited as one of the main reasons, especially among minority populations, that individuals are reluctant to seek mental health treatment. Promoting a greater understanding of mental illness and reducing stigma is a priority for NAMI Juneau. Currently we offer two programs under the public awareness umbrella of our mission 1) Inside Passages is a mental health and wellness speaker series held during the fall and winter which highlights behavioral health resources and insights into addiction, trauma and major mental health conditions; and 2) Family & Friends is a 4-hour seminar that details common diagnoses and treatment options and highlights the subjective experience of mental illness through personal stories.

Our leadership recognizes the importance of collaborating with community agencies and a priority continues to be placed on identifying gaps in service for those experiencing mental illness and ensuring that providers are educated on the value of peer support and recovery-centered programming. We meet quarterly with behavioral health providers to build upon Juneau's Community Action Plan which ensures coordination and prevents duplication of programs and services. We are actively represented on the Juneau Reentry Coalition's steering team and the Juneau Suicide Prevention Coalition (JSPC).

We continue to partner with the JSPC on several school-based and parent education initiatives including suicide prevention training for middle school youth and the Sources of Strength program at both high schools.

Program Highlights

- NAMI Juneau hosted two, 6-week family education programs in FY17 and one 9-week peer education program. These classes provided instruction, coping skills, mutual support and information on all aspects of managing a mental illness, or caring for someone who does, to 34 individuals and families.
- Mental health awareness and education presentations were expanded from one to both Juneau high schools, reaching 212 students in FY17.
- Beneficiary evaluations strongly support the efficacy of the NAMI Juneau programs. 82% reported that because of the program, they were better able to manage crises resulting from symptoms of mental illness. 92% reported that because of the program, they could manage the stresses and negative impacts that the stigma of mental illness causes.

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- Education program attrition was down in FY17, with 82% of participants successfully completing full sessions. Education programs are a significant time commitment at either 6, 9 or 12 sessions.
- In FY17, 19% of program participants became NAMI members. This is a 6% increase from the previous year and likely due to additional efforts to reach out to participants after they complete a course. The email contact list grew by 6% and social media engagement increased by 61%. These trends indicate an increase in engagement.

Peer support for primary beneficiaries has expanded with the addition of a recovery support group called NAMI Connection. Since July 2017, over 25 primary beneficiaries (unduplicated) have had a confidential and supportive place to connect, build resiliency skills, and offer one another understanding through this twice monthly group. Support group leaders emerged through a two-day NAMI training which graduated 11 primary beneficiaries to lead NAMI Connection in the communities of Anchorage and Juneau. Several close friendships have emerged from this group which adds to the community of support we seek to create for anyone affected by mental illness in our community.

Six families recently graduated from NAMI Basics, our parent education program in February. Post-program evaluations demonstrate: 83% of participants reported having an increased ability to manage challenging situations and behaviors. 100% agreed that they were better able to navigate the care and support services that their child needs. One parent shares, “I feel like this program is a life raft for families and parents who are trying to get a grasp of what is going on in their life.”

This past winter, NAMI Juneau piloted a 4-hour seminar developed by our national office for family members and caregivers who have a loved one living with a mental illness. We trained four presenters and delivered the seminar to 26 secondary beneficiaries. Educating and empowering family members involved in the care of their loved one is critical. This 4-hour "Family & Friends" seminar covers common diagnoses, treatment options, communication and self-care strategies, crisis management and navigating resources. For families who are in crisis or not able to commit to multi-session programs, the seminar will be a timely and valuable resource.

In December, we became the first affiliate in Alaska to become re-chartered, a multi-year process to adopt best practices and meet requirements set forth by our national office which provides support to over 900 affiliates. These requirements represent a baseline of business practices that indicate an organization has sufficient structures and policies in place to meet the expectations of donors, funders, the nonprofit community and our constituency.

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Over the past year, we've made significant efforts to expand our communication channels to better engage with stakeholders and reach new audiences. We have increased our social media presence and more widely distributed our monthly newsletter and blog. In the past six months, NAJ's newsletter has been viewed by over 950 individuals (duplicated) and social media followers increased by 66%. These are positive trends and we will continue to leverage social media to promote programs and distribute information.

Beneficiary Testimonials

"I felt scared, lost and alone when my child was in crisis. I desperately wanted support and guidance. This NAMI Basics program was very helpful, not just to me, but also my spouse, so that we could both gain knowledge and understanding to work better together to help our child."

"The NAMI Peer-To-Peer program is a great benefit to me as well as other participants. Having the ability to connect, encourage, and be encouraged with fellow peers has impacted my life in a positive way. The program has played a key role in helping improve my self-esteem, overcoming obstacles, and returning back into the workforce."

"Our son's FEPB (First Episode Psychotic Break) left our son and family, and even the school system and community reeling in a state of chaos. It has taken months to understand and 'recover' from the event, but thanks to NAMI, 'recovering' seems possible. Prior to the class I firmly believed otherwise. Thanks, NAMI, for restoring 'hope' to our family once again. Our lives will be different, but manageable."

"NAMI Family-to-Family is packed full of information, educating us along the way to so many aspects within the mental health system to help us better understand our loved ones and support them in a healthy way. The Family Support Group has been a valuable resource for me during my time of crisis and when not in crisis providing a safe environment for me to share and feel supported and learn from others. It has been a lifesaver – a place to cry and laugh and make new friends."

"NAMI's Family-to-Family program and their other special programs provide incredible support to those who live with mental illness or have loved ones who do. The information, the sense of community and belonging reduce the stigma of mental illness and provide a path to restore wellness, dignity, and community involvement."

Strategic Objectives for the Coming Year

NAMI Juneau's strategic goals in FY19 will remain focused on offering quality education classes and recurring mutual support groups. The staff and board recognize a need for greater cultivation among behavioral health and medical providers to inform them of new programming and encourage a more robust referral process. Several Board members are taking the lead in meeting with these providers. In FY19, we will offer each of the following NAMI signature programs:

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1. **Peer-to-Peer**: 9-session mental illness education and recovery program for primary beneficiaries
2. **Family-to-Family**: 12-session Biopsychosocial program for family members and caregivers who have a loved one experiencing moderate to serious mental illness
3. **NAMI Basics**: 6-session education and support program for parents and family caregivers of children and youth with emerging or existing mental health conditions
4. **Connection Support Group**: twice monthly support and skills group for primary beneficiaries
5. **Family Support Group**: twice monthly support group for secondary beneficiaries

NAMI Juneau will continue to promote leadership opportunities through the Peer Council, an advisory group of primary beneficiaries who aim to increase involvement from and advance programming for peers. In FY19, the Peer Council will focus on capacity building and recruiting new members, while continuing to support the Connection support group and coordinating a Mindfulness and wellness workshop in the fall during Mental Illness Awareness Week.

Over the past year, there has been an increase in presentation requests, including several faith communities seeking information and resources related to crisis management and how they can support members struggling with mental illness. NAMI Juneau volunteers spent considerable time preparing and delivering presentations which included two full evenings at a local church providing information and strategies to support youth with mental and behavioral health needs. Our goal in the coming year is to continue to respond to these needs, identifying groups that work with vulnerable populations.

NAMI Juneau delivers most of our programming with donated resources and volunteer time. Last year, we logged nearly 1,500 hours of volunteer hours and are proud of our financial efficiency thanks to a committed volunteer base. Opportunities for volunteers to participate in training and attend NAMI Convention is in part why we are successful in retaining committed volunteers. This will continue to be a priority in FY19.

This past September, NAMI Alaska hosted their first statewide leadership meeting in many years. We identified a critical need to unite and strengthen the NAMI voices across our State to advocate for families and primary beneficiaries. Out of this meeting, we formed a committee to develop a statewide, web-based family and caregiver support group. NAMI Juneau staff is chairing this committee and we are working towards implementing a web-based support group by fall 2018.

Currently, NAMI Juneau presents mental health literacy presentations to freshman health classes. Our curriculum is being “upgraded” to a NAMI program called Ending the Silence and will include a young adult co-presenter. This presentation has been shown to be effective in

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changing attitudes towards mental health conditions and increasing help-seeking behaviors. In FY19, we will work towards a stronger partnership with the school district and individual high schools to ensure this program is consistently made available. Our goal is to present Ending the Silence to 120 students in FY19.

EVALUATION CRITERIA

Performance measures were developed to cover the breadth of BPI grantee services and use the Results-Based Accountability framework to answer three primary questions related to program outputs and outcomes (how much, how well, and better off).

Beneficiary Projects Initiative Performance Measures

How Much?

a) The number (#) of beneficiaries (unduplicated) served, broken down by Trust beneficiary group.
b) The number (#) and percentage (%) of new beneficiaries (unduplicated) served during the reporting period, broken down by Trust beneficiary group.
c) The total (#) of activities or events held. For each activity or event, please include the date(s), location(s) and number (#) of attendees.

How Well?

a) Provide a brief narrative describing the activities, successes, challenges, and any lessons learned during the reporting period.
b) Describe any community networking activities that occurred during the reporting period. This may include interactions with state or local non-profit organizations, governmental entities, or Trust advisory boards and/or partners.
c) Number (#) and percentage (%) of individuals reporting satisfaction with the program, service, event and/or activity in which they participated.
d) For the final report, provide the BPI Organizational Capacity Worksheet (form will be provided via email in June).

Better Off?

a) Number (#) and percentage (%) of individuals who report overall improved functioning and/or quality of life since participating in the program.
b) Number (#) and percentage (%) of individuals who have experienced two or more of the following key outcome areas pertinent to your program:
    i. Increased ability to manage challenging situations.
    ii. Increased ability to manage challenging behaviors.

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iii. Became stably housed as a result of the program.
iv. Became employed as a result of the program.
v. Decreased substance use.
vi. Decreased legal involvement.
vii. Increased healthy behaviors (e.g., physical activity or eating healthfully).
viii. Reduction in number of days with poor physical or mental health.
ix. Became connected to benefits programs (e.g., Medicaid or Food Stamps).

c) Provide two (or more) stories from individuals (in their own words) that describe how their quality of life has improved since participating in the project.

SUSTAINABILITY

The board has made strides in diversifying NAMI Juneau's funding sources in the past five years. This is demonstrated in the decrease of our operating budget funded by BPI. In FY13, BPI funding accounted for 87% of NAMI Juneau's operating budget, in FY15 that was down to 74% and our target in FY19 is further decreased to 71%.

The board finalized a fund development plan which captures new and existing benchmarks and strategies related to donor development, grants, partnerships, and annual fundraising initiatives. Several of these strategies are outlined below.

1. **Grants**: We have expanded our scope of proposals in recent years, including a grant awarded in FY18 from the Juneau Community Foundation to support a part-time staff position. A second year of funding for this position is pending. We are taking advantage of NAMI national grant opportunities for piloting new programs or implementing existing ones. We were awarded small grants for piloting the Family & Friends Seminar and Ending the Silence youth presentation.

Unrestricted revenue from events and donors made up only 4% of our operating budget in FY13, compared to 21% in FY17. This is a direct result of our commitment to increase unrestricted revenue through an active Board and fundraising committee.

2. **Annual fundraising events**: Comedy for a Cause is our main fundraiser and has been very successful. We anticipate raising $15K from business sponsors, ticket sales, and silent auction in FY19.

3. **Donor Development**: We exceeded our target for individual donations in the first half of FY18 due to the success of our year-end campaign which raised $2000 more than the previous year. This year we became a SHARE campaign organization and continue to promote Pick.Click.Give. We started using a donation management tool to build fundraising infrastructure which allow us to track donors and sponsors over time.

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4. **Partnerships**: In FY17, we received a one-time unrestricted donation for $12,000 from a local business who recognized our work in the community. In FY19, we are working on leveraging a partnership with a storytelling group that donates their proceeds to a nonprofit.

5. **Emergency Operating Reserve**: Our first target was reached at the end of FY17 and we will continue to reserve half of our net income.

In recent years, we have increased our capacity to serve more individuals affected by mental illness by expanding our program offerings. While programs are led by trained volunteers, there are staffing needs related to program coordination and promotion, volunteer recruitment and training, as well as provider networking to increase participant referrals. With the help of the Juneau Community Foundation and partnership with NCADD, we had additional staff support for the first half of FY18. We have a pending Juneau Community Foundation grant to partially fund this as a seasonal, full-time position in FY19. Continuation funding for this position is unlikely and we will continue to explore options so we can retain additional staff to support the Executive Director.

WHO WE SERVE

We serve as Juneau's voice on mental illness and continue to serve a unique role in the community providing peer-driven and peer-led education and support programs to individuals living with mental illness (primary beneficiaries), and their family members (secondary beneficiaries). We are the local affiliate of the National Alliance on Mental Illness and our mission is to help individuals affected by mental illness build better lives through education, support and advocacy. The table below describes the beneficiary populations and members of the general public/professionals served in FY17.

NAMI Juneau – Individuals Impacted FY17

Mental Illness	Substance Abuse	Develop-mental Disability	Alzhei-mers/ Dementia	Traumatic Brain Injury	Total # of Primary Bene-ficiaries Served	Secondary Bene-ficiaries	Grand Total # of Bene-ficiaries (Primary + Secondary)	# Outreach & Education	# Profess-ionals Trained	TOTAL Served (all categories)
98	6	6	0	7	117	168	285	701	28	1014

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BUDGET

This FY19 request includes an increase from previous years to allow the agency to offer, for the first time, health care stipends for staff, including beneficiaries/peers employed by the agency.

The total stipend funds requested plus a slight operating expense increase in the organization's Worker's Compensation Policy represent an overall Trust budget increase of $9,950 ($3700 stipend per FTE x 1.5 FTEs + $4400 Worker's Compensation Policy increase). This addition will support the wellness of agency staff (including beneficiary staff) while improving recruitment and retention to promote even greater capacity and higher quality services to beneficiaries served.

FY19 Grant Amount Requested from Trust:	$100,550
FY19 Total Operational Budget Amount:	**$138,600**
Trust grant % of the organization's Total Operational Budget Amount:	73%

Other funds include:

Juneau Community Foundation Grant (Pending)	10,700
NAMI Juneau Non-BPI Funds	26,850
Community Partners (nonprofit sponsors)	500
Other FY19 Funds Total:	**$38,050**

NAMI Juneau FY19 Trust Funding Budget Proposal

Personnel Services (SALARY AND WAGES)		
Executive Director (including payroll taxes)	1.00	$54,650
Outreach & Program Coordinator (including payroll taxes)	0.50	
Personnel Services (FRINGE BENEFITS)		
Employer Retirement Contributions	1.00	$1,500
Health Care Insurance Stipend ($3700 per FTE)	*1.50*	*$5,550*
Total Personnel Costs:		**$61,700**
Travel		
Out of State:		
NAMI Program Facilitator Training (2-3 volunteers)		$2,600
Total Travel Costs:		**$2,600**

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Equipment	
Laptop	$700
Total Equipment Costs:	**$700**
Supplies	
Office Supplies	$2,500
Total Supplies Costs:	**$2,500**
Contractual	
Bookkeeping Services with Bookkeeping Plus	$4,000
990 Preparation (Elgee Rehfield Mertz)	$880
Total Contractual Costs:	**$4,880**
Construction	
	$0
Other	
Facility - Rent Expenses	$7,820
Telephone, Internet	$2,000
Business and Worker's Compensation Insurance	$10,350
Subscriptions, Licensing and IT Services	$3,000
NAMI Signature Programs	$4,500
Board Retreat and Annual Meeting	$500
Subtotal:	**$28,170**
TOTALS	**$100,550**

Peer-led Mental Illness Education & Support

NAMI Juneau provides quality education, support and advocacy to help individuals and families impacted by mental illness build better lives.

NAMI Juneau is the local affiliate of the National Alliance on Mental Illness (NAMI), the largest grassroots mental health organization in the country. NAMI Juneau is funded by the Alaska Mental Health Trust Authority and in part through memberships, fundraising revenue, and local foundation grants. Training support is provided by our state-wide umbrella organization, NAMI Alaska.

We serve individuals living with mental illness and co-occurring disorders, their family members and caregivers. In FY17, we served 150 Trust beneficiaries through our education classes, mutual support groups and mental health forums. We are largely a volunteer driven organization, totaling 1,050 volunteer hours last year.

NAMI specializes in peer-led mental illness education and support programs developed by our national office. NAMI programs provide essential information and resources related to living with mental illness, and a strong support network to help people access the treatment and recovery supports available to them.

Peer Support
NAMI support groups provide a sense of community for individuals experiencing similar challenges, and a confidential place for participants to be heard, offer insight and promote wellness through shared stories of recovery and resiliency. NAMI Juneau offers a biweekly support group for adults living with mental illness and a biweekly support group for family members and friends who support loved ones.

Peer Education
NAMI's structured classes are recovery-focused and empower participants to make informed decisions. The curriculum provides current information on diagnoses, treatment, and self-care options. Trained peer facilitators lead workshops on communication, problem-solving, relapse prevention, and advocacy. NAMI Juneau offers a 6-session class for parents who have a child or adolescent with an emerging or current diagnosis; a 9-session class for adults living with mental illness; and a 12-session class for family members and caregivers.

Public Awareness
As Juneau's voice on mental illness, we are represented on various coalitions and continue to be a valuable resource for mental illness information and service navigation. NAMI Juneau hosts forums on mental health and wellness in in coordination with community partners. We collaborate with the Juneau Suicide Prevention Coalition on various initiatives within the school district to raise awareness and change youth's perceptions around mental illness.

OUR VALUES

SUPPORT: we promote mutual support and are guided by our commitment to treat everyone and their experiences with sincere uncritical acceptance.
EDUCATION: we make information and education accessible through nationally recognized curricula, grounded in the lived experience of those affected by mental illness. ADVOCACY: we reject stigma and promote understanding of the impacts of mental illness through education and public awareness.
COLLABORATION: we are a unique part of Juneau's continuum of mental health care and value collaboration to jointly improve access to mental health treatment and supports.
CONNECTION: we encourage hope, wellness, and resiliency through shared experience.

"NAMI's Family-to-Family program and their other special programs provide incredible support to those who live with mental illness or have loved ones who do. The information, the sense of community and belonging reduce the stigma of mental illness and provide a path to restore wellness, dignity, & community involvement."

"The Peer-To-Peer Program is a great benefit to me as well as other participants. Having the ability to connect, encourage, and be encouraged with fellow peers has impacted my life in a positive way. The Program has played a key role in helping improve my self-esteem, overcoming obstacles, and returning back into the workforce."

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MEMO

To: Chris Cooke, Program and Planning Committee Chair
Date: April 20, 2018
Re: FY19 Partnership Grant Request
Amount: $305,000
Grantee: Fairbanks Rescue Mission Inc.
Project Title: Fairbanks Rapid Re-Housing

REQUESTED MOTION:

Approve a $305,000 FY19 partnership grant to the Fairbanks Rescue Mission, Inc. for the Fairbanks Rapid Re-Housing project.

Assigned Program Officer: Kelda Barstad

STAFF ANALYSIS

The Fairbanks Housing and Homeless Coalition has been planning for the past six months to implement rapid rehousing. Fairbanks Rescue Mission was chosen as the lead agency because they have successfully implemented the veteran's administration rapid rehousing program for the area. Rapid rehousing is a supportive housing service that is not currently available as a coordinated service in the Fairbanks area. The national rapid rehousing standards and benchmarks are evidence-based, best practices with proven results of increasing clients' independence and quality of life. It provides housing, case management and landlord support to ensure people who have been homeless maintain their housing and mitigate or stabilize the circumstances that led to the episode of homelessness. The cost per person is $6,768, which is an incredibly affordable intervention that has significant impact. Nationally, 80% of rapid rehousing participants exit the program stably housed in private market rentals and 85% of the stably housed clients are able to maintain long-term independence. This makes rapid rehousing the most successful and resource efficient housing solution for people experiencing homelessness. Trust beneficiaries are overrepresented in homeless populations. 49% of the homeless population in Fairbanks self-identifies as Trust beneficiaries.

PROJECT DESCRIPTION

The Fairbanks Housing & Homeless Coalition (FHHC) in conjunction with the Fairbanks Rescue Mission seeks to develop a shared Rapid Re-Housing (RRH) program that promotes consumer choice in the private rental market for clients of the Coordinated Entry System (CES) through landlord engagement, case management, and tapering financial support.

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This project will establish a shared multiagency Rapid Re-Housing program that quickly connects families and individuals experiencing homelessness to permanent, private market housing through intensive case management, applicable employment services, and tapering financial support. This project will follow the National Alliance for Ending Homelessness (NAEH) / Supportive Services for Veteran Families (SSVF) benchmarks and standards for RRH programs.

The NAEH/SSVF standards and benchmarks are evidence-based, national best practices with proven results of increasing RRH clients' independence and quality of life. Nationally, 80% of RRH participants exit the program stably housed in private market rentals and 85% of the stably housed clients are able to maintain long-term independence. This makes RRH the most successful and resource efficient housing solution for people experiencing homelessness. The NAEH/SSVF standards are centered on assisting clients choose affordable rental units within 30 days of entering the program. The detrimental impacts of homelessness intensify based on overall length of time spent in homelessness. This Rapid Re-Housing project seeks to both limit the length of time spent without permanent housing and prevent relapses back into homelessness.

In addition to following NAEH/SSVF standards, this project has also been carefully designed to work with and augment the Coordinated Entry System in Fairbanks. A primary deficiency of the CES in Alaska's Balance of State (BoS) is a lack of RRH programs. Fortunately the BoS CES Policies & Procedures have already adopted the RRH prioritization criteria of top performing Continuums of Care (CoC). With virtually all housing/homelessness services in Fairbanks serving as an Access Point for CES and using a standard assessment including the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT), this RRH project will be able to pull clients directly from a community wide RRH prioritization list regardless of where the client first presents. The prioritization list is reflective of the populations served by CoC services, 49% of which qualify as Trust beneficiaries including individuals with mental illness (19%), Substance Abuse Disorder (18%), developmental disabilities (13%), traumatic brain injury (4.5%), and Alzheimer's Disease (3%). The RRH project described here could both fill an identified service gap and utilize CES prioritization to ensure resources are appropriately distributed to all populations in need.

This project is a community wide effort grounded in extensive research and planning. Rapid Re-Housing was identified as a community need in the 2013 – 2023 FHHC Ten Year Plan. It was noted as a priority in a 2017 community Strengths Weaknesses Opportunities Threats (SWOT) Assessment. Nine months of exhaustive RRH research culminated with the Fairbanks Symposium on Homelessness, which brought nationally recognized leading experts, federal/state/borough/municipal government officials, local service providers, social service clients, and other key community stakeholders together to work on RRH. Following the symposium 11 agencies committed to undertaking the RRH project. The Fairbanks Rescue Mission was unanimously chosen as the top choice to host the program due to their experience with SSVF RRH. This project will continue to be a community driven endeavor that constantly uses data and research to improve outcomes for its clients.

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EVALUATION CRITERIA

Our local CoC provides a structured referral network of community providers of homeless services through the Coordinated Entry System. It also provides additional resources for monitoring, addressing, program implementation, and quality improvement issues. All aspects of this or any CES program must be documented in the HMIS. The Institute for Community Alliances (ICA) conducts quarterly and annual data performance reviews of each program which includes number of clients served, demographics, intake, and outcomes.

All program participants' progress is evaluated using an outcome based approach and monitored on their Goal Attainment Tracking sheet. The objectives that have not been met will be analyzed to determine why they have not been met (e.g. program operations, staff behavior, unrealistic criteria, participant reluctance, etc.) Changes in dependency of social and emergency services could also illustrate a positive impact. Likewise, individual data will be compared to NAEH/SSVF standards to identify contributing factors.

As a team the case manager staff meets weekly to discuss and evaluate individuals who are having difficulty in meeting objectives, while also recognizing and learning from those that are in full compliance. When or if staff or program-related problems have been identified and targeted for change, an action plan will be formulated through staff and client collaboration. This action will then be carried out, with monthly progress reviews presented in case managers' meetings. The Program Manager monitors all participant outcomes and conducts periodic inspections. Additionally, the Executive Director and Program Director will provide oversight by conducting quarterly program participant review.

SUSTAINABILITY

The majority of service provider funds in Fairbanks come from local donations. This is also true for the Fairbanks Rescue Mission with only 46% of funds obtained through grants. Long term sustainability of this project will depend upon the community identifying its success. Additional partnerships could develop as this program grows. Also the BoS CoC has been becoming more competitive on a national level over the past two years and has been earning additional funds accordingly. While all current CoC funds go into existing programs, a high fidelity model such as this could generate an overall higher CoC score and open more federal funding opportunities.

WHO WE SERVE

Rapid Re-Housing is an extension of the Housing First movement and as such has shown to be beneficial across all Housing & Urban Development (HUD) recognized sub-populations. Since this particular project is designed to be a low barrier program open to the entire population, the demographics will likely mirror those served through Homeless Management Information System (HMIS) services in Fairbanks. In 2017, 19% of people who accessed HMIS services in Fairbanks had a diagnosed mental illness, so likely 19% of the RRH clients will have a mental illness. An estimated 49% of all HMIS clients in Fairbanks qualify as Trust beneficiaries and it is expected that approximately 49% of RRH clients will be Trust beneficiaries.

There is a high demand for supportive housing, but Permanent Supportive Housing (PSH) is extremely limited and by design tenants rarely exit. Data shows that a year or less of supportive housing in a scattered site model is effective for most people to achieve independence following

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homelessness. According to 2017 HMIS data, no new client entered PSH, but this RRH project could serve 40 new clients each year potentially diverting numerous people from long PSH wait times. Additionally long-term analysis of RRH indicates that quickly stabilizing people in crisis can prevent them from reaching a condition in which PSH is their only option. This project's role is to improve participants' quality of life and promote independence, but in doing so it also lessens the strain on overburdened PSH programs.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Mental Illness:	8
Developmental Disabilities:	5
Alzheimer's Disease & Related Dementias:	1
Substance Abuse	7
Traumatic Brain Injuries:	2
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	5
Non-Beneficiaries:	23
Number of people to be trained	2

BUDGET

Personnel Services Costs	$106,800.00			
Personnel Services Costs (Other Sources)	$16,800.00			
Personnel Services Narrative:	Title	%FTE	Annual base salary	Total Trust
	Executive Dir	11%	$104,998	$12,000
	Program Mgr	100%	$45,000	$45,000
	Program Case Mgr	100%	$35,000	$35,000
	Admin Assistance	13%	$31,200	$2,800
	Case Mgr Instructors	10%	$39,520	$1,800
	Program Dir	5%	$58,240	$3,000
	Payroll Tax			$7,200
	In Kind			
	Project Manager		$8,000	City of Fairbanks
	Project Planners		$8,400	Partner Agencies
	Development Coordinator		$400	Fairbanks Housing and Homeless Coalition

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Travel Costs	$4,000.00		
Travel Costs (Other Sources)	$11,000.00		
Travel Narrative:	Description	Cost	Funded By
	Travel for Training	$2,000	Trust
	Local travel vehicle usage	$2,000	Trust
	In-Kind donation: Technical Assistance Collaborative $11,000 Fairbanks Housing & Homeless Coalition		

Space or Facilities Costs	$14,400.00		
Space or Facilities Costs (Other Sources)	$7,700.00		
Space or Facilities Narrative:	Description	Cost	Funded by
	Office Space	$14,400	Trust
	In-Kind donations: RRH Presentation Venue	$7,200	Fairbanks
	Housing & Homeless Coalition	$ 500	
	RRH Planning Venues Agencies		Partner Agencies

Supplies Costs	$1,050.00		
Supplies Costs (Other Sources)			
Supplies Narrative:	Description	Cost	Funded by
	Office Supplies	$1,050	Trust

Equipment Costs	$0.00		
Equipment Costs (Other Sources)	$4,660.00		
Equipment Costs Narrative:	Description	Cost	Funded By
	Office Furniture	$1,460	FBX Rescue Mission
	Computers/Telephones	$2,000	FBX Rescue Mission
	Internet/Phone Services	$1,200	FBX Rescue Mission

Other Costs	$178,750.00		
Other Costs (Other Sources)			
Other Costs Narrative:	Description	Cost	Funded By

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	Tapering Financial Support (financial assistance to clients) $178,750 Trust

Total Amount to be Funded by the Trust	$305,000.00
Total Amount Funded by Other Sources	$40,160.00

Other Funding Sources	
Fairbanks Housing & Homeless Coalition: Secured	$18,600.00
City of Fairbanks: Secured	$8,000.00
Fairbanks Rescue Mission: Secured	$4,660.00
Partner Agencies: Secured	$8,900.00
Total Leveraged Funds	**$40,160.00**

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MEMO

To: Chris Cooke, Program and Planning Committee Chair
Date: April 20, 2018
Re: FY19 Partnership Grant Request
Amount: $175,000
Grantee: The Trust – Contract
Project Title: Pioneer Home Staffing Analysis to Maximize Facility Utilization

REQUESTED MOTION:

Approve using up to $175,000 in FY19 partnership grant funds for contractual services to assist the Alaska Pioneer Home with Staffing Analysis to Maximize Facility Utilization.

Assigned Program Officer: Kelda Barstad

STAFF ANALYSIS

The Pioneer Home network must operate as efficiently as possible to maximize the utilization of the facilities, both in number of beds and level of service to reduce the amount of state general funds needed to support the homes. Presently there are beds that are unused due to staffing structure. In 2015, the Division of Legislative Audit released a Performance Audit of the Division of Alaska Pioneer Homes (AKPH) recommending a staffing analysis be conducted, though funding for the analysis was not paired with the recommendation. Both the AKPHs and the Trust recommend the Trust be the contracting agent so that the procurement and report can be issued from a neutral party. The contract and scope of work will be jointly managed by both the Trust and the AKPH. The report will make recommendations on efficient staffing mechanisms to maximize the number of beds and levels of care available to the community and will be issued to the Governor's Office and Legislature to inform the FY20 budget cycle. Due to the existing funding structure, beneficiaries who have ADRD have few services to choose from and the Alaska Pioneer Homes are critical for this beneficiary group. The Alaska Pioneer Homes are the largest assisted living home provider for the ADRD population in the state.

PROJECT DESCRIPTION

There are six Pioneer Homes located in Palmer, Anchorage, Fairbanks, Juneau, Ketchikan and Sitka. In addition to the six homes, there is a Central Office located in Juneau and a Central Pharmacy located in Anchorage that supports the elders in all the homes. The Central Office is responsible for the oversight of the divisions administrative functions; accounts receivable and payable, budget, waitlist, administrative support for the homes, and policy and procedure development. The Alaska Pioneer Homes Division currently employs 552 full time, 33 part time,

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and 26 non-permanent staff to oversee all of the functions for the homes, central office and pharmacy, with an annual budget of just over $61,000.0.
It is the Alaska Pioneer Homes' goal to provide the highest quality of care in the most effective and efficient way possible. The Trust in collaboration with AKPH, is seeking interest from an external contractor to evaluate the organizational structure and staffing matrix for each home to help determine the following:

- The contractor shall meet with stakeholders, conduct a site visit to all 6 homes, pharmacy services, and central office,
- Analyze the job positions used for services,
- Analyze each home's organizational and staffing structure taking into consideration the unique needs and physical layout of each home,
- Evaluate and recommend staff ratios for nursing, direct care, and supervisory staff for each level of service and/or the specialized neighborhoods (for example: dementia neighborhoods),
- Evaluate the current levels of service (I-III) provided by the AKPH and make recommendations on the number of beds for each level per home based on anticipated needs, staffing capacity and functionality of homes,
- Evaluate the cost of recommendations made, and
- Produce a detailed report of the above work.

The contractor is expected to have an understanding of the best practices in Dementia care, and all recommendations should incorporate this standard of care.

EVALUATION CRITERIA

The contractor shall produce a final report that includes a comprehensive organizational and staffing plan with specific information, recommendations, and costs taking into account location, target populations, best practices and service packages to be provided.

SUSTAINABILITY

The Alaska Pioneer Homes will work with the Department of Health and Social Services to determine an implementation plan.

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WHO WE SERVE

The mission of the Alaska Pioneer Homes is "providing elder Alaskans a home and community, celebrating life through its final breath." As of May 2017, the homes offer assisted living for up to 498 Alaskan seniors. On May 31, 2017, residents ranged in age from 67 to 107 years old with an average age of 87. More than 83 percent of individuals on the waitlist alone have called Alaska home for 20+ years.

The Pioneer Home offers three levels of care. Each resident receives a comprehensive assessment to identify her or his appropriate care level. **Level I services** include housing, meals, emergency assistance, and opportunities for recreation, home activities, and events. Monthly rate: $2,588. **Level II services** include all Level 1 services plus medication administration, health related services, and staff assistance, including assistance with activities of daily living, supervision, and reminders. Level II does not provide assistance during the night shift. Monthly rate: $4,692. **Level III services** include all the services of Level I and Level II, with 24-hour hands-on assistance provided. Monthly rate: $6,795. Coinciding with the increased age of residents at admission, the majority of residents receive Level III care. In May 2017, Level III residents made up 52% of the Home Population.

In FY17, the AKPH served 523 elders with an average monthly occupancy of 423, and 58% of the Pioneer Homes residents were receiving services at our highest level of care Level III, 29% at Level II and 13% at Level I. The resident payer source was 44% private pay, 25% Medicaid Waiver and 31% receiving Payment Assistance through the Alaska Pioneer Homes. The following chart shows the number of beds for each level of service:

Home	Level I beds	Level II beds	Level III beds	Total beds
Sitka Pioneer Home	7	24	34	65
Fairbanks Pioneer Home	13	23	55	91
AK Veterans & Pioneers Home	12	23	44	79
Anchorage Pioneer Home	35	51	82	168
Ketchikan Pioneer Home	1	10	34	45
Juneau Pioneer Home	5	12	31	48

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Mental Illness:	82
Alzheimer's Disease & Related Dementias:	236
Substance Abuse	9
Traumatic Brain Injuries:	3

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Non-Beneficiaries:	168
**Numbers above are unduplicated and were calculated on 3/30/18.	

BUDGET

Other Costs	Up to $175,000
Other Costs Narrative:	Contract for staffing and cost analysis of the six Pioneer Homes, central office and pharmacy services. Contract will be issued as not to exceed $175,000.00.

Total Amount to be Funded by the Trust	$175,000.00

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MEMO

To: Chris Cooke, Program and Planning Committee Chair
Date: April 20, 2018
Re: FY19 Partnership Grant Request
Amount: $135,000
Grantee: Alaska Housing Finance Corporation
Project Title: Alaska Coalition on Housing and Homelessness Rural Capacity Expansion

REQUESTED MOTION:

Approve a $135,000 FY19 partnership grant to the Alaska Housing Finance Corporation for the Alaska Coalition on Housing and Homelessness Rural Capacity Expansion.

Assigned Program Officer: Kelda Barstad

STAFF ANALYSIS

The Alaska Coalition on Housing and Homelessness (AKCH2) is Alaska's homeless and affordable housing advocacy body. AKCH2 carries out the day to day management of the Balance of State Continuum of Care program, oversees the contract for the Alaska Homeless Management Information System (AKHMIS), and hosts an annual housing & homelessness conference each year. The Trust is a partner along with AHFC to fund the executive director position and conference to complete this work. These mutual projects are administered by AHFC to reduce paperwork so that the agency only has one contract and reporting process to maintain while multiple funders partner on the contract content and outcomes. AKCH2 has worked to assist rural communities to build the capacity to create services and access funding for housing and homeless services. The needs of rural Alaska have surpassed the capacity of the executive director as the sole employee of the coalition. A Rural Housing Planner position will expand the capacity of rural Alaska to build local coalitions and readiness to apply for funding to meet these needs. The Rural Housing Planner will also conduct regional readiness assessments that are specific to the local area to identify next steps for planning. All beneficiary categories are expected to be served. Trust beneficiary groups are overrepresented in the homeless population.

PROJECT DESCRIPTION

For the last two years, AKCH2 has had a single FTE responsible for driving the Coalition's ambitious work plan. There have been a number of successes during that time including dramatic usage and reporting improvements to our AKHMIS database, an increase in Federal funding based on improved system performance, and the adoption of the first Coordinated Entry Policies & Procedures for the Balance of State. One of the most important work areas of the Coalition is community education. Since the start date of the Executive Director (May 1, 2016), we have

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worked to facilitate town-hall meetings and build local coalition capacity in Juneau, Sitka, Ketchikan, Fairbanks, Mat-Su Valley, Kenai, Nome, Bethel, Barrow, Kotzebue, and Savoonga. As you can imagine, this requires a significant amount of the Coalition's limited staff time. Thankfully, AMHTA has provided funding for Alaska's three largest communities (Anchorage, Fairbanks, and Juneau) to staff a local housing coordinator. Having a FTE in each of these communities dedicating all of their time to agency coordination and improving systems has been paramount to better connecting clients with services.

It is well known that Alaska has unique challenges related to housing and homelessness. Our Continuum of Care is the largest geographic region of all 404 CoC organizations nationwide. With a non-existent statewide transportation system, high costs of housing, and severe weather conditions, rural Alaska faces challenges unique to anywhere else in the country. It has been the Coalition's mission to better understand these challenges and work to build capacity in areas of the state that have had little statewide attention in previous years. We have invested travel dollars and staff time to work face-to- face in these communities to build the strength and system awareness of their respective local coalitions. Although, the number one identified gap between Alaska's rural, disconnected communities is a lack of a rural-specific housing strategy and staff time to dedicate completely to increasing the amount of affordable housing and homeless services.

This position will solely focus on the following activities:

- Assessment of regional housing and homeless services capacity
- Provide opportunities for education on:
  - Coalition Building
  - Housing and Homelessness Funding Opportunities
  - Best practices related to measuring community need and strategic use of this information
- Identify one region to be the predominate receiver of technical assistance in FY19 leading to the creation of a community or regional housing strategy which can be used as a guiding document for other communities during their planning processes
  - Facilitate the planning process
  - Work with area stakeholders and beneficiaries to ensure the strategy is the shared vision of the community
- Create and facilitate a rural housing & homelessness network group which will:
  - Meet on a regular basis (via teleconference, video conference, and in-person at the annual conference)
  - Create shared community-to-community learning opportunities
  - Monitor and review regional system performance
  - Inform communities of new funding opportunities
  - Coordinate regional development and service efforts
- Regularly report progress and findings to the Alaska Mental Health Trust Authority Trustees, Continuum of Care Boards, Association of Alaska Housing

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Authorities Board, and the Governor's Council on the Homeless

This position will be supervised by AKCH2 and will coordinate efforts with other statewide and regional organizations with similar goals (Association of Alaska Housing Authorities, Regional Housing Authorities, Tribal Health Organizations, etc). The funds will be entirely used for staffing costs, planning activities, and travel expenses. The Coalition intends for the Rural Housing Planner to work in-person with each community as much as possible

EVALUATION CRITERIA

Project success will be based on the completion of the above items.

SUSTAINABILITY

This is a position to be considered for the FY20-21 planning for a total three-year term. Sustainability is to be determined based on the position's ability to effectively coordinate rural technical assistance.

WHO WE SERVE

The Alaska Coalition on Housing and Homelessness (AKCH2) is Alaska's homeless and affordable housing advocacy and education body. The Coalition carries out the day to day management of the Balance of State Continuum of Care program, oversees the contract for the Alaska Homeless Management Information System (AKHMIS), and hosts an annual housing & homelessness conference.

Our mission is to increase affordable housing opportunities and end homelessness in Alaska. Given the vast geographic area of our state and the increased cost of living/development, accomplishing this mission comes with unique challenges. We focus our work on raising awareness through strategic and constant advocacy in addition to building bridges between organizations that have traditionally operated in silos.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Number of people to be trained	25-30

Many rural areas of Alaska are underdeveloped in their capacity to collect data on homeless individuals or families that are experiencing significant overcrowding. One of the goals of this position is to train regions on how to collect and report this data accurately.

BUDGET

Personnel Services Costs	$135,000.00
Personnel Services Narrative:	Salary, benefits and travel costs associated with the position.

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MEMO

To: Chris Cooke, Program and Planning Committee Chair
Date: April 20, 2018
Re: FY19 MHTAAR Medicaid Administrative Services Order Change of Intent
Amount: $1,072,000
Grantee: Department of Health and Social Services
Project Title: Change of Intent of FY19 MHTAAR Medicaid Funding

REQUESTED MOTION 1:

Recommend approval to the full board of trustees of a $525,000 FY19 MHTAAR re-allocation to the Division of Behavioral Health for contractual support.

REQUESTED MOTION 2:

Recommend approval to the full board of trustees of a $262,000 FY19 MHTAAR re-allocation to the Division of Senior and Disabilities Services for contractual support.

REQUESTED MOTION 3:

Recommend approval to the full board of trustees of a $200,000 FY19 MHTAAR re-allocation to the Division of Health Care Services for continued support for the implementation of the Coordinated Care Demonstration Project.

REQUESTED MOTION 4:

Recommend approval to the full board of trustees of an $85,000 FY19 MHTAAR re-allocation to the Office of Rate Review for the SB74 workgroup and stakeholder activities.

Assigned Program Officer: Katie Baldwin-Johnson

STAFF ANALYSIS

The Trust partnered with DHSS, the legislature and others in support of both Medicaid expansion and reform due to the direct benefit to Trust beneficiaries. Similar to the Trust's commitment to criminal justice reform, Medicaid expansion and reform is a system-level transformation that the Trust has pursued vigorously to support the overall vision for the Alaska Medicaid program: to improve health, contain costs; optimize access; and increase value. The positive impact on Trust beneficiaries cannot be understated.

Given the adjusted timelines related to submission of the 1115 behavioral health demonstration waiver proposal and additional time necessary to release the RFP for the Administrative Service Organization contract, DHSS is requesting a change of intent of FY19 MHTAAR funding previously authorized by Trustees

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to support the ASO contract toward critical contractual capacity to continue moving reform implementation forward. We anticipate the Department successfully contracting with an ASO toward the second half of FY19 with full implementation in FY20. The Trust's ability to re-designate prior approved FY19 MHTAAR toward these identified contracts will enable DHSS to act timely to complete the procurement process to have contracts in place beginning July 1, 2018.

PROJECT DESCRIPTION

Trustees approved a total of $2,650,000 in FY19 MHTAAR funding to contract with an Administrative Service Organization (ASO). Due to delays impacting the timing of the submission of Alaska's 1115 behavioral health waiver demonstration proposal, and a concomitant delay in the release of an RFP for an ASO contract, DHSS anticipates not spending $1,250,000 of the FY19 MHTAAR funding committed by SB74 (2016) to support for the cost of an ASO contract in FY19 (see Fiscal Note 55 attached to SB74).

At this point in time, DHSS anticipates an ASO coming on line in January of 2019 (half-way through FY19), and that the estimated cost of the first six months of the contract would be $2,800,000, with the Trust covering half of that amount ($1,400,000) with its existing FY19 MHTAAR funding.

The Department requests trustee authorization to re-allocate a portion of the anticipated unexpended MHTAAR (1,250,000) toward necessary contractual supports to continue moving forward in coordination with the Trust Authority on a number of SB74 and related State Medicaid Reform efforts [see AS 47.04.270(b)].

The majority of the re-allocated MHTAAR funding would be directed towards a number of critical contracts focused on continuing vital support for the State's efforts to get both the 1115 waiver approved by CMS and a contract in place for ASO services, as well continuing support for a number of SB74-related reform projects, and, finally, additional support for the DSDS InterI project.

The following is a description of the proposed changes of intent and re-allocation of the $1,072,000 in FY19 ASO MHTAAR which will be matched by a similar amount of federal Medicaid:

Total amount proposed by DHSS to be re-allocated: $1,072,000

A. Division of Behavioral Health Contractual Support - $525,000 in Re-Allocated MHTAAR Funding to the Division of Behavioral Health

The Department of Health and Social Services seeks funding for continued contractual support for the State's 1115 behavioral health waiver demonstration application process, particularly for the variety of differing types of expertise needed by DHSS as the Department's staff engages in weekly negotiations over the waiver application Alaska submitted, and seeks all necessary, ongoing actuarial analysis to be able to answer whether any CMS-proposed/imposed waiver changes will impact the required budget neutrality of the application.

The Department of Health and Social Services also seeks funding for continued contractual support for the State's completion of the ASO RFP, as well as Trust support for two new, important DHSS contracts: 1) for the retention of very specific expertise to assist DHSS in managing the complex ASO selection process and subsequent ASO contract negotiations phase; and 2) funding for an analysis of both the existing and any new provider/system infrastructure development needs in the 1115 waiver's 9 regions / 14 regional hubs, as the new 1115 proposed services come on line within the regions/hubs.

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Finally, in addition, DHSS seeks support for three (3) minor projects related to the continuing requirements of SB74 and, finally, further support for the Division of Senior and Disability Services' implementation of the InterI.

The major contractual funding would be allocated as follows (and matched by Medicaid):

1. 1115 Waiver Application and CMS Consulting Expertise – $37,500 MHTAAR

DHSS needs continued assistance from consultants familiar with the development, drafting, publication, and ongoing discussions with CMS around the sufficiency of the Section 1115 application for an behavioral health waiver demonstration that the State submitted to CMS in late January of this year, as well as the development and drafting of a Request for Proposals (RPF) in order to contract for the services of an ASO. This request, teamed with request #2 below, will continue the very important consultation services with firms that have experience and expertise working in the worlds of CMS 1115 waivers and non-risk-based third party Medicaid services administrators, and with Department and Trust staff.

This $75,000 consulting contract will focus more on the Department's continuing work with CMS and its application for a demonstration project and its need for the support of consultants with recent experience working at CMS and even more recent experience assisting other states in drafting and negotiating numerous 1115 waiver applications. This contract provides DHSS and Trust staff with quick, expert advice on responses and approaches to CMS, the public, the Legislature, and other entities potentially impacted by the evolution of the 1115 application over the next year, as well as the interface between the ASO and the 1115, two of the most complex and important Medicaid Reform projects called for in SB74.

The cost of the contract is based on what the Department has paid for these services over the past year ($200 per hour), and an estimate of the need for these services during FY19, understanding that the majority of the CMS negotiations and the ASO RFP development and writing work should be completed by the end of CY2018 (half-way through FY2019), but may well extend into the second of the fiscal year.

2. 1115 Application and ASO Consulting Expertise – $75,000 MHTAAR

As stated in #1 above, DHSS needs continued assistance from consultants familiar with the development, drafting, publication, and ongoing discussions with CMS around the sufficiency of the Section 1115 application for an behavioral health waiver demonstration, as well as the development and drafting of a Request for Proposals (RPF) in order to contract for the services of an ASO. This request, teamed with request #1 above, will continue the very important consultation services with firms that have experience and expertise working in the worlds of CMS 1115 waivers and non-risk-based third party Medicaid services administrators, and with Department and Trust staff.

This proposed $150,000 contract has a somewhat broader scope as it focuses both on the Department's continuing work to refine the very specific content of the Alaska's 1115 application (the waiver's target populations, its array of services, proposed costs, the implementation plan, etc.), and the drafting of an RFP for ASO services, as well contributing to the RFP evaluation criteria. This consultant must also work very closely with the actuarial contractor, to ensure that CMS-driven changes to the State's 1115 application are directed appropriately and understood by the contractor. As above the experience and expertise on this consultant makes it possible for the consultant to provide DHSS and Trust staff with quick, expert advice on responses and

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approaches to the public, the Legislature, and other entities potentially impacted by both the evolution of the waiver content and the final ASO solicitation, both complex and important Medicaid Reform projects called for in SB74.

The cost of the contract is based on what the Department has paid for these services over the past two years ($250.00 per hour), and an estimate of the need for these services during FY19, understanding that the majority of the CMS negotiations and the ASO RFP development and scoring criteria work should be completed by the end of CY2018 (half-way through FY2019), but may be necessary well into the second half of the fiscal year.

3. ASO Respondent Evaluation & Contract Negotiation Services - $87,500 MHTAAR

This proposed contract is to retain consultants to work with DHSS during the evaluation of the ASO RFP responses received, as well as to advise DHSS during the contract negotiations with the winning respondent for ASO services. We believe we need to employ separate expertise for these two aspects of the ASO process, especially with respect to advice as to the criteria for evaluation of the ASO responses and the evaluation of the responses themselves. DHSS believes the State will be better served if the consultants who have directly advised the State in the drafting of the RFP are not as directly involved in the crafting of the evaluation process, in order to remove any suggestion that the draft RFP was intended to limit the number of the respondents in any way, or to bias the process in favor of one or more of the possible companies that provide ASO or Medicaid Administration services. There are firms that specialize in these complex processes and DHSS seeks Trust support for this expertise.

The cost of this contract is based on information the Department has gathered from other firms with which it has worked. For example, similar evaluation services were provided to DHSS and its Coordinated Care Demonstration Project (CCDP) effort through a grant from the Robert Wood Johnson Foundation to support Alaska's entry into alternative Medicaid Reform approaches.

4. Infrastructure Analysis of providers & services for regions for 1115 implementation – $200,000 MHTAAR

As the Trust is no doubt aware, the 1115 waiver intends to provide a range of new services across the state through nine (9) identified waiver regions and a total of 14 regional hubs within those regions. For example, the 1115 designates its Western Region as containing three (3) regional hubs: Kotzebue, Nome, and Bethel).

DHSS is concerned that the regional hubs may not have the infrastructure available within their communities to support the services envisioned by the waiver. For example, each of the regional hubs is to have the ability to provide suitable facilities/space for a mental health day treatment programs (up to six hours); an Assertive Community Treatment (ACT) Team with home and mobile offices; local residential substance abuse and local children's residential treatment facilities; a center for a mobile response crisis team to work out of and space for 23 observation and 72 hour crisis stabilization facilities.

DHSS seeks support to hire a contractor to provide the Trust and the Department with an assessment of the whether each of the 14 communities / regional hubs has access to sufficient local infrastructure to implement these various new services / programs locally and whether the existing behavioral health providers within those regions have the space necessary to begin to

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provide the services envisioned within, for example, the home-based family treatment service list.

DHSS has estimated the cost of such a robust analysis across those 14 communities, including the cost of travel, discussions with local provider agencies, and a preliminary review of existing buildings and facilities that might be available to house such services to average $25,000 per community, understanding that the range of travel expenses will greatly differ between road system and non-road system hubs, and the availability of resources to vary greatly between more urban sites and rural hubs. It is not the intent that these reviews be an exhaustive accounting, only a fair evaluation of an admittedly "point-in-time" assessment of the local capacity of existing (empty) buildings to be renovated to meet these needs.

5. Actuarial Consulting – $125,000 MHTAAR

DHSS needs on-going consultation related to the work done to compute the budget neutrality of the federal Medicaid portion of the State's 1115 waiver application. Not only do we need the consulting firm to assist State personnel in responding to questions about the initial neutrality projections contained in the application itself, but as we move through the negotiations process and changes or refinements to the waiver's target populations, service descriptions, service rates, or the phasing of the implementation plan are proposed, then such proposed changes will need to be provided to the actuarial firm to again run the projections to see if any of the changes impact the waiver's original budget neutrality calculations.

The estimated need is based on the cost of such services, which are high: $500.00 per hour. This amount purchases 500 hours, which spread over the entire fiscal year. We were conservative and are getting much better at asking focused questions that take less time to accomplish.

B. Division of Senior and Disabilities Services Contractual Support for the InterI- $262,000 in Re-Allocated MHTAAR Funding to the Division of Senior and Disabilities Services

Senior and Disabilities Services (SDS) is actively involved in the Medicaid Reform initiative and the implementation of a new assessment tool for the SDS managed waivers is one project within this category. The new assessment tool will allow for a common minimum data set across populations, a well-established training program, inter-rater reliability, and includes resource allocation functionality. SDS has simultaneously been implementing the Individualized Supports Waiver, Community First Choice Program and a new database system. Delays experienced with the Harmony database system have delayed implementation of the assessment tool until FY19 until full implementation can be accomplished. Improved efficiencies and reporting applications through automation of the assessment are expected. All categories of Trust beneficiaries who apply for services through Senior and Disabilities Services that require an assessment will benefit from a more person-centered process using an assessment with a holistic approach that looks at the needs of the individual.

Over the last several years, there has been consistent feedback about the existing Medicaid Waiver and Personal Care Assistance program assessment tools and the need to look at changing the tools. With the implementation of the 1915k, as well as reforms related to the existing HCBS services, it is an opportunity to implement a new tool that has a common minimum data set across populations, a well-established training program, inter-rater

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reliability, looks at the individual's needs and functions holistically, and includes resource allocation functionality. This funding will allow for the final year of implementation of the new assessment tool, including the cost of a contractor to assist with incorporation into the database, training, and other costs associated with implementing the new tool.

C. Division of Health Care Services SB74-Related Request - $200,000 MHTAAR

The following three programs C1, D1 & D2 are requests for funding to continue existing, successful programs initiated by SB74 references or direct requests of the Department. These would also be matched by federal Medicaid.

1. Continued Support for Implementation of the Coordinated Care Demonstration Project – $200,000 MHTAAR

The Coordinated Care Demonstration Project (CCDP) is in final negotiations with three entities representing managed care, provider-based reform, and a bundled payment program, all aimed at demonstrating savings and improving quality of care for our beneficiaries. The DHSS Division of Health Care Services is seeking additional funding to have an actuarial firm develop and certify capitation rates for the managed care project, which was not taken into consideration in the initial funding request. In order to move forward with submission of a model contract to CMS under a 1915(a) authority, the department must have the certification of actuarial soundness for the per-member per-month rates. The Department hopes to announce the contract awards within the coming weeks, and implement at least one project within 30 days of award notice.

D. Office of Rate Review SB74-Related Requests - $85,000 MHTAAR

1. Additional Funding for the Quality & Cost Effectiveness Workgroup – $35,000 MHTAAR

In alignment with SB74 and building on work achieved in 2017 and 2018 to identify Medicaid quality and cost effectiveness measures, additional contractor support is desired to validate the reliability of the algorithms necessary to calculate measure results and report program performance.

2. Innovative Provider Payment External Stakeholder Workgroup – $50,000 MHTAAR

As first suggested through SB74, the Innovative Provider Payment Stakeholder Workgroup will gather suggestions and feedback from providers on Medicaid payment options to streamline provider billing, reduce overall Medicaid expenditures, and improve beneficiary health outcomes. Contractor support is desired to assess feasibility and actuarial soundness of ideas brought forward by the work group.

EVALUATION CRITERIA

Project A1 (1115 Waiver and CMS Consultation):

PM#1: Monthly reports from the contractor to DHSS and the Trust on negotiations progress through the Alaska waiver application, highlighting areas of particular agreement or dispute with CMS, and –

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with respect to areas of dispute, the resolution of those disputes and its impact (positive, negative or neutral) on those specific areas of the application.

PM#2: A final report from the contractor summarizing the significant changes to the waiver resulting from the negotiations with CMS.

Project A2 (1115 Waiver and ASO Consultation):

PM#1: A completed draft of the ASO RFP.

PM#2: Monthly reports from the contractor to DHSS and the Trust that highlights where the negotiations with CMS have required very specific changes to waiver target populations, proposed services, rates, etc., and the consultant's assessment of the impact of those changes on the viability of the waiver.

Project A3 (ASO Evaluation and Negotiation Services):

PM#1: A completed review of the ASO RFP's evaluation criteria, with recommendations for changes (or a full redraft of the scoring criteria).

PM#2: Successful Proposal Evaluation Committee Result: a selected ASO respondent.

PM#3: A weekly summary of the ASO contract negotiations process and the identification of items changed in the contract from the original intent in the RFP or added to the contract but not present in the RFP.

Project A4 (Infrastructure Analysis by 14 Regional Hubs):

PM#1: A preliminary report of the contractor's identified potential infrastructure needs at the completion of each review / visit to a regional hub.

PM#2: The final, summary report of the findings from the contractor as to potential infrastructure needs in each of the 14 regional hubs contemplated by the 1115 waiver.

Project A5 (Actuarial Consulting):

PM#1: The ongoing delivery to DHSS of requested actuarial data and analysis for release to CMS to demonstrate the financial impact of changes to any of the factors that contributed to the original waiver application's cost neutrality calculations.

PM#2: Preparation of responses to CMS on the behalf of DHSS related to the impact of potential changes to the service array envisioned by the 1115 waiver application filed by Alaska.

Project B1 (Assessment Tool Implementation):

PM#1: Full implementation and roll-out of a new assessment tool for use with Trust beneficiaries requiring services through the Division of Senior & Disability Services.

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PM#2: Quarterly updates from DSDS on its progress in implementing the use of the new assessment tool during this third and final year of implementation.

Project C1 (Continued Support for the CCDP):

PM#1: The number of emergency department visits per 1,000 Medicaid enrollees.

PM#2: Medicaid spending per enrollee: per member and aggregate costs for non-waiver services by service category.

Project D1 (Q&E Workgroup):

PM#1: Through contractor double check and verification process, each measure algorithm is deemed reliable and supports public reporting of measure results.

Project D2 (IPP Workgroup):

PM#1: Contractor successfully models and determines actuarial soundness of payment strategies identified by workgroup.

BUDGET	
Contractual Services Amount:	$1,072,000 (MHTAAR)
Contractual Services Narrative:	**Part A: Contractual Services: $525,000** 1. CMS Consultant: $37,500 2. 1115/ASO Consultant: $75,000 3. Actuarial Analysis: $125,000 4. ASO RFP Consulting: $87,500 5. Regional Infrastructure Analysis: $200,000 **Part B: Contractual Services: $262,000** 1. InterI Implementation: $262,000 **Part C: Contractual Services: $200,000** 1. CCDP Actuarial Services: $200,000 **Part D: Contractual Services: $85,000** 1. Q&E Workgroup: $35,000 2. IPP Workgroup: $50,000
Total Amount to be Funded by the Trust	$1,072,000 (Re-Allocated MHTAAR)
Total Amount Funded by Other Sources	$1,072,000 (Federal Medicaid Match)