

MEETING AGENDA

Meeting: Board of Trustee
Date: May 20-21, 2020
Time: 10:40 AM
Location: online via webinar & teleconference
Teleconference: (844) 740-1264 / Meeting No: 286 299 949 # / Attendee No: #
<https://alaskamentalthtrust.org/>
Trustees: Chris Cooke (Chair), Verné Boerner, Rhonda Boyles, Laraine Derr, Anita Halterman, Ken McCarty, John Sturgeon

Wednesday, May 20, 2020

Page No.

10:40	Call to Order – Chris Cooke, Chair	
	Roll Call / Announcements / Approval of Agenda	
	Review of Guiding Principles	6
	Ethics Disclosure	
	Approval of Minutes	
	• January 29-30, 2020	13
	• March 27, 2020	35
	Current Bylaws	42
10:50	Board Elections	
11:10	Mission Moment	
	Community Connections / COVID-19 Funding	
	• Bess Clark, Executive Director	
11:30	Staff Report	
	CEO Update	
11:50	Lunch Break	
12:20	Statutory Advisor Update	49
	Alaska Mental Health Board / Advisory Board on Alcoholism and Drug Abuse	
	• Bev Schoonover, Executive Director	
12:40	Statutory Advisor Update	66
	Governor's Council on Disabilities and Special Education	
	• Kristin Vandagriff, Executive Director	

Wednesday, May 20, 2020 (continued)

Page No.

- 1:00** **Trustee Training**
Open Meetings Act
- Stuart Goering, Department of Law
- 2:00** **Break**
- 2:15** **Public Comment**
- For Public Comment Guidelines click [here](#)
- Recess**

Thursday, May 21, 2020

Page No.

8:30	Call to Order – Chris Cooke, Chair Roll Call Announcements	
8:35	Statutory Advisor Update Alaska Commission on Aging • Emily Palmer, Executive Director	82
8:55	Finance Committee Report / Update	96
9:10	Resource Management Committee Report / Update • L Street Consultation	100
9:25	Communications Update	102
	Break	
10:20	Approvals • United Way – Home for Good • Alaska Public Media	129 163
	Break	
11:20	Program & Planning Committee Report / Update • Focus Area Discussion	168 171
12:05	Lunch Break	
12:35	Program & Planning Committee Report / Update (continued) • Focus Area Discussion	
1:20	Trustee Comments	
1:35	Adjourn	

Future Meeting Dates

Full Board of Trustee / Program & Planning / Resource Management / Audit & Risk / Finance

(Updated – May 2020)

- | | | |
|--------------------------------|----------------------------|------------------------|
| • Program & Planning Committee | July 28-29, 2020 | (Tue, Wed) |
| • Audit & Risk Committee | July 30, 2020 | (Thu) |
| • Finance Committee | July 30, 2020 | (Thu) |
| • Resource Mgt Committee | July 30, 2020 | (Thu) |
| • Full Board of Trustee | August 26-27, 2020 | (Wed, Thu) – Anchorage |
| | | |
| • Full Board of Trustee | November 18-19, 2020 | (Wed, Thu) – Anchorage |
| | | |
| • Audit & Risk Committee | January 6, 2021 | (Wed) |
| • Finance Committee | January 6, 2021 | (Wed) |
| • Resource Mgt Committee | January 6, 2021 | (Wed) |
| • Program & Planning Committee | January 6, 2021 | (Wed) |
| • Full Board of Trustee | January 27-28, 2021 | (Wed, Thu) – Juneau |
| | | |
| • Audit & Risk Committee | April 21, 2021 | (Wed) |
| • Finance Committee | April 21, 2021 | (Wed) |
| • Resource Mgt Committee | April 21, 2021 | (Wed) |
| • Program & Planning Committee | April 21, 2021 | (Wed) |
| • Full Board of Trustee | May 26, 2021 | (Wed) – TBD |

Future Meeting Dates Statutory Advisory Boards (Updated – May 2020)

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

- Executive Committee – monthly via teleconference (Second Wednesday of the Month)

Governor’s Council on Disabilities and Special Education

- Sep. 29-30, 2020 – Anchorage/ZOOM
(possible pre/post-meeting for Autism Ad Hoc and/or Workgroup on FASD)
- February 2021 Juneau/ZOOM

Alaska Commission on Aging

- May 18-19, 2020 – Quarterly Meeting (Teleconference / Zoom)
- Aug 10-14, 2020 – Quarterly Meeting (Teleconference / Zoom)
- August 2020 – Rural Outreach Trip (tentative)

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

Trust Guiding Principles

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

Education of the public and policymakers on beneficiary needs;

Collaboration with consumers and partner advocates;

Maximizing beneficiary input into programs;

Continually improving results for beneficiaries;

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

Useful and timely data for evaluating program results;

Inclusion of early intervention and prevention components in programs;

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

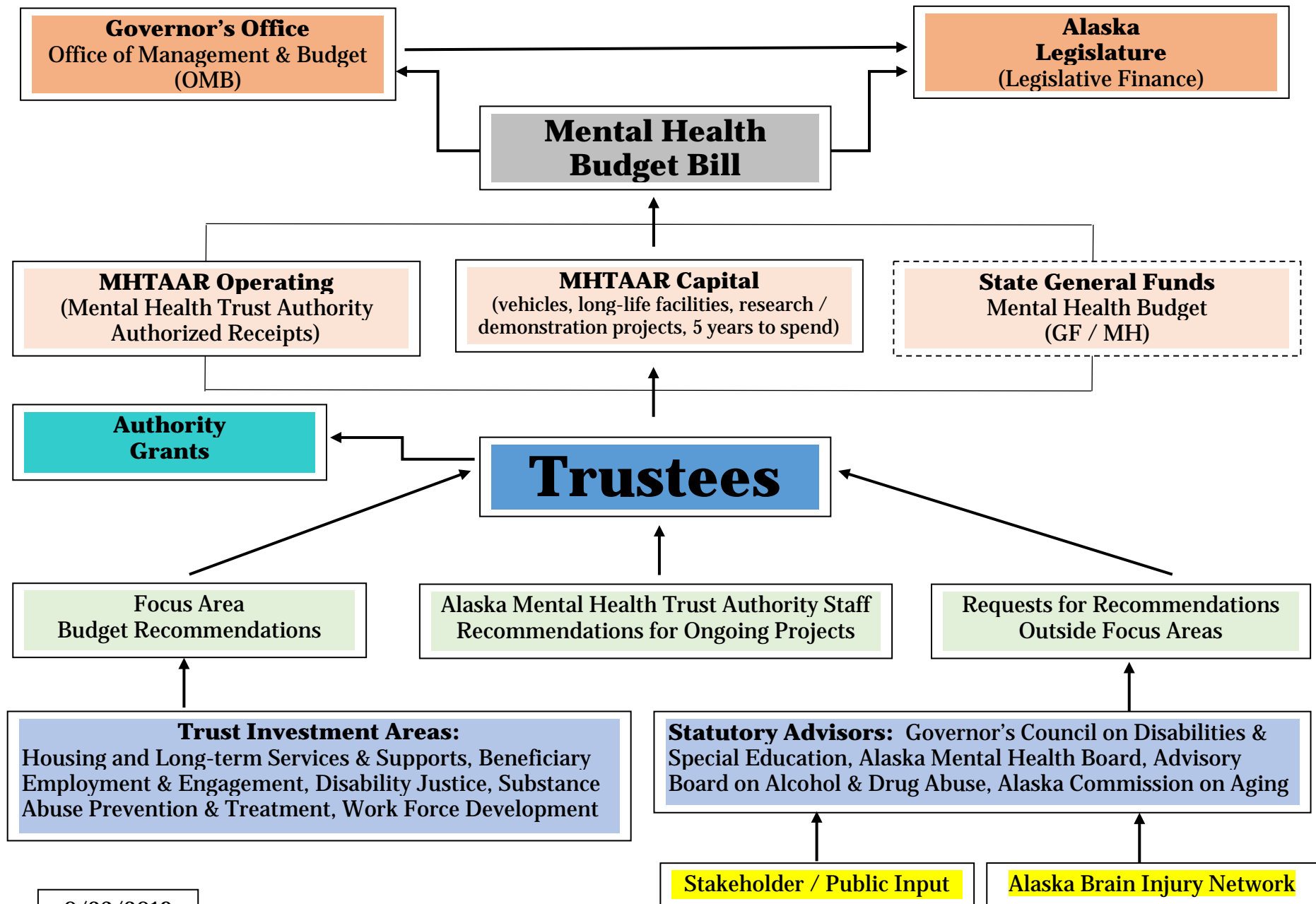
Approved 5-12-09, Board of Trustee meeting

Trust Mission Statement

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

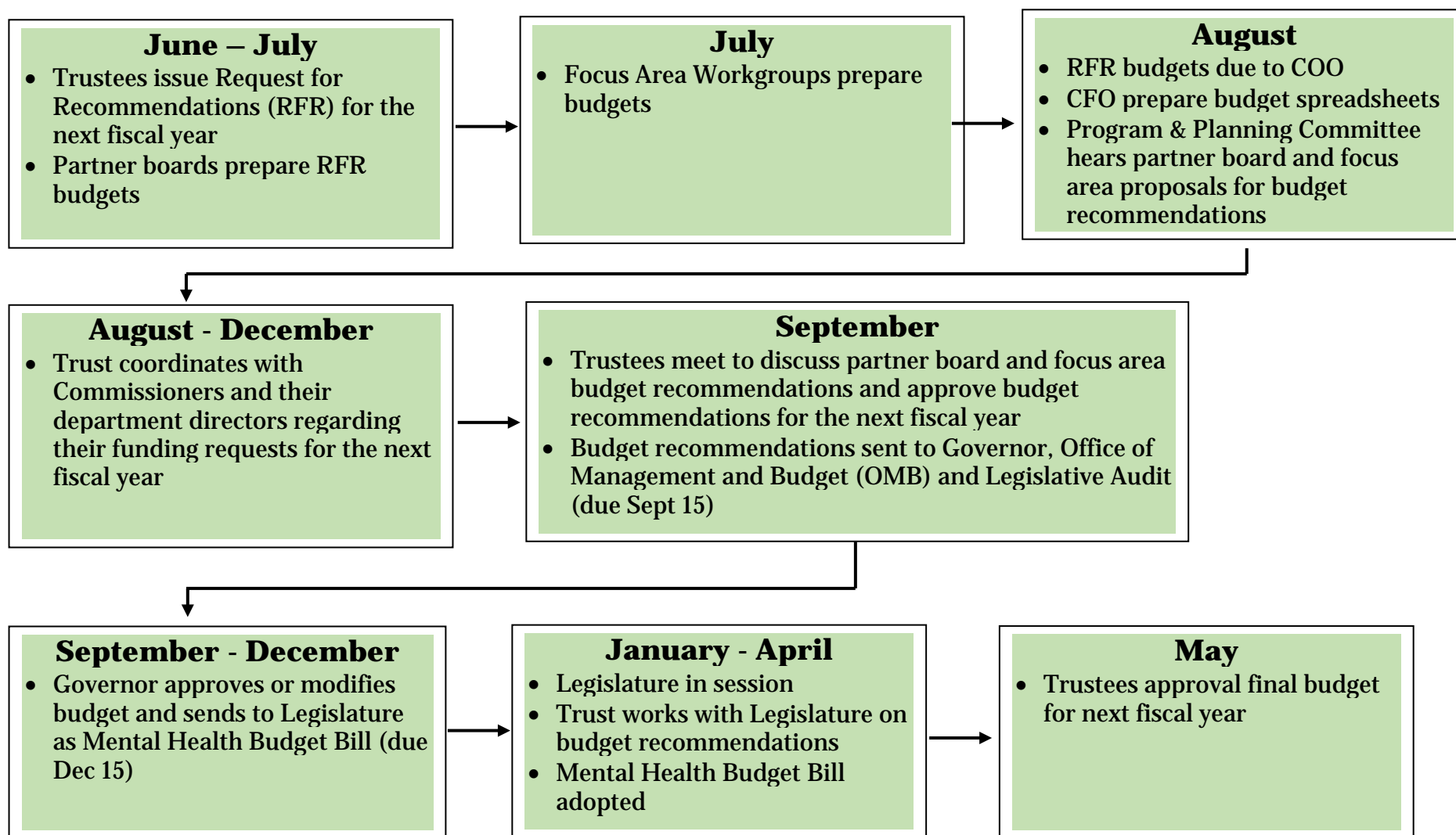
Approved 5-12-09, Board of Trustee meeting

Alaska Mental Health Trust Authority Budget Process



0/23/2019

Annual Mental Health Budget Bill Process

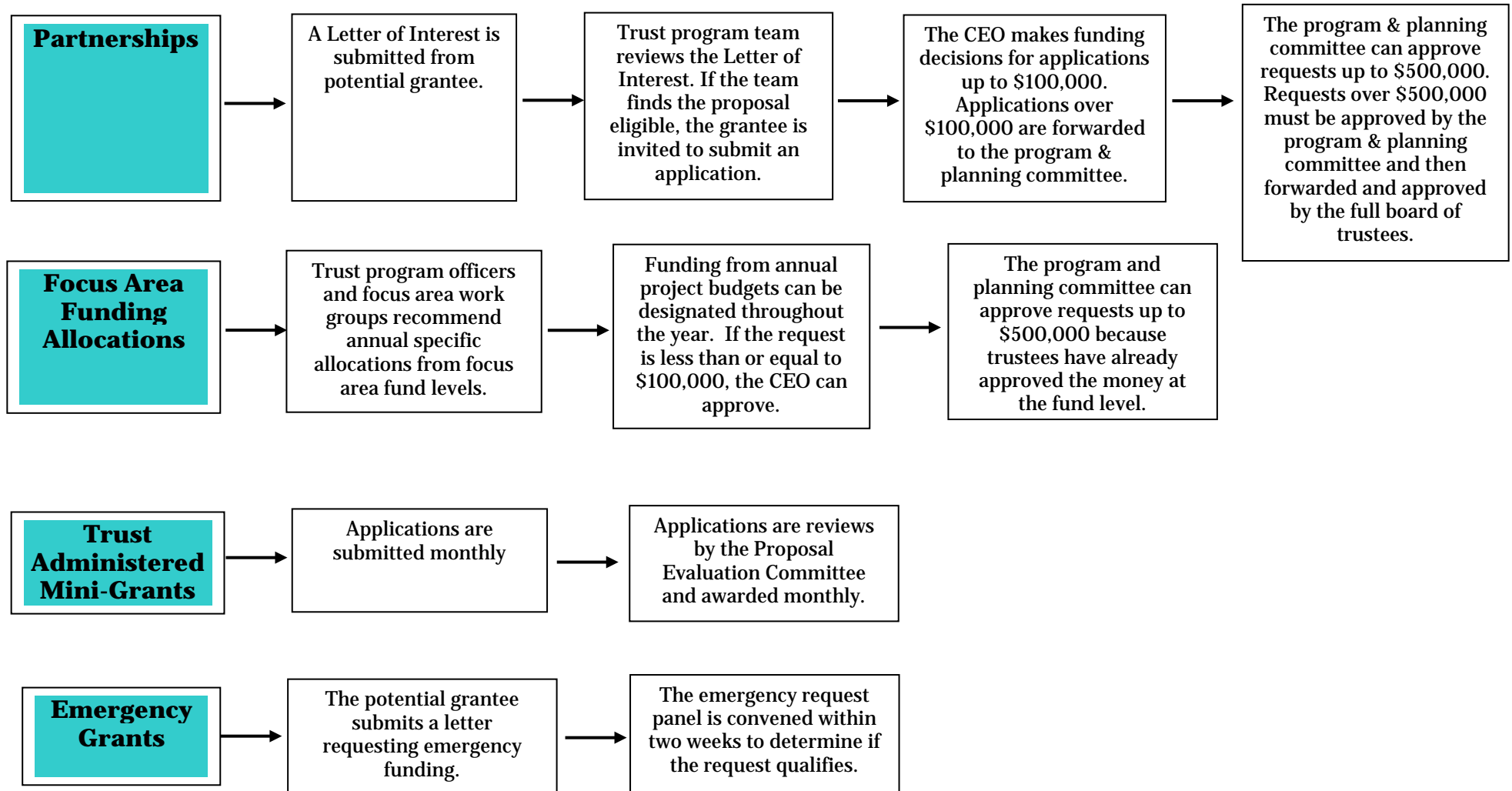


Note: timeline represents those items in the green boxes in the chart entitled “Alaska Mental Health Budget Process”

01/23/2019

Grant Approval Process for Authority Grant Funds

All annual budgets are approved by the full board of trustees at the September meeting



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

Revised: 01/23/2019

Alaska Mental Health Trust Annual Calendar

TRUSTEES	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Scheduled full board meeting & prep												
Scheduled committee meetings & prep												
APOC filing due 3/15												
Officer elections												
Board evaluations												
CEO evaluation												

LEGISLATURE	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Budget finalization with departments												
Trust advocacy trainings												
House/Senate Finance budget presentation												
Legislative session												

PROGRAM	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Focus area budget updates, stakeholder mtg												
Request for recommendations (RFR) issued												
Statements of Intent / grant agreements												
Trust/DBH quarterly meetings												
Small projects												
Grant quarterly reports												
Rural Outreach (every 2yrs)												

LAND OFFICE	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Resource field season												
Real estate BOV/appraisals												
Fall land sale												
Quarterly reports												
Ft. Knox audit (every 2yrs)												

ADMINISTRATION	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Fiscal year end & re-appropriation												
External audit												
Operating budget due 9/15												
Trust annual report												
Contract renewals												
OMB measures												
Asset allocation annual review												

ADVISORY BOARDS	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Statutory Advisory Board - ACoA												
Statutory Advisory Board - AMHB/ABADA												
Statutory Advisory Board - GCDSE												

**Minutes for the
January 29-30, 2020
Full Board of Trustee
Meeting**

ALASKA MENTAL HEALTH TRUST AUTHORITY

FULL BOARD MEETING

Teleconference

January 29, 2020

11:15 a.m.

Volume 1 of 2

Taken at:

**Elizabeth Peratrovich Hall
320 W. Willoughby Avenue
Juneau, Alaska 99801**

Trustees Present:

Mary Jane Michael, Chair
Anita Halterman
John Sturgeon
Ken McCarty
Chris Cooke
Laraine Derr
Verne' Boerner

Trust Staff Present:

Mike Abbott
Steve Williams
Miri Smith-Coolidge
Katie Baldwin-Johnson
Allison Biastock
Sarah Morrison

Trust Land Office:

Wyn Menefee
Jusdi Doucet
Aaron O'Quinn
Katie Vachras

Also participating:

Rhonda Boyles; Jack Fowler; Jason Swift; Commissioner Adam Crum; Deputy Commissioner Al Wall; Heather Carpenter; Clinton Lasley; Robert Sewell; Rachel Gearhart; Eric Boyer; Summer LeFebvre; Jason Lessard; Dr. Alex Von Hafften; Elizabeth King; Karsten Eden; Gennefer Moreau-Johnson; Teri Tibbett; Kristin Vandagriff; Anne Applegate; Bev Schoonover; Lesley Thompson; Dan Habeger; Corey Gilmore; Jake Carpenter; Jorden Nigro; Joan O'Keefe.

PROCEEDINGS

CALL TO ORDER

CHAIR MICHAEL called the meeting to order and asked for a roll call. All trustees were present. Chair Michael asked for approval of the agenda.

APPROVAL OF AGENDA

MOTION: A motion was made to approve the agenda by TRUSTEE McCARTY; seconded by TRUSTEE COOKE.

There being no objection, the MOTION was approved.

CHAIR MICHAEL stated that the Guiding Principles are in the packet and encouraged all to glance at them. She asked for any ethics disclosures. There being none, she moved to approval of the minutes of November 6, 2019.

APPROVAL OF MINUTES

MOTION: A motion to approve the minutes of November 6, 2019, was made by TRUSTEE DERR; seconded by TRUSTEE HALTERMAN.

There being no objection, the MOTION was approved.

CHAIR MICHAEL asked Katie Baldwin-Johnson to introduce the guest for the Mission Moment.

MISSION MOMENT

MS. BALDWIN-JOHNSON stated that Dr. Robert Sewell, program director for SHARP is here. She also introduced Rachel Gearhart, clinical director for JAMHI, who is a past recipient of the SHARP student loan repayment. She continued that the Mission Moment will focus on providing information about the SHARP Loan Repayment Program, which has been a core workforce strategy for the Trust and the Department of Health and Social Services since 2009. She explained that it currently has two components: SHARP-1 and, most recently, SHARP-3. SHARP is a student loan repayment program that provides recruitment, retention services for Alaska's health-care workforce and is recognized as a critical tool to address workforce shortages. SHARP stands for Supporting Health Care Access Through Loan Repayment Program. She noted that Eric Boyer, the Trust program officer, is on-line, and is one point for the Trust for all of the workforce strategies.

DR. SEWELL stated that he is with the Division of Public Health within the Department of Health and Social Services. He continued with the message that SHARP is working and making progress. He explained that there are two ways to get staff: train them or recruit them. There are no other choices. SHARP is one part of the solution, which is support for service. It provides financial inducement for practitioners to do the right thing, meaning to work with the priority populations: the uninsured who are Medicaid/Medicare beneficiaries and Tribal Health

Plans. There are other populations that are relevant, but those are the thinnest. He stated that with SHARP, contracts are provided that cement the relationship between the practitioner and the employer. One is education loan repayment for eligible debt, which is going up. The other problem is the direct competition with states down South, particularly in the Northwest, and bid systems like Intermountain. He continued that the Alaska SHARP program in the last five years reveals that there have been contracts with 260 distinct clinicians. Of those clinicians, 66 have been behavioral health clinicians, and are all over the state. He added that 70 percent of those contracts have been in a rural and remote location, and over half are with Tribals. He asked Rachel Gearhart to continue.

MS. GEARHART stated that she is a licensed clinical social worker in Alaska, and for her SHARP was a retention tool. She talked about how she came to be living and working in Alaska in 2006. She lived in a spare office in the building until she found an apartment, and eventually had to take a second job. Living in Alaska is expensive. She continued that her agency closed, and she found herself with no moving expenses, even with the second job. When the agency did close, Department of Labor came in and helped because they were considered displaced workers. She moved to Anchorage and ended up at a nonprofit with a great salary. The drawback was that it was like a private practice; if the clients did not show up, there was no pay, so she took a second job. She did not qualify for Public Service Loan Forgiveness because her loans had to be issued in 2007, and her loans were disbursed in 2006. She then ended up in Juneau and was awarded \$41,500, and owed \$45,000 by then. She continued paying off the student loans and fulfilled her term of service. She moved into an administrative role with the responsibility to recruit, retain and train new people in the behavioral health field. She talked about that experience and her celebrating nine years at JAMHI. So, SHARP was a retention tool for her. She spoke about offering some affinity groups so people can be connected to current and past SHARP recipients. Even across the state, having that networking is important to feel that you are not the only person doing what you are doing in your community. She thanked all for hearing how SHARP truly impacted her.

CHAIR MICHAEL thanked Ms. Gearhart for sharing her story because it puts a real-life perspective on how the program works.

TRUSTEE BOERNER stated that workforce development is a passion of hers, and the whole SHARP program is seen as a wise investment overall. The need is incredible, and it is increasing. Having the ability to utilize this as a recruitment and retention tool has been very critical. She thanked Ms. Gearhart for her personal story.

CHAIR MICHAEL thanked both for their presentations, and moved to the API Governance on the agenda.

API GOVERNANCE

MR. ABBOTT stated that the Department of Health and Social Services has made a lot of progress on improving the management of and the services being delivered at API. The Trust has been working with the Department through a variety of ways; as a funder, as a convener, and as a resource to try to support that effort. He continued that one of the steps taken was to establish a Governance Board to supervise many of the functions at API that had previously been supervised directly by Department leadership. This brought a lot more stakeholders into the

conversation about administration, management and quality of care at an important state facility. He added that there have been some discussions about the appropriate role for the Trust in that governance process. There are three Governance Board representatives present: Summer LeFebvre, representing the Behavioral Health Association; Jason Lessard with NAMI of Anchorage; and Dr. Alex Von Hafften, representing the Alaska Psychiatric Association. He asked Ms. LeFebvre to continue.

MS. LEFEBVRE stated that Elizabeth King is also on the phone.

MS. KING stated that she is the vice chair of the API Governance Body and represents the Alaska State Hospital and Nursing Home Association.

MS. LEFEBVRE stated that she is a clinical social worker and behavioral analyst and works at the Center for Human Development, University of Alaska. She serves in the role of treasurer on the Board of API. She gave a brief overview of the last 12 months and hoped to start a dialogue between API and the Trust to see how to collaborate as a team effectively to address the needs that are the heart of the Trust mission. She talked about the new board with voting and nonvoting members. It was evident that the lack of governance for API was part of the problem that needed to be addressed, and this board was formed to address that issue and to address the requirements that were not in compliance with the Federal requirements for a board. She asked Mr. Lessard to continue.

MR. LESSARD stated that he is the executive director of NAMI Anchorage and holds the at-large membership position on the board that is delegated to him through NAMI Alaska, the state-level organization. He also has recently been selected by the board to chair a Patient Advisory or Patient Appeals Board. The final name has not yet been decided. It will be a mechanism that will allow peers and advocates in the community to be part of the grievance process at API. He then spoke about the current makeup of the board. He stated that there are 11 voting members; seven of which are not in the Department of Health and Social Services. The board has been meeting monthly since inception and will continue for some time. "Seven or more voting members, with no less than four of those not being employed by the Department of Health and Services in attendance, will establish a quorum." He continued that there are outside voices, different perspectives from the Department currently sitting on the board; and as a patient advocate, that has been a truly beneficial perspective in the progress over the year.

MS. KING talked about API as the State Psychiatric Hospital and its responsibility to a variety of regulatory bodies, as well as the State and Federal statutes. She stated that, during the last year, the new board has really coalesced to develop a new set of bylaws, which had never been tried before at API. She continued that, over the last few months, the board has included developing into a governing body that can fulfill its role and responsibility to the hospital. Part of that responsibility is to help safeguard the legal and financial stability of the hospital, to support and oversee the performance of the hospital, monitor patient outcomes, and ensure safe and effective environments there. She added that every patient admitted to API is a beneficiary of the Trust. She underscored how much API and the API governing body has benefited from having representation and advocacy of the Alaska Mental Health Trust and providing direction and oversight to the hospital in moving forward.

DR. VON HAFFTEN stated that he is a resident of Anchorage and a licensed physician in the

State of Alaska. He continued that he is a psychiatrist with about 30 years of experience in Alaska that has had a lot of connection and relationship with API. He added that he and his colleagues from the API Governing Board request support regarding the Alaska Mental Health Trust Authority representative being a voting member of the governing body. He stated that he became a member of the governing body in October 2019, and recently became its secretary. He is a representative from the Alaska Psychiatric Association. The governing body has 12 voting members and 12 nonvoting members, which does not include the Trust representative. The belief is that the Trust representative should be a voting member because he is vital to the governing body. The duty of the Trust is to provide leadership, advocacy, planning, implementation and funding of services and programs for Trust beneficiaries. He continued that the duty of the trustees are to enhance and protect the Trust, provide leadership, propose a budget for Alaska's Comprehensive Integrated Mental Health Program, coordinate with state agencies on programs and services that affect beneficiaries, and to report to the Legislature, the Governor, and the public about Trust activities. He stated that the Trust is the most important single entity within the State of Alaska regarding a voice for comprehensive mental health services. He thanked the trustees for their time, commitment and services; and thanked all the trustees and staff for their steadfastness in trying to improve access to quality mental health care for all Alaskans. He believes that Trust beneficiaries would want to know that the Trust representative voiced the concerns and the oppositions with decisions that are inconsistent with the trustees' concerns.

MS. LEFEBVRE added that the board has been working on several issues: Collaboratively to address the outstanding issues with CMS; CEO recruitment and hire; HR; the formation of several committees. She stated that recommendations for HB 175, which is discussing the makeup of the governing body, defining roles and the roles of executive offices on the board. The Peer Advisory Council has been formed. She asked for any questions and feedback.

CHAIR MICHAEL asked Mr. Abbott for the staff perspective.

MR. ABBOTT stated that the governance board is likely to be a very positive development for API going forward, and sharing the responsibility for the operations of the hospital are likely to lead to improvements in care for Trust beneficiaries. He continued that the question is the right role for the Trust inside that governance process. He added that Katie Baldwin-Johnson has been the representative on the governance board since it came into being in 2019. She originally began as a voting member. There were some internal conversations about that, and we ultimately determined a discomfort with the Trust taking a voting role in the process. He stated that he was concerned about the authority for the governance board to actually make decisions related to API's management and operations, which he explained fully. He continued that he was also concerned about what would happen if the Trust ended up disagreeing with a decision of the voting members of the voting board. It would be on the public record that the Trust representative voted, and it may well be that the Trust may need to oppose that action through other forums. The preference is that the Trust would remain a nonvoting member, still actively participate as a resource. The group does allow nonvoting members to participate in the debate. He added that there is no action item before the trustees today. If the trustees feel strongly that this should be handled in a different way, he was comfortable adjusting the responsibility.

CHAIR MICHAEL asked for any questions or comments from the trustees.

TRUSTEE COOKE stated that the Trust is a funder of API, to some extent, and also participates in other agencies that benefit the beneficiaries. He continued that this might raise certain ethical or conflict-of-interest issues. He did not think that it is appropriate to interact with partners that the Trust provides funds to. He added that participating in the meetings and engaging in dialogue is an appropriate role. He is not sure of what kind of a commitment that would involve, but sensed some differing kind of concerns than the usual.

TRUSTEE DERR stated that she was comfortable with Mr. Abbott's decision. She continued that putting Ms. Baldwin-Johnson as a voting member may put her in a funny situation. There may be a vote on committing to a funding decision, which would be awkward.

TRUSTEE McCARTY agreed with Trustee Derr.

CHAIR MICHAEL thanked all for the presentation and stated that it will be discussed and taken under consideration. She also stated appreciation for all the work done in establishing the governance for API.

MR. ABBOTT echoed the comments on the great work done by the governance board. It is a very positive step and will lead to better care for Trust beneficiaries.

CHAIR MICHAEL asked Mr. Abbott to introduce the Commissioner.

MR. ABBOTT introduced Commissioner Adam Crum and stated that he sees a great cross-section of Department leadership present and applauded the Department for joining with so many folks that are impacting Trust beneficiaries on a daily basis.

CHAIR MICHAEL welcomed the Commissioner and his staff.

COMMISSIONER CRUM stated that the year has been interesting, and we are doing better systems alignment. The Division of Behavioral Health is moving back underneath the full deputy commissioner of the Medicaid side. This aligns all the Medicaid programs to work together, integrating into one platform. He introduced Deputy Commissioner Clinton Lasley, the former director of the Pioneer Homes. He has a creative mindset in dealing with unique issues for Alaskans. In this role he will be in charge of API, the Pioneer Homes, OCS, and Juvenile Justice. He then introduced Heather Carpenter, a health policy adviser. She was critical for aligning and addressing the gaps in the behavioral health system in Alaska and the vision to lead forward on a continuing behavioral health. He talked about the large-sized supplemental with the hope that the Legislature will act to get providers compensated. He thanked the trustees for working on the Crisis Now model; funding for trips to bring people down to educate them from public safety, judicial, legislators to departmental staff. The momentum has begun and there is a need to keep going. He thanked all and appreciated the collaboration going forward.

CHAIR MICHAEL thanked the Commissioner and commented that the trustees are excited about this process of looking at a way to divert people from going to API. That will be one of our No. 1 priorities this year.

TRUSTEE McCARTY stated appreciation for the team and talked about the Crisis Now program in Phoenix. He asked how to help people and the Court System make sure that it is flowing

effectively.

TRUSTEE BOERNER stated that she had a great opportunity to participate in the Crisis Now trip and enjoyed meeting Ms. Carpenter there. The trustees will be thinking about how to support programs, get to that standup point, and start providing some of those services. She appreciated the Commissioner's observation about Crisis Now and the need to make something that is reflective of Alaska.

COMMISSIONER CRUM continued discussing the Morris plan which has a couple items that address getting beneficiaries treatment faster. It makes sure that individuals on the waitlist is moved to priority or a QE base. He explained some of the plan and hoped that the board would consider a financial partnership on some of the items. We are grateful for the partnership and collaboration.

MS. CARPENTER moved to the financial pieces and stated that about \$450,000 in partnership by the Trust was asked to be considered, and that would be matched with about \$7 million of State GF funds. She explained that those specifics will be transmitted through the Governor's amended budget. She stated that one of the things that will come out of this plan is the Department of Law will start doing Title 47 ex parte trainings with the Court System. Recognized was that not every district has the same level of understanding. She added that collaboration with the Court System can improve that process.

CHAIR MICHAEL stated appreciation for meeting and getting the update from the Commissioner, and called a lunch break.

(Break.)

CHAIR MICHAEL called the meeting back to order and moved to the staff report.

STAFF REPORT

MR. ABBOTT outlined the meeting of the House Finance Subcommittee on the Department of Revenue.

CHAIR MICHAEL recessed the meeting.

(Recess from 1:02 p.m. until 3:30 p.m.)

CHAIR MICHAEL called the meeting back to order and recognized Teri Tibbet.

MS. TIBBET stated that she is the advocacy coordinator for the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse, one of the partner advisory boards to the Trust. She is also the advocacy coordinator for the joint advocacy effort which includes the partner advisory boards, which are the Alaska Commission on Aging, the Alaska Mental Health Board, the Advisory Board on Alcoholism and Drug Abuse, and the Governor's Council on Disabilities and Special Education, in partnership with the Trust. She stated that the statutory boards work together to advise, educate, and make recommendations to public officials related to issues that affect people with disabilities. This is done by going out into the field; board meetings held

statewide; participating in a lot of activities that bring in the voices of people in the field, the grassroots folks, people with lived experiences; also providers of services; administrators. She explained that the joint group has legislative teleconferences every Friday, and we invite people from all over the state to call in. Different bills and budget items that the group tracks are discussed, and then if advocacy is needed, action alerts are created for folks to call in and talk to legislators or participate in public testimony. The group is very active during the legislative session, tracking and then reporting. She continued that reports are also provided at the end of the legislative session that offer an overview of what happened in terms of impacts to Trust beneficiaries. She added that she has the report in hard copy, which she distributed. She talked about the advocacy trainings that empower people to take their voices directly to policymakers. Those are done after the legislative sessions. She then explained the priorities the joint effort came up with, the ones identified, and proceeded with the overview. She encouraged folks to call in to the Friday legislative teleconferences and thanked the Trust for all the help and work in producing the papers and coming up with the funds necessary to provide trainings across the state.

CHAIR MICHAEL thanked Ms. Tibbet, and recognized Bev Schoonover.

MS. SCHOONOVER stated that she is the executive director of the Alaska Mental Health Board, Advisory Board on Alcoholism and Drug Abuse, and the Statewide Suicide Prevention Council. She talked about the specific efficacy efforts and continued that all of the Boards have statutory affiliates to advocate to the Legislature, the Governor and the departments. This is rare for state agency staff to have, and we are very careful with that role. All are dedicated in bringing the voices of the consumers and the folks served in the community up to that level. She talked about the Legislative Advocacy Committee and what it does to bring forward the voice of behavioral health of consumers, folks that are impacted by mental health and substance-use issues. She moved to the concerns and the interest in the Mental Health Bill and went through a list of special concerns. She stated that first is the elimination of the Suicide Awareness, Prevention and Postvention Grant Program which is \$400,000 of GF. She continued that this pays for direct grants to schools for suicide prevention activities. It pays for online trainings. All certified educators in Alaska must be trained in suicide prevention, and the State must pay for those. She stated that there are three new positions in the Court System for therapeutic courts; about \$420,000 in the budget.

MS. TIBBET explained that the funding is for three positions: two in the Palmer court; one is for Infant, Toddlers, and Family Court; and the other is for the coordinator. The third position is for a statewide deputy coordinator to assist Michelle Bartley, the statewide coordinator. These are the Governor's requests, and the boards are fully behind them.

MS. SCHOONOVER stated that there is a capital budget request for API projects to comply with corrective action plans, which is \$1.6 million. She explained that this was for Nurse Call station, some technology improvements, some furniture improvements for patient and staff safety. This is completely supported by the Boards. She moved to the bill items of special concern. The first one is still Medicaid Work Requirements, AB 13/SB 7. This was a huge concern last year, and we are not sure if it will go forward this session. HB 174 is a bill that changes statute to raise the minimum legal age for people selling tobacco to 21. This is being closely watched because of a potential that Federal block grant funds could be penalized if this is not moved into law over the next three years. HB 175/SB 124 is a bill that proposes new management for API, which would

go through Boards and Commissions. It changes the statute from the Mental Health Board and would add additional duties in vetting candidates. HB 181 is putting in statute 181 that schools should teach about mental health and is also asking nonprofits around the State to help with that curriculum. HB 183 is a bill about Alaska API staffing. Then HB 187/SB 138 is restricting out-of-state correctional facilities. SB 96, Municipal Alcohol Licenses, allows municipalities to create more alcohol licenses for restaurants and bars. SB 120, Administration of Psychotropic Medication, there is state law now in designated valuation and treatment facilities that physicians can order psychotropic medication to be administered without the patient's consent. This would add registered nurses and a couple of different providers to be able to order that medication. SB 134 adds professional counseling services to the Medicaid state plan; this requires the Department to set a state plan amendment.

CHAIR MICHAEL thanked Ms. Schoonover. She moved to the Alaska Commission on Aging, and recognized Lesley Thompson.

MS. THOMPSON stated that she has been on the Commission for about 14 years and loves advocacy for seniors and the things that are done with the Commission on Aging. She stated appreciation for all the Trust staff that helped through the transition. She talked about some of the recent activities and then moved to the Commission meeting coming up. On the agenda is a discussion on the Permanent Fund and what to do with that and the revenue aspect of it. She moved to the mission statement and added that they are just not called the Commission on Aging, but ACOA. It was established in 1981 for the purpose of assisting older Alaskans to maintain good health, independence, and dignity through planning, advocacy, and community outreach, assisted by interagency collaboration; and the Trust is a big part of that. She talked about the population statistics and stated the new statistics of 2019 finally came out. She stated that the whole population of seniors is getting older and older and will cost more money, and there is the need to make sure there are services. Alaska continues to be the fastest growing senior population per capita for the ninth consecutive year. She explained that the legislative teleconferences are on Thursdays every other week where different bills are discussed.

CHAIR MICHAEL thanked Ms. Thompson, and recognized Kristin Vandagriff.

MS. VANDAGRIFF s began with the four position papers which the executive committee just signed, and will be presented to the Legislature. The first position is in regard to the development disability shared vision. It is a thank-you and an update on the implementation effort. The next is in regard to supported decision-making. She explained that self-determination, the ability to make decisions and take responsibility for one's own life, is a mark of adulthood. She stated that they have 11 Alaskans who have entered into supported decision-making agreements, and it is exciting to see them getting the support network to make decisions and choices about their lives. She continued to the third one which is Home and Community Based Services. This is focused on showing the cost and nature of these services. She shared "Home and Community Based Services allow Alaskans with disabilities to avoid institutional care, remain in their home community, pursuing as much independence as possible at the least cost to the State." She stated that the last position looks at Home and Community Based Services from an efficiency perspective, to really protect those. She continued that the council is very mindful of Alaska's current fiscal constraints and also realizes, that this is an opportunity for some innovative things, exploration of more efficient ways to deliver services, system transformation efforts. Stakeholders came together and put forth ideas out in these position

papers. The first one is the thought of removing barriers posed by unnecessary regulations and redundant reporting. The second item talks about eliminating unnecessary costs and bureaucracy by allowing flexible purchasing for home medical supplies. She stated that the council welcomes the opportunity to think through with lawmakers and HCBS about creative alternatives to meet CMS requirements, and also meet the needs of families for flexibility purchasing. The third one is the idea of increased savings and self-determination by offering an option for people with IDD to more closely direct their services. That is making the DD vision come alive for people on the waiver. She continued that the fourth item is to initiate adult companion services, which is very important for adults with disabilities. She added that the council is going down jointly with Key Campaign for Juneau legislative advocacy visits. She asked for any questions.

TRUSTEE COOKE asked if there were any outcomes from the event in October concerning employment that could be shared.

MS. VANDAGRIFF replied that there was a lot of great information from the final session where folks shared their feedback on where this was going. The biggest feedback was looking toward a task force, and there are some meetings to keep moving that forward.

CHAIR MICHAEL thanked Ms. Vandagriff, and recognized Steve Williams.

MR. WILLIAMS stated appreciation for the presentation and added that the work staff does with the advisory boards is critical in looking at the status of the bills, especially the ones for the beneficiaries from a joint perspective. He talked about the strategy he is developing in how to move forward through this session. It is important through this planning process to stay connected and communicate throughout the legislative session.

CHAIR MICHAEL thanked Mr. Williams, and moved to the Audit & Risk Committee.

AUDIT & RISK COMMITTEE REPORT/UPDATE

MOTION: The Audit & Risk Committee recommends that the Full Board of Trustees accept the FY19 financial audit report as presented by BDO on January 3, 2020, was made by TRUSTEE HALTERMAN; seconded by TRUSTEE BOERNER.

There being no objection, the MOTION was approved.

CHAIR MICHAEL stated that the Audit & Risk Committee Report was concluded and called a break until public comment.

(Break.)

PUBLIC COMMENT

CHAIR MICHAEL read the public comment guidelines for those who would be testifying. She recognized Don Habeger.

MR. HABEGER stated that he took that advocacy training and that story is important. He continued that, early in his career, he managed the Port of Juneau for a stevedoring company.

His responsibility was making sure that ships got tied up. In his experience, he found that when longshoremen finished their assigned task and came in behind, that line got an awful lot lighter. That is like re-entry in this community. Sometimes it is just hard work. He continued that when everyone works together, the work gets easier. He added that the role of the Trust is significant to communities like his where everyone pulls together. He thanked the Trust for helping to pull together and resolving some of the recidivism issues.

CHAIR MICHAEL asked for anyone on-line wishing to testify. There being none, she moved to the next person in Juneau, and recognized Corey Gilmore.

MR. GILMORE stated that he normally works through the Governor's Council, but is not testifying for the council. He continued that he has a disability and under the current Medicaid rule, Home and Community Based Services are listed as optional. When he is not advocating, he works with youngsters at an integrated preschool. Many have trouble with speech, and many are on the spectrum for autism and other neurodevelopmental disabilities. He added that they go in and model for the children that it is safe to play with those children because many of the neuro-typical kiddos are scared to do that because they do not understand why they are different. Stories are told and then it is explained that it is okay to be different. Without staff support, who will be there to teach the kids and show them that differences are normal? Thank you.

(Applause.)

CHAIR MICHAEL thanked Mr. Gilmore, and recognized Trustee Boerner.

TRUSTEE BOERNER thanked Mr. Gilmore for sharing and added that it was very meaningful to get that feedback. She stated that she felt it as he was describing it. She continued that she had the honor of seeing him chair the meeting at the Governor's Council and appreciated his humor. She agreed that Home and Community Based Services, though in title are optional, they are life-meaningful.

CHAIR MICHAEL, again, thanked Mr. Gilmore for the great presentation, and recognized Jake Carpenter.

MR. CARPENTER stated that he was there to offer his public comment as the family member of someone who experiences a disability. He continued that he has seen the work of the Trust and the work of the beneficiaries since he was a kid and said thank you. He added that Alaska is much better off because of the Trust and the work it does. There is more work to be done. He talked about the workforce that supports people wanting of Trust services, specifically the DSP workforce. There are probably upwards of 5,000 people in the State of Alaska working as DSPs in a thankless position. They provide the basic care that the family member needs. He stated that he became acutely aware of them through his professional exploits; he was a software developer and technology consultant. He continued that he was approached by a recipient of a Trust grant, the Alaska Association of Developmental Disabilities, to explore and create an app to help support, train, hire and attack the workforce problem for DSPs. He added that he was drawn into this ecosystem of staff people supporting some of the most vulnerable people in society. He applauded the good work, and wants to recognize that the demand for DSPs will increase. Addressing the education, retention and elevating DSP workforce is really important. He thanked the trustees for the time.

CHAIR MICHAEL thanked Mr. Carpenter, and recognized Trustee McCarty.

TRUSTEE McCARTY stated that the app started development last summer and is in the testing phase. It is being shown to DSPs and agencies. It has not been released to the public, but it is getting positive feedback, and people are excited to see that there is movement.

MS. BALDWIN-JOHNSON asked for a brief description of what the app is intended to do.

MR. CARPENTER replied that the initial concept was to create a one-stop shop where agencies looking for DSPs could reach out, and streamlining the hiring process for people looking to become DSPs. He encouraged all to visit the Health and Social Services Background Check, look at that process, if there is something you want to be changed. This app would alert people of availability. Initially, there are only four agencies. He stated that they found that hiring is not the only problem. He continued that the hope is to use the app to prepare potential new hires for the job with some basic introductions as to what the job will be and some tools that can be used to find training or other resources that would support them, and also connect them with other DSPs.

MS. BALDWIN-JOHNSON thanked him for that very innovative approach to streamlining workforce processes for organizations with the opportunity to share the same workforce.

CHAIR MICHAEL thanked Mr. Carpenter for an interesting presentation, and recognized Jorden Nigro.

MR. NIGRO stated that he was filling in for Mariya Lovishchuk, the Glory Hall's executive director. He is a board member with the Glory Hall and appreciated the opportunity to represent his organization. He reported that Housing First Phase 2 is progressing ahead of schedule and within budget. The hope is to open in June. He also reported that, together with Southeast Alaska Independent Living and Human Services, land has been secured for the social services campus. He stated that the campus will include an accessible emergency shelter with individual sleeping areas for the patrons, most of whom are Trust beneficiaries. The new design will significantly improve the health and well-being of the most vulnerable adults by providing the most basic, yet essential, foundation of safe day and night shelter. He continued that they are in the process of development design and fundraising with the hope to begin construction this summer.

CHAIR MICHAEL thanked Mr. Nigro, and recognized Joan O'Keefe.

MS. O'KEEFE stated that she is the executive director of the Southeast Alaska Independent Living or SAIL and is part-time executive director of United Human Services of Southeast Alaska, UHS. SAIL is an independent living center and an aging and disability resource center. United Human Services is a nonprofit that incorporated a decade ago with the assistance of the Trust and the predevelopment program that was formerly housed at the Foraker Group. She continued that the purpose of UHS is to strengthen social services in Southeast Alaska; and for the past six years UHS has held the master lease for half a dozen co-locating nonprofits. She explained that the leased space is far from adequate, and SAIL purchased a property for a multi-tenant nonprofit center that United Human Services will own and operate. This center will house

a diverse range of social service nonprofit agencies that predominantly serve Trust beneficiaries. She added that each agency will have their own individual program space, as well as shared group spaces, and access to shared services. This will maximize operating and administrative efficiencies. The new campus one-stop-shop model will transform service delivery in Juneau. She thanked all for the time and support.

CHAIR MICHAEL congratulated Ms. O'Keefe on this project, and recognized Trustee Cooke.

TRUSTEE COOKE asked if this would be located in Downtown Juneau, and if people at Forget-Me-Not Manor will have access to this facility.

MS. O'KEEFE replied that the property is by the airport. She continued that the manor would have access, and we are working with the City of Juneau to reroute the bus to stop there, and to also work on sidewalks and lighting. The City is excited about it, as well.

CHAIR MICHAEL thanked Ms. O'Keefe for her testimony and reminded trustees that they have a letter from Faith and Dorrance, which is their written public testimony. She checked on-line for anyone that would like to testify. There being no one, the public comment period closed, and she recessed the meeting.

(Alaska Mental Health Trust Authority adjourned at 5:24 p.m.)

ALASKA MENTAL HEALTH TRUST AUTHORITY

FULL BOARD MEETING

Teleconference

January 30, 2020

10:40 a.m.

Volume 2 of 2

Taken at:

**Elizabeth Peratrovich Hall
320 W. Willoughby Avenue
Juneau, Alaska 99801**

Trustees Present:

Mary Jane Michael, Chair
Anita Halterman
John Sturgeon
Ken McCarty
Chris Cooke
Laraine Derr
Verne' Boerner

Trust Staff Present:

Mike Abbott
Steve Williams
Miri Smith-Coolidge
Katie Baldwin-Johnson
Allison Biastock
Sarah Morrison

Trust Land Office:

Wyn Menefee
Jusdi Doucet
Aaron O'Quinn
Katie Vachras

Also participating:

Rhonda Boyles; Jack Fowler; Jason Swift; Commissioner Adam Crum; Deputy Commissioner Al wall; Heather Carpenter; Clinton Lasley; Robert Sewell; Rachel Gearhart; Eric Boyer; Summer LeFebvre; Jason Lessard; Dr. Alex Von Hafften; Elizabeth King; Karsten Eden; Gennefer Moreau-Johnson; Teri Tibbett; Kristin Vandagriff; Bev Schoonover; Lesley Thompson; Dan Habeger; Corey Gilmore; Jake Carpenter; Jorden Nigro; Joan O'Keefe.

PROCEEDINGS

CALL TO ORDER

CHAIR MICHAEL called the meeting to order and stated that the first thing on the agenda is the Program & Planning Committee report and update.

PROGRAM & PLANNING COMMITTEE REPORT

MOTION: A motion that the Board of Trustees adopt the amendments to the FY21 budget as included in the Program & Planning Committee packet for the January 3, 2020 meeting. The amendments do not increase or decrease the FY21 budget as approved by the Board of Trustees on August 29, 2019 was made by TRUSTEE BOERNER.

CHAIR MICHAEL asked for any updates from staff.

MR. WILLIAMS gave a quick refresher on the motion and stated that there have been no changes or updates since the Program & Planning Committee met on January 3, 2020.

There being no objection, the MOTION is approved.

MOTION: A motion that the Board of Trustees approve using the \$1.7 million of fiscal year '21 unobligated funds to increase the fiscal year 2021 crisis continuum of care line and the substance abuse prevention and treatment focus area for the total amount of \$2.6 million was made by TRUSTEE BOERNER; seconded by TRUSTEE COOKE.

MR. ABBOTT explained that this was the budget item that was previewed with the Legislature for the last 24 hours. When the FY21 budget was adopted in late August, about \$3.8 million was left unallocated for spending. This is the first big chunk of that. There was \$900,000 approved for FY21, and this would add \$1.7 million to that for a total FY21 allocation of \$2.6 million. He added that this budget action would not designate grantees. He stated that staff would be coming back with a recommendation. He continued that this would create money for crisis stabilization, Crisis Now, and setting it aside for staff to bring detailed plans.

MS. MOREAU-JOHNSON stated that she is with the Division of Behavioral Health and explained that federal approval has been received for the Crisis Now model, and it will be paid for by Medicaid. She added that the four prongs of the Crisis model: the call center; the mobile response; the 23- hour: and the short-term residential have been approved in the 1115. She stated that the crisis stabilization is ready to come online, and the remainder of the services -- regulations, rate packages -- are waiting in the queue behind a long string of rate packages. She continued that the complicated part and the reason it is confusing is that Crisis Now is a model that has to be made available to any eligible enrolled provider. Choices are made based on recommendations. She stated appreciation for the work of the Trust to come together and help figure out how it can work in a fee-for-service Medicaid environment.

TRUSTEE HALTERMAN requested inviting Knik, Mat-Su and Healthy Connect folks to come and talk about what they are up to, to get a sense of where these organizations are in their development efforts and where they are struggling, to see if the Trust can partner with them in a

better and more meaningful way.

MS. BALDWIN-JOHNSON replied that was a fabulous idea.

TRUSTEE BOERNER thanked staff for coordinating the trip to Arizona and for also bringing out the representatives of the tribal behavioral health so they could look at and start thinking about the process. She sees this as a potential sort of phase-in project with some aspects that can be statewide. She stated that there is some real opportunity to start with the puzzle pieces, put them together, and then look for ways to fill in the gaps.

TRUSTEE COOKE asked if the crisis call center would incorporate the suicide prevention call center system.

MS. BALDWIN-JOHNSON replied that the desire is to have one resource for that. The intent of that call center is to provide suicide prevention, intervention. A very high percentage of those calls that do come in to the center are resolved. She stated that the recommendation from the RI folks looking at Alaska is thinking of this as a type of statewide resource that would be very valuable. The idea is to figure out how to provide it statewide with probably regional connectivity.

TRUSTEE COOKE asked for a description of what the suicide prevention call center is now, to the extent that it exists.

MS. BALDWIN-JOHNSON replied that it is a statewide call center, public care line. She stated that they serve the entire state.

CHAIR MICHAEL asked if there were any objections to the motion.

There being no objection, the MOTION was approved.

TRUSTEE BOERNER stated that there were five discussion points, and she went through the highlights of them. An update on the potential purchase of the Porcupine Property, which looked at the possibility of relocating the Alaska Mental Health Consumer Web and possible partnering with another partner organization, CHOICES, Inc. She moved to the presentation on the Comprehensive Integrated Mental Health Plan and then continued that a considerable time was spent talking about the Crisis Now update. A good amount of detail was discussed with regard to approvals for the budget adjustments for FY20. She asked Mr. Williams to provide any additions.

MR. WILLIAMS stated that one of the items discussed was the approval or the recommendation to the committee -- which they approved on January 3rd -- for a change of intent for the FY20 rural HCBS coordinator project. This switched the funding source from MHTAAR to Authority Grant and should have been a separate motion from the FY21 items discussed.

MOTION: A motion that the Full Board of Trustees approve a change of intent for the fiscal year 2020 rural HCBS coordinator project to convert it from the fiscal year 2020 MHTAAR funds allocated to the Department of Health and Social Services, Division of Senior and Disability Services to fiscal year 2020 Authority Grant funds in the housing

and long-term services and supports focus area titled HCBS projects to be allocated at a later time was made by TRUSTEE BOERNER; seconded by TRUSTEE McCARTY.

There being no objection, the MOTION was approved.

MOTION: A motion that the Board of Trustees approve using \$450,000 of fiscal year 2021 unobligated funds to address identified gaps in the crisis psychiatric response system. These funds will be approved as fiscal year 2021 MHTAAR grants to the Department of Health and Social Services as follows: \$75,000 statewide designation evaluation and treatment coordinator; \$75,000 for the adult protective services 3 position; and \$300,000 for mental health professionals offsite evaluations was made by TRUSTEE BOERNER; seconded by TRUSTEE DERR.

MR. ABBOTT explained that Commissioner Crum had mentioned that the State submitted a proposed plan to Judge Morris to resolve Judge Morris' concerns about the current conditions being faced by Trust beneficiaries that are frequently in jail or in emergency rooms rather than at API or other more appropriate treatment facilities. The State's robust response was a proposal to expend approximately \$8 million to make progress in the areas that Judge Morris identified as deficient. He asked Ms. Baldwin-Johnson to continue.

MS. BALDWIN-JOHNSON stated that the gaps in the crisis psychiatric response system have been addressed by the Department by really trying to engage key stakeholders in the process of improving the response, which is included in this plan. She went through the three key areas because they had the best alignment in terms of thinking about impact on beneficiaries and impact on improving the system in general. The first item is the \$75,000 for the statewide designated evaluation position, which is proposed to split the cost of that position with the Department. The recommendation is for funding for a period of three years. She continued that the position specifically is to assist with streamlining coordination and tracking ex parte orders across the state. The next item is the adult protective services 3 position that would be located in Anchorage within the Department of Health and Social Services, Senior & Disability Services. This person would be designated within the Department that would be 100 percent focused on institutional discharge planning. This was elevated as a priority within this report.

TRUSTEE COOKE stated that this proposal is the State's response to Judge Morris in a lawsuit. The State and not the Trust is being sued. He continued that the State is being ordered to fix the myriad of problems. This is not necessarily the Trust's responsibility to fix it for the State. He added that he was not excited about the idea of funding the State positions with Trust money. He stated that, on the other hand, those folks are Trust beneficiaries and he supported the motion with the understanding that this will be a very limited, one-time thing.

MS. BALDWIN-JOHNSON stated that the background of this issue of the backlog within emergency rooms and within Corrections is the same issue being addressed with the model at Crisis Now. She continued that the last piece is a recommendation for helping to improve timely access to evaluation and re-evaluation. The recommendation is \$300,000, which would support a portion of contractual resources that would enable the Department to develop provider agreements with entities in the communities that could assist with re-evaluating individuals that have been deemed a danger to themselves and others. It would meet the criteria for the Title 47 hold. The intent of this is to provide additional capacity within the system to help with

re-evaluations with the hospitals, the Department of Corrections and potential other settings.

CHAIR MICHAEL stated that there is a motion on the table.

There being no objection, the MOTION was approved.

TRUSTEE BOERNER completed her report.

CHAIR MICHAEL recessed for lunch.

(Lunch break.)

CHAIR MICHAEL called the meeting back to order and recognized Mr. Abbott to continue his CEO report.

MR. ABBOTT explained that the financial dashboard was the midyear report, and it had no significant changes. He moved to the inflation-proofing and stated that it was likely there would be significant reserves available should the trustees be interested in inflation-proofing the corpus or the Mental Health Trust Fund. He talked about a letter received from the Chilkat Indian Village which they asked to share with trustees. He noted that they expressed some significant concerns with the mining exploration project on Trust lands near Haines, the Palmer project that was discussed yesterday. He gave a brief update on the work on the potential acquisition of a building for two Trust partners, CHOICES and the Web. It is the building called the Porcupine building because it is on Porcupine Street. This is in the final stages of working with the two organizations to make sure this is a building that they want to live in for a number of years. The building itself is found to be eminently satisfying, but the location is a bit challenging. There is a short walk to the bus stop, but there are no sidewalks. Lastly, he reminded all that the work session is scheduled for February 11th in Anchorage, and he hoped all could participate.

FINANCE COMMITTEE REPORT

CHAIR MICHAEL recognized Trustee Derr.

TRUSTEE DERR stated that the Finance Committee met January 3rd and there were several motions.

MOTION: The Finance Committee recommends the Full Board of Trustees authorize the transfer of \$23,056,600 from the Alaska Permanent Fund Budget Reserve Account to the Mental Health Settlement Income Account to finance the FY2020 base disbursement payout calculation. The CFO may fulfill this motion with one lump sum or multiple transfers. And this is the payout that funds the budget.

There being no objection, the MOTION was approved.

MOTION: The Finance Committee recommends the Full Board of Trustees approve setting a target level for Trust Authority Development Account funds at \$2.4 million. This is the TADA account.

There being no objection, the MOTION was approved.

MOTION: The Finance Committee recommends the Full Board of Trustees authorize the chief financial officer to transfer TADA funds that exceed the target level to the Mental Health Trust Fund for investment.

There being no objection, the MOTION was approved.

MOTION: The Finance Committee recommends that the Full Board of Trustees determine there is no money in the Mental Health Trust Settlement income account not needed to meet the necessary expenses of the State's Comprehensive Integrated Mental Health Plan.

MR. ABBOTT stated that the statute and the settlement both suggest that if there are funds in the settlement income account, the spendable income, the surplus to the needs to fulfill the obligations need to be transferred to the General Fund. There has never been a determination whether there was a surplus. After speaking with counsel, the guidance is that an affirmative statement does not create significant additional risk. The staff recommendation is for trustee support for the motion.

There being no objection, the MOTION was approved.

TRUSTEE DERR concluded her report.

MR. ABBOTT asked about going into Executive Session.

MOTION: A motion that the Board go into Executive Session regarding personnel matters in accordance with the Open Meetings Act, Alaska Statute 44.62.310(c), was made by TRUSTEE COOKE; seconded by TRUSTEE DERR.

MR. ABBOTT recommended that he and Rhonda Boyles be included in the executive session.

CHAIR MICHAEL agreed and asked for any objections.

There being no objection, the MOTION was approved.

(Executive Session from 12:46 p.m. until 2:21 p.m.)

CHAIR MICHAEL called the meeting back to order.

TRUSTEE DERR commented that no decisions were made in the Executive Session.

CHAIR MICHAEL called a break.

(Break.)

CHAIR MICHAEL called the meeting back to order and moved to the re-entry orientation which is in preparation for the site visit this afternoon.

MR. WILLIAMS talked about the handouts and explained that the Trust funds four re-entry coalitions and four re-entry coalition coordinators around the state. In addition to the coalition coordinators, the Department of Health and Social Services also funds coalition coordinators in three other communities: Dillingham; down on the Kenai; out in Nome. There may also be a fourth. He stated that the Trust has been engaged in this re-entry as part of the Disability Justice Focus Area for a number of years, and we have heard a lot of talk from the commissioners of Corrections, the Administration, Senator Hughes and others talk about the importance of providing a warm transition with someone that is being released from a correctional institution. He added that these coalitions are a key piece of helping to make that happen. This simulation has been set up so that the public and others interested could get a taste of what it is like going through the process. He outlined the experience and what would happen in the simulation. He continued that this particular simulation is sponsored by the Trust through the Juneau Re-entry Coalition, the U.S. Department of Justice, and the Central Council Tlingit Haida Indian Tribes of Alaska.

CHAIR MICHAEL moved to Trustee Comments and recognized Trustee Halterman.

TRUSTEE HALTERMAN stated that she appreciated meeting in Juneau. It was a good opportunity to meet with legislators, and she took the opportunity to visit with staff in some of the legislative offices. She continued that it was helpful and thanked all who made this happen.

CHAIR MICHAEL recognized Trustee Sturgeon.

TRUSTEE STURGEON thanked staff for putting all this together and doing a top-notch job.

TRUSTEE BOERNER echoed those words of appreciation for all the work done by staff. She also appreciated the conversations and the natural resource meeting. She talked about the letter from the Chilkat Indian Village and, for the record, had brought up issues before with regard to historical trauma and recognizing tribal sovereignty. She stated appreciation for the trustees and the TLO taking the time to go and meet with the tribes, which is very important. She continued that her people lived in these lands for thousands of years and depend on the land for sustenance, shelter and their way of life. They still depend on those for their health and well-being, physical, mental and spiritual. All of those are factors that do not necessarily get included in the statute language and the variables there. She put in the record to think about ways to weigh in those with the best-interest calculations that are out there. She believes in utilizing the natural resources and appreciates the ability to develop natural resources for the benefit of the people. She thanked the trustees and staff who took the time to have the additional meetings as well.

TRUSTEE DERR stated that she usually did not make comments, but this may be her last meeting because her term expires in one month. She may still be at the April meeting. She put on the record how much she enjoyed working with everybody and being on the Trust.

TRUSTEE McCARTY commented on being on camera and that people had been watching all this. He talked about being watched on doing the best for the beneficiaries and the emphasis on not wanting to give energy into programs that are showing effectiveness. There is a need to be moving into seeing standard, reliable assessments and data by giving iPads or something like that so information could be collected more quickly. A standard could be set as a Trust for

beneficiaries by doing rather than waiting for someone else to do data collection.

CHAIR MICHAEL recognized Trustee Cooke.

TRUSTEE COOKE stated appreciation for everyone's comments. He continued that Trustee Derr with all of her wisdom and experience will be missed, and it is hard to imagine life on the Trust with Trustee Michael leaving. He added that the Juneau meeting is always busy and refreshing. He stated that things with the beneficiary population do not change quickly, but there is a need to keep trying and moving in positive directions. He added that the long-time board members will be missed, but there are still a lot of strengths with the Trust and we will be in good hands.

CHAIR MICHAEL asked Ms. Boyles for any comments.

MS. BOYLES stated that she had served on other boards and commissions, but her first reaction with this board was that the caliber is impressive. She is pleased to be asked to join it. She continued that the last couple of days were an excellent bird's-eye view of what the Trust is, what it does and what it accomplishes. The ability of this group and the vision that was in place when it was formed to touch so many lives is humbling. She talked about her life experiences and stated she wants to give back in an area she did not have the privilege of touching enough -- for physically and developmentally disabled people -- and this is an opportunity to do that at this time. She asked for the Crisis Now Consultant's Report to be forwarded so that she could review it.

CHAIR MICHAEL stated that she was happy to see the House and Finance presentations be so calm after the audit and some other things. It was a great two days, and she was glad all were here and were so attentive. She talked about the annual report which reflected both sides of the organization. It is a good document to give to people because it says so much more than just how many grants were given. It is remarkable because it shows one year's work. She thanked all.

MR. ABBOTT stated, on behalf of staff, how grateful we are to be together. The attention by all is precious and staff tries to honor it with work that meets the standard of the quality of the open participation. He continued that there will be opportunities to celebrate both Mary Jane Michael and Laraine Derr in the coming months and talked about their impact on the organization. He added that they will never be forgotten.

MR. WILLIAMS wrapped up with logistical explanations and acknowledged the Tlingit-Haida Council Tribes of Alaska.

CHAIR MICHAEL asked for a motion to adjourn the meeting.

MOTION: A motion to adjourn the meeting was made by TRUSTEE DERR; seconded by TRUSTEE STURGEON.

There being no objection, the MOTION was approved.

(Alaska Mental Health Trust Authority Full Board meeting adjourned at 3:00 p.m.)

**Minutes for the
March 27, 2020
Full Board of Trustee
Meeting**

ALASKA MENTAL HEALTH TRUST AUTHORITY

SPECIAL FULL BOARD MEETING

Teleconference

March 27, 2020

1:00 p.m.

Taken at:

**3745 Community Park Loop, Suite 120
Anchorage, Alaska**

Trustees Present:

Mary Jane Michael, Chair
Anita Halterman
John Sturgeon
Ken McCarty
Chris Cooke
Laraine Derr
Verne' Boerner

Trust Staff Present:

Mike Abbott
Steve Williams
Miri Smith-Coolidge
Kelda Barstad
Luke Lind
Michael Baldwin
Carrie Predeger
Katie Baldwin-Johnson
Jimael Johnson
Valette Keller
Eric Boyer
Autumn Veal
Allison Biastock

Trust Land Office:

Wyn Menefee
Jusdi Doucet

Also participating:

Rhonda Boyles; Nona Safra.

PROCEEDINGS

CALL TO ORDER

CHAIR MICHAEL called the meeting to order and did a roll call. She went through the protocol of the meeting since it was teleconferenced. She reminded all that it was being recorded verbatim. She asked for any other announcements. There being none, she asked for a motion to approve the agenda.

MOTION: A motion to approve the agenda was made by TRUSTEE BOERNER; seconded by TRUSTEE STURGEON.

There being no objection, the MOTION was approved.

CHAIR MICHAEL asked for any ethics disclosures. There being none, she moved on to the agenda. She stated that the only item on the agenda is the COVID-19 response funding. She asked for the motion.

MOTION: A motion was made by TRUSTEE COOKE that the Board approve using \$1 million in FY20 Authority Grant Funds to establish a COVID-19 response grant program to assist organizations serving Trust beneficiaries to respond to the COVID-19 crisis. The Authority Grant Funds to create this grant program are outlined as described in the materials with the motion; seconded by TRUSTEE DERR.

CHAIR MICHAEL asked for an overview of the request.

MR. ABBOTT stated that staff has been thinking about how the Trust could support the beneficiaries during a challenging experience. Perhaps taking advantage of the Trust resources and putting them to work to minimize the disruption to the behavioral healthcare system in the state of Alaska. He continued that the recommendation is to make a budget-neutral amendment to the FY20 budget and take funds from four currently budgeted accounts and move them into a new budget allocation specifically designed to support Trust beneficiaries in response to COVID-19. He stated that the four program areas recommended are the FY20 emergency assistance funds; the FY20 pooled predevelopment fund; the FY20 supplemental dental grant fund; and a portion of the FY20 substance abuse prevention and treatment focus area funds. He explained that these funds are currently authorized in the FY20 budget, but are not expected to be spent down for a number of different reasons. He explained the reasoning behind using these four funds.

TRUSTEE COOKE stated that it is important to not only work with the partners and programs the Trust funds to preserve their viability, and to retain the workforce that serves the beneficiaries. He asked if there are any other funds that may be redeployed in response to the current emergency.

MR. ABBOTT replied that there still remains approximately \$500,000 of unallocated or unauthorized FY20 revenues that could be added if needed at a later date. He added that he believed this amount is enough for now.

TRUSTEE DERR stated that this million dollars is money that would ordinarily go forward into lapsed funds. She asked what this would do to the bottom line for the FY21 budget and how much would it reduce next year's budget.

MR. ABBOTT replied that the FY21 budget would not be affected unless the half million dollars of unallocated money was tapped into.

TRUSTEE BOERNER asked if the FY20 SAPT focus area fund is postponed will there be a need for that in FY21.

MR. ABBOTT replied that there is SAPT funding for that general purpose in the FY21 budget, and it is anticipated that there will be sufficient FY21 funding to cover that.

TRUSTEE HALTERMAN asked about how expended funds were used.

MR. ABBOTT replied that he did not have the list of grantees in front of him and would get that shortly. He stated that instead of processing grants for three quarters of a million dollars, grants for a little over a quarter of a million dollars were processed. He added that he would forward that list of grantees before the end of the afternoon.

TRUSTEE HALTERMAN stated that this reallocation may not impact FY21, but what about FY22.

MR. ABBOTT replied that he did not expect it to impact the ability to both maintain the current concentration on focus areas and a couple of other overarching priorities and still help beneficiaries get through COVID-19.

TRUSTEE McCARTY stated that the projection in the 2021 budget is having funds for all the different projects and asked if this will be put above that.

MR. ABBOTT replied, based on what is anticipated today, there will be support for the substance abuse treatment prevention needs that are being anticipated.

TRUSTEE STURGEON stated concern on spending this money because in business one of the first things to preserve is the cash so core responsibilities can be met. He added this could be discussed at a later meeting.

MR. ABBOTT replied that staff is prepared to give a more thorough conversation at the April Finance Committee meeting.

CHAIR MICHAEL asked to proceed with how these funds will be applied.

MR. ABBOTT stated that the plan developed to implement, if the trustees endorse the staff recommendation, would be to immediately begin contacting the different beneficiary-serving organizations that we worked with to begin to understand the scale and severity of the need, and to put in place an accelerated, streamlined granting process. He anticipated that the funding will go out in relatively small chunks. They will be designed to help agencies address issues related to maintaining service levels. He added that weekly updates on grant decisions from the funding

pot will be prepared, if approved.

TRUSTEE DERR asked for an example of who might not be receiving revenue, why they would not be, and why they are asking for funds.

TRUSTEE BOERNER stated, as an example, a number of providers have postponed or canceled appointments for folks if they are not essential. She continued that not having appointments impacts revenue and their ability to see the beneficiaries, and that impacts their cash-flows.

MS. BALDWIN-JOHNSON stated that with staff staying home and not providing direct service, the level of the clinical wrap-around services has declined. There are very specific concerns about a loss of Medicaid revenue because of the reduction of services and individual client contacts.

TRUSTEE HALTERMAN stated some observations on the fact that Medicaid just put out some guidance for providers that allow utilization of telehealth. She continued that what bothered her is the need to access for mental health services and there does not appear to be a contingency plan to allow people to receive or access these services in the event of an emergency. She would like to see some help working on that, developing some options moving forward. She talked about the \$1.25 billion coming to Alaska which should be used to provide relief for staffing concerns for businesses. Her fear is if there are no contingencies, that future business will not get back to business as usual.

MR. ABBOTT responded that, although for-profit providers are not a big part of the granted agencies, occasional grants are made to for-profits if there is satisfaction that the grant is necessary to serve beneficiaries and not simply advancing the profit of a business owner. He asked Deputy Commissioner Wall to answer the question regarding telehealth.

DEPUTY COMMISSIONER WALL appreciated the invitation to attend and talked about the precipitous times in the face of a pandemic. He stated that much of the United States is developing their response to this. He explained that organizations like the Department of Health and Social Services are trying to get to the next layer in how to address the pandemic. In order to do that, a couple of formal waivers from requirements in the Federal Government have been applied for. The internal guidance from the Department of how much is going to be applied is in the last stages of development. That explanation will be out shortly. He talked about some of the other efforts that need to happen. He added that there is a large packet of changes to regulations coming out in the next week in response to the state emergency. He explained that a cross-department work group was put together to get through the layers of effort.

CHAIR MICHAEL thanked the Deputy Commissioner for being there, and recognized Trustee McCarty.

TRUSTEE McCARTY asked if the waiver that is being submitted would be retroactive.

DEPUTY COMMISSIONER WALL replied that it is retroactive to the date that Secretary Azar declared the emergency.

TRUSTEE McCARTY asked if there was a formula for the Trust to be reimbursed.

DEPUTY COMMISSIONER WALL stated that funding will be available, and there is a tremendous amount of focus in funding becoming available on an individual response. The Federal Government has been very helpful.

TRUSTEE HALTERMAN reiterated her questions on the funding that is coming to Alaska and wanted assurances that the Trust would not be in a spot where funds cannot be recovered that may have been made available otherwise because the Trust acted too quickly. She asked for a concept and some understanding of what disruptions in supplies and services would be addressed with these grant funds. She added that, in the Governor's address, her understanding was that there were no supply-chain disruptions for Alaska. She would like to understand the difference.

MR. ABBOTT stated that he did not know whether there was a supply-chain disruption or not. He responded that partners that are working with their clients that did not need supplies, like personal protective equipment, now do need that. He added, that is what the Trust funding could help with. He stated that he agreed that grantees are also tracking other sources of funding. He continued that if a situation is identified where Trust funds are duplicative, then the funding would be reduced accordingly. In the potential conflict with Medicaid, the Trust funds are not going to be used to pay for services to beneficiaries. The funds are going to be used for organizational relief. They are not designed to be subsidizing or otherwise funding services that are otherwise reimbursable by or billable to Medicaid. He added that he did not believe that was a conflict at this time.

TRUSTEE BOERNER commented that the amounts for the agencies would be on average around \$25,000. It is not a big amount, but she wanted to be careful not to build in too much overhead and administrative burden because that would take away from the intent and getting more services out to the beneficiaries. She also pointed out that Alaska has a very high percentage of those above 400 percent of the Federal poverty level that have no insurance coverage. From the tribal perspective, when so many strings are attached, it may take away from the intended purpose of truly benefiting the beneficiaries.

MS. BOYLES stated that Trustee Boerner made some good points and she concurred. She continued that it is an obligation to take care of the beneficiaries, and in this difficult time we probably do not have a clue of what they are going through.

CHAIR MICHAEL moved to the motion and called a roll call vote.

After a roll call vote, the MOTION was passed unanimously: (Trustee Cooke, yes; Trustee McCarty, yes; Trustee Boerner, yes; Trustee Derr, yes; Trustee Halterman, yes; Trustee Sturgeon, yes; Trustee Michael, yes).

CHAIR MICHAEL asked for any other business to come before the board.

MR. ABBOTT thanked the trustees for coming together so quickly and for participating so thoughtfully. Staff appreciated the support for this recommendation, and they will do their best to make the Trust proud. He added that reports on this will begin in a week.

CHAIR MICHAEL thanked Mr. Abbott and staff for putting this all together, and the trustees for

being online.

MR. McCARTY asked Mr. Abbott how this information about this available resource will get out to Alaskan providers.

MR. ABBOTT replied that a variety of networks will be used: the Alaska Behavioral Health Association network; the Primary Care Association network; the Alaska Native Health Board network; the Trust network of past grantees, and others. He stated that he was confident that the word would get out, and that we will not lack for good, strong applications.

CHAIR MICHAEL asked for a motion to adjourn.

MOTION: A motion to adjourn the meeting was made by TRUSTEE HALTERMAN; seconded by TRUSTEE STURGEON.

There being no objection, the MOTION was approved.

(Special Full Board Meeting adjourned at 2:19 p.m.)

Current Trust Bylaws

1
2
3 ALASKA MENTAL HEALTH TRUST AUTHORITY
4 BYLAWS
5

6
7 ARTICLE I
8 NAME
9

10 The name of this organization is the Alaska Mental Health Trust Authority.
11

12
13 ARTICLE II
14 PURPOSE OF THE AUTHORITY
15

16 The Alaska Mental Health Trust Authority acts in the best interest of the beneficiaries
17 of the trust. It is accountable to:

- 18 (a) Provide for sound governance, fiduciary oversight and direction in achieving the
19 mission of the Trust Authority;
20 (b) Ensure an integrated, comprehensive mental health program for the State of Alaska
21 in partnership with Department of Health and Social Services (DHSS); and
22 (c) Preserve, protect, and grow the trust corpus and administer trust assets.
23
24

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

28 Section 1. Trust Authority board of trustees composition:

- 29 (a) The Trust Authority shall be governed by its board of trustees.
30 (b) The Trust Authority board of trustees, hereafter referred to as the board, consists of
31 seven members appointed by the governor in accordance with AS 47.30.016 and
32 confirmed by the legislature.
33

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

- 35 (a) The members of the board serve staggered five-year terms. A member shall continue
36 to serve until the member's successor is appointed and confirmed by the legislature.
37 (b) A vacancy occurring in the membership of the board shall be filled within 60 days by
38 appointment of the governor for the unexpired portion of the vacated term.
39 (c) The governor may remove a member of the board only for cause per AS 47.30.021.
40 (d) Except for a trustee who has served two consecutive five-year terms, a member of
41 the board may be reappointed. A member of the board who has served two
42 consecutive five-year terms is not eligible for reappointment to the board until one
43 year has intervened as per AS 47.30.021(d).
44
45

ARTICLE IV
BOARD OF TRUSTEE DUTIES

Section 1: The role of the board is to:

- (a) Set the vision for the organization;
- (b) Set policies for the organization, including adoption of regulations as appropriate under AS 47.30.031;
- (c) Adopt charters that define the role, authority, operating procedures, duties, and responsibilities of the board and standing committees; and
- (d) Approve contractual agreements with advisors as defined in statute and the settlement agreement, specifically Alaska Permanent Fund Corporation (APFC), Department of Natural Resources (DNR), and Statutory Advisory Boards.
- (e) Fulfill the duties listed in AS 37.14.007(b)(1)-(12).

Section 2: The board will conduct business in accordance with AS 47.30.036.

ARTICLE V
OFFICERS AND DUTIES

Section 1. The board, by a majority vote of its membership, shall annually elect a Chair, Vice Chair, and Secretary from its membership.

Section 2. The officers will be elected by a majority vote at the annual budget approval meeting, and officers' terms of office commence upon adjournment of that meeting. Officers' terms of office end effective at adjournment of the meeting in which new officers are elected.

Section 3. Officers may be re-elected to the office in which they serve by vote of the membership of the board as above. The board's intention is to allow board members the opportunity to serve in officer roles in support of ongoing board development. To that end, no member may serve more than 2 consecutive terms in the same office except as provided for by affirmative vote of 5 board members.

Section 4. If the office of the Chair becomes vacant, the Vice Chair succeeds to the office of the Chair and serves until an election held at the next board meeting. The newly elected Chair will serve until the next annual election.

Section 5. Except for the office of Chair, if an office of the board becomes vacant, an election shall be held to fill the vacancy at the next regular meeting following the vacancy. The officer will serve until the next annual election.

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

(a) Chair

- 1. Call all meetings. Preside at all meetings.
- 2. Appoint chairs of committees and committee members.

3. Serve as ex-officio (voting) member of all committees, but may not concurrently serve as board Chair and chair of any standing committee, with the exception of the Executive Committee.
4. Act as primary spokesperson for the board.
5. Act as one of the official spokespersons for the Trust Authority, together with the Chief Executive Officer (CEO), when requested by the Chief Communications Officer.

(b) Vice Chair

1. Assist the Chair in the discharge of his/her duties.
2. Perform the duties of the Chair in the absence or incapacity of the Chair.
3. Perform other duties as assigned by the board.

(c) Secretary

1. Assume duties of the Chair when Chair and Vice Chair are unavailable.
2. Perform other duties as assigned by the board.
3. Assure that the records of board proceedings are maintained in accordance with these bylaws and in accordance with AS 37.14.007(b)(2) and the Records Management Act (AS 40.21).

ARTICLE VI
MEETINGS

Section 1. The board will hold four regular meetings each fiscal year. Committees will meet as necessary to accomplish their responsibilities.

Section 2. Special or emergency meetings of the board may be held at such time and place as the Chair may order; or upon the written request to the Chair of any four trustees.

Section 3. Reasonable public notice of board and committee meetings shall be provided in accordance with AS 44.62.310. Meetings of the board and its committees are subject to the Open Meetings Act, AS 44.62.310 and 44.62.312.

Section 4. A quorum at all board meetings shall consist of four board members. A quorum at committee meetings is a majority of the committee's members.

Section 5. No member of the board may designate a proxy.

Section 6. The board will schedule at least one period for public comment during each regularly scheduled board meeting.

Section 7. Formal actions by the board are accomplished through adoption of motions.

ARTICLE VII
COMMITTEES OF THE BOARD

There will be five standing committees of the board. Standing committee chairs and members will be appointed by the Chair after polling the board regarding individual trustee's interest and ability to serve. A member may serve as chair of only one standing committee at any time except as a stand-in until the next regularly scheduled board meeting. Standing committees will have a minimum of 3 committee members. The board chair may designate ad hoc committees to accomplish special purposes. Persons other than board members may serve on the board's ad hoc committees; however, such persons may not be voting members of such committees, only appointed board members may vote on committee actions. Committee recommendations will be reported to the board for action at the next regular board meeting.

Section 1. The Executive Committee of the board is composed of three board officers, the Chair, the Vice Chair, and the Secretary. The Executive Committee will:

- (a) Ensure development of policies for governing the Trust Authority for approval by the board.
- (b) Oversee implementation of governance policies at the direction of and on behalf of the board in accordance with law and the committee charter adopted by the board.
- (c) The Executive Committee will meet only as needed.

Section 2. The Resource Management Committee will, in consultation with the CEO and Executive Director (ED) of the TLO:

- (a) Ensure development of policies for protecting, enhancing, and managing the trust's non-cash resources in the best interests of the beneficiaries for approval by the board.
- (b) Oversee implementation of plans at the direction of and on behalf of the board in accordance with law and the committee charter adopted by the board.

Section 3. The Program and Planning Committee will, in consultation with the CEO and Executive Director (ED) of Mental Health Policy and Programs.:

- (a) Ensure development of policies to meet needs and improve the circumstances of beneficiaries; and recommends to the board for approval.
- (b) Oversee implementation of plans at the direction of and on behalf of the board in accordance with Trust Authority statutes and regulations and the committee charter adopted by the board.

Section 4. The Finance Committee will, in consultation with the CEO and Chief Financial Officer (CFO):

- (a) Ensure development of policies for investment and fiscal management for approval by the board.
- (b) Oversee implementation of approved investment and fiscal management policies on behalf of the board in accordance with Trust Authority statutes and regulations and the committee charter adopted by the board.

- 1 Section 5. The Audit and Risk Committee will, in consultation with the CEO and CFO:
2 (a) Ensure development of policies for managing the annual audit process and
3 identifying and addressing organizational risk for approval by the board.
4 (b) Oversee implementation of approved audit and risk management policies on behalf
5 of the board in accordance with Trust Authority statutes and regulations and the
6 committee charter adopted by the board.

7
8
9 ARTICLE VIII
10 CHIEF EXECUTIVE OFFICER
11

12 Section 1. The board shall select and employ a Chief Executive Officer as provided by law.

13
14 Section 2. The Chief Executive Officer is responsible for day-to-day operations of the Trust
15 Authority including planning, organizing, coordinating, and directing all activities
16 necessary to enable the Trust Authority to exercise its powers and duties, and
17 fulfill the purpose of the Trust Authority. The CEO will operate and conduct the
18 business and affairs of the Trust Authority according to the statutes, regulations,
19 bylaws, policies, and charters adopted by the board. The CEO duties and
20 responsibilities shall be set forth in a CEO Job description to be adopted by the
21 board.

22
23 Section 3. The Chief Executive Officer shall oversee administration of the contract with the
24 Trust Land Office on behalf of the Trust Authority to ensure compliance with
25 AS 37.14.009(a)(2).
26

27
28 Section 4. The board will evaluate the Chief Executive Officer's performance annually in
29 writing. The board will define the process for conducting annual reviews and
30 include it in the Board Operations Manual.
31

32 Section 5. Termination of employment of the Chief Executive Officer is by majority vote of
33 the board.
34
35

36 ARTICLE IX
37 PARLIAMENTARY AUTHORITY
38

39 Unless otherwise provided by law or these bylaws, the board's procedures shall be
40 governed by Robert's Rules of Order Newly Revised. The Chair may appoint an appropriate
41 person to serve as parliamentarian.
42
43

44 ARTICLE X
45 ETHICS
46

47 Board members are required to comply with the Alaska Executive Branch Ethics Act
48 (AS 39.52) and AS 47.30.016(c)(2).

1
2
3 ARTICLE XI
4 AMENDMENT OF BYLAWS
5

6 These bylaws may be amended at any meeting of the board. Amendment of these
7 bylaws requires 5 affirmative votes of board members provided that written notice and
8 copies of the proposed amendment have been submitted to the members 30 days prior to
9 the meeting, or by unanimous vote without notice.
10

11
12 ARTICLE XII
13 DEFINITIONS
14

15 In these bylaws,
16

17 **The Alaska Mental Health Trust** means the sum of all assets owned by the Alaska
18 Mental Health Trust as established by the Alaska Mental Health Trust Enabling Act, P.L. 84-
19 830, 70 Stat. 709 (1956) and the Mental Health Settlement Agreement (June 10, 1994),
20 including cash and non-cash assets.
21

22 **The Alaska Mental Health Trust Authority (the Trust Authority)** means the entity
23 charged with administering the trust, as trustee, is governed by a seven-member board. (AS
24 37.14.007, AS 47.30.011, AS 47.30.016)
25

26 **The Trust Land Office (TLO)** means the unit of the Alaska Department of Natural
27 Resources that is charged with managing the trust's natural resources, land, and other fixed
28 assets. (AS 44.37.050)
29

30 **Regular Meeting** means a board meeting that is scheduled at the annual budget
31 meeting to occur during the succeeding year, provided that a regular meeting that is
32 rescheduled on reasonable notice to the public is still a regular board meeting.
33

34 **Special Meeting** means any board meeting other than a regular meeting, including
35 an emergency meeting.
36

37 **Emergency Meeting** means any board meeting conducted for the purpose of
38 addressing time sensitive matters that may not be capable of resolution within the statutory
39 or delegated authority of the Executive Committee or the CEO. If an emergency meeting is
40 conducted on less than the customary public notice, public notice shall be published as
41 soon as practicable. If the agenda of an emergency meeting is not available in advance, the
42 agenda will be published as soon as practicable after the emergency meeting.

Mary Jane Michael, Chair

Laraine Derr, Secretary

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



Update to the Alaska Mental Health Trust

May 2020

Mission



- The Advisory Board on Alcoholism and Drug Abuse (ABADA) and Alaska Mental Health Board (AMHB) are state agencies charged with planning and coordinating behavioral health services funded by the State of Alaska.
- The joint mission of AMHB and ABADA is to advocate for programs and services that promote healthy, independent, productive Alaskans.

Trustee Updates

- Organizational Updates
- COVID Response Efforts
- Board Priorities/Areas of Focus 2020
- Next Steps
- ABADA/AMHB Legislative Update
- Joint Advocacy Update




The Alaska Training Cooperative at the ABADA/AMHB Board Meeting. Anchorage, Alaska-February 2020



Organizational Updates

- ABADA/AMHB is fully staffed in the Juneau office.
- Staff and new Board member onboarding is ongoing.
- We are identifying needs and tracking resources for our constituents and providers during the COVID crisis.
- Staff and Board members are currently serving on or coordinating these statewide workgroups:
 - Alaska Alcohol Prevention Alliance
 - Alaska Early Childhood Coordinating Council
 - Alaska FASD Partnership
 - Alaska Psychiatric Institute Governing Board
 - Alaska Reentry & Justice Partnership
 - GCDSE Statewide 5-year FASD Planning Workgroup
 - PAL-PAK Advisory Committee
 - State Epidemiology Workgroup
 - Statewide Opioid Workgroup
 - TABI Advisory Council

COVID Response



Alaskans are feeling anxious, depressed and stressed as coronavirus unfolds. Alaskans know how to weather a storm by being prepared and asking for help when needed.

Call your doctor or local healthcare provider if you need medical attention, or if stress and anxiety are interfering with your daily activities for several days in a row.


Call and stay connected with your family, friends, and others in your community, especially elders and those with pre-existing mental health concerns.

Take care of yourself and each other, stay calm and know when and how to seek help.

We will weather this storm together.

ALASKANS LOOK OUT FOR EACH OTHER.

If you feel anxious, depressed, or need information about mental health resources, call the Alaska Careline at 1-877-266-HELP (4357).



Board Priorities/Areas of Focus- FY20

- Support initiatives to increase and enhance substance-use disorder and/or mental health (SUD/MH) treatment services in jails and prisons.
- Support provider engagement for the effective implementation of the 1115 Medicaid Wavier.
- Support new and developing initiatives for psychiatric crisis intervention and stabilization services.
- Support efforts to improve psychiatric patient care and employee safety at the Alaska Psychiatric Institute (API).



Public Comment at the ABADA/AMHB Board Meeting.
Kenai, Alaska-September 2019

Board Priorities/Areas of Focus- FY20

- Actively review, evaluate and comment on regulations and legislation that can impact Alaskans with SUD/MH concerns.
- Continue to coordinate with the Alaska Mental Health Trust, the Alaska Commission on Aging and the Governor's Council on Disabilities and Education on implementation of the integrated comprehensive mental health plan.
- Engage with the Administrative Services Organization to learn more about their role in evaluating the states' behavioral health system.
- Continue to support collecting and analyzing data for the Statewide Suicide Prevention Council.

Board Priorities/Areas of Focus- FY20

- Educate the Governor, Legislators and other policymakers on the needs of Alaskans with SUD/MH concerns.
- Work on research based outreach and educational efforts to reduce the stigma of living with SUD/MH concerns.
- Continue to support research based outreach and educational efforts on Adverse Childhood Experiences.
- Continue to support efforts to increase and improve housing and housing supports for Alaskans with SUD/MH concerns.

Board Priorities/Areas of Focus- FY20

- Continue to support efforts to increase supportive employment services.
- Support the work of the Statewide Suicide Prevention Council.
- Support statewide Reentry Coalitions and reentry supports for Alaskans with SUD/MH concerns.
- Continue to participate on statewide councils and workgroups.



Mayor Ethan Berkowitz at the ABADA/AMHB Board Meeting. Anchorage, Alaska-February 2020

Board Priorities/Areas of Focus- FY20

- Support new and developing initiatives for Peer Support throughout the behavioral health continuum, including the peer certification process.
- Work more closely with the Department of Corrections to help advocate for Alaskans in the criminal justice system who have SUD/MH concerns.
- Work more closely with the United States Armed Forces and Veterans Administration to help advocate for Alaskan service members and veterans who have SUD/MH concerns.
- Work more closely with the Tribal Health System to advocate for indigenous Alaskans/tribal citizens who have SUD/MH concerns.

Next Steps

- Engaging Board members, stakeholders, providers and constituents on understanding the impacts of COVID and the needs of Alaskans living with SUD/MH concerns.
- Gathering data and other information to support advocacy efforts for next legislative session and beyond.
- Finding new opportunities for AMHB/ABADA Board members to engage with Trustees.

ABADA /AMHB Legislative Updates

Bills We Are Tracking- Passed

- SB 120 – Administration of Psychotropic Medication (Sen. Giessel)
- SB 134 – Medicaid Coverage of Licensed Counselors (Sen. Wilson)
- SB 241 – COVID Emergency Response (Governor Dunleavy)
- HB 29 – Insurance Coverage for Telehealth (Rep. Spohnholz)

This list does not include everything being tracked, or is of interest/concern for the Boards.

Bills We Are Tracking-Not Passed

- SB 52 – Alcohol Beverage Control (Sen. Micciche)
- SB 209 – Identification Cards and Driver's Licenses Before Leaving Corrections (Sen. Kiehl)
- HB 175 – Alaska Psychiatric Institute (API) Management Board (Rep. Spohnholz)
- HB 303/SB 238 – Involuntary Commitment; Protective Custody (Gov. Dunleavy)

This list does not include everything being tracked, or is of interest/concern for the Boards.

Joint Advocacy and Legislative Updates

Teri Tibbett, Advocacy Coordinator



Questions? Comments?

Beverly Schoonover, Executive Director

431 North Franklin Street

Juneau, AK 99801

bev.schoonover@alaska.gov

907-465-5114

Thank You!

Governor's Council on Disabilities and Special Education

Governor's Council on Disabilities and Special Education



Kristin Vandagriff
Executive Director



Trustee Meeting Presentation
May 2020

GCDSE Mission, Composition, & Roles:

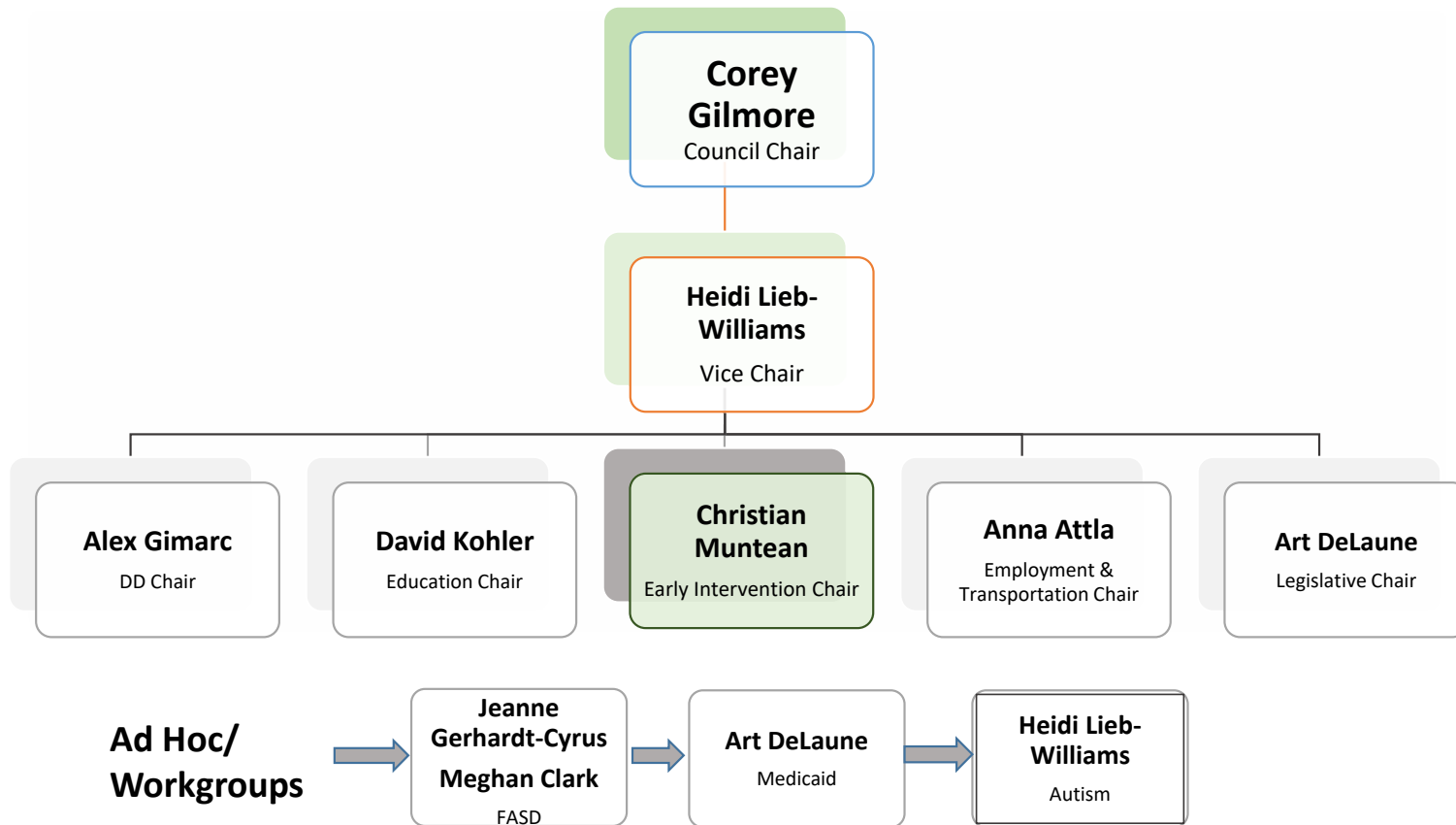
26 Council members appointed by the Governor

Mission: Creating change that improves the lives of Alaskans with disabilities

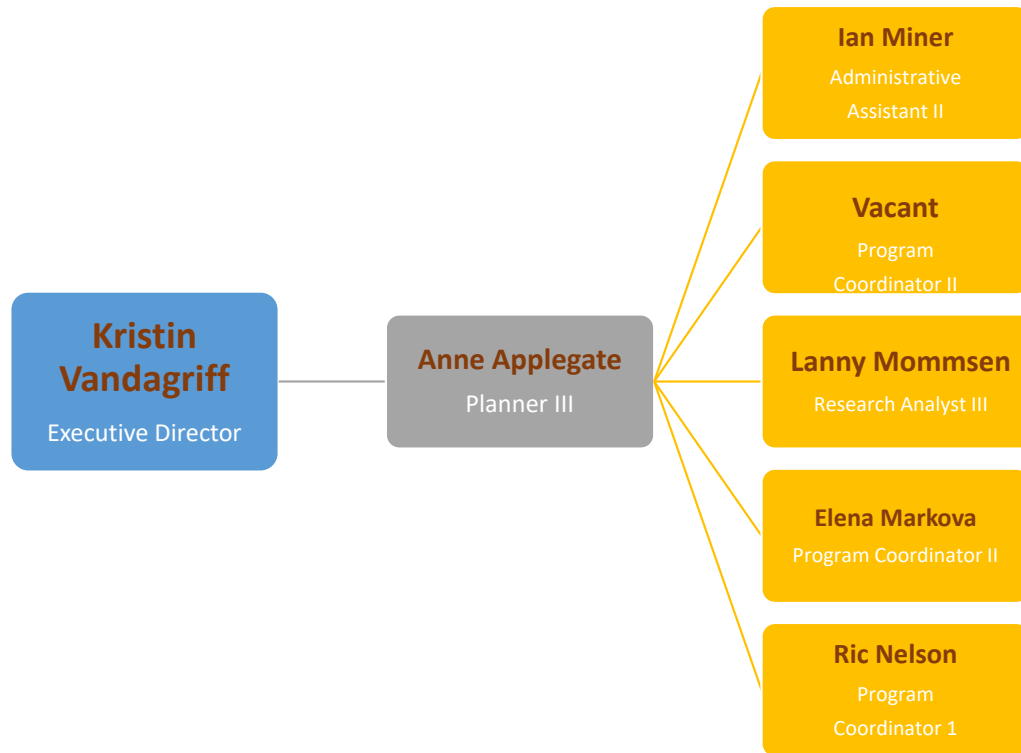
DD Shared Vision: Alaskans share a vision of a flexible system in which each person directs their own supports, based on their strengths and abilities, toward a meaningful life in their home, their job and their community. Our vision includes supported families, professional staff and services available throughout the state now and into the future.



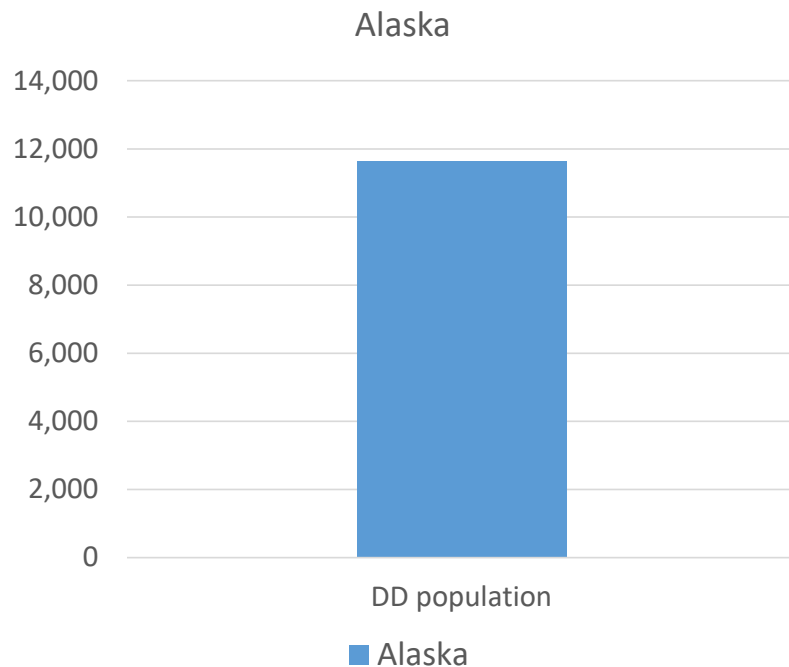
Council Member Leadership



Council Staff



Alaskans with Developmental Disabilities:



Data Context & Limitations:

- There is no Alaska-specific data for estimating the prevalence rate of individuals with developmental disabilities (DD) in Alaska.
- Since the unavailability of state-specific data on the prevalence of DD is a national issue, the estimate is based on the widely-used (and accepted) **national prevalence rate of 1.58%** cited in Larson et al (2001).
 - This prevalence rate is almost 20 years old and is being reviewed nationally.
- **The actual rate may be much higher** due to issues like FASD in Alaska being significantly underreported (but again, we don't have accurate Alaska specific data on FASD).
 - A newly published study found that FASDs may be as common as autism, affecting up to 1 in 20 children." (May, P.A., Chambers, C.D., Kalberg, W.O., Zellner, J., Feldman, H., Buckley, D., ... Jones, K.L., & Hoyme, H.E. (2018). Prevalence of Fetal Alcohol Spectrum Disorders in 4 US Communities. JAMA, 319(5):474–482.)



CDC's National Center on Birth Defects and Developmental Disabilities

Disability Impacts **ALL** of US



Each of us may experience a disability in our lifetime.

CDC's National Center on Birth Defects and Developmental Disabilities supports efforts to include adults with disabilities in disease prevention, health promotion, and emergency response activities, while working to remove barriers to health care and improve access to routine preventive services.

A Snapshot of Disability in Alaska*

This fact sheet provides an overview of disability in Alaska compared to national estimates. You can use this information to learn more about the percentages and characteristics of adults with disabilities in Alaska.



Disability Costs in **HEALTHCARE EXPENDITURES**



\$967 million per year**
in Alaska

Adults with Disabilities are more likely to*

Despite progress, adults with disabilities in Alaska and across the country continue to experience significant differences in health characteristics and behaviors compared to adults without disabilities.

be inactive

Adults with disabilities
Adults without disabilities

in the U.S.
42.2%
in the U.S.
24.3%

in Alaska
34.2%
in Alaska
20.6%

have high blood pressure

Adults with disabilities
Adults without disabilities

in the U.S.
41.9%
in the U.S.
25.9%

in Alaska
43.7%
in Alaska
29.0%

smoke

Adults with disabilities
Adults without disabilities

in the U.S.
27.8%
in the U.S.
13.4%

in Alaska
37.6%
in Alaska
16.8%

have obesity

Adults with disabilities
Adults without disabilities

in the U.S.
39.5%
in the U.S.
26.3%

in Alaska
40.1%
in Alaska
32.1%

Alaskans with Disabilities often fall into the higher risk population with respect to COVID-19.

MOBILITY: Serious difficulty walking or climbing stairs

COGNITION: Serious difficulty concentrating, remembering, or making decisions

INDEPENDENT LIVING: Difficulty doing errands alone, such as visiting a doctor's office or shopping

HEARING: Deafness or serious difficulty hearing

VISION: Blind or serious difficulty seeing, even when wearing glasses

SELF-CARE: Difficulty dressing or bathing

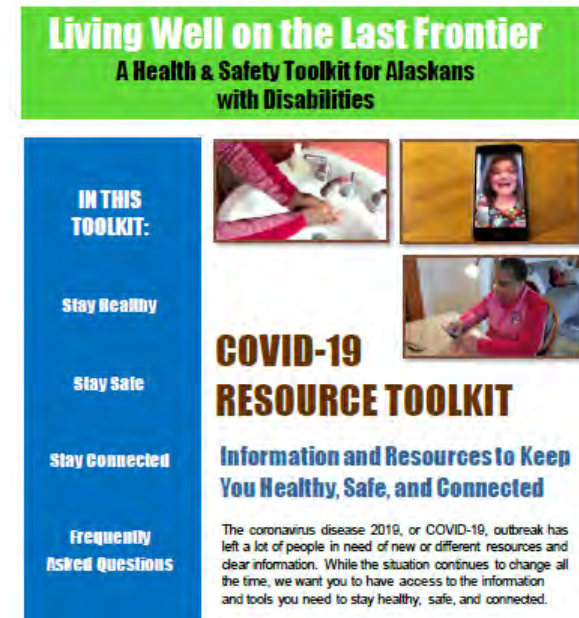
COVID-19 Response & Impact:



- Stakeholder concerns:
 - Care rationing
 - Senior and Disabilities Services issued Non-Discrimination Statement on April 24, 2020
 - Guardians as “essential visitors”
 - Mask requirement
- Recommendation letters:
 1. Flexibility of system to best meet needs – jointly with Alaska Association on Developmental Disabilities
 2. Concern over rationing care – jointly with the Trust and other partners
 3. Signed onto TASH care rationing concern national letter
- Council Emergency Plan developed
- Council Communications Plan developed

COVID-19 Response & Impact:

- Alaska specific COVID-19 toolkit for individuals with disabilities:
 - Developed as part of the Council's ACL Living Well federal grant (<http://dhss.alaska.gov/dsds/Documents/covid-19/Alaska-COVID-19-Toolkit.pdf>)
- Council Research Analyst (funded by Trust):
 - Attends weekly COVID-19 statewide meetings (bringing in the perspective of Alaskans with disabilities)
 - Leads the Alaska Disability Advisory Group (ADAG) on Emergency Preparedness
 - Reviewing local, state, federal guidance including mandates and press conferences
 - Robust resource dissemination (social media, email listserv, website)



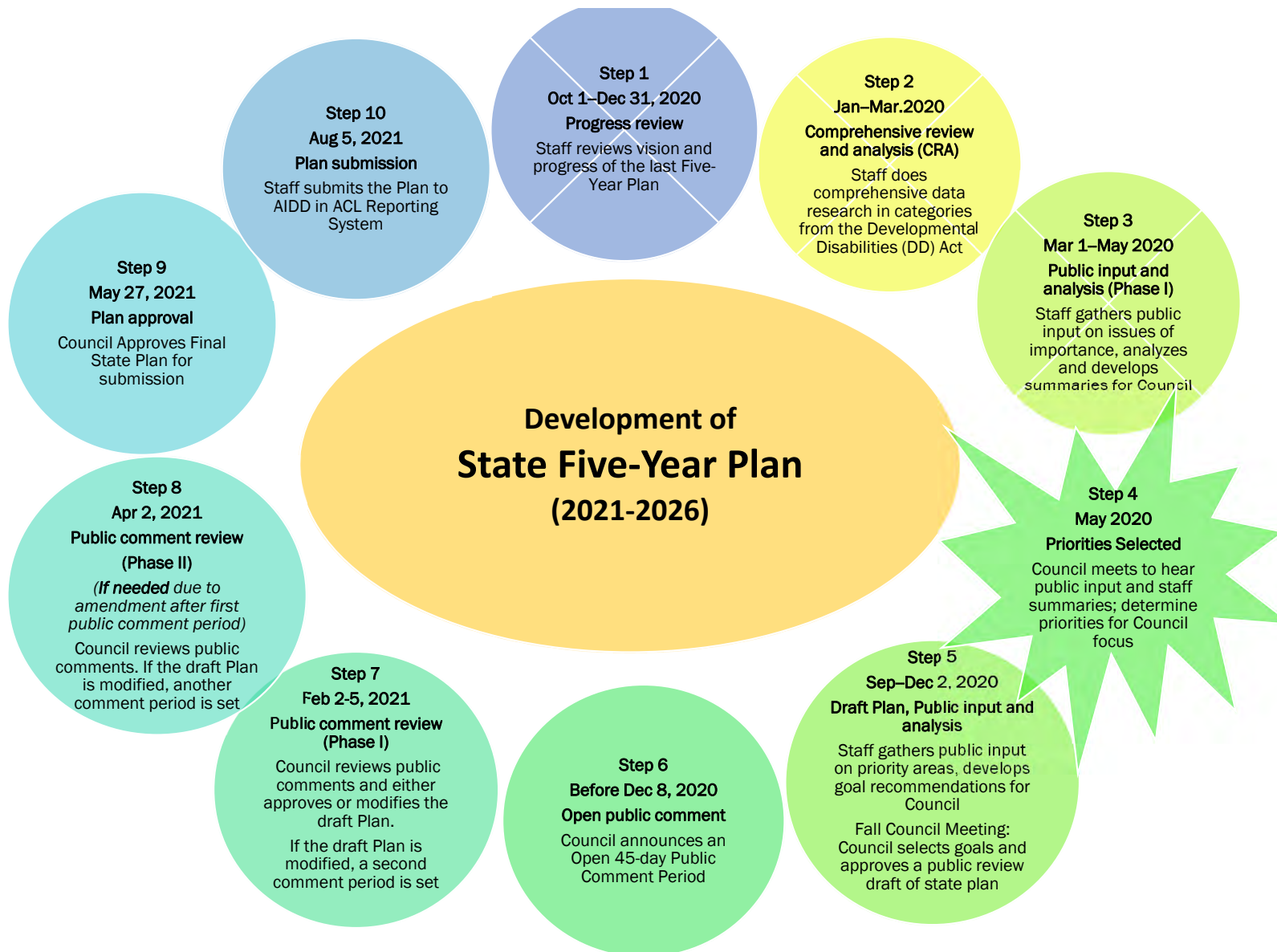
GCDSE State 5-Year Plan Development:



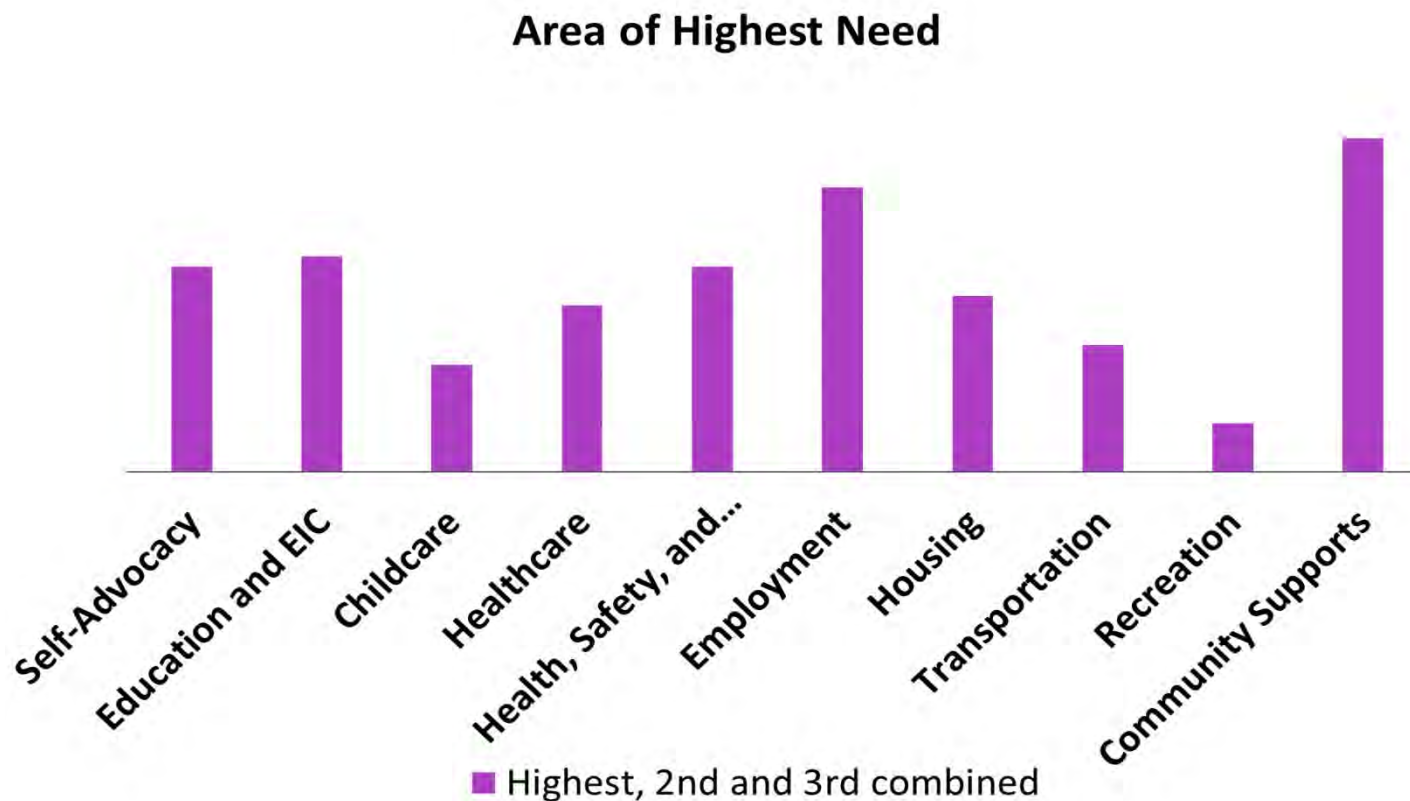
Current GCDSE State 5-Year Plan
(2016-2021)

http://dhss.alaska.gov/gcdse/Documents/Publications/StatePlan/2016-2021_StatePlan.pdf





GCDSE State 5-Year Plan Community Forums:



Community forums which gather stakeholder feedback on areas of highest need have been adjusted to fully online ZOOM format.

Forums continue over summer and fall 2020.

Survey option to provide feedback:
<https://www.surveymonkey.com/r/PKK5P9R>

TABI Advisory Group Update:

- May 2019, Council voted to allow TABI to be a workgroup, requiring review in May 2020 for appropriateness of the fit.
- Appropriate fit concerns were noted by Council members; additional research was conducted by staff.
- Partners meeting held April 2020.
- May 2020, determination made by TABI that this group would move under the UAA Center for Human Development and discuss it's long term home as part of its state plan which is under development.



Legislative Highlight:

SB 215: Achieving a Better Life Experience (ABLE) Act

- One hearing held (Senate Labor & Commerce Committee)
- Brings state ABLE statute closer to federal authorizing statute
- Allows for college 529 savings account rollover into an ABLE account
- Moves program administration from the Department of Revenue to the Department of Health and Social Services
 - DHSS Finance and Management Services Division, if transferred, would oversee all the financial management and investment aspects of administering the Alaska ABLE program
- Notes Council to consult with administering department (marketing/outreach)

To learn more about Alaska's ABLE Program, visit:

<https://savewithable.com/ak/home.html>



Trust Beneficiary Employment & Engagement Technical Assistance Efforts:

- COVID-19 Employment Taskforce
- Alaska Works Taskforce exploration (to implement Employment First)
 - Employment First = competitive & integrated employment
- Collaborative Employer Engagement efforts
 - Lead Business Employment Services Team (BEST) working with Department of Labor
- Developing new smaller employment resource with partners
 - Using facets of current transition handbook: <http://dhss.alaska.gov/gcdse/Documents/TransitionsHandbook.pdf>
- Exploring Virtual Transition Fair with partners (Summer 2020)
- Support Alaska's Project SEARCH sites (Anchorage, Fairbanks, & Mat-Su)
- Presented nationally before Western Governor's Association on Reimagining Employment in the Rural West

Questions?



Kristin Vandagriff

Executive Director

550 W 7th Ave, Suite 1230

Anchorage, AK 99507

907-269-8990

kristin.vandagriff@alaska.gov

Alaska Commission on Aging

The background of the slide is a black and white photograph of a tree trunk, showing the rough, textured bark. A bright green diagonal band runs from the bottom left towards the top right, partially obscuring the tree bark. The title text is centered within this green band.

Alaska Commission on Aging Presentation to the Alaska Mental Health Trust Authority

May 21, 2020
By Emily Palmer,
Executive Director

Presentation Overview

- Overview of the Commission on Aging
- Data on Seniors
- COVID-19 impacts
- Legislative bills and budget



Commission on Aging (ACoA) - background

- Mission: To ensure the dignity and independence of all older Alaskans, and to assist them to lead useful and meaningful lives through planning, advocacy, education, and interagency cooperation.
- ACoA consists of 11 commissioners and two staff members
- Represent Alaskans that are 60 and older

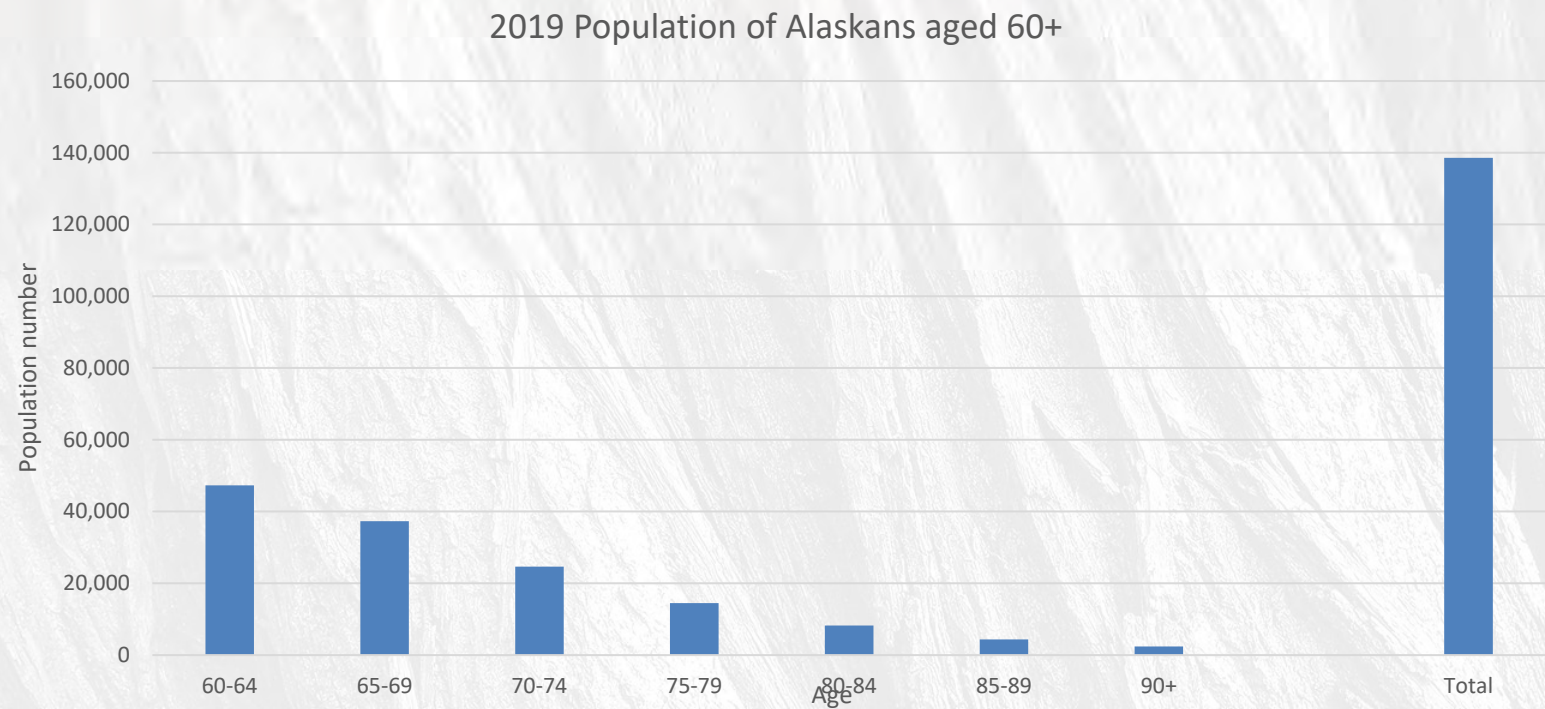
ACoA - Background

ACoA Mandates:

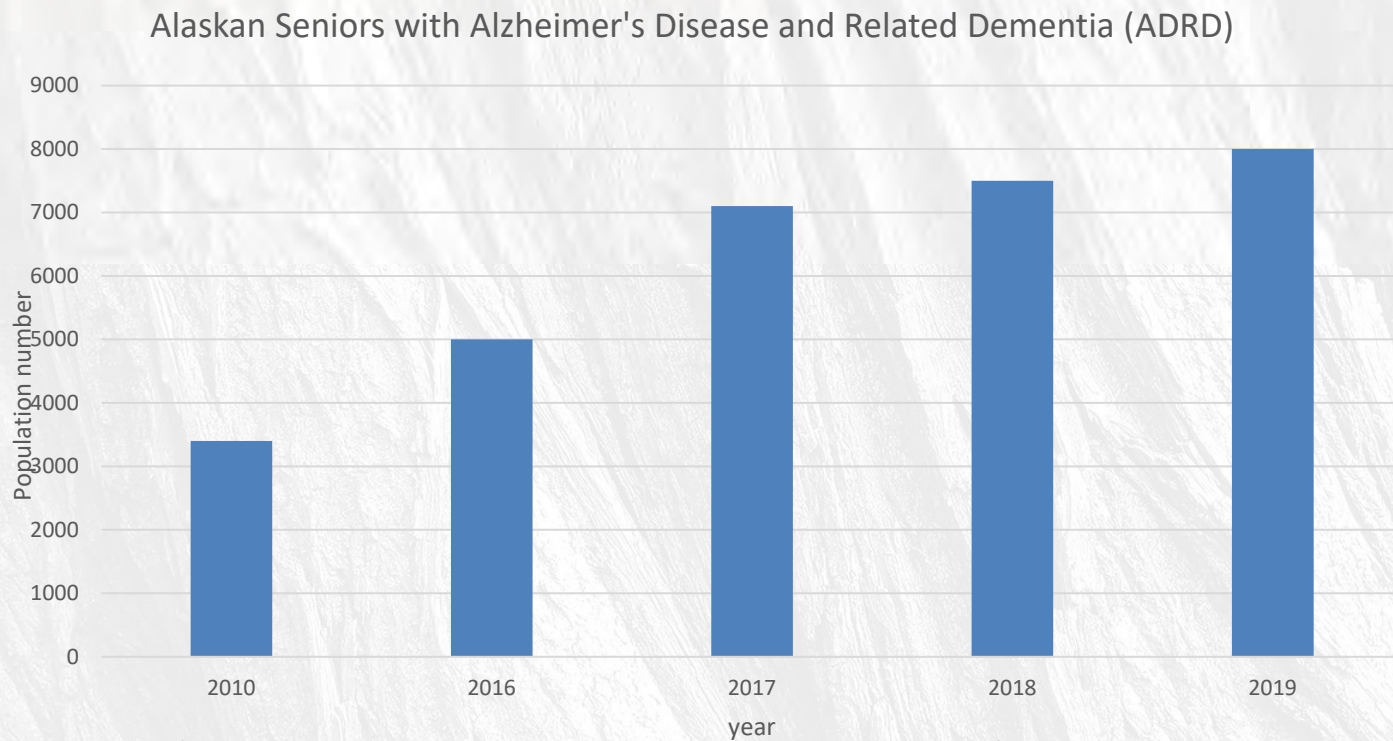
- Prepare and approve a comprehensive state plan for senior services and produce annual reports
- Make recommendations directly to the Governor and Legislature
- Provide recommendations to the Mental Health Trust Authority



ACoA - Data

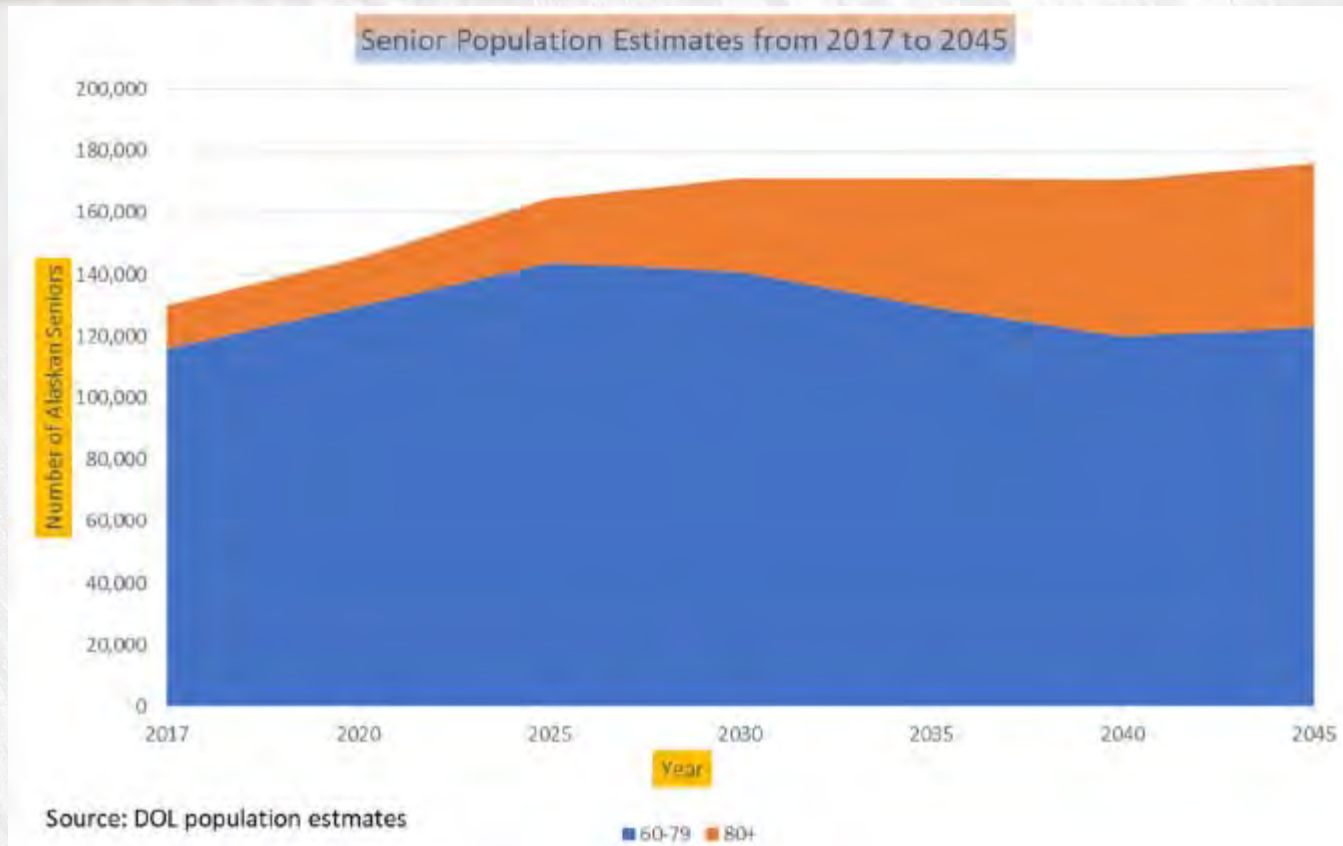


ACoA - Data



Source: ADRD information is based on national prevalence rates, an estimated 10% of Alaskans aged 65+ have ADRD.

ACoA - Data



ACoA - Data

Unpaid Care	Number of Caregivers (Alaska, 2019)	Hours of Unpaid Care (Alaska, 2019)	Value of Unpaid care (Alaska, 2019)	Higher Health Costs of Caregivers (U.S., 2019)
Caregivers of People with Alzheimer's or Other Dementias	33,000	38 million	\$479 million	33,000,000

Source: 2019 Alaska Alzheimer's Disease Facts and Figures.

ACoA - Data

Long Term Care: Senior Grant Services and Other Support

	FY2017	FY2018	FY2019
Senior grant services through Division of Senior & Disabilities Services	\$13,896,046	\$14,881,844	\$15,329,989
Senior grant services through Division of Senior & Disabilities Services - per client	\$581	\$570	\$265
Aging and Disability Resource Center (ADRC)	16,359	10,764	12,383
Personal care services, 60 years of age and older	3,179	2,626	3,178

Source: Senior and Disabilities Services

ACoA – COVID-19 Impacts

- Senior Centers
 - Congregate meals
 - Socialization programs
- Transportation
- Fraud

ACoA- Covid-19 activities

- Sponsored a state wide webinar
- Collaborating with Senior and Disabilities Services and Public Health to produce guidelines
- Collaboration with Senior and Disabilities Services to understand infrastructure needs to continue providing services to seniors
- Collaborating with Department of Labor to address job concerns

ACoA - Legislative bills and budget

- ACoA hosted 6 legislative teleconferences and tracked 29 bills
 - 6 of these bills were passed into law, including budget bills, telehealth bill, Medicaid coverage for licensed counselors, and Pioneer Homes rates
- Highlights:
 - HB 29 – Insurance coverage for telehealth
 - HB 96 – Pioneer Home and Veterans Home Rates



ACoA

Questions?

Finance Committee Report / Update

To: Chris Cooke, Chair
Through: Mike Abbott, Chief Executive Officer
From: Carol Howarth, Chief Financial Officer
Date: April 28, 2020
Re: Finance Committee Report

REQUESTED MOTION #1:

The Finance Committee recommends that the Alaska Mental Health Trust Authority board of trustees concur with the recommendation to approve the incremental building expenditures, totaling \$10,405,837 budgeted for the fiscal year 2021 to be paid by the property manager from rents and other income collected from the properties.

REQUESTED MOTION #2:

The Finance Committee recommends that the Trust Authority board of trustees approve funding the expenditures for the Non-Investment/Program Related Real Estate and REMP Real Estate – Trust Funded properties in the amount not to exceed \$53,032 for the fiscal year 2021 from the Central Facility Fund, which appropriation shall not lapse.

REQUESTED MOTION #3:

The Finance Committee recommends that the Trust Authority board of trustees instruct the CFO to transfer up to \$53,032 to the third-party property manager, as requested by the TLO, for capital improvements to the Non-Investment/Program Related Real Estate and REMP Real Estate – Trust Funded properties.

REQUESTED MOTION #4: Not Moved Forward

Evaluate refinancing of the TLO commercial real estate assets under an interest-only structure and alternatives. The evaluation should incorporate strategic factors including asset holding periods and select assets' near-term refinancing requirements.

Meeting Summary:

There has been one meeting of the Finance Committee since the last board report, occurring on April 22, 2020. The meeting was attended via the online WebEx platform by trustees Laraine Derr (chair), Vernè Boerner, Rhonda Boyles, Chris Cooke, Anita Halterman, Ken McCarty and John Sturgeon.

The April 22, 2020 Finance Committee addressed nine items:

Update on Mental Health Trust Fund and Reserves: Angela Rodell, CEO of the Alaska Permanent Fund Corporation (APFC) presented an overview of investment strategy of the APFC since first managing the Trust Fund, provided an overview of fund performance, and commented on recent market volatility and the importance of taking a “long view.” She discussed observations of the COVID-19 impact, providing anecdotal examples, such as of how changing work methods could create permanent shifts in industry segment performance.

Financial Dashboard and Revenue Update: The Committee reviewed the dashboard and asked questions and provided feedback to staff. It was noted Administrative costs were below plan, TLO revenues were strong through 3Q20, but Reserve funds were substantially down, and would close the year well below Plan. It was noted that the TADA Transfer Request approved in the January 2020 Finance Committee meeting was in transit to the Mental Health Trust Fund.

FY2021 Budget Update: Staff shared that the declines in investment returns in our APFC and DOR Reserve accounts will reduce the annual Payout. Staff shared that by May’s full board meeting, Staff should have more clarity on the expected performance of all Trust revenue sources and of the current market environment’s impact on future budgets. The Committee and Staff discussed the four-year averaging of revenues to smooth out year-over-year swings in value—both upward and downward—and the sustainability of using the 4.25% draw from that average for operational funding. Also discussed was the Board’s decision to maintain some unallocated revenue in the FY21 Plan, which provides additional buffer in the upcoming year.

TLO Commercial Real Estate Performance & Recommendations: Harvest Capital Partners presented its assessment of the TLO’s commercial real estate portfolio performance—overall and by property—concluding performance has exceeded the performance of real estate benchmarks and comparables. It also noted that the portfolio is performing above norm in the current Covid-19 market environment. It recommended refinancing the assets using an interest-only mortgage structure, and engaging a mortgage broker to market the portfolio to lenders. Advantages noted included lower interest rates (estimated 3.5% or lower), increased cash flow to the Trust (\$2.2MM per year over 8 years), greater financial flexibility (an ability to choose when to make principal payments).

COVID-19 Effects on FY21 Real Estate Cash Flows: TLO staff presented an overview on the impact that COVID-19 is expected to have on the cash flow generated by commercial real estate, and the methods it is using to manage potential rent abatement requests.

FY21 Real Estate and Program-Related Real Estate Facility Budgets: Staff discussed that in FY21 Commercial Real Estate and Program Related properties’ gross revenue is anticipated at \$11.8MM and operating, capital costs and debt service at \$10.4MM. The Committee reviewed and approved the TLO staff recommendations to fund \$10.4MM in building expenditures to be funded by the properties’ operating income. The Committee also discussed the TLO staff recommendation to fund \$53K from the Central Facility Fund (CFF) for maintenance and repair of the Trust Authority Building. Staff noted that \$15K is for capital expenditures and \$38K is to fund operational needs, as the building does not bring in sufficient rent from the 1st floor tenants to cover costs. After discussion about the purpose and sustainability of the CFF, the Committee approved the motion.

Real Estate Portfolio Refinance: The Committee informed Staff that a motion was not required to evaluate refinancing options for the commercial real estate assets. The Committee members shared issues and concerns for which they would like answers before further consideration. These included

market timing, an understanding of alternatives against the status quo, the need for reserves to address balloon payments. Trustees expressed views that formed a general consensus that having a professional assessment incorporating alternatives would help: better informing them such that they can make decisions that focus on enhancing returns for beneficiaries within the landscape the Trust operates.

Inflation Proofing Discussion: Because the Trust's reserve accounts declined to 250% of the annual payout and no longer exceeded the 400% target, this discussion was postponed until a later date.

Update on Investment Policy: Staff informed the Committee that the Trust and Trustees are in compliance with the Investment Policy, and outlined upcoming action dates. Staff informed the Committee that some clarification is needed for the CFF.

Finance Committee concluded at approximately 12:53pm. The next scheduled meeting of the Finance Committee is ***July 30 2020***.

Resource Management Committee Report / Update

Memorandum



To: Chris Cooke, Chair of the Board of Trustees
Through: Mike Abbott, Chief Executive Officer
From: Wyn Menefee, Executive Director
Date: April 27, 2020
Subject: April 22, 2020 – Resource Management Committee Meeting Summary

The Resource Management Committee met on April 22nd, 2020, received an update of key TLO activities from the Executive Director Report, and received one (1) consultation presented by TLO staff. The Resource Management Committee concurred with the consultation requiring full board of trustees' approval:

Board Action Required: *The following proposed actions requiring full board of trustees' approval were recommended to the full board of trustees at the April 22, 2019 RMC Meeting:*

1. Consultation Item A – L Street Disposal - Anchorage

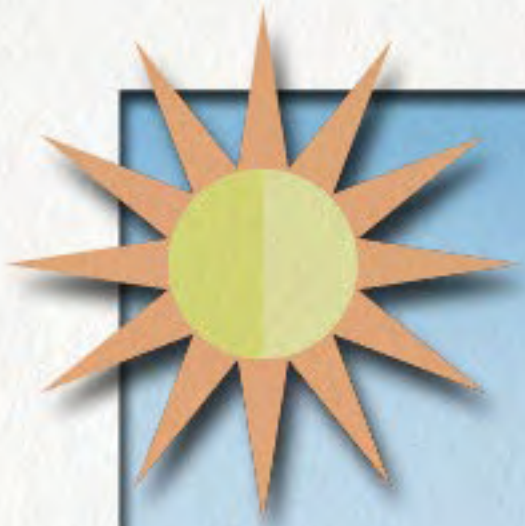
Motion Adopted: *“The Alaska Mental Health Trust Authority board of trustees concurs with Resource Management Committee and the Trust Land Office (TLO) recommendation for the Executive Director to negotiate a disposal through lease or sale of all or part of Trust Parcels S1005 and S82631 and the subsequent execution by the TLO of the documents necessary to facilitate the transaction and development.”*

Anticipated Revenues/Benefits:

Under this proposal, the Executive Director would have discretion to configure a disposal of part or all of the parcels at fair market value or above under sale or lease. Total revenue is dependent on the term and size of any disposal, including any tenant improvement allowances or enhancements necessary to market or lease the parcels. By approving this motion, the Executive Director will be able to negotiate and execute the transaction(s) in a more commercially expedient manner than waiting to consult for a specific transaction. It is the goal of this consultation to make the board aware of pending opportunities that could require this type of expedience to be recognized. The two primary revenue generating options available are ground leasing and sale. The TLO will analyze whether to advance with leasing over sales based on the expected returns over time balanced with the future costs of administration with an eye on maximizing long term revenues.

cc: Board of Trustees
Mike Abbott, CEO Alaska Mental Health Trust Authority
Wyn Menefee, Executive Director, Trust Land Office

Communications Update



Communications Update

Board of Trustees

May 21, 2020



Trust
Alaska Mental Health
Trust Authority

Overview

- Trust Communication Goals
- Communications Tools
- Trust Media Campaigns
- 25th Anniversary
- Looking Ahead



Communications Goals

- Goal 1: Reduce stigma related to trust beneficiaries
- Goal 2: Increase understanding and positively impact perceptions of the Trust, the Trust's mission and TLO activities
- Goal 3: The Trust as catalyst for change: Increase awareness of issues critical to beneficiaries

Communication Tools: Earned Media



- Press releases
 - Grants/funding directives
 - TLO activities
 - Staff/Trustee announcements
- Targeted media outreach
- Trust comment



The screenshot shows a news article on the webcenter11.com website. The header is red with the logo 'webcenter11.com'. Below the header is a navigation bar with links for News, Weather, Open for Business, Elections, and Livestream. The article title is 'Fairbanks non-profits receive financial help in fighting homelessness'. Below the title is a video player showing a sign that reads 'RESCUE MISSION FAIRBANKS ALASKA'. The article is by Alex Bengel, posted on May 04, 2020, and updated on May 05, 2020. Social media sharing icons for Facebook, Twitter, LinkedIn, and Email are visible. The article text states that the Alaska Mental Health Trust Authority (AMHTA) has awarded grant money to three Fairbanks nonprofits to help combat homelessness.

webcenter11.com

News Weather Open for Business Elections Livestream

Home / Community / Article

Fairbanks non-profits receive financial help in fighting homelessness

Housing

By Alex Bengel | Posted: Mon 4:59 PM, May 04, 2020 | Updated: Tue 6:46 PM, May 05, 2020

f t in e

FAIRBANKS, Alaska (KTUV) The Alaska Mental Health Trust Authority (AMHTA) has awarded grant money to three Fairbanks nonprofits to help combat homelessness.

Media Mentions



Anomaly: warming temperature story

Constantine exploration, support bid & state budget article

Support sale

Land sale begins

Alaska mining story/Icy Cape

Release of updated Cost of Substance Misuse Reports

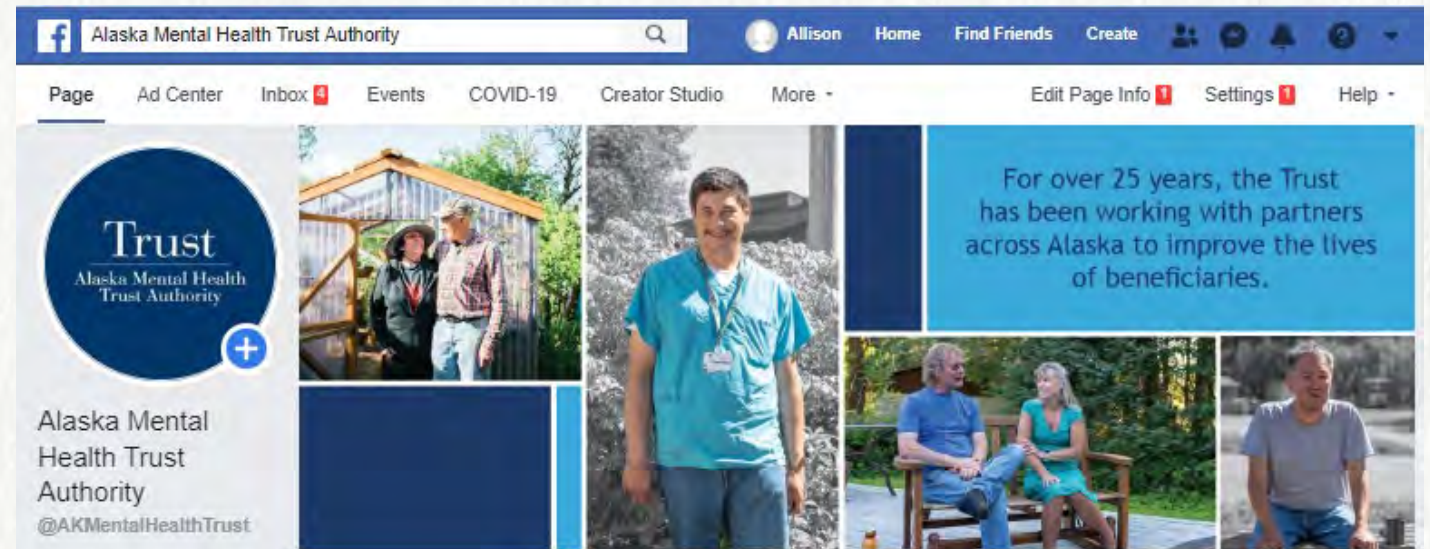


Communication Tool: Social Media



Facebook

- Trust: 5,400 followers (38% increase)
- TLO Land Sales: 1,200 Followers (20% increase)
- Facebook posts are both planned and responsive
- Post engagement rates higher than average



Facebook: Trust

Informational posts

- Awareness events
- Grant information
- Workshops/trainings
- Press releases
- Our sharing others' posts
- Information about the Trust

Article/video posts

- Trust earned media
- Beneficiary media

Community Outreach posts

- Beneficiary photos and quotes

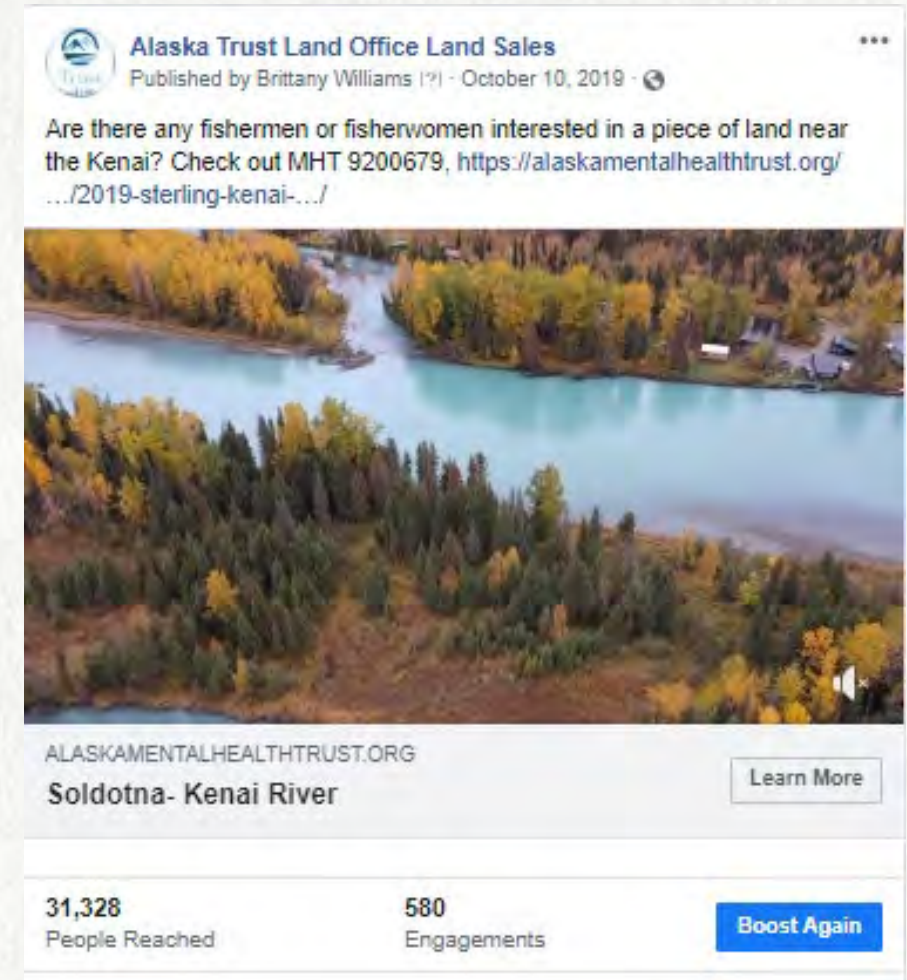


Facebook: TLO Land Sales

Posts information regarding the annual land sale

- Regular highlights of specific parcels
- Notifications re: process/deadlines
- New this year: drone videos and boosted posts

Posts also share information regarding OTC land sales, and TLO participation in sports shows and other events.

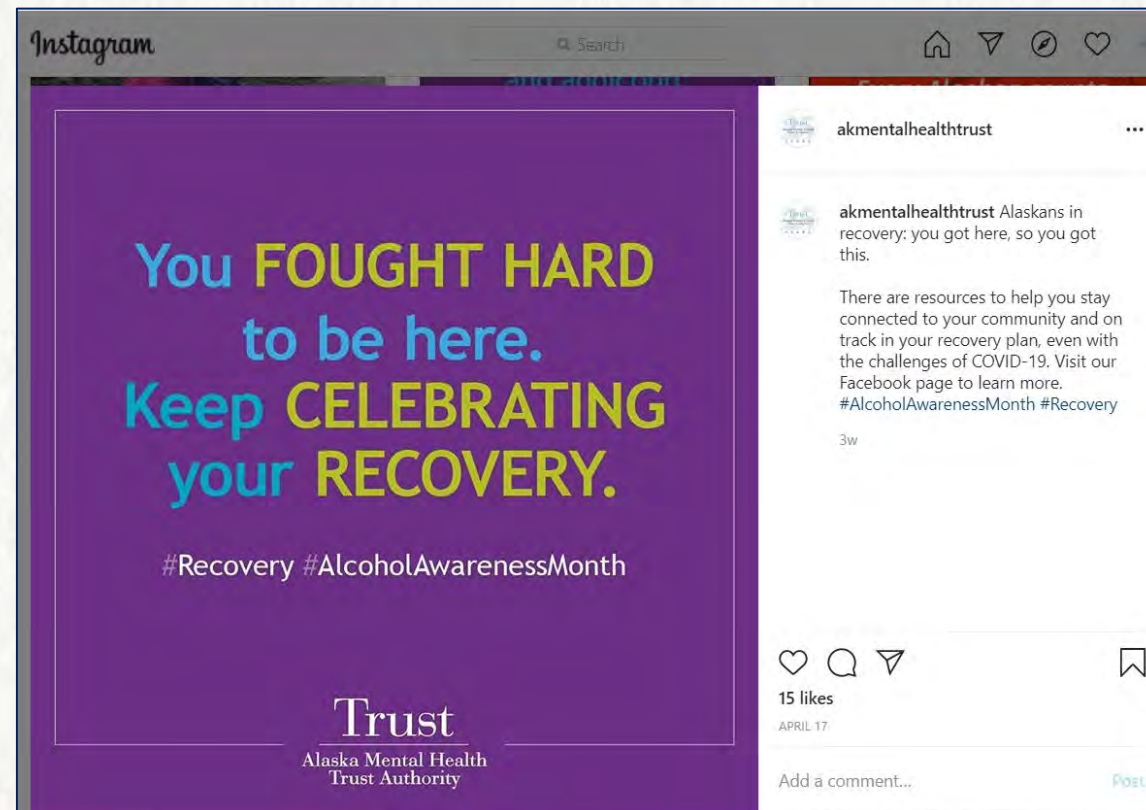
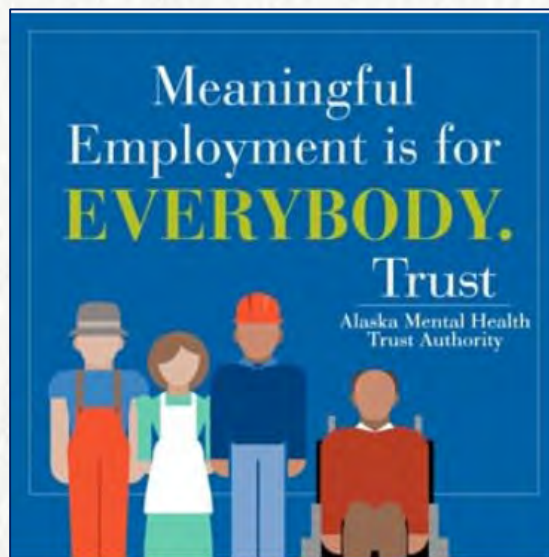




Trust Instagram

Instagram - new in 2018

- 528 followers (115% increase)
- Leverage Facebook content



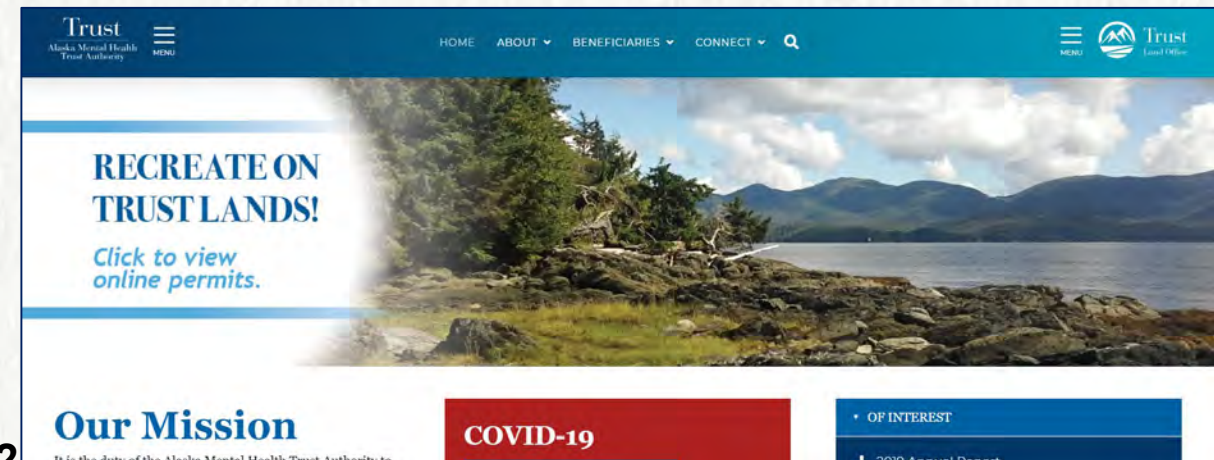
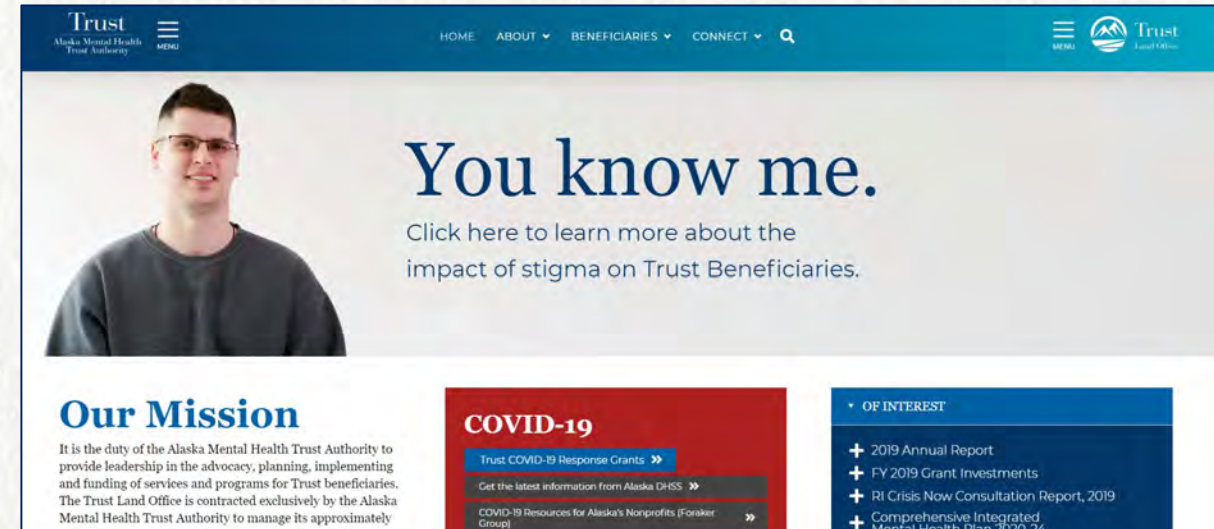
Communication Tool: Webpage

Joint Trust/TLO site launched in 2018

- Analytics

New:

- COVID links
- General Permit page
- Comp Plan
- Stigma campaign



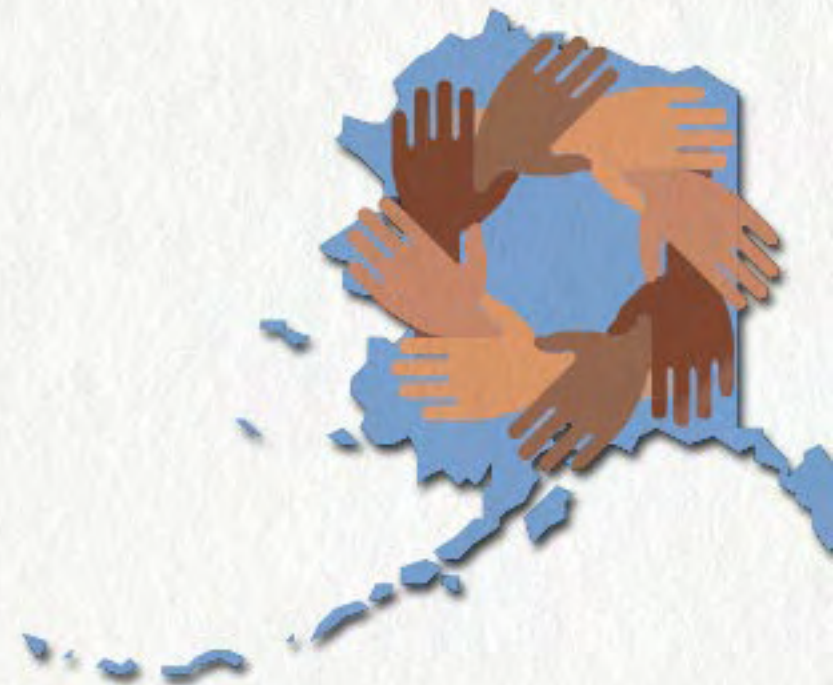
Communication Tools: Reports

- Annual Report
- Grant Investment Report
- Quarterly Grant reports
- Other



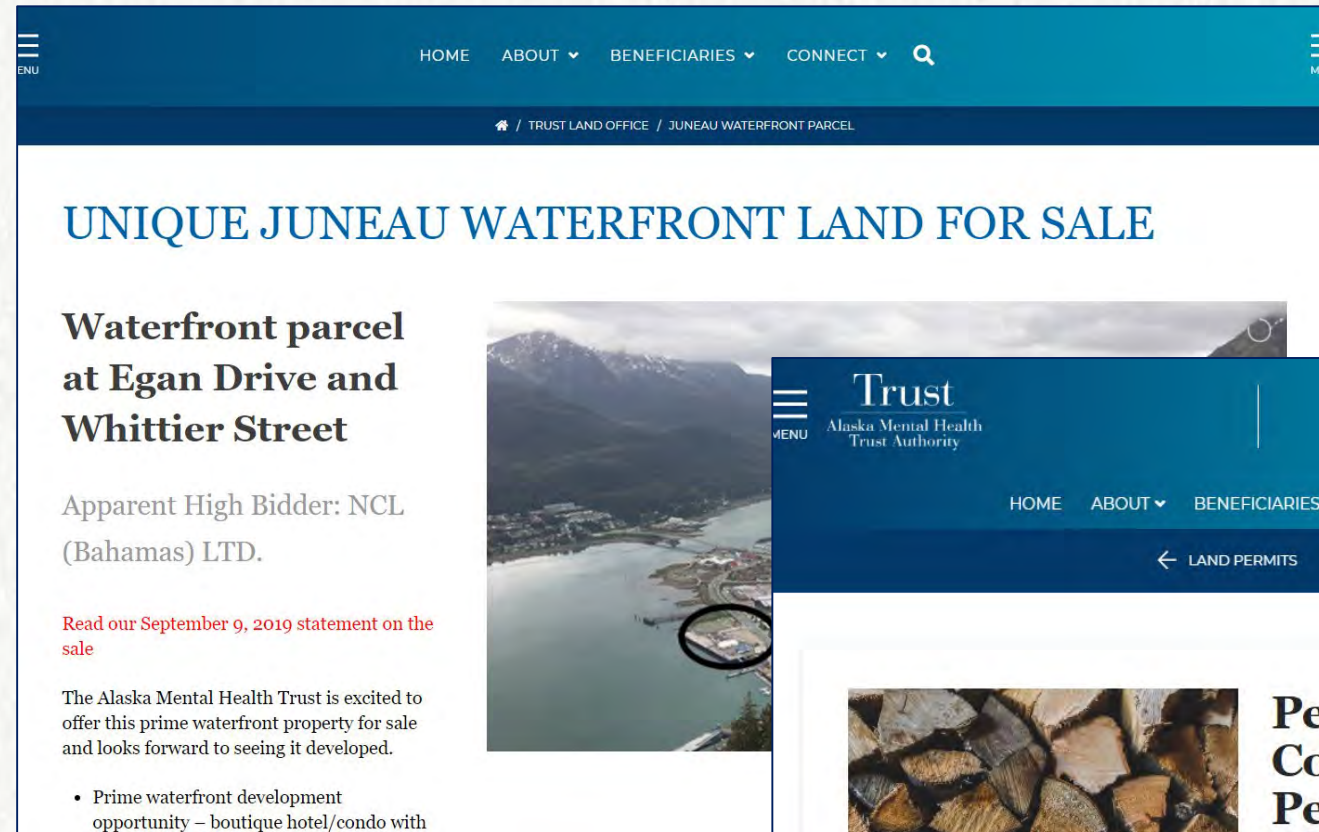
Other Communication Tools

- Presentations
- Visibility at sponsored events/conferences
- Print materials
- Joint press releases/efforts with partners



TLO Communications

- Parcel marketing
- Graphic support
- Web support



UNIQUE JUNEAU WATERFRONT LAND FOR SALE

Waterfront parcel at Egan Drive and Whittier Street

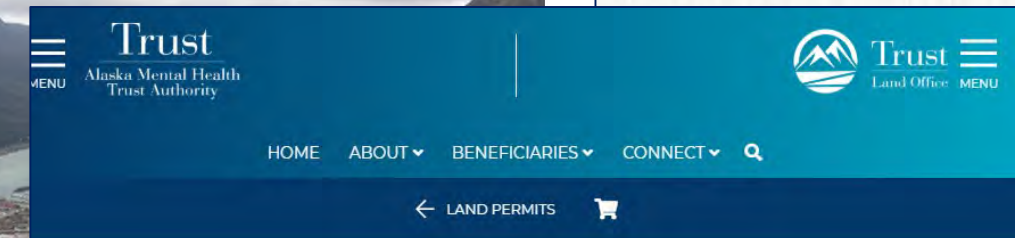
Apparent High Bidder: NCL (Bahamas) LTD.

[Read our September 9, 2019 statement on the sale](#)

The Alaska Mental Health Trust is excited to offer this prime waterfront property for sale and looks forward to seeing it developed.

- Prime waterfront development opportunity – boutique hotel/condo with

The screenshot shows a webpage for the Alaska Mental Health Trust. The header is dark blue with white text for navigation: HOME, ABOUT, BENEFICIARIES, CONNECT, and a search icon. Below the header is a breadcrumb trail: / TRUST LAND OFFICE / JUNEAU WATERFRONT PARCEL. The main content area has a large title 'UNIQUE JUNEAU WATERFRONT LAND FOR SALE' and a sub-header 'Waterfront parcel at Egan Drive and Whittier Street'. It mentions 'Apparent High Bidder: NCL (Bahamas) LTD.' and provides a link to 'Read our September 9, 2019 statement on the sale'. A paragraph states the trust is excited to offer this prime waterfront property for sale. A bullet point lists 'Prime waterfront development opportunity – boutique hotel/condo with'. To the right of the text is a large image of a waterfront parcel with mountains in the background. A small circle is drawn on the image, highlighting a specific area. The bottom of the screenshot shows a dark blue footer with the 'Trust Alaska Mental Health Trust Authority' logo and navigation links: HOME, ABOUT, BENEFICIARIES, CONNECT, and a search icon. There is also a 'LAND PERMITS' link and a shopping cart icon.

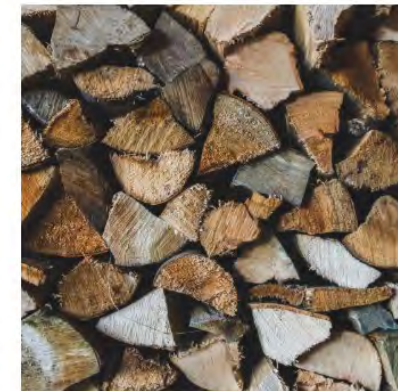


Trust
Alaska Mental Health
Trust Authority

HOME ABOUT BENEFICIARIES CONNECT

← LAND PERMITS

The screenshot shows a webpage for the Trust Alaska Mental Health Trust Authority. The header is dark blue with white text for navigation: HOME, ABOUT, BENEFICIARIES, CONNECT, and a search icon. Below the header is a dark blue bar with a 'LAND PERMITS' link and a shopping cart icon. The main content area has a large title 'Permit – Non-Commercial Personal Firewood Harvest' and a price '\$30.00'. To the left of the text is a large image of stacked firewood. Below the title and price is a paragraph stating the permit is for the harvesting of up to 10 cords of dead trees or beetle kill spruce for personal use only. The permit is good for one full year from the start date of your choice. A link to 'please review Terms & Conditions below' is provided. The bottom of the screenshot shows a dark blue footer with the 'Trust Alaska Mental Health Trust Authority' logo and navigation links: HOME, ABOUT, BENEFICIARIES, CONNECT, and a search icon. There is also a 'LAND PERMITS' link and a shopping cart icon.



Permit – Non-Commercial Personal Firewood Harvest

\$30.00

A permit for the harvesting of up to 10 cords of dead trees or beetle kill spruce for personal use only. Permit is good for one full year from the start date of your choice (please review Terms & Conditions below)

Coordinated Communications

Work with Trust Advisory Boards

- Joint Advocacy Efforts
 - Support beneficiary participation in the policy actions that impact them
 - Joint priority development
 - Legislative session activities
- “Cross-pollination”



COVID-19 Response

- Dedicated space on website
- Amplify partner resources
 - Partner news
 - Social media
- COVID-19 Grants



COVID-19

ALASKA MENTAL HEALTH TRUST AUTHORITY / GRANTS / COVID-19 RESPONSE GRANT PROGRAM

COVID-19 Response Grant Program



Media Campaign: Stigma

- Research indicates significant stigma attached to beneficiaries
- Positively changing perceptions and attitudes is key to breaking down stigma
- Target audience
- Multi-media
- Designated webpage

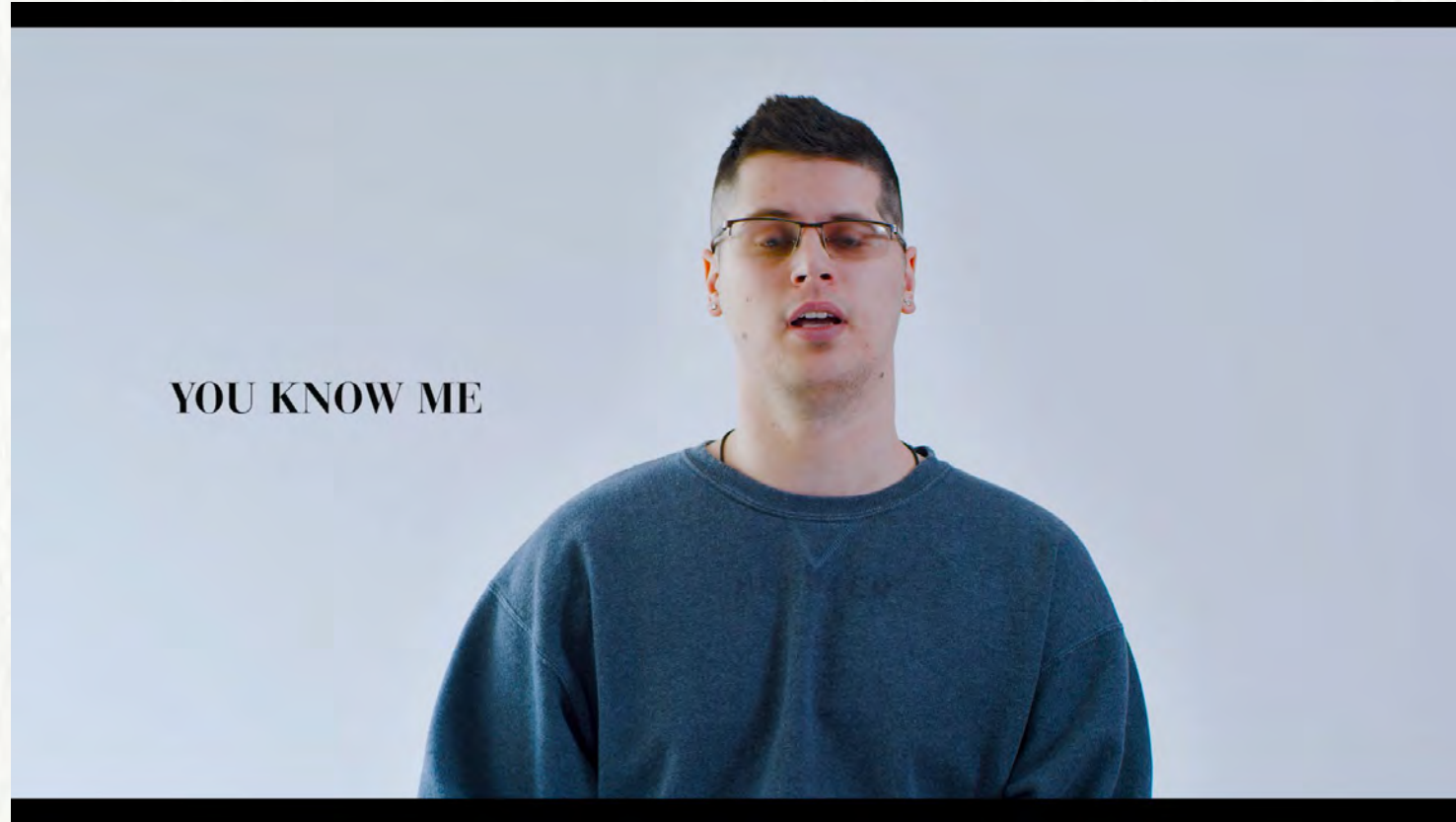
Learn more about STIGMA
and how to combat it.

Trust

Alaska Mental Health
Trust Authority



“Beneficiary” spot



You can view this video on our webpage:
alaskamentalthtrust.org/what-is-stigma

Media Campaign: Stigma

July 2019 – April 2020

Statewide

- Broadcast TV
- Cable TV
- Digital
- Social



Media Campaign: Southeast AK

- Target audience
- Message connects Trust program support and revenue generation on Trust lands
- Beneficiary focused
- Partners: JAHMI, Community Connections, SAIL

Mike



Trust lands help fund local programs for local beneficiaries.

Mike is a Trust beneficiary who has struggled with addiction and homelessness. Through JAHMI Health & Wellness, he has been helped by the community's Housing First program to secure a place to call his own. Mike has benefited from other programs involving hiking, photography, and meditation that have helped him engage and volunteer with the community.

The mission of the Trust is to improve the lives of its beneficiaries. The Trust funds projects and programs and works with partners to promote long-term systematic improvements to Alaska's continuum of care. The Trust Land Office helps generate these funds through revenue from permitting, leasing, selling and developing Trust land and resources.

Trust beneficiaries are Alaskans who experience mental illness, developmental disabilities, substance related disorders, Alzheimer's disease and related dementia, and traumatic brain injury.

To learn more about how the Trust supports Alaskans, visit
alaskamentalhealthtrust.org.

Trust
Alaska Mental Health
Trust Authority



Media Campaign: Southeast AK

August 2019 - April 2020

Multi-media campaign

- Print
- Radio
- Digital
- Paid social

Radio spot: Jon



Lizzie

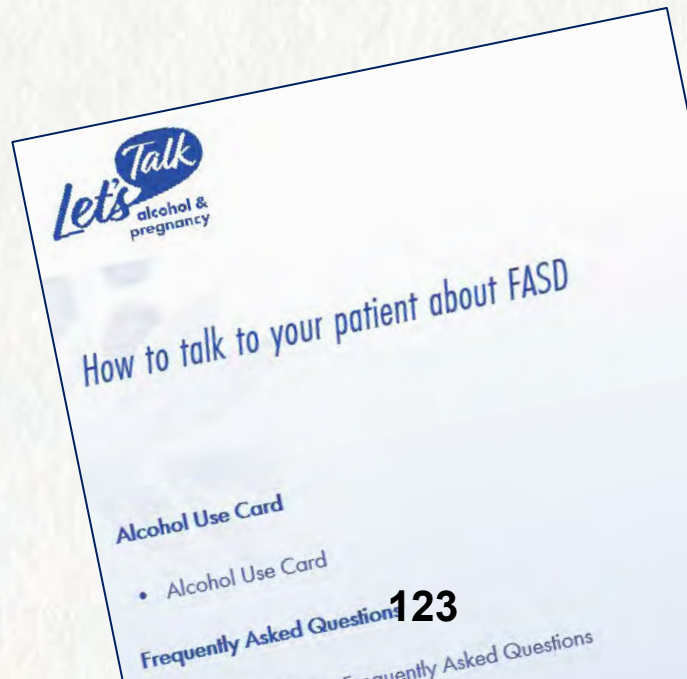


Jon



FASD Prevention Campaign

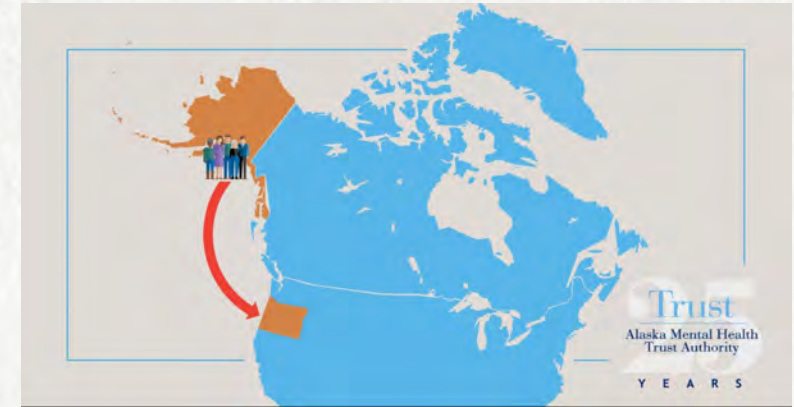
- Funding from the State, administered by the Trust
- \$50,000 - Focus on healthcare providers
 - Goal: *To educate providers and equip them with the tools they need to incorporate alcohol screening and reproductive health into their general wellness discussion and raise awareness around FASDs.*
- Materials developed in coordination with providers
 - Toolkit
 - Educational videos
 - Website library





25th Anniversary

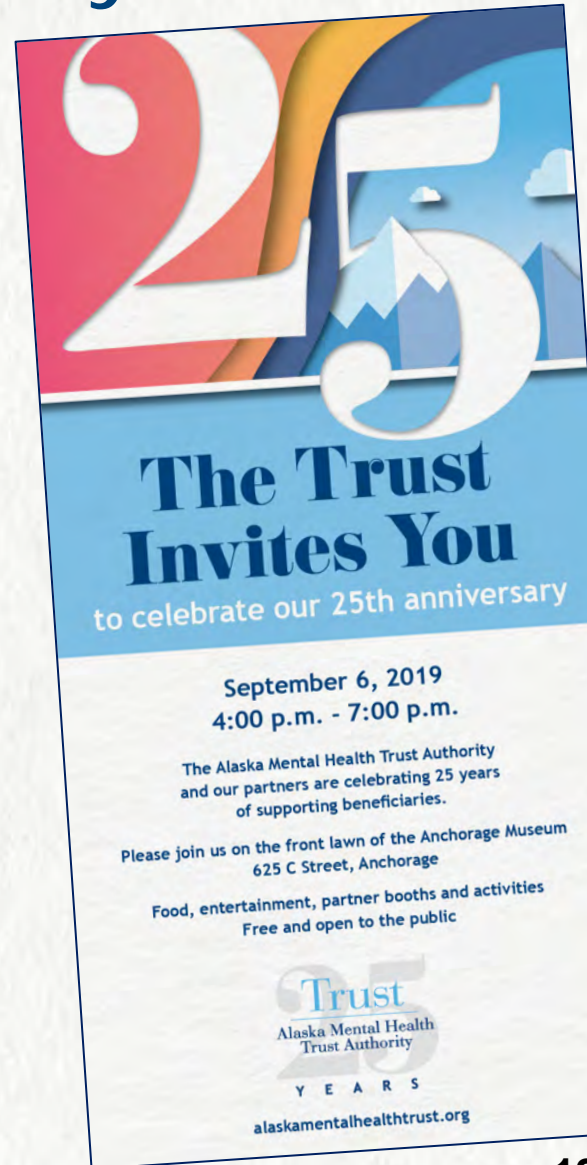
- Significant milestone
- Opportunity to educate the community about the Trust
- Multi-pronged communication effort
- Logo/graphics developed
- Theme for the year



25th Anniversary

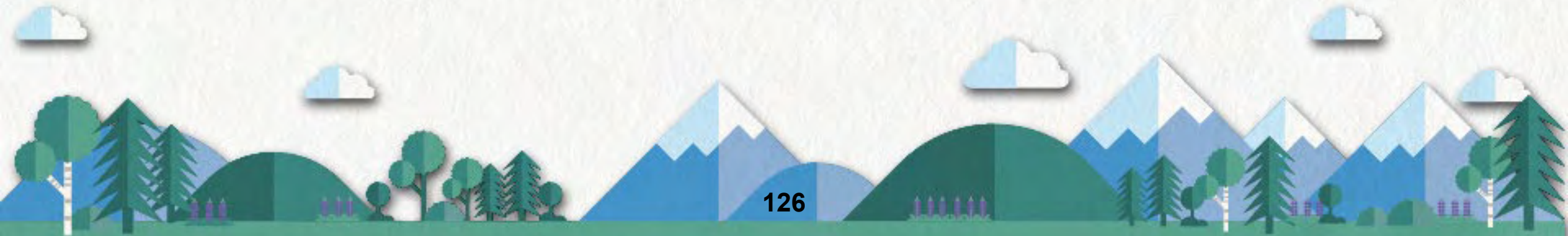
Anniversary Celebration

- Beneficiary focused
- 300-400 guests
- 20 partner booths
- No rain



Looking Ahead

- Media campaigns in FY21
- Beneficiary community outreach
- New TLO Facebook Page
- *Crisis Now* communications
- Research effort





THANK YOU

Questions?



Approvals

MEMO

To: Full Board of Trustees
Date: May 13, 2020
Re: Home For Good Proposal Supplemental Materials

Assigned Program Officer: Kelda Barstad

HOMELESSNESS IN ANCHORAGE

The Trust has been a partner in the work to end homelessness across the state and in Anchorage for over a decade. The Trust was a funding partner and participant in developing **Anchored Home**, Anchorage's Strategic Plan to Solve Homelessness: 2018-2021. This plan is a three-year tactical road map which draws on new tools and strategies while building on the community's existing work and planning.

Anchorage enrolled in the national Built For Zero initiative to approach the work of the strategic plan in a different way than past years. This is a methodology that uses a scorecard for reporting and a project management style implementation list of tasks to complete to improve the homeless services system. The goal for Anchored Home and Built For Zero is to ensure homelessness in Anchorage is rare, brief and a one-time event.

Links for additional information:

Anchored Home Plan and Scorecards: <https://anchoragehomeless.org/anchored-home/>

Built For Zero: <https://www.joinbuiltforzero.org/>

HOMELESSNESS AFFECTS BENEFICIARIES

Homelessness is both an easy and complex problem to solve. If every homeless person is placed in an apartment, they are no longer homeless and therefore the problem is solved. Technically yes, but this answer relies on basic assumptions that there is enough affordable housing stock, good paying jobs, and there are no other barriers present to obtain or maintain housing. This is true for a percentage of people who become homeless and this group is able quickly overcome the cause of their homelessness and exit the system with no help or a little bit of financial assistance and referrals.

Most people who are homeless, especially those who are homeless for a year or more, have barriers to obtaining or keeping housing: experience of physical or sexual violence and have not healed from trauma, been incarcerated, a mental illness, a substance use disorder, lack capacity to manage finances, poverty, a traumatic brain injury, a developmental disability, dementia, lack of access to transportation, lack of access to medical insurance, and/or lack of job skills or readiness. Most people who experience homelessness need help to obtain and maintain housing with the most vulnerable needing long term services and financial assistance. It is no coincidence that all of the Trust beneficiary categories are listed.

Approximately 45% of people staying in a homeless shelter nationally report a condition that falls into a Trust beneficiary category. The percentage is considered to be a low estimate as many shelters are open only overnight and able to gather (or people are only willing to give) minimal information to get everyone checked in an efficient manner. When an outreach worker consistently interacts with an individual and is able to spend more time with them that percentage increases dramatically. Fairbanks Rapid Rehousing Program identifies 78% of people who are homeless and enrolled in this program are Trust beneficiaries. 100% of residents in Permanent Supportive Housing in Alaska are Trust beneficiaries and there are many more on waiting lists who qualify for both types of programs.

Not only are Trust beneficiaries are over represented in the homeless population, but homelessness contributes to someone becoming a beneficiary. The longer an individual is homeless the greater risk of mental illness and substance use. People who are homeless are often robbed or assaulted, physically or sexually, compounding the risk. Preventing homelessness and rapidly housing people who are homeless is a critical prevention opportunity.

Links for additional information:

Homelessness and mental illness: <https://www.bbrfoundation.org/blog/homelessness-and-mental-illness-challenge-our-society>

HOUSING IS AN INTERVENTION

Housing is a social determinant of health. If you are homeless you are twice as likely to have a heart attack or diabetes. You are 20 times more likely to have HIV and 36 times more likely to have Hepatitis C. The homeless population is 3.5 times more likely to have a substance use disorder and 6 times more likely to experience depression. (link on Homelessness and Health below) Exposure to extreme temperatures, inclement weather, violence and stress combined with inconsistent access to bathing, good nutrition, or routine medical care worsens simple issues such as a cut that becomes infected or a cough that turns into pneumonia. Stable housing directly impacts health outcomes.

Homelessness is a public health issue. The American Public Health Association issued a policy statement (link below) that reviews the health problems, infectious diseases, premature aging, exposure to violence, mental illness and other conditions experienced at higher rates by homeless populations. Homeless individuals are also more likely to obtain treatment through the emergency room, waiting until a condition is severe to treat it.

Housing is the first intervention necessary to begin the work of healing, recovery and employment. This model is called Housing First. It is a best practice model to provide independent housing to individuals without preconditions such as sobriety or mental health treatment. Residents are offered individually tailored services and tenancy supports to help the resident remain housed. Most residents engage in harm reduction after being housed and some will pursue treatment and recovery. Consistent support and encouragement is provided whether or not the resident engages in formal services. This model has been implemented in Alaska by RurAL CAP, Tanana Chiefs Conference and the Juneau Housing First Collaborative.

Links for additional information:

Homelessness is a Public Health Issue: <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2018/01/18/housing-and-homelessness-as-a-public-health-issue>

Homelessness and Health: <https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>

Housing First: <https://endhomelessness.org/resource/housing-first/>,
<https://youtu.be/y81IHGRAmMA>

TYPES OF HOUSING INTERVENTIONS FOR HOMELESS POPULATIONS

When prevention and diversion interventions do not work, other approaches are needed to house people experiencing homelessness. Transitional housing is used as a bridge, often from institutional care, to independent housing. Residents may stay for up to two years to learn practical skills to obtain employment and housing. Examples of populations often served through transitional housing are reentrants, youth, and families fleeing domestic violence. Rapid rehousing combines short-term rental assistance and services to support stable housing in independent apartments, also referred to as tenancy supports. Permanent Supportive Housing is an intervention that combines long term affordable housing with tenancy supports and case management. The target population for permanent supportive housing is the chronically homeless. The term Permanent Supportive Housing (PSH) is evolving into Supportive Housing (SH) which describes a long-term housing opportunity that people experiencing homelessness may enter into where robust services are available. This term better reflects that some residents do obtain employment, move into independent apartments or reduce services. While PSH or SH is designed to support residents long term with intensive services, it does not mean that all residents will remain in the same apartment with a high level of services indefinitely.

Links for additional information:

What is Rapid Rehousing: <https://endhomelessness.org/ending-homelessness/solutions/rapid-re-housing/>

Permanent Supportive Housing can end Chronic Homelessness:
<https://endhomelessness.org/ending-homelessness/solutions/permanent-supportive-housing/>

QUESTIONS AND ANSWERS

Project Concept and Efficacy

1. What makes this project different than past permanent supportive housing programs?

Home For Good (HFG) is the state's first permanent supportive housing project of this scale involving a data-driven approach to identifying highest service utilizers; detailed pre and post service utilization and client outcome data; intensive care management along with

flexible housing supports; customized person-centered care; and a public-private funding partnership.

2. *What studies show that housing stability improves intended outcomes?*

Below is a list of citations for studies that indicate the effects of permanent supportive housing on key outcomes including:

- Emergency Department Visits
- Inpatient Hospitalizations
- Jail Stays
- Housing Stability
- Police Contacts
- Fire Department EMS Transfers
- Anchorage Safety Center Stays

Appendix one summarizes the results in a chart at the end of the Q&A. Citations:

1. Aidala et al., “Frequent Users Service Enhancement 'FUSE' Initiative -- New York City FUSE II Evaluation Report”, Columbia University Mailman School of Public Health, 2014. https://www.csh.org/wp-content/uploads/2014/01/FUSE-Eval-Report-Final_Linked.pdf
2. Basu et al., “Comparative Cost Analysis of Housing and Case Management Program for Chronically Ill Homeless Adults Compared to Usual Care,” Health Services Research, 2012. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3393008/>
3. Culhane et al., “Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing,” Housing Policy Debate Volume 13, Issue 1, Fannie Mae Foundation, 2002. https://repository.upenn.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1067&context=spp_papers
4. Driscoll et al., “Evaluating Housing First Programs in Anchorage and Fairbanks, Alaska: Final Report,” May 2017, Institute of Circumpolar Health Studies, University of Alaska Anchorage. <https://alaskamentalthtrust.org/wp-content/uploads/2018/05/EvaluatingHousingFirstProgramsInAlaska-May2017.pdf>
5. Malone, “Assessing Criminal History as a Predictor of Future Housing Success for Homeless Adults With Behavioral Health Disorders,” Psychiatric Services, 2009. <https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2009.60.2.224>
6. Martinez et al., “Impact of Permanent Supportive Housing on the Use of Acute Care Health Services by Homeless Adults,” Psychiatric Services, 2006. <https://ps.psychiatryonline.org/doi/full/10.1176/ps.2006.57.7.992>
7. Mondello et al., “Cost Of Homelessness: Cost Analysis of Permanent Supportive Housing,” Supportive Housing Network of New York, 2007. <https://www.ncbi.nlm.nih.gov/books/NBK519595/>

8. Muyebe et al., "Effects of Social Innovation Financed Housing First Programs on Retention, Utilization of Services and Cost-Savings: The Case of the Pay for Success program," Social Innovations Journal, 2017.
<https://socialinnovationsjournal.org/editions/issue-41/75-disruptive-innovations/2683-effects-of-social-innovation-financed-housing-first-programs-on-retention-utilization-of-services-and-cost-savings-the-case-of-the-pay-for-success-program>
9. National Academies in "Permanent Supportive Housing: Evaluating the Evidence for Improving Health Outcomes Among People Experiencing Chronic Homelessness" (2018), <https://www.nap.edu/read/25133/chapter/3>

Demographics and Program Structure

3. How does the recent Assembly response to the homeless camps affect the project proposal?

HFG moves chronically homeless beneficiaries straight from the street or camps to housing with high levels of support. This population is less likely to use shelters due to trauma, behaviors, or inability to cope in large congregate settings. The camp abatements will exacerbate their vulnerability and put further pressure on public services if there is no housing plan suitable for them post-abatement.

The Anchorage Assembly has been working with the Administration and community partners to implement a humane and balanced camp abatement process as referenced in the Anchorage Community Plan to End Homelessness, Strategic Update 2018-2021 (link on page 1). The Anchorage Assembly and administration have recently approved additional funding for outreach services to ensue this process is helping people in camps during this time when non-profit functioning is decreased.

4. What is the means of avoiding duplication of services?

All providers in the program are participants in the Homeless Management Information System (HMIS) for required data collection. Clients are closely monitored through weekly provider data reports and case conferencing. HFG coordinates with the Municipality of Anchorage to notify social service partners when HFG clients show up on emergency system calls. These tools monitor participant progress and track which services are in use.

5. What criteria was applied to accepting someone into the pilot?

The target population for HFG is individuals who cycle between homeless services, corrections, and crisis services (such as healthcare and behavioral health): i.e., those who have been arrested in Anchorage 2 or more times in the past 3 years and at least once in the

past 12 months; who meet the HUD definition of chronically homeless or who can otherwise demonstrate a pattern of persistent homelessness; and who have a history of high-cost utilization of crisis services, healthcare, or behavioral health services.

HFG matches data from HMIS with police, fire, and safety center data, and identifies the full list persons who meet the eligibility criteria described above. Data integration to date suggests that about 350-400 people are eligible at any point in time. From there, HFG prioritizes the eligibility list according to the total service use (e.g., chronic homelessness status, frequency of APD arrests, frequency of AFD transports and safety center stays). Beneficiaries and other individuals are then selected for referral based on the presence of multiple indicators, such as immediate housing and medical needs, and they are referred to outreach.

Once someone is referred, service providers and the Mobile Intervention Team begin outreach. Individuals are accepted into the pilot if their current situation meets all eligibility criteria and they consent to join.

6. What is being done to ensure case managers and care coordinators are in contact over clients that are high end users of services and can benefit from DHSS or other community services?

RurAL CAP, Southcentral Foundation, and Anchorage Community Mental Health Services, Are the HFP providers who are experienced in serving beneficiaries with serious mental illness and disability conditions. They regularly connect clients with all manner of DHSS programs, such as Senior and Disabilities Services, Behavioral Health, Public Assistance, and Health Care Services. Connections are also made through the Office of Public Advocacy and the Department of Labor Division of Vocational Rehabilitation through the Disability Determination unit for assistance in economic stability. Alaska Housing Finance Corporation is a partner for rental assistance programs. Each enrollee's individual treatment plan is designed to incorporate the full breadth of community services for which the person is eligible.

7. What are the demographics of the Massachusetts and Juneau programs? How different are the populations in each sample and how did they address a more diverse client populations needs? Based on Home for Good past success, what tools do the case managers use and how successful are they at dealing with diverse populations?

Boston's Home and Healthy for Good: since 2006 Boston's Home and Healthy for Good program has served 1,154 participants with approximately 25% of the people being from non-white backgrounds:

<https://www.mhsa.net/sites/default/files/January%202020%20HHG%20Report.pdf>

Alaska projects in Juneau, Anchorage, and Fairbanks all have supported homeless beneficiaries with overlapping mental health and substance use conditions at a much higher rate of non-white participants than other communities. The success rates in these projects have met or exceeded national standards of retention of persons at or around 80%. The expertise of the providers working in HFG includes two organizations, RurAL CAP and Southcentral Foundation, that have experience working with tribal members and deliver supportive services with a focus on cultural competencies and engagement of diverse populations.

8. Do we expect different homeless needs to rise to the forefront and take priority now that we are going into an economic downturn? Does United Way intend to modify the program in any way due to COVID-19?

A review of persons who were formerly trespassed from the Sullivan Arena mass shelter location revealed about 30% of the population is HFG eligible. This reinforces the assumption that people with very high service needs often times struggle in large congregate shelter settings and require additional individualized service plans through housing and intensive supportive services. HFG will follow COVID-19 guidance for delivering services.

Evaluation

9. What are specific baseline measurements that have been collected and what measurements will be used? How is it collected? Objective Third Party?

HFG participant outcomes will be measured by a third-party evaluator, NPC Research, which will collect and measure each outcome, subject to the appropriate data use agreements. NPC Research has been providing quality social services evaluation, policy analysis, and research for 25 years. The organization has conducted over 200 evaluations of services and programs in focus areas including substance abuse prevention and treatment, criminal justice and juvenile justice prevention and intervention, community-based programs, and program cost/benefit analysis.

To support development of the evaluation, the project has secured baseline data from the Municipality of Anchorage on the ~350-400 individuals eligible for the HFG program, including arrests, EMS transfers, and Anchorage Safety Center intakes.

The HFG evaluation is designed to measure the impact of permanent supportive housing (PSH) with intensive case management (ICM) services on the following four outcomes for all housed participants:

1. **Housing Stability:** Housing Stability will be measured as the total number of consecutive 30-day periods (“Housing Months”) that an Enrolled Participant maintains a PSH lease, sublease, or occupancy agreement.
2. **ASC Intakes:** ASC intakes will be measured as the number of intakes to the Anchorage Safety Center for each Enrolled Participant, as reported by the Anchorage Safety Patrol.
3. **Hospitalization Days:** Hospitalization days will be measured as the number of days of inpatient services recorded for an encounter with each of the three major Anchorage hospitals for each Enrolled Participant, as reported by the hospitals and/or DHSS.
4. **Emergency Department Visits:** Emergency Department Visits will be measured as the number of Emergency Department admissions with each of the three major Anchorage hospitals for each Enrolled Participant, as reported by the hospitals and/or DHSS.

The table below indicates the proposed data source and evaluation methodology for each outcome as described in the project’s evaluation plan:

#	Outcome	Measurement Methodology	Data Source
1	Housing Stability	<u>Validated outcome</u> based on total # of consecutive months housed	Alaska Homeless Management Information System (AK-HMIS)
2	Anchorage Safety Center (ASC) Intakes	<u>Pre-post comparison</u> to compute percentage change from 12 months before vs. 12 months after program enrollment	Anchorage Safety Patrol
3	Hospitalization Days	<u>Difference-in-difference design</u> to compute percentage reduction from 24 months before vs. up to 36 months after program enrollment; propensity score matching used to construct comparison group of eligible but not enrolled individuals	Local hospitals / Medicaid
4	Emergency Department Visits		

The evaluator may also consider measuring the following outcomes to support the project’s learning agenda subject to availability of data from the Alaska Department of Corrections (DOC), Alaska Department of Public Safety (DPS), and the Municipality of Anchorage:

- Arrests
- Fire Department Emergency Medical Service (EMS) Transfers
- Shelter Stays

Funding/Budget

10. How much money has the Trust already contributed to the startup project?

\$500,000 for the pilot.

11. What funds does the project expect from Federal Care fund (10 million) or other COVID-19 funding for the State?

Specific access to the federal funds to Alaska is unknown. HFG partners are supporting the Municipality of Anchorage to propose the use of some of this new funding for additional housing subsidies which may benefit some HFG project participants and would improve the project's sustainability.

12. The presentation suggested financial partnership in the program, please list the partners and financial contributions or commitments.

Funding secured - \$6.9M

\$4.5M Municipality of Anchorage authorized to be expended for outcomes payments

\$0.5M Premera Blue Cross/Blue Shield Foundation

\$0.5M Providence Health and Services Alaska

\$0.5M Rasmuson Foundation

\$0.6M HUD/DOJ Grant

\$0.3M Municipality of Anchorage for expanded pilot

13. What is the means of sustainability of the program after 3 years?

HFG allows the Municipality and its partners to test the effectiveness of increased Permanent Supportive Housing and sets up collaborations and incentives to sustain the program. At the end of the three years, informed by the results of the program, the Municipality will make a decision about continuing to fund and/or expand services. During the project, HFG will also continue to pursue funding to sustain the program from other entities who benefit from housing stability (e.g., health systems and the State of Alaska). During the three-year project, a smoother pathway into sustained delivery will be built through long-term housing support, Medicaid integration, and system strengthening.

Long-term housing: Regardless of the outcomes evaluated through the Pay for Success project, we do not believe that vulnerable individuals placed in housing should lose access to that housing if they need it. With that in mind, HFG will seek to connect every enrolled participant to a stable housing subsidy during the intervention period, such that by the project endpoint, all participants will have access to stable, long-term housing.

Medicaid integration: Today, providers of Permanent Supportive Housing with Intensive Case Management are typically funded through philanthropic or other short-term grant or contract sources. While portions of their interventions may be billable health services, providers have historically had sporadic capacity to build the expertise and knowledge required to integrate their work into the existing structures of the healthcare system. As a part of the project—and supported by the expertise of the Corporation for Supportive Housing—we anticipate increasingly greater proportions of provider costs being covered by Medicaid.

System strengthening: This is truly a communitywide effort. The project draws support and leadership from the Anchorage Coalition to End Homelessness; many of the city's preeminent homelessness service providers; the Municipality's Mobile Intervention Team; the Homelessness Management Information System manager; the University of Alaska; critical state agencies; thought leaders and conveners, such as Agnew::Beck; philanthropic funders, such as the United Way, Rasmuson Foundation, and the Mental Health Trust Authority; and a host of others. In doing so, it breeds new and stronger collaborations—collaborations to share and integrate system-wide, multi-agency data; to cross-refer participants; to ensure greater coordination between housing and supportive services; to build new partnerships across nonprofits and hospitals.

14. Why is DHSS not identified as a partner? Did we intend to partner more financially with DHSS on these programs? How is the reduction of \$2 million for homeless services in the FY21 budget related to this project?

DHSS is a partner in the following ways: it is a Medicaid payer and is collaborating on data sharing to support the evaluation of health outcomes. A Data Use Agreement for Medicaid data is in its final stages of review with the Chief Medical Officer, Dr. Anne Zink, and Medicaid Director, Renee Gayhart. DHSS partners have referred our request to their legal department and confirmed the evaluator (NPC Research) has already secured the required approvals to receive and analyze state data. Access to this data will enrich our understanding of how PSH affects participants' use of high-cost emergency healthcare.

DHSS did not have a prior funding commitment. Governor Walker had proposed financially supporting HFG as an outcomes payer in his final proposed budget. When Governor Dunleavy took office, he substituted an entirely new budget that did not contain the HFG funding proposal.

Appendix 1 – Supplemental Answer to Concept Question #2

Summary of outcome results from PSH studies cited above

Study #	Author(s)	Geography	Year	Sample size	Target population	Study design	Intervention	Outcome and effect size	Data source
1	Aidala et al.	New York City, NY	2014	60	Homeless with frequent jail and shelter contacts and substance abuse disorders or serious and persistence mental illness	QED (two group pre/post	Permanent supportive housing	<ul style="list-style-type: none"> Number of jail days over 24 months, 40% reduction 91% Housing Stability at 12 months (28% in comparison group), 222% higher 86% Housing Stability at 24 months (42% in comparison group), 102% higher ED visits over 24 months, 12% reduction Hospitalizations over 24 months, 4% increase 	City administrative data; administrative data from homeless services; survey data ONLY for health outcomes
2	Basu et al	Chicago, IL	2012	407	Homeless with chronic mental illness	Randomized controlled trial	Housing engagement management	<ul style="list-style-type: none"> ED visits over 18 months, 33% reduction Number of hospitalizations over 18 months, 20% reduction Number of hospitalized days over 18 months, 23% reduction Number of times a subject was sent to jail over 18 months, 19% reduction Days homeless over 18 months, 34% reduction 	Electronic medical records; local jail and state prison database
3	Culhane et al	New York City, NY	2002	914	Homeless with severe mental illness	Matched control group; pre/post	Permanent supportive housing	<ul style="list-style-type: none"> Mean # of hospitalizations over 24 months, 60% reduction Number of jail days, 40% reduction 	Hospital health records, public shelter records, and correction facility records
4	Driscoll et al	Anchorage and Fairbanks, AK	2017	94	High utilizers of emergency, correctional and acute care services who experience substance use disorder and frequently co-occurring severe mental	Non-experimental, Pre-post	Permanent supportive housing (Housing First)	<ul style="list-style-type: none"> Average ED visits over 24 months, 53% reduction Average inpatient days over 24 months, 33% reduction Average number of jail nights per year prior to entry into supportive housing was 6.91 days; 5.43 days 24 months post-entry, 21% reduction Average number of police calls per year prior to entry 	Hospital health records; Municipality of Anchorage records; HMIS records; State Department of Corrections records

Study #	Author(s)	Geography	Year	Sample size	Target population	Study design	Intervention	Outcome and effect size	Data source
					illness			<p>into supportive housing was 4.23 calls; 0.95 calls 24 months post-entry, 70% reduction</p> <ul style="list-style-type: none"> • Average number of AFD EMS Transfers per year prior to entry into supportive housing was 1.90 calls; 1.05 calls 24 months post-entry, 45% reduction • Average number of Anchorage Safety Center stays per year prior to entry into supportive housing was 26.21 calls; 5.92 calls 24 months post-entry, 77% reduction • Average number of Anchorage shelter nights per year prior to entry into supportive housing was 66.83 nights; 1.09 nights 24 months post-entry, 98% decrease 	
5	Malone	Seattle, WA	2009	347	Homeless persons with behavioral health disorders	Synthetic control group	Permanent supportive housing (Housing First)	<ul style="list-style-type: none"> • Percent of participants maintaining continuous housing over 24 months, 154% increase (72% intervention group, 28% comparison gp) 	Administrative data from provider



United Way of Anchorage



HOME FOR GOOD ANCHORAGE

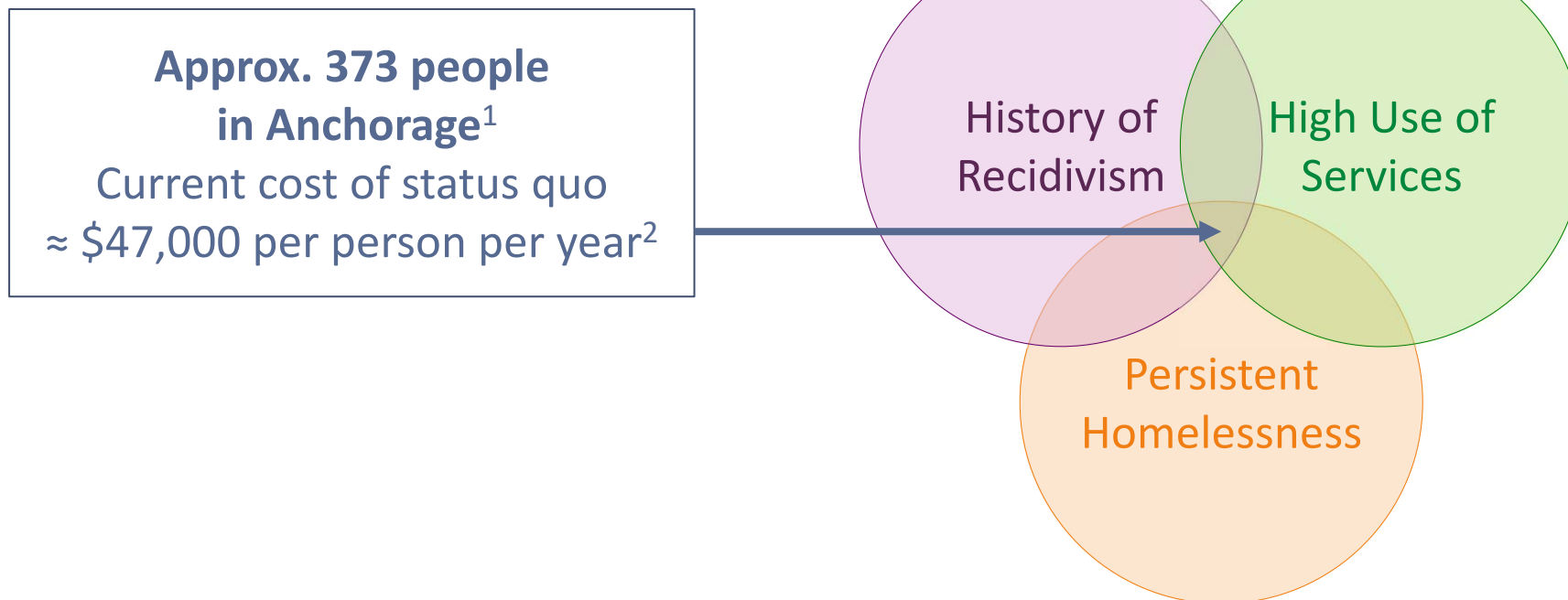
Alaska Mental Health Trust Authority

April 2020

▶ HOME FOR GOOD ANCHORAGE (HFG)

- A public-private partnership to serve 190 individuals experiencing persistent homelessness who are the highest users of homeless services and the criminal justice and healthcare systems.
- The project delivers **supportive housing** with **intensive case management**, an evidence-based approach to improving outcomes for individuals experiencing persistent homelessness who have significant physical and behavioral health challenges.
- Using Pay for Success financing, the project aims to aggregate funding from the Municipality of Anchorage plus local, state, and federal sources to pay for outcomes of **improved housing stability** and **reductions in emergency health and public services utilization**.

► TARGET POPULATION



¹ Alaska Justice Information Center (UAA), analysis of data from APD, AFD, AK-HMIS, and other sources, Spring 2019.

² Agnew::Beck, "Pay for Success Feasibility Study," May 2018. \$5,400 for emergency services, incl. police, fire, safety center; \$8,300 for DOC; \$33,300 for health payors, incl. emergency, inpatient, outpatient services.

▶ PERMANENT SUPPORTIVE HOUSING: AN EVIDENCE-BASED INTERVENTION

For:

- Chronically homeless
- People exiting prison with chronic health or mental health conditions
- People with disability health or mental health conditions with housing need

Study after study demonstrates:

- 85-90% of participants achieve housing stability and avoid returns to homelessness
- Improved mental health outcomes, addiction recovery
- Improvements in chronic health conditions
- Fewer emergency department visits and inpatient hospitalizations
- Cost offsets in Medicaid and other publicly funded services
- Reductions in recidivism to prison

▶ INTENSIVE CASE MANAGEMENT

Assertive outreach and
engagement

Housing First:
Immediate, flexible,
independent

Person-centered care:
Customized,
comprehensive

Harm reduction: Better
manage substance use,
reduce harmful
consequences, actively
prevent evictions

Integration of primary
and behavioral
healthcare

Partners

Providers: RurAL CAP, Southcentral Foundation

Technical Assistance: Corporation for Supportive Housing, Social Finance

In negotiation: Anchorage Community Mental Health Services, Cook Inlet Housing Authority

► REFERRAL SELECTION CRITERIA



Select individuals to refer to service providers based on **multiple indicators**, if information is available and applicable, e.g.:

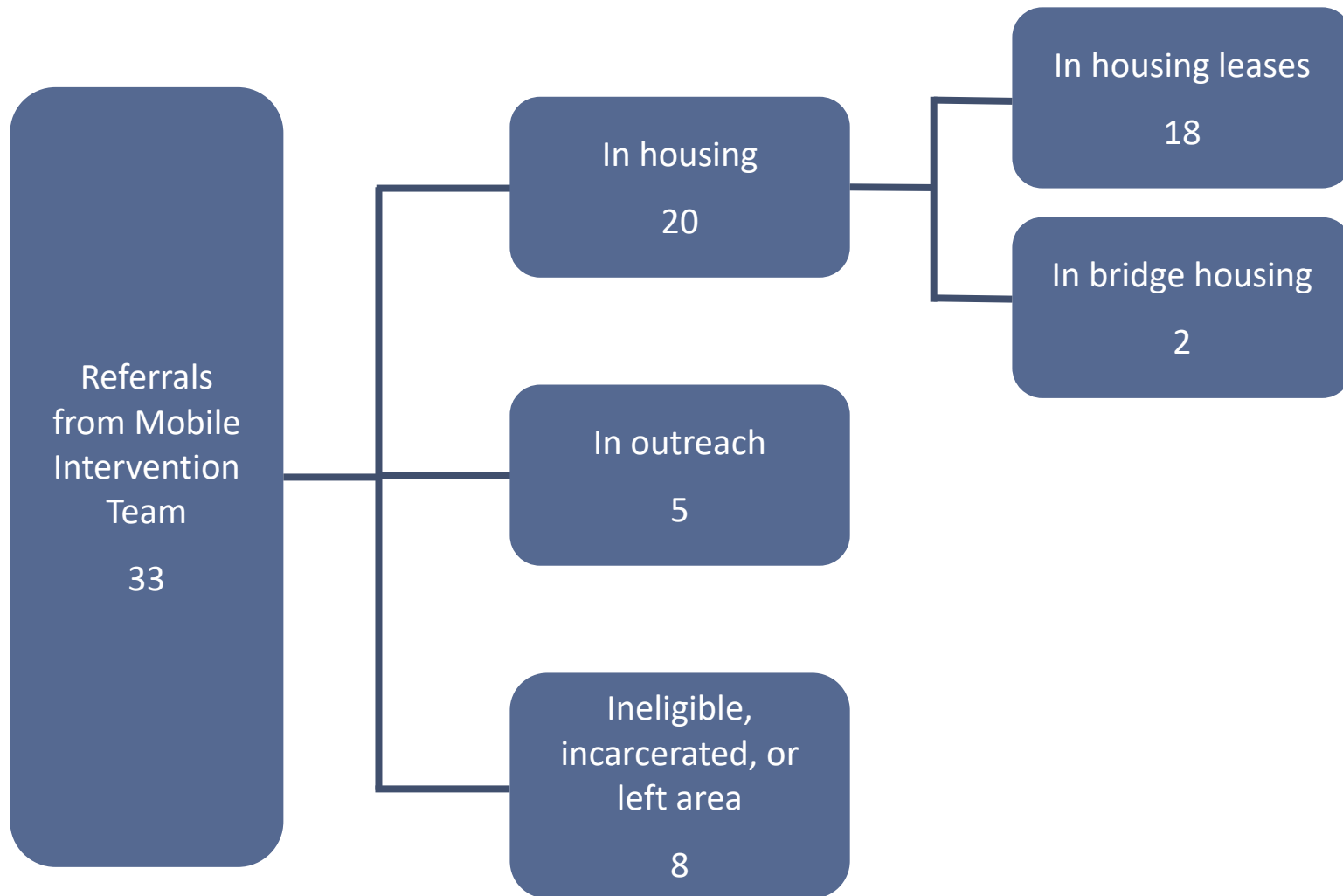
Housing needs	<i>Individual has needs suited for permanent supportive housing and is not already housed</i>
Medical needs	<i>Individual is at risk of death due to unaddressed, acute medical condition</i>
Frequency of Muni contacts	<i>Individual has frequent contact with MIT and APD, including reports of mental health and suicide risk</i>
Severity of mental illness	<i>Individual is unable to communicate clearly or complete daily living activities due to mental illness</i>
Difficulty connecting to services	<i>Individual is unlikely or unable to receive support from another agency or community organization</i>
Upcoming release date	<i>Individual's release date from jail/prison or other rehabilitative facility is ~ less than 30 days away</i>

► AVERAGE HISTORICAL BASELINE ENCOUNTERS OVER PAST 3 YEARS

Top 30	419 <i>Average # of days homeless</i>	14 <i>APD Arrests</i>	94 <i>ASC (Stays)</i>	18 <i>AFD EMS Transfers</i>
Top 100	325 <i>Average # of days homeless</i>	10 <i>APD Arrests</i>	74 <i>ASC (Stays)</i>	16 <i>AFD EMS Transfers</i>
Top 373	218 <i>Average # of days homeless</i>	7 <i>APD Arrests</i>	30 <i>ASC (Stays)</i>	7 <i>AFD EMS Transfers</i>

1. Ltd exceptions will be made for individuals who don't meet arrest eligibility threshold but have a significant # of recent APD non-arrest diversions 2. Pending receipt of local hospital data, third eligibility criteria may include an alternative minimum threshold based on # of inpatient days in the past 12-18 months. 3. Top 100 eligible individuals based on 100-point scoring system that prioritizes individuals based on recency and frequency of service utilization.

► HOME FOR GOOD PILOT HOUSING STATUS (4/7/20)



▶ ALASKA MENTAL HEALTH TRUST AUTHORITY BENEFICIARIES
From a 25 participant sample of current enrollees

Mental Illness	23
Chronic Alcoholism or other Substance Use Disorder	21
Both Chronic Use Disorder & Mental Illness	19
Traumatic Brain Injuries	4
Intellectual or Developmental Disabilities	4
Alzheimer's Disease and Related Dementias	0

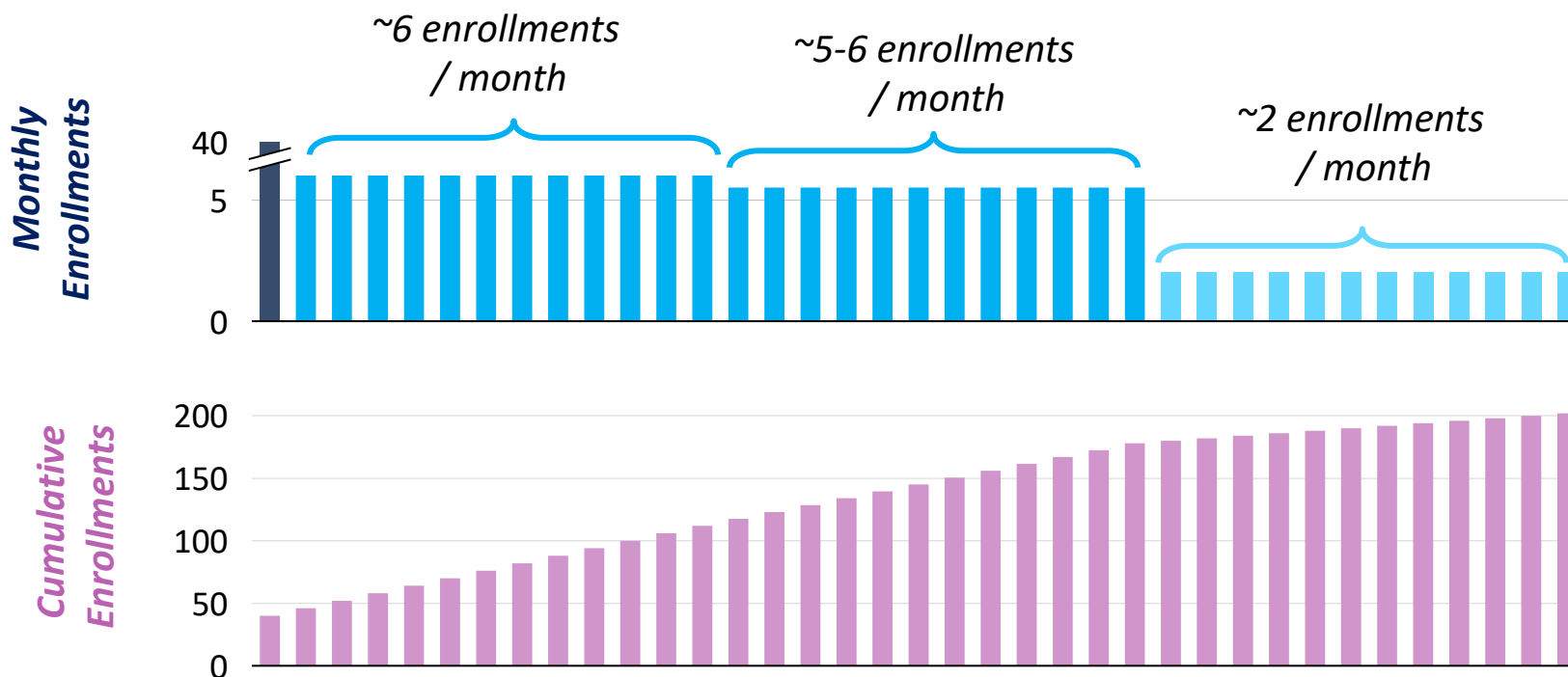
► SNAPSHOT PILOT SAMPLE RESULTS

	Sample Size	Total # “Pre-Period” [12-months prior to first PSH lease date]	Total # “Post Period” [<12-month period after first PSH lease date]	Annualized # Per Participant “Pre Period”	Annualized # Per Participant “Post Period”	Annualized Percentage Change Per Participant
Shelter Stays	N = 19	1161	156	61 / participant	24 / participant	<u>60% reduction</u>
Arrests	N = 19	77	7	4 / participant	0.8 / participant	<u>78% reduction</u>

► HOME FOR GOOD OPERATIONS: RAMP UP

The project will ramp up with up to 6 enrollments per month during years 1 and 2, with year 3 focused on replacing those who have left the project

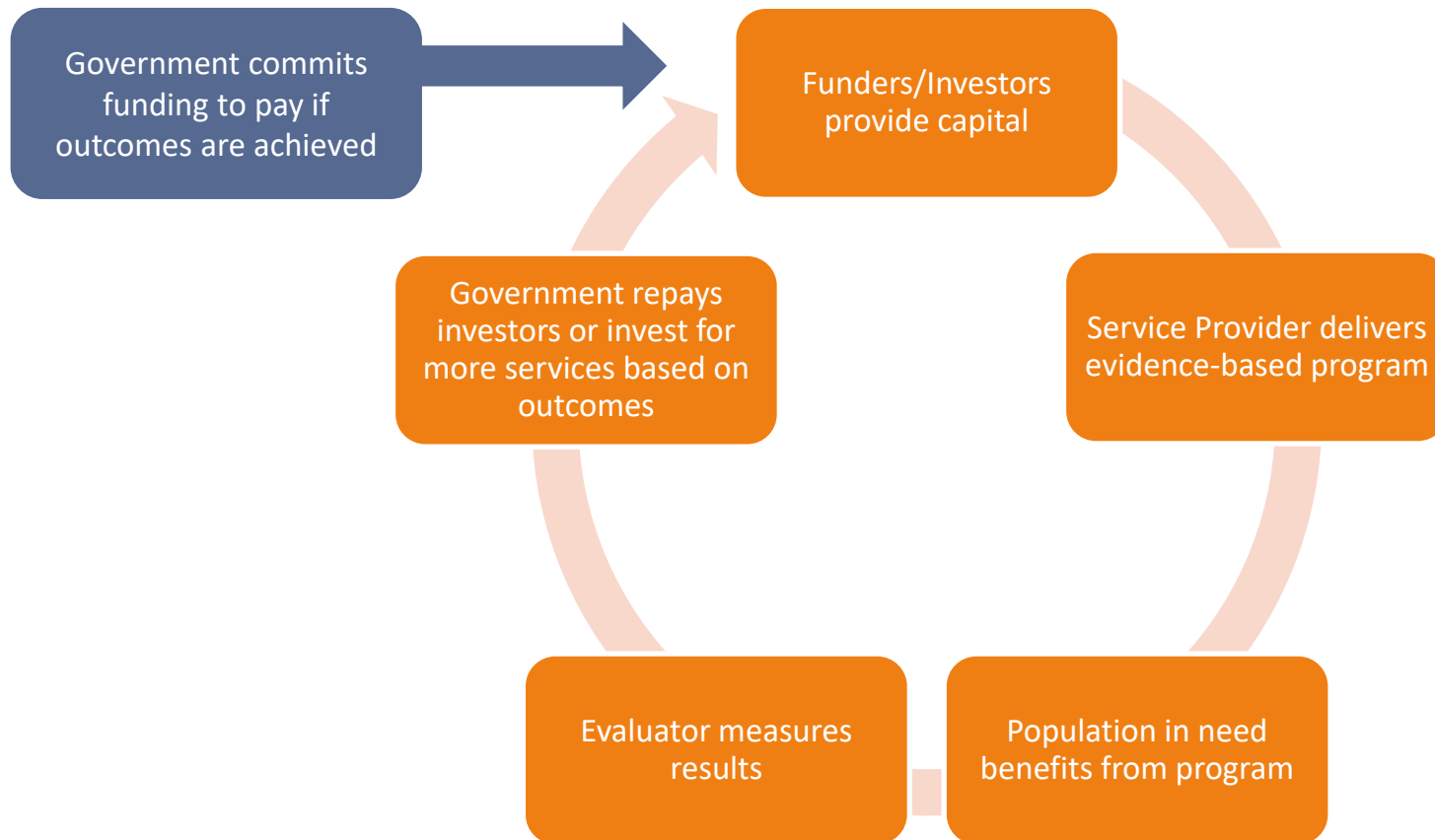
Pilot Period	Year 1												Year 2												Year 3											
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
	~6 enrollments/month												~6 enrollments/month												~1-2 enrollments/month											



We expect ramp up rates to vary slightly month-to-month based on overall conditions, including unit availability, but aim to meet these averages.

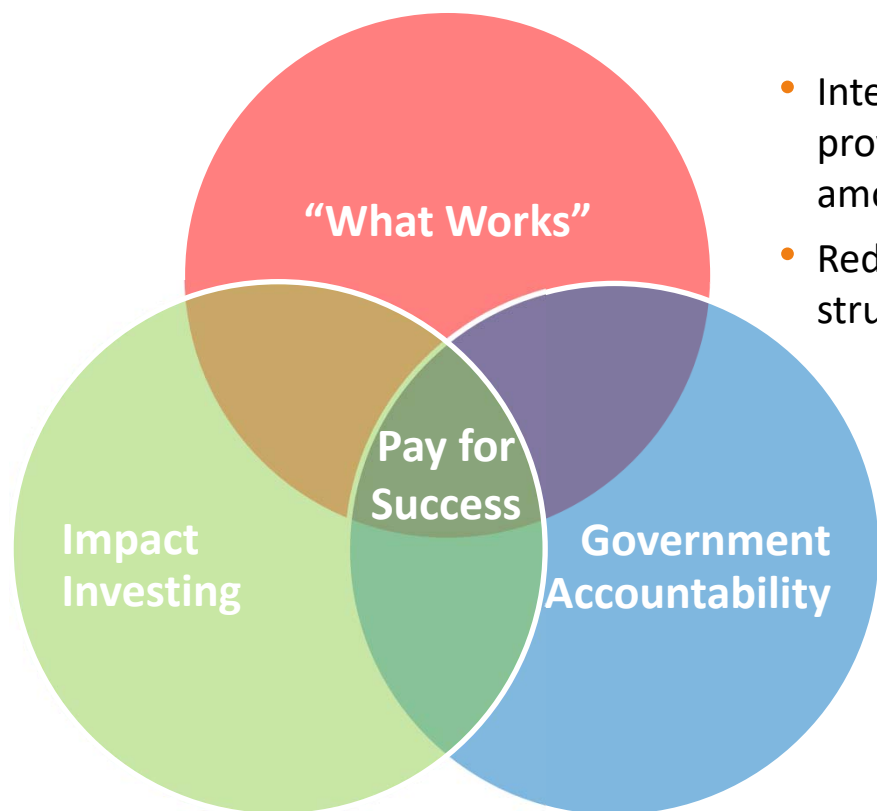
► PAY FOR SUCCESS (PFS) FINANCING

Pay for Success is a contracting and financing mechanism that links payments to outcomes performance



Investors, high performing non-profits and governments partner with the collective goal of improving social outcomes

▶ PAY FOR SUCCESS UNITES THREE POWERFUL MOVEMENTS



- Integrates service and housing providers and breaks down silo walls among service providers
- Reduces duplication of effort and structural gaps in efforts

- Aligns and combines funder contributions along shared goals
- Achieves scale that otherwise remains elusive

- Connects payments to outcomes
- Independent evaluator measures success in achieving specific, targeted goals reflected in contracts

▶ HOME FOR GOOD BUDGET

COSTS

Service Delivery	\$5,950,000
Housing	\$4,830,000
Evaluation	\$690,000
*Project/Performance Management	\$950,000
Total	<u>\$12,420,000</u>

REVENUES

Rental Income (tenant+vouchers)	\$3,050,000
Medicaid Billing	\$1,210,000
Total	<u>\$4,260,000</u>

<u>FUNDING NEEDED</u>	\$8,160,000
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*This could increase depending upon the PFS contracting mechanism used.

▶ HOME FOR GOOD FUNDING COMMITMENTS

FUNDING SECURED - \$6.9M

- \$0.5M Premera Blue Cross/Blue Shield Foundation
- \$0.5M Providence Health and Services Alaska
- \$0.5M Rasmuson Foundation
- \$4.5M Municipality of Anchorage authorized to be expended for outcomes payments
- \$0.6M HUD/DOJ Grant
- \$0.3M Municipality of Anchorage for expanded pilot

FUNDING PENDING

- Federal (U.S. Treasury). Social Impact Partnerships to Pay for Results Act (SIPPRA) grant application submitted

FUNDING REQUEST TO ALASKA MENTAL HEALTH TRUST AUTHORITY

- \$0.5M to support personnel costs associated with supportive services and temporary supports

MEMO

To: Chris Cooke, Chair, Board of Trustees
Date: May 20, 2020
Re: FY21 Unallocated Funds Grant Request
Amount: \$500,000.00
Grantee: United Way of Anchorage
Project Title: Home for Good

REQUESTED MOTION:

1. *Approve the allocation of \$500,000 of unobligated funds to the FY21 Housing & Long Term Services and Supports focus area. These funds will be added to the “Beneficiaries have Safe Stable Housing with Tenancy Supports” strategy.*
2. *Approve a \$500,000 FY21 Housing & Long Term Services and Supports focus area allocation to the United Way of Anchorage for the Home for Good Project.*

Assigned Program Officer: Kelda Barstad

STAFF ANALYSIS

Approximately 1,100 people experience homelessness in Anchorage. Between 300 and 400 of these are the most vulnerable, who cycle in and out of jail, suffer from mental illness and substance use disorders, require frequent police, fire and paramedic calls, strain homeless shelters and emergency rooms, and make camps of parks, trails, bus stops and doorways. These individuals are the hardest to serve and have the hardest time maintaining stable housing. The purpose of this project is to improve their lives and better use public resources to fund expansion of an effective solution—Permanent Supportive Housing (PSH).

By expanding permanent supportive housing in Anchorage, Home for Good aims to provide an effective, long-term solution for some of the Trust’s most vulnerable beneficiaries—individuals who experience persistent homelessness. Without stable housing, individuals struggling with a substance use disorder, mental illness, developmental disability, or a traumatic brain injury are more likely to fall into a vicious cycle—moving from the streets, to the ER, to jail, without ever received the in-depth support needed to stabilize their condition or address the underlying problem.

Providing Permanent Supportive Housing for this population will create a healthier community, including reduced calls for emergency medical personnel and police, allowing for greater focus on

other community needs. Most importantly, it will improve the quality of life for individuals who are left behind by the status quo and who need effective, long-term support.

COMP PLAN IDENTIFICATION

Goal	Objective	Comments
Goal 3 Economic and Social Well-being	3.1 Housing	

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

PROJECT DESCRIPTION

The Home for Good pilot and 3-year pay-for-success project will serve Anchorage over four years, expanding permanent supportive housing by 150 units. The Alaska Mental Health Trust Authority's grant supports the service delivery components for the pilot, which is ramping up services for the first cohort of participants. This project was recommended for funding because it aligns with the focus areas of Housing and Long Term Services and Supports, and because it prevents the institutionalization of trust beneficiaries.

Absent this intervention, eligible individuals cycle through emergency-response systems. Most if not all face mental illness, substance use disorders, mental illness, and/or developmental disabilities. Permanent supportive housing is a proven intervention that disrupts the hospital, corrections, homelessness cycle to allow people to remain stably housed and to have the opportunity to engage in supportive services to meet their goals. The expected outcomes include housing stability (measuring continuous days/months in permanent housing), reduced recidivism, and reduced use of emergency health care services (e.g., emergency department visits, hospitalizations). Before the end of the pilot, the project aims to add up to 40 permanent supportive housing units. This forecast may be adjusted upward or downward—or extended further out—as the pilot continues to adjust to challenges in raising capital for the pay-for-success years, in ensuring that service providers achieve housing stability goals, and in the wake of disruptions to service provider capacity and housing markets caused by the COVID-19 pandemic.

The Trust beneficiary groups that are the focus of the project include individuals with mental illness, developmental disabilities, and/or chronic alcoholism or other substance-related disorders. The target population for permanent supportive housing eligibility—defined by the 2016 HUD/DOJ grant that established the basic infrastructure for the project—includes individuals with high use of corrections (two stays in the last three years, including one in the

last year), persistent homelessness, and a pattern of high-cost utilization of crisis services or significant health or behavioral health challenges. The project will serve many of Anchorage’s most vulnerable people with behavioral health challenges, and it is anticipated that most, if not all, would be Trust beneficiaries.

For example, from a 25-person sample of pilot enrollees, the following Trust beneficiary groups were reported:

Alzheimer's Disease and Related Dementias.....	0
Intellectual or Developmental Disabilities	4
Traumatic Brain Injuries	4
Chronic Alcoholism or other Substance Use Disorder	21
Mental Illness	23
(Co-occurring Chronic Use Disorder & Mental Illness	19)

In the current pilot, the project is led by a core collaboration between the United Way of Anchorage, the Municipality of Anchorage, and Social Finance, Inc., a national nonprofit focused on standing up and overseeing execution of pay-for-success interventions. Additional technical assistance is being provided by national advisors Corporation for Supportive Housing and by local contractors.

EVALUATION CRITERIA

In this project, payment is directly linked to outcomes achieved for beneficiaries, as measured by third party evaluation. The partners will know the extent to which participants are better off through clear, independent results that determine how many high-need individuals received housing and supportive services, whether they maintained housing, and what type of jail or healthcare interactions they experienced after being housed.

The project’s evaluation will be led by Marny Rivera of NPC Research. The evaluation design will be finalized before transitioning from the pilot to the pay-for-success period. The project outcomes linked to payment will be selected and refined as outcome payers commit to the project; they will include measures such as housing stability (i.e., whether participants remained in permanent supportive housing), reduced recidivism (e.g., reduced jail days, fewer arrests), and reduced health care utilization (e.g., reduced emergency room visits). With appropriate data sharing protection, the evaluation may also assess other outcomes for the purpose of learning, including more detail on healthcare services used, participant satisfaction, and other survey measures. During the pilot, the project partners will track all of the key outcome metrics to assess early performance; however, the outcomes will not be linked to payment until the PFS years.

Outcomes will be documented through a rigorous reporting process, defined in the evaluation plan and the pay-for-success contracts. A series of data-sharing agreements will facilitate information-sharing between service providers and administrative data sources (including HMIS, and Municipality Police and Fire Departments) so that the evaluators can track project results on a quarterly basis. In addition, the project intermediaries will assess ongoing performance on programmatic measures including referrals and enrollment to ensure early operations are on track to meet these outcomes.

SUSTAINABILITY

The funding awarded previously by the Trust is being used to support the pilot. With support from the Corporation for Supportive Housing, a national expert on permanent supportive housing, the partners held a Request for Qualifications process in Fall 2018 and selected RurAL CAP, Southcentral Foundation, Daybreak, and CHOICES for consideration as service delivery providers, and selected NeighborWorks Alaska and Front Range Apartments for consideration as housing providers. By launch of the pilot, the team moved forward on agreements with RurAL CAP and Southcentral Foundation; it is housing some tenants at Front Range, in addition to at RurAL CAP and other scattered-site properties. The team is now also reviewing an updated proposal to deliver services from Anchorage Community Mental Health Services and is discussing housing options with Cook Inlet Housing Authority.

As the project transitions into the Pay For Success phase in late 2020, project partners may seek additional funding for new permanent supportive housing sites in Anchorage. At the end of the PFS project period, four years after service delivery began, the team aims to have in place ongoing support for sustained permanent supportive housing intervention, through an evergreen fund consisting of ongoing outcome payer contributions.

WHO WE SERVE

While the eligibility criteria for the target population is based on interactions with the homeless services, jail, and medical systems, studies of similar populations suggest that the individuals who meet these criteria overlap with one or more of the following Trust's beneficiary groups—those experiencing mental illness, chronic alcoholism and other substance related disorders, a developmental disability, or a traumatic brain injury. Many participants in the Alaska Housing First study (which has a similar, though distinct target population), reported significant behavioral health challenges at baseline—62% had PTSD, 33% were depressed or bipolar, and most had high alcohol consumption (86% typically had eight or more drinks per day).

[“Evaluating Housing First Programs in Anchorage and Fairbanks, Alaska.” (2017).]

Anchorage's Coordinated Entry system has been using the Vulnerability Index – Service Prioritization Decision Tool (VI-SPDAT), which assesses clients' vulnerability and matches them to the appropriate level of services. Although both Coordinated Entry and Home for Good are exploring more detailed assessment tools than VI-SPDAT, it may be useful to note that HFG will target individuals with high VI-SPDAT scores (9+). Clients who score this high often exhibit substance-related disorders, mental illness that match the Trust beneficiary population.

Note: the estimated number of beneficiaries is specific to the first year ramp-up year, as is the budget.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Mental Illness:	42
Developmental Disabilities:	6
Alzheimer's Disease & Related Dementias:	Unknown
Substance Abuse	48
Traumatic Brain Injuries:	11
Number of people to be trained:	15

BUDGET

Personnel Services Costs (AMHTA)	\$489,400.00
Personnel Services Costs (Other Sources)	\$235,651.00
Personnel Services Narrative:	The Trust's personnel services costs are fully dedicated to the personnel costs associated with the service delivery (i.e., supportive services and tenancy support). The remaining personnel services costs include housing personnel costs and transaction management personnel costs; these costs will be covered by other sources. Based on past provider budgets, we assume 79% of service delivery costs will be personnel, 39% of housing costs, and 100% of transaction management costs.
Travel Costs	\$0.00
Travel Costs (Other Sources)	\$11,184.00
Travel Narrative:	Based on past housing provider budgets, the project anticipates costs associated with truck maintenance for

	travel for housing personnel (expected to be 3% of total housing costs).
Space or Facilities Costs	\$10,600.00
Space or Facilities Costs (Other Sources)	\$48,189
Space or Facilities Narrative:	The Trust's Space or Facilities Costs represent a portion of the expected costs specifically to service delivery. The remaining Space and Facility costs for service delivery and housing are covered by other sources. Based on past provider budgets, we assume 4% of service delivery costs will be spent on Space or Facilities and 35% of housing costs will be spent on Space or Facilities (includes maintenance and utilities).
Supplies Costs	\$0.00
Supplies Costs (Other Sources)	\$75,077.00
Supplies Narrative:	Based on past provider budgets, the project expects 11% of service delivery costs will be spent on supplies. These costs will be covered by other sources.
Other Costs	\$0.00
Other Costs (Other Sources)	\$610,828.00
Other Costs Narrative:	The project anticipates 7% of service delivery costs will be "other costs;" this includes insurance and indirect costs. We expect 23% of housing costs to be "other costs;" including reserves, the landlord mitigation fund, and other costs. This cost total also includes the overall project indirect costs (\$125,456), the housing funds (\$404,065). The project is requesting \$1,000,000 capital budget for expected renovations to housing units. The breakdown of these costs is pending contract negotiations with pilot housing providers.

Total Amount to be Funded by the Trust	\$500,000.00
Total Amount Funded by Other Sources	\$910,000.00

Other Funding Sources	
Rasmuson Foundation (secured)	\$610,000.00
Municipality of Anchorage (pending)	\$300,000.00

MEMO

To: Chris Cooke, Chair, Board of Trustees
Through: Mike Abbott, Chief Executive Officer
From: Allison Biastock, Chief Communications Officer
Date: May 13, 2020
Re: FY21 Authority Grant Funding Request
Amount: \$125,000.00
Grantee: Alaska Public Media
Project Title: Mental Health Content Initiative

REQUESTED MOTION:

Approve a \$125,000 FY20 authority grant to Alaska Public Media for the Mental Health Content Initiative. Trust funding will come from the FY21 Communications budget line.

STAFF ANALYSIS

In 2018, the Trust began funding a Mental Health Content Initiative with Alaska Public Media (AKPM) to increase public affairs coverage of topics associated with Trust beneficiaries, and to expand the reach of that coverage to public radio stations across Alaska. To date, this effort has been a success. Over the past two years, content generated through this initiative has supported a broad audience in better understanding issues impacting beneficiaries and helping to decrease stigma associated with our beneficiaries. In addition, this partnership will increase brand awareness of the Trust through on-air (radio and television) and website/social media recognition.

Alaska Public Media partners with 26 local radio and 3 television stations and uses digital platforms to reach audiences across the state in more than 105 communities. AKPM radio and television reached 85% of Alaskans through local stations (2017). In Anchorage, there are over 45,000 weekly radio listeners. Their webpage, alaskapublic.org, has an average 2.1 million page views per year.

Alaska Public Media wants to again partner with the Trust for this initiative, and has requested \$125,000 for FY21. Staff recommends approval of this grant for FY21.

PROJECT DESCRIPTION

With Trust support, the second year of a mental health content initiative resulted in content that helped inform and educate the public about mental illness, developmental disabilities, chronic alcoholism, substance related disorders, Alzheimer's disease and related dementia, and traumatic brain injuries. With an additional year of grant funding, AKPM can continue this work and the conversation with an Alaskan audience.

To date, accomplishments of the FY20 mental health content initiative include:

- Continued carriage of *Line One: Your Health Connection* statewide. Trust funds helped expand this radio show from KSKA alone to state-wide distribution delivering weekly content to the same network of public radio stations as AKPN's nightly news, reaching 97% of Alaskans. An added benefit of *Line One* is its live call-in show format; host Prentiss Pemberton, LCSW and his guests accept calls from listeners across Alaska. This person to person connection benefits the statewide audience, and supports Trust efforts to reduce stigma associated with our beneficiaries. Stations that carry *Line One* include:

KSKA Anchorage	KTOO Juneau	KDLL Soldotna
KYUK Bethel	KDLL Kenai	KUHB St. Paul
KCUK Chevak	KRBD Ketchikan	KTNA Talkeetna
KDLG Dillingham	KMXT Kodiak	KNSA Unalakleet
KUAC Fairbanks	KOTZ Kotzebue	KUCB Unalaska
KZPA Ft. Yukon	KSKO McGrath	KBRW Utqiagvik
KIYU Galena	KFSK Petersburg	KCHU Valdez
KHNS Haines	KSDP Sand Point	KSTK Wrangell
KBBI Homer	KCAW Sitka	

- Line One: your Health Connection aired **17** programs to date this grant period that featured a wide range of mental health topics including:
 - Using telemedicine to provide mental health services during the pandemic.*
 - Staying socially connected while we social distance.*
 - Fighting to add mental health education to Alaska's high school curriculum.*
 - Eating disorders.*
 - Life for disabled Alaskans 30 years after passing the Americans with Disabilities Act.*
 - Listener questions, comments and stories about mental health.*
- A full-time producer to help coordinate reporting and awareness through AKPM's radio and TV programming supported by this content initiative.
- In addition to the stories highlighted above, radio program *Talk of Alaska* has run **16** programs with beneficiary related themes during the current reporting period, and radio program *Hometown Alaska* has produced **12** stories in the spirit of this initiative during this grant period.
- AKPM's televised *Alaska Insight* has focused on beneficiary topics in **10** televised programs to date for this grant period. Electronic news gathering (ENG) packages were created for each. Discussion topics for these episodes included:
 - An examination of restorative justice and how it affects crime and recidivism.*
 - New approaches to end suicide in Alaska.*

- *Lawlessness in Rural Alaska.*
- *The lasting effects of sexual abuse by Jesuit Priests in rural Alaska.*
- *Why forensic nursing is critical for fighting interpersonal violence.*
- *How to help kids adjust to a new normal and continue to learn during the pandemic.*
- As a part of this content initiative, multimedia stories for TV, radio, and alaskapublic.org were generated. More than **150** news and public affairs stories have run on Alaska Public Media radio and TV KAKM (Southcentral) and simulcast on KYAK (Bethel) and KTOO (Juneau) and placed on alaskapublic.org soon after air. They are hosted on the main website under the program that generated the story - such as *Alaska Nightly News*, *Talk of Alaska*, *Addressing Alaskans*, *Hometown Alaska, AK*, *Alaska Insight* and *Line One: Your Health Connection*. These stories cover a wide range of topics from suicide and depression to restorative justice in rural Alaska to creative solutions to address mental health challenges, and more.
- A webpage aggregating content produced in the spirit of this agreement was launched and displays all the grant related content in a single place. Alaska Mental Health Trust sponsorship is shown at the top of the webpage, which is updated monthly. The alaskapublic.org//mental-health-focus/ webpage is available as a direct hyperlink or via the drop-down menu under News on the alaskapublic.org homepage. Last year, the page had 796 unique visitors.
- The Trust's support has been recognized via billboard messages on radio (92 times), and television (274 times) to date in the current grant period.

FY21 Proposal:

The scope for next year's grant includes the following elements intended to improve the lives of Alaska Mental Health Trust beneficiaries by developing greater awareness of the issues, challenges, supports, and solutions that impact them:

- Alaska Public Media maintains complete editorial control over all content produced in the spirit of this proposal.
- Continue to air *Line One: Your Health Connection* statewide, and produce at least 10 mental health related episodes in FY21.
- Maintain a full-time producer for Line One, Alaska Insight, and Talk of Alaska.
- Host a minimum of two programs featuring beneficiary themed content through Alaska Insight per year, to be televised for broadcast.
 - Develop two 2-3 minute ENG (Electronic News Gathering) video packages that bring context to the discussion moderated by the host for Alaska Insight.
- Generate multimedia stories for TV, Radio, News, and alaskapublic.org.
- Promote grant related material with a mental health focus on social media outlets and via the AKPM e-newsletter

- Should Alaska Public Media produce any mental health related *Line One-Your Health Minute* shorts for the spot will be promoted via social media in association with the Trust.
- Alaska Public Media will interact with the community, for example, by in-person or virtual meetings with and reporting on rural communities, reporting on/featuring community groups, and working with other organizations in its research.
- Maintain a single Mental Health webpage that aggregates *Line One*, *Alaska Insight* and other related digital content on Alaska Public Media to feature stories, discussions and community input concerning these issues in one place.

Budget detail:

Producer: This producer position ensures editorial continuity across all AKPM content streams. A dedicated producer helps ensure that all AKPM content featuring stories and interviews about mental health topics would:

1. Strengthen Alaska's communities by listening to trusted agencies and community based service staff who support pathways to resources that provide beneficiaries access to resources that address mental illness, developmental disabilities, chronic alcoholism, substance related disorders, Alzheimer's disease and related dementia, and traumatic brain injuries.
2. Foster awareness of the challenges, stigma, stereo-types beneficiaries and the families face while educating the greater public about the medical and science based facts and data supporting current best practices in the Mental Health field.
3. Connect beneficiaries, their family, friends, and neighbors to the trusted and proven statewide resources designed to improve the lives of Alaskans who struggle with the challenges and misinformed perceptions of persons who experience a mental health and/or substance use disorder, developmental disability, Alzheimer's disease or related dementia or traumatic brain injury.
4. Increase AKPM's capacity to provide resources, expand research, and provide mental health focused professional development for video/audio content creators, reporters, show hosts, and producers so that AKPM can grow capacity to sustain this meaningful work.

Production Costs: Production costs are a calculation to create *Line One* (without host fees), *Alaska Insight*, *Talk of Alaska*, and anticipated mental health/beneficiary themed reporting on Alaska News Nightly and podcasts such as *Alaska Interrupted* (Covid-19). As you can see from FY20, more programs are delivered than contracted as deliverables, but the expense is capped for the Trust at \$65k for FY21. In addition, this budget item includes the carriage fees to take *Line One* statewide on the radio. Carriage fees are what stations pay annually to carry news and public

affairs content. With partnership and funding support from the Alaska Mental Health Trust, AKPM can continue to lower that fee for stations, ensuring statewide distribution of this content.

All content created in support of this funding initiative would remain the editorial property of AKPM. AKPM exerts its rights to oversee all editorial direction free of undue influence by a funder.

BUDGET	
Personnel Services Costs (Trust)	\$58,500.00
Personnel Services Costs (AKPM)	\$58,500.00
Personnel Services Narrative:	Dedicated Mental Health Content Producer, includes salary (72%) and fringe benefits (28%) including FICA, Medicare, Insurance, 401K.
Other Contract Hosts (Trust)	\$1,500.00
Other Contract Hosts (AKPM)	\$6,500.00
Narrative:	Contract Host costs are fees for <i>Hometown Alaska</i> and <i>Line One</i> for initiative related topics – cost represents contract hosts for 16 shows.
Other Costs (Trust)	\$65,000.00
Other Costs (AKPM)	\$160,000
Other Costs Narrative:	<p>Carriage Fees for Statewide <i>Line One</i> programming, as well as production for <i>Line One</i>, <i>Alaska Insights</i>, <i>Talk of Alaska</i>, and the content initiative web page \$65,000.00 (Trust), and \$85,000.00 (AKPM)</p> <p>Content promotion (AKPM): Annual Television Impressions \$50,000.00 Annual Radio Impressions \$15,000.00 Annual Web/Social Media Impressions \$10,000.00</p>
Total Amount to be Funded by AKPM	\$225,000.00
Total Amount to be Funded by the Trust	\$125,000.00
Total Cost	350,000.00

Program & Planning Committee Report / Update

To: Chris Cooke, Chair
Through: Mike Abbott, Chief Executive Officer
From: Steve Williams, Chief Operating Officer
Date: May 13, 2020
Re: Program and Planning Committee Report

The meeting occurred on April 23, 2020 and was attended by trustees Verné Boerner (chair), Chris Cooke, Anita Halterman, Ken McCarty, Rhonda Boyles, and Laraine Derr. Due to the COVID-19 pandemic the meeting was not held in person, rather it was held using video and teleconference technologies.

Meeting Summary:

The following items were presented and discussed by the committee.

1) *Shelter and Housing Interventions for Homeless Beneficiaries*

Kelda Barstad (Trust Program Officer), Daniel Delfino (Alaska Housing Finance Corporation, Director of Planning) and Jennifer Smerud (Alaska Housing Finance Corporation, Planner) provided an overview of the joint Trust and AHFC work being done to help shelter and house beneficiaries. The presentation included the following:

- a description of housing as a key social determinant of health indicator, critical for recovery, wellness, and productivity;
- a description of why beneficiaries are at higher risk for housing instability;
- data outcomes on the Juneau *Forget Me Not* permanent housing project;
- data on statewide homeless and supportive housing service delivery;
- a description of the various funding streams and composition of homeless and supportive housing services;
- a description of the Homeless Assistance Program (HAP) and the Special Needs Housing Grant program (SNHG); and,
- a description of homeless intervention strategies including street outreach, emergency shelter, transitional housing; permanent housing, and rapid re-housing.

2) *Comprehensive Integrated Mental Health Program Plan (COMP Plan) update*

Jillian Gellings (Project Analyst) and Rebecca Topol (Research Analyst) from the Department of Health and Social Services and Autumn Vea (Trust Evaluation & Planning Officer) provided an update on the *COMP Plan*. This included a brief history of the *COMP Plan*, but focused on the progress made to identifying performance indicators, data sources, and outcomes for *COMP Plan* scorecard.

3) *FY22/23 budget process and focus area overview presentation*

The presentation started with Trust staff providing an overview of (1) the Trust's two-year budget process, (2) how the concept of focus areas originated and (3) the stakeholder process and timeline for developing the FY22/23 budget recommendations. The presentation then transitioned to an overview of each of the Trust focus areas and other concentrated work, including:

- Housing & Long-Term Services & Supports;
- Substance Abuse Prevention & Treatment;
- Beneficiary Employment & Engagement;
- Disability Justice;
- Early Childhood Prevention and Intervention; and,
- Workforce Development.

Each of the overviews provided information covering the following:

- Why the work is critical for Trust beneficiaries?
- How is the work connected to the *COMP Plan*?
- Who are the key partners critical to the work?
- What have been the positive impacts and successes?
- What are the current and planned efforts moving forward?
- What is the budget to support the work?

4) *Cost of Drug and Alcohol Misuse in Alaska Update*

Due to time constraints the brief presentation on the Trust funded *Cost of Drug and Alcohol Misuse in Alaska* report was postponed to a future committee.

5) Approvals

There were two requested approvals presented to the committee.

a. *My Place Housing Project – Fairbanks Rapid Re-housing*

- The committee approved a \$250,000 FY21 Partnership grant with the Fairbanks Rescue Mission for the My Place Housing Project – Fairbanks Rapid Re-Housing.

b. *Home for Good – Anchorage Permanent Supportive Housing*

- Michelle Brown, President/CEO United Way of Anchorage provided a power point presentation of the *Home for Good Permanent Supportive Housing* project. Following the presentation, the committee had a robust discussion about the project and there was a good question and answer dialogue between the committee and the presenters. However, trustees felt more information was needed before a vote on the two motions presented.
- The committee approved a motion to table the item to time certain on the upcoming May board of trustees meeting.

The Program and Planning Committee adjourned at approximately 4:30pm. The next scheduled meeting of the committee is **July 28 – 29, 2020**.

Focus Area Materials
(from the Program & Planning
Committee Meeting
on 04/23/20)

Focus Area: Housing and Long-Term Services & Supports

Program Officer: Kelda Barstad

The Trust's Housing and Long-Term Services & Supports (HLTSS) focus area was established in 2006. This focus area concentrates on ensuring beneficiaries have access to a continuum of services and supports that maximize independence in their home and community. Housing is a critical component to the continuum of care. Housing First, an evidence-based practice, identifies that a person must have the safety and security of a place to live before they can commit to consistent treatment of health and behavioral health conditions, reducing or eliminating substance use, obtaining employment or education, or meeting other goals. Equally important is having long-term services and supports that are person-directed to achieve maximum independence, autonomy and dignity. Long-term services and supports assist a person with their activities of daily living (e.g., eating, bathing, toileting) and instrumental activities of daily living (e.g., making phone calls, paying bills, managing medication) or support the person to become more independent and engaged in their community. Some populations require services that might relate to assisting people preparing for work or vocational training as well as continuing the recovery process. These activities may include assistance with personal organization, time management, social interactions and problem solving. Technology solutions have emerged as innovative options to provide environmental modifications, cuing, supervision, education, and connectedness.

Partners:

Housing: Trust staff partner with the two housing and homeless coalitions, the Alaska Housing and Urban Development regional office, Alaska Housing Finance Corporation, Alaska Association of Housing Authorities, local governments as represented by the housing coordinators, and members from local and regional housing and homeless coalitions. Partners provide homeless prevention and diversion services, outreach services, housing navigator services, shelter care, rapid rehousing interventions, transitional housing, permanent supportive housing and systems coordination and administration. The Trust is a member of the Homelessness Leadership Council in Anchorage, Alaska Council on the Homeless and the Built For Zero project in Anchorage.

Long Term Services and Supports: Trust staff partner with the Department of Health and Social Services, primarily the Divisions of Behavioral Health, Senior and Disabilities Services, and Alaska Pioneer Homes to work on projects and the overall service system to provide a robust continuum of care for beneficiaries who need long term

Comp Plan Strategy Alignment

Housing is a key social determinant of health that must be met so that individuals are able to spend their energy on recovery, health, and employment rather than using any means available to stay safe and warm. As such, this work aligns with:

Goal 3, Objective 3.1: Alaskans have stable, safe housing with appropriate, community-based social supports to maintain tenancy.

While there are several goals and objectives that relate to long term services and supports, this objective speaks to the purpose of LTSS as well as the mission of the Trust – to support a robust service system across the state to avoid institutional care:

Goal 7, Objective 7.2: Increase access to effective and flexible, person-centered, long-term services and supports in urban and rural areas to avoid institutional placement.

services and supports. Partners provide services that range from meals and transportation to direct care services to assisted living home care and systems coordination and administration. The Trust is a member of the Rural Elder Services Network, Alaska Traumatic and Acquired Brain Injury Advisory Council and regularly participates in meetings of AgeNET and the Statewide Independent Living Council and the Alaska Association on Developmental Disabilities.

Trust staff will continue to work with our advisory boards to identify other community, business, municipal, tribal, social services, and state/federal partners to further the work of this focus area.

Impact of Trust Supported Projects and Initiatives:

- The Juneau Forget Me Not Manor, a housing first congregate permanent supportive housing project, showed an emergency room usage decrease of 65% 6 months after the residents moved into housing, and a 72% decrease in contacts with the police. 100% of the residents are beneficiaries. Two years after moving in, 32% of residents reported two or fewer alcoholic drinks in the past 30 days. The Trust is a partner funder for this project.
- The Aging and Disability Resource Centers (ADRCs) served 14,246 people statewide, 21% of those served identified as beneficiaries. The leveraging of existing Trust funding to supplement state and federal funds opened ADRC offices in Fairbanks and Northwest Alaska. ADRCs are the access point for the Medicaid waiver programs, and provide information and referrals for the senior and disability services systems ensuring people are linked to services across the continuum of care.
- The Homeless Assistance Program and Special Needs Housing Grants served over 11,500 individuals through shelter care or housing programs. 30% of these individuals reported that they are Trust beneficiaries, however this number is considered low as national statistics would place that number closer to 41%, and the permanent supportive housing projects have 100% of residents who are beneficiaries. The Trust is a partner funder for these projects.

Current and future Strategies:

- Increase access to affordable and supportive housing.
- Implement additional rapid rehousing and permanent supportive housing projects.
- Participate in the Anchorage Built For Zero project, a community planning process used across the nation to end homelessness.
- Ensure the overall system of care is person directed.
- Build a robust continuum of care that supports autonomy, independence and inclusion.
- Work with partners to improve the system response and service array for people requiring complex care such as those returning from institutions, or who experience co-occurring disorders that must be served by different systems, such as an individual with cognitive and mental health diagnoses.
- Understanding the population prevalence and service needs of senior beneficiaries.
- Update the ADRD Roadmap to develop a path forward to serve individuals with ADRD and support their caregivers.
- Develop a state plan to support individuals with Traumatic and Acquired Brain Injuries.

Budgeting Considerations:

- Trustees approved a budget of approximately **\$3,900,000** for strategies impacting Housing and Long-term Services and Supports for Trust beneficiaries for FY21.
- Over \$1 million of those funds represent ongoing support for homeless shelters, rapid rehousing and permanent supportive housing.
- ew projects if the second half of the 1115 behavioral health waiver is implemented.

Housing and Long Term Services and Supports

Supplemental Materials

- 1) This presentation, developed for the Alaska Public Health Association Conference, examines the number of Alaskans that will require long term services and supports, how much will it cost to serve them, and proposed Alaska strategies to promote health and independence for seniors and people with disabilities.

Presentation: Promoting Health + Independence Across the Lifespan: Long Term Services and Supports in Alaska

<https://alaskamentalthrust.org/wp-content/uploads/2020/04/Promoting-Health-Independence-Across-the-Lifespan-LTSS-in-Alaska-ALPHA-2014-photos-reduced-Copy.pdf>

- 2) Evidence suggests that providing housing to certain high-need, high-cost patients can transform lives and have a very meaningful return on investment. Over the past three years, National Governors Association Center for Best Practices (NGA Center) has engaged in comprehensive technical assistance to 10 states, including Alaska, to develop statewide plans to establish or advance programs to improve outcomes and reduce cost of care for high-need, high-cost Medicaid enrollees.

NGA's Full Report: Housing as Healthcare: Leveraging Housing Interventions that Improve Health Outcomes and Reduce Costs

<http://natlgovassoc.wpengine.com/wp-content/uploads/2018/07/1609HousingRoadmap.pdf>

Focus Area: Substance Abuse Prevention and Treatment

Program Officer: Katie Baldwin

In 2013, recognizing the magnitude of the negative impacts of alcohol and drug abuse on Alaskans, trustees approved a substance abuse prevention and treatment (SAPT) focus area. SAPT is focused on the full continuum of care for Trust beneficiaries, from prevention and early intervention to treatment and recovery.

The prevalence rates and negative consequences of alcohol and drug abuse upon Alaskans are substantial. Substance abuse and addiction constitute the largest preventable and costly health problem in the U.S. The long-term negative health effects of excessive alcohol and drug use among Alaskans is linked to any number of negative social, health and environmental consequences. According to a May 2018 State of Alaska Epidemiology report on Health Impacts of Alcohol Misuse in Alaska, 7.6% of all emergency medical transports in Alaska were attributed to alcohol consumption, and the child welfare system and criminal justice systems are substantially over-represented with alcohol and drug related impacts. Almost half of Alaska children in out-of-home placements were connected to homes with parental alcohol abuse, and between 2006 and 2016 roughly 18% of all criminal justice convictions were attributable to alcohol.

The economic cost of drug and alcohol misuse in Alaska is upwards of \$3.5 billion annually, per the 2019 Update to the *Economic Cost of Drug Misuse in Alaska*. Access to treatment is of considerable concern to the Trust and our partners. Statewide treatment capacity and access to timely interventions are critical for persons seeking help, as is making sure that services are adequately funded to ensure stability in access over time. A 2016 Trust statewide assessment of services revealed that approximately one in nine adults were in need of treatment for an illicit drug or alcohol program, which equates to roughly 62,815 Alaskan adults. Reductions in grants, provider rate freezes, and disruptions in claims processing puts an already fragile system of service in jeopardy of reduced statewide capacity to serve Alaskans in need.

Partners:

Alaska Mental Health Board, Advisory Board on Alcoholism and Drug Abuse, Alaska Commission on Aging, Governors Council on Disabilities and Special Education, Alaska

Comp Plan Strategy Alignment

The core strategies of this area include changing social norms about addiction, reducing stigma associated with addiction, and enhancing access to needed interventions across a variety of settings. As such, this area aligns with:

Goal 4: Prevention and treatment for drug and alcohol misuse is provided through collaborative, effective, and informed strategies.

Now that the work to improve the Crisis System of Care is included within the SAPT focus area, our work to implement the *Crisis Now* model also aligns with plan goals. Efforts to build out and optimize crisis response systems to include a robust crisis call line, dispatched mobile crisis teams, and 23 hour/short term crisis stabilization programs support these plan objectives:

Goal 5, Objective 5.1: Coordinate prevention efforts to ensure that Alaskans have access to a comprehensive suicide prevention system, and

Goal 5, Objective 5.2: Support and improve the system to assist individuals in crisis.

Behavioral Health Association, Alaska Tribal Behavioral Health Directors and Alaska Native Health Board, Alaska Department of Health and Social Services and Department of Corrections, as well as partner agencies and foundations including Recover Alaska, the Alaska Children's Trust, the Mat-Su Health Foundation, Rasmuson Foundation, and local community foundations.

Impact of Trust Supported Projects and Initiatives:

- Four A's Syringe Access Program (FASAP) is working to prevent the spread of blood-borne illnesses such as HIV and Hepatitis C (HCV), and to reduce the harm associated with injection drug use. With Trust support the program has implemented a new model to provide access to sterile syringes, rapid HIV and HCV testing, harm reduction counseling, and treatment referrals through mobile outreach to injection drug users in Anchorage and Mat-Su. This program uniquely increases access to evidenced-based harm reduction interventions for Trust beneficiaries.
- Volunteers of America's (VOA) treatment program offers critical services to children, adolescents, and families. As a primary provider of treatment services to youth and adolescents ages 13-24 impacted by addiction, the program benefited from Trust support during critical transitions in agency leadership and a decline in available funding. VOA has served approximately 270 youth from communities across Alaska. Trust funding enabled VOA to streamline operations, acquire evidence-based treatment models that support enhanced programming, and substantially reduce operating expenses to support long-term stability of the organization.
- The Trust contributed capital funding to Set Free Alaska to support development of a 16 bed men's residential addiction treatment center in Homer. Also supported by a grant from the Department of Health and Social Services Division of Behavioral Health, this project is focused on increasing statewide capacity to serve individuals impacted by addiction and mental health issues through expanded access to residential programming.

Current and Future Strategies:

- Targeting the negative impacts of alcohol and drug abuse of current and future beneficiaries by educating the public and policymakers regarding beneficiary needs; collaborating with partners on data collection, implementation of evidence based practices and primary care integration; supporting public awareness campaigns targeting social norms about alcohol/drugs; enhancing access to treatment; and improving state policy through statutory and regulatory revisions and development.
- Implementation of the 1115 behavioral health waiver services creates opportunities for the Trust to partner with organizations and/or communities as they move forward with implementation of the new and expanded treatment capacity proposed in the Substance Use Disorder portion of the waiver.

Budget Considerations:

To ensure ongoing Trust support to improve access to treatment interventions, trustees have authorized a budget of **\$3,950** for this focus area for FY21. This includes \$850.0 for substance abuse prevention and treatment, and \$3,050.0 for crisis systems improvements.

Substance Abuse Prevention and Treatment

Supplemental Materials

- 1) The Trust commissioned a 2019 update of two reports focused on the economic impact of drug and alcohol use in the state of Alaska. These reports provide data on the cost and harms to our state across a variety of sectors. Both reports are posted on the Trust website under the SAPT focus area and are also available at the following links:

McDowell Reports- Economic Impact of Alcohol and Drug Use and
The Economic Cost of Drug Misuse in Alaska, 2019 Update

<https://alaskamentalthtrust.org/wp-content/uploads/2020/01/McDowell-Group-Joint-Alcohol-and-Drugs-Summary-1.21.2020.pdf>

- 2) Relevant materials related to the Trust's effort to improve the psychiatric crisis response system in Alaska are available on the Trust webpage:

- [Crisis Now Consultation Report, RI International, December 2019](#)
- [White Paper: Transforming Services Is Within Our Reach, 2016 \(Crisisnow.com\)](#)
- [Forensic Psychiatric Hospital Feasibility Study, Phase 2, 2019 \(Agnew:: Beck for DHSS, partially funded by the Trust\)](#)
- [Acute Behavioral Health Improvement Project, 2019 \(Agnew::Beck for ASHNA, funded by the Trust\)](#)
- <https://alaskamentalthtrust.org/news/trust-works-with-dhss-community-partners-to-improve-alaskas-psychiatric-crisis-continuum-of-care/>

Focus Area: Beneficiary Employment and Engagement

Program Officer: Jimael Johnson

The primary goal of the Beneficiary Employment and Engagement (BEE) focus area is to improve outcomes and promote recovery for beneficiaries through integrated, competitive employment, and meaningful engagement opportunities. The Trust promotes evidence-based strategies and best practices that increase opportunities and enable beneficiaries to achieve these outcomes.

Prior to the additional goal of Beneficiary Employment in 2014, the Beneficiary Project Initiatives (BPI) focus area originated in 2004 to help beneficiaries conceive and manage programs that focus on peer-to-peer support. The purpose of the focus area was to develop safe, effective services for beneficiaries using a peer support, recovery-based model. BPI funded agencies continue to serve exceptionally vulnerable beneficiaries using peer-support recovery oriented services. Many beneficiaries served by these agencies are unable or unwilling to receive services at traditional behavioral health agencies due to intensive and complex needs. BPI is retained as a primary strategy in the recently integrated BEE focus area.

Recent data reveals that only 40 percent of Alaskans with a disability are currently employed, compared to 80 percent of those without disabilities. For some Trust beneficiary groups, the rate of employment is even lower. For example, only 26 percent of Alaskans with a cognitive disability are employed. Work is viewed as an essential part of recovery for individuals with a serious mental illness and has a positive impact on self-esteem, life satisfaction, and reducing symptoms. Additionally, employment is a way out of poverty and a way to prevent people from entering the disability system. Further, meaningful community engagement opportunities reduce isolation and promote health and well-being. In 2014, Alaska passed legislation to become an “Employment First” state. Employment First means that employment in the general workforce should be the first and preferred option for individuals with disabilities receiving assistance from publicly funded systems. The Trust is actively working with stakeholders to further identify strategies and measures of progress to implement the Employment First philosophy into policy and practice.

Partners:

Primary partners include Trust advisory boards, as well as multiple state agencies such as Division of Behavioral Health, Division of Vocational Rehabilitation (DVR), and

Comp Plan Strategy Alignment

Employment and recovery support service (including peer support) themes emerged in the development of the plan. The two key objectives noted below illustrate alignment for topical focus areas related to Beneficiary Employment and Engagement:

Goal 3, Objective 3.2: Economic and Social Well-Being – Ensure that Competitive and integrated employment at part-time or full-time jobs pays minimum wage or above in integrated, typical work settings.

Goal 4, Objective 4.4: Substance Use Disorder Prevention – Utilize ongoing recovery support services to end the cycle of substance misuse.

the Department of Education and Early Development. Community based organizations are also critical partners, including those contemplating or implementing supported employment services, as well as the BPI agencies continuing to provide recovery-oriented and peer support services.

Impact:

- BPI grantees serve approximately 6,000 vulnerable beneficiaries statewide annually through a variety of peer support and recovery-oriented services.
- The Trust partners with DVR to provide flexible funding for pre-employment transition services (Pre-ETs) related training, outreach and student work experience, among other Pre-ETs investments. The Division of Vocational Rehabilitation reported more than 800 students with a disability receive Pre-ETs annually.
- Annually, an average of 15-20 Microenterprise grants are awarded to individual beneficiaries who own their own business or are looking to start their own business.

Current and Future Strategies:

The Trust supports varying strategies through both funding and advocacy that include integrated employment supports, meaningful activities, beneficiary and workforce training, and peer-based recovery support programs (i.e. peer and family support services).

- Data development and evaluation: engage stakeholders to identify common indicators and strategies to track progress and inform future employment related investment.
- Employment First Task Force: Advisory boards and state partners including the Departments of Labor and Health & Social Services have engaged with the Trust and national technical assistance to plan and promote implementation of the 2014 Employment First legislation, and to inform state agency and community partners of current resources and initiatives related to supported employment for people with disabilities.
- Evidence based & emerging employment practices
 - Continue statewide expansion of Individual Placements and Supports (IPS) model for beneficiaries experiencing mental illness, substance use disorder, and reentry populations
 - Increase reach and impact of Pre-ETs supports in collaboration with DVR and community partners.
- Beneficiary Project Initiatives: ongoing support of critical recovery-oriented agencies.
- Peer Support Certification: Ongoing support of DHSS and stakeholder efforts related to training and credentialing of peer support workforce.

Budgeting Considerations:

To ensure ongoing Trust support of key Beneficiary Employment and Engagement strategies, Trustees have authorized a budget of **\$2,210,200** for this focus area in FY21.

APSE EMPLOYMENT FIRST STATEMENT

Adapted by Green Mountain Self Advocates and Self Advocates Becoming Empowered

All people with disabilities should have opportunities to work. Public dollars should be used to pay for supports for people to work in the community.

People with disabilities, their families, and their allies believe that:



Too many people with disabilities do not have a job. This is unacceptable.



All people should have opportunities for real jobs with real wages. It will get us out of poverty. We will be more independent. We will feel more included.

All people, with and without disabilities, can work in jobs together earning minimum wage or higher.



Like everyone else, people with disabilities should have access to supports that they need to work successfully.



All people, no matter what disability they have, have the right to work a job they choose that matches their skills and interests.








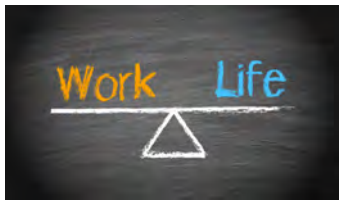





Public policies must support people with disabilities having real jobs. Money for services should be spent on people having jobs in the community.



Just calling your state an Employment First state is not enough. "Employment First" is when everyone who wants a job, has a job.



We will know Employment First policies are working when people with disabilities:

	Earn minimum wage or higher.		Are valued by employers.
	Have jobs with benefits.		Feel welcome when applying for a job.
	Own and run businesses.		Don't live in poverty.
	Choose employment as one of the big goals in life.		Get promoted.
	Are given the supports they need to work, no matter what type of disability they have.		Have all kinds of jobs based on their strengths and talents.
	Get to try out different jobs, starting when they are teenagers.		Have opportunities to change jobs and build a career.

If a person is not working in the community, this decision should be reviewed every year. A person's team must write a report describing why the person is not working.

Supported Employment

Promote competitive, integrated, and meaningful employment opportunities for Alaskans

Supported employment is founded on the belief that anyone can work if provided the right supports. Supported employment services help Alaskans with intellectual-developmental disabilities, behavioral health disorders, dementia, and traumatic brain injury, obtain and maintain employment in typical work settings, earning competitive wages and benefits, side-by-side with people who do not experience disabilities.

When Alaskans with disabilities are employed, they contribute positively in their communities, pay taxes, and experience meaningful engagement that reduces isolation and promotes health and well-being.

Sensible investment to grow a diverse workforce that includes people with disabilities, means directing resources for grant programs, vocational rehabilitation, university programs, peer support and mentorship, and more.

Alaska Mental Health Trust (Trust) beneficiaries¹ benefit from practices, policies, and funding that promote supported employment. The Trust and its partner advisory boards promote evidence-based strategies and best practices that increase opportunities for beneficiaries to gain integrated, competitive, and meaningful employment in their communities.

Employing People with Disabilities

Employment for people with disabilities is associated with better health and lower public costs. A 2013 University of Kansas study

found that “participants with any level of paid employment had significantly lower rates of smoking and better quality of life; self-reported health status was significantly higher; and per person per month Medicaid expenditures were less.”²

American Community Survey data from 2017 reveals that only 40% of Alaskans with a disability are currently employed, compared to 80% of people without disabilities. For some beneficiary groups, the rate of employment is even lower. For example, only 26% of Alaskans with a cognitive disability are employed.³

Employment is an essential part of recovery for many individuals with behavioral health disorders, offering positive impacts on life satisfaction, self-esteem, and reducing symptoms. Two-thirds (66%) of people with serious mental illness indicate they want to work, but only 15% are employed.⁴

Additionally, employment is a way out of poverty and a way to prevent people from becoming homeless or entering the disability or criminal justice systems.

Supported Employment in Alaska

Alaska is an *Employment First* state. *Employment First* is a national movement to promote employment in the general workforce as the preferred option for people with disabilities receiving assistance from publicly-funded systems. Alaska state agencies work together to support disability resource coordinators at job centers, public school

transition services, vocational rehabilitation, and more. Following are some of these efforts:

The Division of Vocational Rehabilitation (DVR) within the state Alaska Department of Labor and Workforce Development (DOLWD) helps Alaskans with disabilities prepare for and maintain employment. Vocational rehabilitation might include job counseling, referrals, training, placement services, and assistive technology.

The Division of Senior and Disabilities Services (SDS) provides individuals with intellectual and developmental disabilities (IDD), who are eligible for waiver long term waiver services, with opportunities for supported employment services. Within SDS, the Governor's Council on Disabilities and Special Education (GCDSE) leads a collaborative employer engagement group called the *Business Employment Services Team* which supports employers in hiring people with disabilities.⁵

The Division of Behavioral Health (DBH) within the Department of Health and Social Services (DHSS) promotes competitive grant funds and the *Individual Placement and Support* (IPS) program, an evidence-based model that promotes customized and transitional employment services for people with serious mental illness and substance use disorders.

The Department of Revenue (DOR) administers the Alaska *Achieving a Better Life Experience* (ABLE) program that helps

Alaskans with disabilities save for qualified disability expenses without losing eligibility for certain public assistance programs.

Other statewide programs that offer supported employment resources, include the *Client Assistance Program*, *Alaska Tribal Vocational Rehabilitation Program*, *Disability Determination Services*, and *Ticket to Work*.

What Needs to Happen?

- ✓ Initiate a statewide *Alaska Work Matters* or *Employment First* taskforce to further implement Alaska's 2014 *Employment First* law concepts of competitive and integrated employment for Alaskans with disabilities, including *State as A Model Employer* (SAME) efforts;
- ✓ Support continued funding and grant opportunities for supported employment activities and programs in Alaska;
- ✓ Provide training and technical assistance to service providers to implement practices that support employment for people with all kinds of disabilities, at all levels;
- ✓ Enhance apprenticeship opportunities for Alaskans with disabilities, including people with behavioral health disorders;
- ✓ Reduce barriers in state policy, procedure, and regulations related to employment for people with disabilities across the lifespan.

The Trust and partner advisory boards support competitive, integrated, and meaningful employment opportunities for Alaskans with intellectual-developmental disabilities, behavioral health disorders, dementia, and traumatic brain injury.❖

¹ Alaska Mental Health Trust beneficiaries include Alaskans with mental illness, substance use disorders (SUD), Intellectual/Developmental Disorders (IDD) including fetal alcohol spectrum disorders (FASD), *Alzheimer's disease and related dementia* (ADRD), and Traumatic Brain Injury (TBI).

² Hall, J., Kurth, N., Hunt, S., *Employment as a Health determinant for Working-age, Dually-eligible People with Disabilities*, University of Kansas, 2013: <https://kus-scholarworks.ku.edu/handle/1808/11286?show=full>

³ Erickson, W., Lee, C., & von Schrader, S. (2019). 2017 Disability Status Report: Alaska. Ithaca, NY: Cornell University Yang-Tan Institute on Employment and Disability (YTI). http://www.disabilitystatistics.org/StatusReports/2017-PDF/2017-StatusReport_AK.pdf?CFID=21287273&CFTOKEN=1f758a616f571dc8-1AA49A94-0C14-2190-8A1E96E1F192CCA3

⁴ Individualized Placement Support (IPS) Employment Center <https://ipsworks.org/index.php/evidence-for-ips/>

⁵ For more resources on employment, visit the Council's Alaska Transition Handbook: *Pathway to Adulthood and Employment*. <http://dhss.alaska.gov/gcdse/Documents/TransitionsHandbook.pdf>

For more information, go to: www.alaskamentalhealthtrust.org/jointadvocacy

Focus Area: Disability Justice/Criminal Justice Reform and Reinvestment

Program Officer: Travis Welch

Since 2005, trustees have directed significant funding and staff resources towards criminal justice reform efforts in Alaska. In addition to reform efforts, the Trust has worked to address related issues affecting beneficiaries, including reducing beneficiary involvement and recidivism in the criminal justice system, and preventing the victimization of beneficiaries.

In 2014 the Trust funded a study of the prevalence and characteristics of Trust beneficiaries who entered, exited, or resided in an Alaska Department of Corrections (DOC) facility between July 1, 2008 and June 30, 2012. The study identified over 60,000 unique individuals, of which 30 percent identified as Trust beneficiaries. Additionally, Trust beneficiaries accounted for more than 40 percent of the incarcerations each year.

According to the 2018 Alaska Scorecard, DOC has become the largest provider of mental health services in the State of Alaska, and has the highest growth rate for incarceration per capita in the U.S. Since 2000, the average number of sentenced inmates in Alaska has increased each year by an average of 2.4% - higher than the national average.

Trust beneficiaries are at increased risk of involvement with the criminal justice system both as defendants and as victims. Limitations and deficiencies in community emergency response, treatment, and support systems make the criminal justice system the default emergency response to Trust beneficiaries experiencing a crisis as a result of their disorder. The median length of stay for Trust beneficiaries in a DOC facility is significantly longer than for non-Trust beneficiary offenders. Among those committing felonies, it is double; for misdemeanors, it is 150% longer.

The Alaska criminal justice system continues to be a top priority of the Alaska Legislature and the executive branch. Areas of emphasis center on offender diversion programs such as crisis stabilization and therapeutic courts, providing behavioral health services for persons who are incarcerated, and reentry services for returning citizens. The disability justice focus area strategies are well aligned with these priorities and the Trust FY21 budget provides support for partners who are engaged in these efforts.

Comp Plan Strategy Alignment

The disability justice focus's work with partner to ensure the criminal justice system effectively accommodates the needs of victims and offenders who are Trust Beneficiaries aligns with these plan objectives:

Goal 7, Objective 7.3 Reduce the number of Trust beneficiaries entering or becoming involved with Alaska's criminal justice system.

Goal 8, Objective 8.3 Enhance and expand access to clinical and case management resources for Alaskans who are incarcerated.

Partners:

The Trust disability justice focus area partners include the Trust Advisory Boards, community providers, tribal behavioral health partners, Alaska Department of Corrections (DOC), Alaska Court System, Alaska Justice Information Center, Law enforcement agencies, Alaska Office of Public Assistance (OPA), Alaska Public Defender Agency and Alaska Legal services, Alaska Division of Juvenile Justice (DJJ), University of Alaska Anchorage Center for Human Development, statewide prisoner Reentry coalitions.

Impact of Trust Supported Projects and Initiatives:

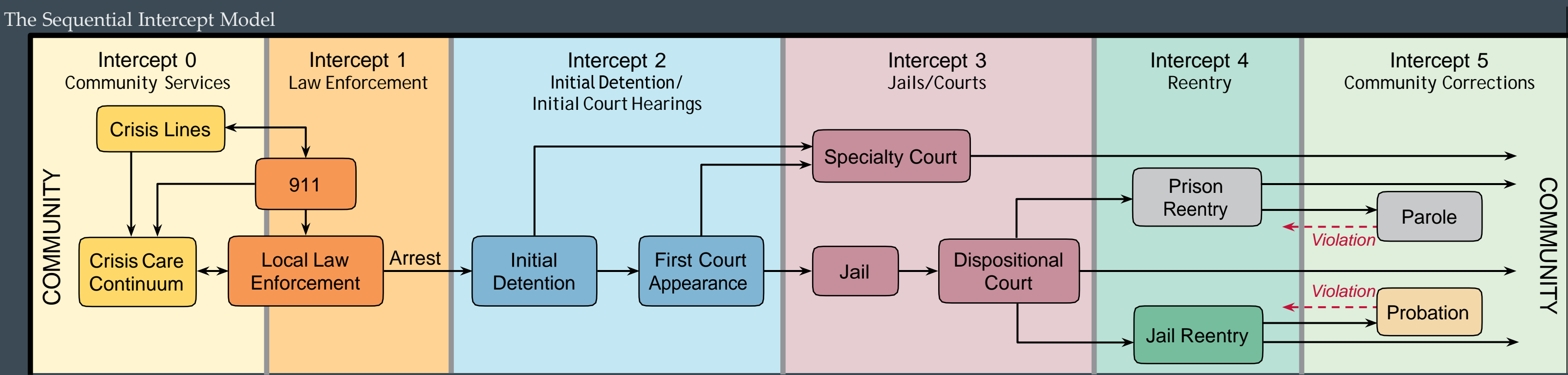
- Through the Trust disability justice focus area and other statewide efforts to reduce criminal justice recidivism, Alaska has achieved its lowest recidivism rate in the past 10 years. The percentage rate has dropped from the mid to high 60's to 59% for the 2016-2019 cohort of individuals being released from prison.
- The Bethel Holistic Defense project and therapeutic courts worked to divert beneficiaries out of the traditional court process and assist them with receiving services ranging from criminal defense and civil representation to mental health counseling and case management. The Bethel Holistic Defense project has served hundreds of beneficiaries since its inception in 2016, and is currently working to expand the project into Nome and Kotzebue.
- In 2019, the Trust-supported therapeutic court had an averaged utilization rate of 74% with 51 beneficiaries graduating the program. The overall state wide therapeutic court program had an average utilization rate of 94% with 131 beneficiary graduates over the same time period.

Current and Future Strategies:

- The Trust uses the Sequential Intercept Model (SIM) as the foundation for making funding and policy decisions in this focus area, with the overall goals being:
 1. Developing criminal justice and community behavioral health partnerships,
 2. Diverting Trust beneficiaries from the criminal justice system,
 3. Maintaining public safety by improving the health of beneficiaries and Alaska communities.
- To build upon the momentum of work already underway, the Trust will continue to support expansion of therapeutic courts, the holistic defense project, reentry coalitions and forensic peer support. The Trust will also focus on expanding programs which educate beneficiaries, providers, law enforcement officials, court staff, as well as policy makers and communities as a whole about justice involved beneficiaries.

Budgeting Considerations:

To ensure that the Trust can continue to provide funding for programs which serve beneficiaries involved in the criminal justice system or to prevent future involvement, Trustees have authorized a budget of \$2,674,900 for this focus area in FY21.



Anchorage Reentry Coalition

REENTRY SIMULATIONS

THE REENTRY SIMULATION IS A COMMUNITY-DRIVEN ACTIVITY THAT OFFERS PARTICIPANTS A HANDS-ON OPPORTUNITY TO EXPERIENCE THE CHALLENGES ASSOCIATED WITH REENTRY INTO THE COMMUNITY AFTER INCARCERATION.

SIMULATIONS



- 9 Reentry Simulations in Anchorage to date in 2019-2020
- 6 Locations Used to Hold and Host Simulations
- » Technical Assistance and Support for Reentry Coalitions and Simulations in Juneau, Fairbanks, and the Mat-Su Valley
- » Co-hosts: UAA, College of Health; Alaska Native Justice Center; U.S. Attorney's Office, District of Alaska; Alaska Public Defender Agency; Alaska Dept. of Labor and Workforce Development; Reducing Recidivism & Reentry Conference

REDUCING RECIDIVISM & REENTRY CONFERENCE
180 PEOPLE
BIGGEST SIMULATION IN AK

PARTICIPATION	
Total Attendees per Simulation	45-180
Total Unique "Reentrant" Participants	+365
Total Unique Simulation Volunteers	112
Volunteers That Participated +2 Times	38%



SATISFACTION & FEEDBACK



83%

Participants That Found the Simulation Either Very Impactful or Extremely Impactful

96%

Participants That Agreed or Strongly Agreed the Simulation was a Good Use of Their Time

95%

Participants That Would Recommend Participating in a Simulation to Another Person

"Extremely helpful in understanding reentry challenges. Will be useful in working with clients."

"I have had family and friends deal with these situations and I think its great you are raising awareness!"

"It helped me understand frustrations and biases and failure one would feel trying to stay afloat."



Thank you to the Alaska Mental Health Trust, the U.S. Attorney's Office, District of Alaska, NeighborWorks Alaska, and all the co-hosts, partner organizations, and volunteers that continue to make the reentry simulations such a success in Anchorage and around Alaska! Contact the Anchorage Reentry Coalition to learn more (reentry@nwalaska.org).

Reducing Recidivism through Treatment and Reentry Supports

Promote rehabilitation practices and improved supervision to increase public safety

With 65% of Alaska's inmate population having a diagnosable mental health disorder,¹ the Alaska Department of Corrections (DOC) is, by default, the largest provider of mental health and substance use disorder services in the state.

According to an Alaska Mental Health Trust report published in 2014, Trust beneficiaries² are at increased risk for involvement with the criminal justice system and account for more than 40% of Alaska's incarcerations each year. Additionally, their median length (or mid-point) of stay is significantly longer than for other offenders. For beneficiaries who commit felonies, the length of stay is double that of a non-beneficiary, and for misdemeanors, it is 150% longer.³

The Trust and partner advisory boards believe that justice-involved beneficiaries are best served with access to treatment, housing, employment assistance, education, and training, so they are more likely to experience rehabilitation and less likely to commit new crimes.

Since about 95% of incarcerated Alaskans will serve their time and return to our communities,⁴ funding for in-custody programs and community-based supports is a wise investment for improving public safety, reducing criminal recidivism, and creating safer, healthier communities.

Improved Practices Underway in Alaska

All Alaskans benefit when returning citizens have access to services and programs that help address the root causes of criminal behavior. Below are some of the improved efforts currently underway in Alaska:

Reentry Coalitions. Community coalitions have formed in Anchorage, Mat-Su, Fairbanks, Juneau, Kenai, Dillingham, Ketchikan, and Nome, to support individuals returning to the community after incarceration. Coalition efforts are helping to reduce barriers and improve community education and outreach. Alaska's reentry coalitions partner with profit and non-profit organizations, state agencies, and tribal, faith-based, and business organizations, to address barriers and promote practices that increase successful reentry and reduce recidivism.

Reentry Case Managers. Both DOC institutional probation officers and community case managers are partnering to provide early release planning 90-days before release for individuals at high-risk of recidivating. Reentry case managers provide transitional support for accessing housing, employment, training and education, healthcare, including behavioral health treatment, peer support, family reunification, and more, to increase the likelihood of stability and success after release.

Treatment inside prisons and halfway houses. Funding remains in place for mental health and addiction treatment inside prisons and halfway houses, with efforts to expand programming statewide. Treatment services can be the foundation of success after release from incarceration.

Improved prison population management practices. DOC prioritizes, when appropriate, separating low-level offenders from serious violent offenders, to prevent exposure to more serious anti-social and criminal behaviors. A large body of research shows that mixing low-level misdemeanants with high-level criminal offenders results in the low-level offenders returning to the community at higher risk for committing new crimes.

Strengthened community supervision during pretrial phase. DOC's Pretrial Enforcement Division provides improved supervision to defendants awaiting resolution of their criminal case, including connecting them to community resources that provide tools for long-term change and success, and increased likelihood of compliance with conditions of release.

Therapeutic Courts. Therapeutic courts offer court-supervised probation and rehabilitation support for people with mental illness, addiction, and other disorders. Specially-trained probation officers offer intensive case management and assistance for maintaining housing, employment, treatment, and recovery, while carrying out the obligations of their probation.

Access to limited driver's licenses. People convicted of a first felony DUI offense may receive a provisional driver's license if they: 1) participate in a therapeutic court program, or, if living where there isn't a therapeutic court, participate in a treatment program similar to a therapeutic court program, and 2) can prove he or she has been sober for 18 months.

Recidivism Reduction Fund. 50% of the revenue collected from the state's marijuana taxes has been invested into services and programs serving justice-involved individuals that include: 1) reentry services funded through DHSS for case managers who offer transitional planning and support; 2) substance use disorder treatment within DOC facilities; and 3) violence prevention programs through the Council on Domestic Violence and Sexual Assault.

The Trust and partner advisory boards support maintaining current efforts to enhance and expand services and programs that promote treatment and rehabilitation, improved public safety, and reduced criminal recidivism for justice-involved beneficiaries. ❖

¹Trust Beneficiaries in Alaska's Department of Corrections, Hornby Zeller Associates (May 2014), pii). <http://mhtrust.org/mhtawp/wp-content/uploads/2014/10/ADOC-Trust-Beneficiaries-May-2014-FINAL-PRINT.pdf>

² Alaska Mental Health Trust beneficiaries include people with mental illness, substance use disorders (SUD), intellectual-developmental disabilities (IDD), including fetal alcohol spectrum disorders (FASD), Alzheimer's disease and related dementia (ADRD), and Traumatic Brain Injury (TBI).

³ Trust Beneficiaries in Alaska's Department of Corrections, Hornby Zeller Associates (May 2014), pii). <http://mhtrust.org/mhtawp/wp-content/uploads/2014/10/ADOC-Trust-Beneficiaries-May-2014-FINAL-PRINT.pdf>

⁴ Alaska Department of Corrections presentation to Alaska State Legislature, 2018.

⁵ Division of Public Health, Alaska Bureau of Health Analytics & Vital Records.

For more information, go to: www.alaskamentalhealthtrust.org/jointadvocacy

Priority Area: Early Childhood Intervention & Prevention

Program Officer: Jimael Johnson

Beneficiaries come from all ages and all walks of life, including parents of young children (past and present) as well as infants and children themselves (present and future). Trust beneficiaries as defined in the Trust settlement include “all persons who are past, present, and future beneficiaries of the mental health lands trust” and Trust statutes highlight prevention services and work as one of many ways Trust resources can be deployed. It is this guidance as well as the expertise of our advisory boards and other key stakeholders that provides a framework for Trust work in this area.

The sooner beneficiary families including infants and young children are identified and connect with needed supports, the better their outcomes, as proven by decades of early intervention and brain development research. The Trust’s “Bring the Kids Home” focus area initiative (2004-2012) highlighted the need for earlier identification and intervention of behavioral health supports for children and families to prevent the need for increasingly higher levels of care.

Part C of the federal Individuals with Disabilities Education Act (IDEA) provides funding to states to support early intervention systems for children age birth to three years with developmental delays or disabilities. Alaska’s eligibility threshold for early intervention services is more limiting than many other states, meaning that many young beneficiaries are not able to access these high-quality supports at the most critical time in their development. The Trust works closely with Alaska’s Part C program, also called the Infant Learning Program, to identify opportunities and improve access of these critical services for young beneficiaries and their families.

Additionally, the Trust recognizes the significance of trauma and Adverse Childhood Experiences (ACEs) and the fact that trauma is highly correlated with beneficiary groups, particularly those experiencing mental illness and substance use disorders. Alaska children are exposed to trauma early, with 1 in 3 (32%) reported to child welfare before their 7th birthday, according to the Alaska Longitudinal Child Abuse and Neglect ([ALCAN Link](#)) study. A report of harm to child welfare is an early indicator of problems and often predict family and child social and behavioral health support needs.

Comp Plan Strategy Alignment

Early childhood programs emerged as a primary focus in the plan. This focus area particularly aligns with the objectives of this goal:

Goal 1: Early Childhood – Programs serving young children promote resiliency, prevent and address trauma, and provide access to early intervention.

Goal 1, Objective 1.1: Promote practice-informed, universal screening efforts and early intervention services.

Goal 1, Objective 1.2: Provide ongoing support to ensure accurate identification and treatment of social-emotional needs for children and their caregivers, congruent with their cultural identification.

Goal 1, Objective 1.3: Reduce the instances and impact of Adverse Childhood Experiences (ACEs) through community engagement and by improving social determinants of health.

However, our current system does not usually intervene until children are at least school age (often late elementary) and can miss critical opportunities for optimally effective early intervention. Precise and targeted prevention occurring before birth and throughout childhood is needed to reduce or lessen the impact of negative childhood events that result in trauma (Alaska Division of Public Health, 2020).

Intervening early in childhood can alter the life course trajectory in a positive direction (Kellam et al., 2008; Kitzman et al., 2010). Substance abuse and other problem behaviors that manifest during adolescence have their roots in the developmental changes that occur earlier—as far back as the prenatal period. While early intervention can be effective at any age, it is especially powerful when applied early in a person's life, when development is most easily shaped and the child's life is most easily set on a positive course. Decades of research show the highest rate of economic returns comes from the earliest investments in children – up to a 13% return on investment for birth to age 5 five programs (Heckman, 2019).

Partners:

Primary partners include Trust advisory boards (Governor's Council on Disabilities and Special Education, Alaska Mental Health Board/Advisory Board on Alcoholism and Drug Abuse) and state agencies such as the Divisions of Behavioral Health and Public Health, Senior & Disabilities Services, Public Assistance Child Care Program Office, and the Department of Education and Early Development. Community partners are also critical, including the All Alaska Pediatric Partnership, thread, Head Start, Alaska Association for Infant and Early Childhood Mental Health, Association of Alaska School Boards, Rasmuson Foundation, Alaska Children's Trust and many others.

Impact of Trust Supported Projects and Initiatives:

The Trust continues to develop strategies and investments related to early childhood with promising results. Three recent investments with established or promising impact are highlighted below.

- Medicaid 1115 Behavioral Health Waiver: Anticipated impacts from the waiver include new services to increase early intervention and prevention supports for families and young children at-risk of experiencing mental health issues.
- Partnership Access Line – Pediatric Alaska (PAL-PAK): PAL-PAK offers child and adolescent mental health consultation services available to any Alaskan pediatric care provider in partnership with Seattle Children's Hospital and Help Me Grow Alaska. Consultation includes support for diagnostic clarification, medication adjustment, or treatment planning.
- Trauma-Informed Schools: The Trust has supported an intensive Juneau School District pilot of trauma-informed practice in three elementary schools. Preliminary evidence shows increased teacher capacity to handle challenging behaviors and improved student outcomes. Lessons learned from the pilot have been incorporated into a statewide [trauma-informed schools framework](#).

Current and Future Strategies:

The Trust is poised to join the growing number of private and public foundations engaged in early childhood systems transformation. As a catalyst for change, the Trust is key influencer and able to build on past and current investments for this important beneficiary population. Early childhood investments promise profound benefits to beneficiaries, families, and communities.

- Screening and assessment: Early identification of developmental and other needs is critical to ensure young beneficiaries are well supported for maximum benefit reduced cost. Improved access to screening, assessment and appropriate service referrals in a range of child-serving settings is essential.

- Integration of behavioral health into primary care settings: Integrated care in a primary care setting has proven to improve access, reduce cost, and reduce stigma related to behavioral health needs for young children and their families.
- Enhanced home visiting supports: Through technology and innovative service delivery models, the Trust and partners seek to expand access to culturally relevant and effective early intervention services provided in home settings (i.e. Infant Learning Programs, Early Head Start, etc.)
- Trauma-engaged practice and behavioral health supports in educational settings: Partners statewide continue to prioritize enhanced trauma-engaged practice and behavioral health supports for students and consultants for staff in educational settings. Settings include early care and education, pre-school and K-12.
- Infant and early childhood mental health: The Trust is working with multiple partners to expand infant mental health workforce capacity. Workforce continues to be identified by advisory boards and partners as a high priority to implement new early intervention focused 1115 Medicaid waiver services designed for children and families. New services will require specialized training related to parent-child attachment and social-emotional development that is not widely available in Alaska today.
- Data development and evaluation: The Trust is partnering with stakeholders to monitor systems related issues such as maternal and infant mental health service access and childcare rates of expulsion and suspension. This work will also inform development of common indicators and strategies to track progress and inform future beneficiary related early childhood investment.

Budgeting Considerations:

To further develop partnerships and strategies related to early childhood intervention and prevention, Trustees have authorized a budget of **\$880,000** for FY21 activities.

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The Importance of Early Intervention for Infants and Toddlers with Disabilities and their Families

July 2011

The Infants and Toddlers with Disabilities Program (Part C) of the Individuals with Disabilities Education Act (IDEA) was created in 1986 to **enhance the development** of infants and toddlers with disabilities, **minimize potential developmental delay**, and reduce educational costs to our society by minimizing the need for special education services as children with disabilities reach school age.¹ Part C provides early intervention (EI) services to infants and toddlers aged birth to three with developmental delays or a medical condition likely to lead to a developmental delay. Part C is not intended to be a stand-alone program. The intent is to **build interagency partnerships** among state agencies and programs in health, education, human services and developmental disabilities.

WHY INTERVENE EARLY?

Decades of rigorous research show that children's earliest experiences play a critical role in **brain development**. The Center on the Developing Child at Harvard University has summarized this research:^{2,3}

- Neural circuits, which create the foundation for learning, behavior and health, are most flexible or “plastic” during the **first three years** of life. Over time, they become increasingly difficult to change.
- Persistent “**toxic**” stress, such as extreme poverty, abuse and neglect, or severe maternal depression can damage the developing brain, leading to lifelong problems in learning, behavior, and physical and mental health.
- The brain is strengthened by **positive early experiences**, especially **stable relationships** with caring and responsive adults, safe and supportive environments, and appropriate nutrition.
- Early social/ emotional development and physical health provide the foundation upon which **cognitive and language skills** develop.
- High quality early intervention services can **change a child's developmental trajectory** and improve outcomes for children, families, and communities.
- Intervention is likely to be **more effective** and **less costly** when it is provided earlier in life rather than later.

WHY ARE SERVICES ESSENTIAL?

Positive early experiences are essential prerequisites for later success in school, the workplace, and the community. Services to young children who have or are at risk for developmental delays have been shown to **positively impact outcomes across developmental domains**, including health,³ language and communication,^{4,7} cognitive development^{8,9} and social/emotional development.^{8,10} Families benefit from early intervention by being able to better meet their children's special needs from an early age and throughout their lives.^{8,11} Benefits to society include reducing economic burden through a **decreased need for special education**.^{8,9}

WHAT ARE THE UNMET NEEDS?

There is a **high need** for good quality Part C early intervention programs.

- **More children are in need of services** than are currently being served. In 2009, Part C served 348,604 children nationally, which represents 2.67% of the general population of children aged birth to 3.¹² However, research indicates that as many as 13% of birth to 3 year olds have delays that would make them eligible according to criteria commonly used by the states.¹³

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- There is a need to **serve children earlier**. Research has shown that at 9 months of age, only 9% of children who have delays that would make them eligible receive services; at 24 months of age only 12% of children who would be eligible receive services.¹⁴
- Research also suggests that there are **racial disparities** in the receipt of EI services,^{13,14} with black children who would be eligible at 24 months of age being up to five times less like to receive services than white children.¹⁴
- Young children experiencing **homelessness** are more likely to have lower birth weights than other children, learning disabilities, developmental delays, emotional problems and behavior issues,¹⁵⁻¹⁸ yet they are greatly **underrepresented** in early childhood programs.¹⁵
- There is a significant shortage of **well-trained professionals** with expertise in serving very young children with **behavioral or emotional** (e.g. depression, anxiety) problems^{19,20} that negatively impact early learning, social interactions, and the overall well-being of an estimated 9% to 14% of children aged birth to five.^{21,22}

IDEA requires referral to Part C for any child under the age of 3 who is identified as affected by illegal substance abuse, or is involved in a substantiated case of child abuse or neglect.¹

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TAKE HOME MESSAGE

- There is an urgent and substantial need to identify as early as possible those infants and toddlers in need of services to ensure that intervention is provided when the **developing brain is most capable of change**.¹
- High quality early intervention programs for vulnerable infants and toddlers can **reduce the incidence of future problems** in their learning, behavior and health status.^{2,3}
- Intervention is likely to be **more effective** and **less costly** when it is provided **earlier in life** rather than later.^{2,3}

Compiled by Sue Goode, Martha Diefendorf & Siobhan Colgan

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BUILDING STRONG FOUNDATIONS: Advancing Comprehensive Policies for Infants, Toddlers, and Families



ZERO TO THREE
Early connections last a lifetime



Early Intervention: A Critical Support for Infants, Toddlers, and Families

Infants and toddlers with developmental delays or disabilities should be identified and receive early intervention services in a timely manner. Infants and toddlers learn a lot in the first three years of life: how to roll over, sit up independently, crawl, stand, walk, and use language to communicate with caregivers and peers.¹ However, sometimes children's developmental progress does not go as expected. Infants and toddlers with developmental delays and disabilities likely need extra help in the form of early intervention to meet their developmental milestones. "Early intervention" refers to a system of services—including assistive technologies; speech and language, occupational, or physical therapy; nursing or other medical services; and resources for parents to better understand and promote their child's development—that supports infants and toddlers with developmental delays or disabilities and their families.²

Early identification and intervention are critical for infants and toddlers who have or are at risk for delays and disabilities. When problems are identified early, timely intervention can mitigate or even eliminate the long-term effects on children's language, cognitive, motor, and social-emotional development,³ while possibly reducing the need for intensive special education services later. One national study of children who participated in early intervention found that roughly one-third of infants and toddlers who received services did not have a disability at entry into kindergarten.⁴ In an evaluation of Early Head Start, researchers found that low-income infants and toddlers who received early intervention services were more likely to catch up to their peers without delays or disabilities compared to children who were suspected of delay but did not receive services.⁵ Early intervention services benefit parents as well by equipping them with the skills necessary to support their children's special needs.⁶

Part C of the federal Individuals with Disabilities Education Act (IDEA) provides grant funding to states to support early intervention systems.⁷ States are required to operate a Child Find program as part of this system to identify children with developmental delays and disabilities and refer them to services. States must serve all eligible children younger than age 3 who meet the state-established criteria for developmental delay, or whose diagnosed condition is associated with a high probability of developmental delay. Providers develop an Individualized Family Service Plan (IFSP), which identifies the child's needs, developmental goals, and the services he or she will receive. By law, these services must be provided in children's "natural environments"—their homes, child care programs, or communities—to the maximum extent possible. States can impose fees on families but cannot deny services to families due to an inability to pay.

Despite the importance of early identification and intervention, many infants and toddlers with disabilities or developmental delays are not being identified and receiving early intervention. In federal fiscal year 2016, roughly 3 percent of children under age 3 received services through Part C,⁸ yet experts estimate that as many as 13 percent of infants and toddlers could benefit from early intervention.⁹ A significant proportion of children with unmet needs are probably in low-income families, as low-income children are more likely to be at risk of developmental delay or disability but less likely to receive services.¹⁰ Some evidence also indicates that children of color with developmental delays are less likely to receive services compared to their White peers.¹¹ Accessing early intervention services is a multi-step process, and, unfortunately, families have many opportunities to fall through the cracks.

Overall, the rate of developmental screenings in the United States is low—just 31 percent of parents reported that their child aged 10 months to 5 years received a standardized developmental screening in the last 12 months.¹² Proper screening is an important first step in ensuring that problems with development are identified and further evaluated, and that children are referred for services.¹³

Even if all infants and toddlers were being screened, evaluated, and referred for services, early intervention systems would likely struggle to adequately serve all eligible infants and toddlers due to significant funding challenges. Federal appropriations for Part C have been mostly flat over the last decade and have declined in real dollars since 2003.¹⁴ Notably, federal funding for Part C of IDEA is intended to support states in planning, developing, and implementing their early intervention systems, rather than to fully fund the provision of services.¹⁵ Services are supported by a combination of state and other federal funds, and some states have local funding as well.¹⁶ Medicaid is the largest federal funding source for early intervention services, comprising at least 20 percent of total funding.¹⁷ Conversely, federal Part C funds comprise just 13 percent of total funding.¹⁸ At present funding levels, federal support for Part C cannot even function as the "glue" for state early intervention systems as it was intended.

While federal regulations require that states serve infants and toddlers with developmental delays, states have the flexibility to define Part C eligibility criteria and can choose whether or not to serve those who are at high risk for delay.¹⁹ At present, just five states serve children at risk for delay: Illinois, Massachusetts, New Hampshire, New Mexico, and West Virginia. States' methods for determining eligibility vary widely, and even those who serve children at risk define "risk" differently.²⁰ Consequently, the proportion of infants and toddlers served varies widely, from 1.72 percent in Mississippi to 9.05 percent in Massachusetts.²¹ In the last decade, 20 percent of states narrowed their eligibility criteria in response to budgetary pressures,²² which has resulted in lower enrollment rates.²³

States also have the flexibility to determine how they will administer services. Year after year, states make adjustments to their programs to meet increasing demand with limited funding. Some states implement or increase fees for families; reduce reimbursement rates for providers; or require families to use private insurance.²⁴ States are also increasingly relying on Medicaid to provide early intervention to Medicaid-eligible infants and toddlers through the program's Early and Periodic Screening, Diagnostic, and Treatment benefit.²⁵ While these approaches are intended to help states better serve all eligible children, they may reduce the availability, frequency, or intensity of services available to families, particularly those who are uninsured or under-insured.²⁶

Changes in funding levels and in how states administer programs also affect providers, who face decreasing reimbursement rates, increasing caseloads, and high staff turnover in some states.²⁷

The first three years of children's lives set the stage for their developmental trajectories. Early intervention equips parents with the skills to support their children's special needs and enhances children's developmental progress, reducing the need for more intensive and costly services later. At present, too many infants and toddlers with delays and disabilities are going unidentified and are not accessing early intervention due to budget shortfalls. Significant federal and state investments in Part C are necessary to bolster states' Child Find efforts; improve service coordination and provision; and address provider availability, training, and oversight. Early intervention provides infants and toddlers with disabilities and delays the support they need to learn and grow, but will continue to fall short of serving all families in need until policymakers invest substantial resources.

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Early Intervention: A Critical Support for Infants, Toddlers, and Families

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- 25 Centers for Medicare and Medicaid Services, "Early and Periodic Screening, Diagnostic, and Treatment Benefit," www.medicaid.gov/medicaid/benefits/epsdt/index.html.
- 26 Rena A. Hallam, Beth Rous, Jaime Grove, et al., "Level and Intensity of Early Intervention Services for Infants and Toddlers with Disabilities," *Journal of Early Intervention* 31 (2009); Beth M. McManus, Laura A. Prosser, and Mary E. Gannotti, "Which Children Are Not Getting Their Needs for Therapy or Mobility Aids Met? Data from the 2009-2010 National Survey of Children with Special Health Care Needs," *Physical Therapy* 96 (2016).
- 27 See for example, Stephanie Rubin, Rebecca Hornbach, Jay Moreno, et al., *Left Out: The Impact of State Cuts to Early Childhood Intervention (ECI) For Young Texas Kids with Disabilities*, Texans Care for Children and Methodist Healthcare Ministries, 2016, <https://ccf.georgetown.edu/2016/11/30/new-report-from-texas-thousands-of-young-kids-with-disabilities-excluded-from-early-intervention-amid-state-cuts/>; Annie McGowan, *Failing to Keep Pace: An Analysis of the Declining Value of Illinois Human Services Reimbursement Rates*, Illinois Partners for Human Service, 2016, www.everthriveil.org/sites/default/files/docs/pr/ILPHS_Report.pdf.

Priority Area: Workforce Development

Program Officer: Eric Boyer

Since 2008, the Trust has used workforce development strategies to support recruitment and retention of healthcare employees across Alaska who provide in-patient and community-based care to our beneficiaries. To provide quality care for our beneficiaries we must have a robust health care system across Alaska's communities that can provide necessary care and on-going support. This level of care helps improve our beneficiary's quality of life, and with their ability to choose how and where they live. Focusing on the workforce is integral to supporting the 1115 Waiver services expansion, as well as projects like *Crisis Now* that will go hand-in-hand with these expanded services.

The AK Department of Labor and Workforce Development (DOLWD) predicts the health care industry will increase 21.4% by 2026, which equates to over 10,000 new jobs. At the same time, our workforce demographic, 18-64 year olds, is declining. This means we must focus not only on growing our own workers, but simultaneously recruit heavily from outside Alaska. According to DOLWD, 47 of Alaska's 50 fastest-growing occupations are in the healthcare sector, and the Alaska Healthcare Workforce Coalition is leading efforts to supporting that job growth. Furthermore, health care workforce development is essential to maintaining the state's overall economic health during this period of low oil prices, COVID-19 mandates, and associated impacts.

Partners:

The Alaska Health Workforce Coalition is a group of industry associations, tribal health, state departments, and universities who come together monthly to develop a coordinated, cohesive, and effective approach to addressing the critical needs for health workers in Alaska.

Impact of Trust Supported Projects and Initiatives:

- SHARP direct incentive/loan repayment program supported 349 provider loan-repayment contracts over last 10 years. With support from the Trust, the next SHARP enrollment period begins May 1 and runs through July 15, and will add up to 100 additional healthcare professionals to the workforce. 50% of patients seen by SHARP

Comp Plan Strategy Alignment

Making progress on the plan's goals and objectives requires a competent workforce that can carry out the services outlined in the plan. Therefore, it is imperative to engage, recruit, train, and retain the professionals that do this work.

Goal 9, Objective 9.1: Strengthen workforce capacity with improved recruitment and retention to obtain and maintain knowledge and support innovation and modernization.

As the healthcare field is constantly evolving, and it takes a nimble group of organizations to meet this ever-changing field. A recent example of this necessity is the adaptation of practices and services to meet Medicaid expansion through the 1115 waiver. This idea is evident in this objective:

Goal 9, Objective 9.2: Advance the competencies of the healthcare, behavioral health, and public health workforce.

clinicians were covered by Medicaid or Medicare. Currently, SHARP clinicians average over 500 patients seen per quarter.

- The Trust has long supported and partnered with the AK Training Cooperative, which is meeting the needs of direct service providers, training 4,000 individuals each year over the last five years. The AKTC continues to be a leader in the state in providing training and technical assistance for evidence-based practices including Screening, Brief Intervention, and Referral to Treatment (SBIRT), Safety Planning Intervention, MHFA, Question, Persuade, and Refer (QPR), Alternatives to Violence, and Crisis Intervention Training with our law enforcement officers.
- The Alaska Area Health Education Centers (AHEC) had 267 youth and teachers participate in Health Career Pathway Intensives, which is a collection of camps and academies designed to encourage students to consider healthcare professions. There are 80 more students projected to participate through the PATH academies during FY 20. Camps targeted the age group 15-19, and took place in Anchorage, Kodiak, Nome, Dillingham, Fairbanks, Akiak, Alakanuk, Juneau, and Bethel.

Current and Future Strategies:

- The Direct Service Professional (DSP) Career Pathway is a joint venture between the Southcentral AHEC and the AKTC to provide a 1-2 year career track and trainings needed to advance DSP competency to work in various social service settings.
- AKTC and provider partners will be providing peer support specialist training as the state moves into professionalizing this position through a certification body and approved training. The peer position will be integral to the implementation of the *Crisis Now* model.
- The state's growing 65 and over population will require a healthcare workforce to provide for their needs. One solution involves expanding the Path Academy model to address senior care. The Path Academy is piloting a three-week pre-apprenticeship training in healthcare - with an emphasis on working with the 65 and over demographic. Graduates of the program receive a stipend and are job-ready for a direct service provider position with agencies such as Access Alaska and the ARC of Anchorage.
- SHARP 3 is the program's latest iteration, and was created by state legislation passed in 2019. SHARP 3 will improve recruitment, retention, and distribution of health professionals in Alaska by expanding loan repayment, partnership funding, and administration fees. There will be a need to expand the financial support for participating agencies through collaborating with additional contributing funders.
- Health T.I.E (Testbed for Innovative Enterprises): Health T.I.E. is a project to create a structure for innovative approaches to challenging health and human service issues. A collaboration of the Trust, Matsu Health Foundation, the UAA Business Enterprise Institute (BEI), and Champney Consulting is building a business plan for an Alaskan-based accelerator focused on creating an ecosystem that encourages start-ups and innovative entrepreneurs to tackle "wicked problems" specific to health and human services, i.e., workforce shortages.

Budget Considerations:

Workforce is not a stand-alone focus area; rather it is embedded throughout the work of other focus areas and initiatives. Trustees authorized **\$1,184,000** in FY21 for workforce related strategies/initiatives.

AT-A-GLANCE 2018 NATIONAL CORE INDICATORS® STAFF STABILITY SURVEY: RESULTS FROM ALASKA



The National Core Indicators® (NCI®) Staff Stability Survey collects data from providers on the Direct Support Professional (DSP) workforce supporting adults (age 18 and over) who receive services from state developmental disabilities service systems.

The goal of the survey and the resulting data is to help states examine workforce challenges, identify areas for further investigation, benchmark their workforce data, measure improvements made through policy or programmatic changes, and compare their state data to those of other states and the NCI average.

In 2018, 26 states plus DC participated in the Staff Stability Survey.

This report shows state data along with the NCI weighted average. For more information on methodology, please see the 2018 Staff Stability Survey Report at www.nationalcoreindicators.org

This report was created by [STATE]

Alaska Provider Landscape

Of 95 eligible providers in the state, 69 are included in these results*.

Percentage of providers reporting the indicated number of DSPs on payroll:

	Numbers of DSPs on payroll			
	1-20	21-40	41-60	61+
Alaska	66.7%	8.7%	7.2%	17.4%
NCI Weighted Avg.	35.1%	12.5%	8.3%	44.1%



71% of providers in Alaska reported providing residential supports



60.9% of providers in Alaska reported providing in-home supports



75.4% of providers in Alaska reported providing non-residential supports

Types of support are not mutually exclusive

*represents a 6.20% margin of error

Alaska Turnover
Rate is
35.8%

Participating states' turnover
rates ranged from 30.7% to
62.7% with an NCI weighted
Average of 51.3%

Full-Time Vacancy Rate:
7.6%
(Weighted NCI Average:
11.9%)

Part-Time Vacancy Rate:
8.5%
(Weighted NCI Average:
18.1%)

In Alaska among DSPs who were
employed as of 12/31/18:

22.1% were
employed less than 6
mos.

15.4% were
employed 6-12 mos.

In Alaska among DSPs who **separated
from employment** in 2018

24.9% had been
employed less than 6
mos.

12.7% had been
employed 6-12 mos.

Of all DSP separations in Alaska in 2018...

81.7% were
voluntary
separations

15.7%
employment
was terminated

2.6% don't
know reason
for separation

PERCENTAGE OF RESPONDING PROVIDERS REPORTING THAT THEY....



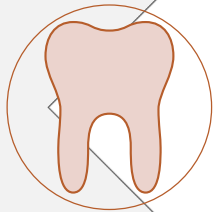
OFFER PAID TIME OFF TO SOME OR ALL DSPS:

Alaska: 47.8%
NCI: 77.5%



OFFER HEALTH INSURANCE TO SOME OR ALL DSPS:

Alaska: 36.5%
NCI: 70.6%



OFFER DENTAL INSURANCE TO SOME OR ALL DSPS:

Alaska: 40.0%
NCI: 66.1%



OFFER EMPLOYER SPONSORED RETIREMENT PLAN TO SOME OR ALL DSPS:

Alaska: 35.9%
NCI: 65.4%

MEDIAN HOURLY WAGES

Alaska: \$16.00

NCI: \$12.00

Alaska DSPs providing RESIDENTIAL supports: \$15.12

NCI: DSPs providing RESIDENTIAL supports: \$12.57

Alaska DSPs providing IN-HOME supports: \$15.98

NCI: DSPs providing IN-HOME supports: \$12.00

Alaska DSPs providing NON-RESIDENTIAL supports: \$15.79

NCI: DSPs providing NON-RESIDENTIAL supports : \$12.90

Workforce Development

Address workforce shortages for Alaskan healthcare professionals

Alaskans working in healthcare and social services are the foundation of a continuum of care for Alaska Mental Health Trust (Trust) beneficiaries.¹

Healthcare professionals work for private and non-profit organizations, tribal, federal, local, and state entities, and contribute to a healthy workforce and strong Alaskan economy.

They provide “safety net” services that may include assisted living and personal care support, mental health and addiction treatment, case management, adult day and day habilitation programs, home-delivered and congregate meals, supported employment and job coaching, housing assistance, peer support and mentorship, and more.

Recruiting and retaining healthcare providers who serve Trust beneficiaries can be challenging. Work conditions are often stressful and physically challenging, and incentives to stay in-state or in the field are often limited. Lack of adequate pay, opportunities for full-time employment, benefits, mentorship and professional development are limited. Additionally, staff who leave their jobs under duress are less likely to return to the field, and with a generation of “baby boomer” workers retiring from the workforce, employers are losing seasoned professionals with knowledge and skills critically needed in healthcare in Alaska.

What is Alaska doing to build its healthcare workforce?

The Trust and partner advisory boards are working with both private and public agencies to address some of these challenges. Following

are some of the statewide efforts currently underway:

The Alaska Training Cooperative (AKTC), administered under UAA, supports career development and training for healthcare providers that blends evidence-based practices with traditional knowledge. AKTC serves professionals engaged with Trust beneficiaries by ensuring that technical assistance and training is accessible and coordinated.

The Alaska Native Health Tribal Consortium (ANTHC) collaborates with the Alaska Department of Labor and Workforce Development, and the U.S. Department of Labor to promote apprenticeships through the *Behavioral Health Aide Registered Apprenticeship* program.

Licensed Marriage and Family Therapists (LMFT) and Peer Support Specialists are now Medicaid-reimbursable occupations, expanding the pool of professionals who can serve beneficiaries.

The University of Alaska is expanding health programs, including social work and behavioral health programs, based on regional health workforce assessments that identify local healthcare workforce needs.

The action agenda of the *Alaska Health Workforce Coalition*³ contains systems change and capacity-building initiatives that address professional development, youth engagement, workforce policies, infrastructure, recruitment and retention, and evaluation and data.

The state’s SHARP loan repayment program offers incentives for medical and mental health care professionals to seek and maintain employment in Alaska.

Initiatives focused specifically on Direct Support Professionals (DSP) include a DSP career and apprenticeship pathway for graduating high school students and displaced workers; creation of the Alaska Alliance of DSPs and a peer network focused on a strengthened workforce; and participation in the *National Core Indicators* survey to collect workforce data that will inform efforts and measure progress.

In addition, a healthcare innovation hub, *Health TIE*, will identify and support implementation of emerging technology to increase the capacity of the service system.

Who Are Alaska's Healthcare Professionals?

Direct Support Professionals (DSPs) and Personal Care Assistants (PCAs) provide long-term services that include assistance with daily living, systems navigation, non-clinical rehabilitation, transportation, and job coaching.

Case Managers assist in accessing services for personal care. ***Care Coordinators*** work across systems to coordinate an individual's healthcare plan, monitoring the delivery of services and fidelity of treatment and care.

Community Health Aides and Behavioral Health Aides offer primary, emergency, and behavioral healthcare in rural communities.

Behavioral Health Clinicians are licensed and non-licensed professionals who provide mental health and addiction treatment, assessments, recovery, and prevention.

Peer Support Specialists are people with lived experience of a disability or behavioral

health disorder who serve as mentors, recovery coaches, and system navigators.

Psychiatrists, Geriatricians, Neurologists are physicians skilled in assessing and managing the specialized medical needs of people with disabilities, including people with behavioral health disorders.

How can we build our workforce?

- Adequate livable wages for direct care providers to better recruit and retain staff who work directly with beneficiaries;
- Adequately-trained professionals to provide supervision, mentorship, and oversight, and improve the stability and safety of both staff and clients in urban and rural communities;
- Adequate transition support for Alaskans returning to the community after institutional care (psychiatric hospitals, juvenile detention, foster care, residential behavioral health, nursing homes, prison);
- Specialized services that assist justice-involved Trust beneficiaries during pretrial, incarceration, and reentry phases of their justice involvement;
- Incentives to address high turnover, burn-out, and early departure from healthcare employment;
- Enhanced apprenticeship opportunities for Alaskans with disabilities; and
- Further implementation of Alaska's *Employment First* efforts, including ramping up *State as a Model Employer (SAME)* within Alaska state departments.

The Trust and partner advisory boards support resources to recruit, engage, train, and retain healthcare professionals, and address Alaska's shortage of professionals serving Alaskans with disabilities, including behavioral health disorders, across the lifespan. ❖

¹ Alaska Mental Health Trust beneficiaries include Alaskans with mental illness, substance use disorders (SUD), Intellectual/Developmental Disorders (IDD) including fetal alcohol spectrum disorders (FASD), Alzheimer's disease and related dementia (ADRD), and Traumatic Brain Injury (TBI).

² Healthcare professionals who serve Trust beneficiaries include direct support professionals, personal care attendants, case managers and care coordinators, community behavioral health clinicians and aides, peer support specialists, psychiatrists, geriatricians, neurologists, and more.

³ Alaska Health Workforce Coalition 2017-2021 Action Agenda.

For more information, go to: www.alaskamentalhealthtrust.org/jointadvocacy



Trust FY22/23 Budget Development and Focus Area Overview

Program and Planning Committee
April 23, 2020



Trust
Alaska Mental Health
Trust Authority

Trust Budget Process

- Informed and Collaborative
- Two-year budget cycle (FY22/23)
- By September 15, the board submits to the governor and the Legislative Budget & Audit committee a budget for the next fiscal year

Why Focus Areas?

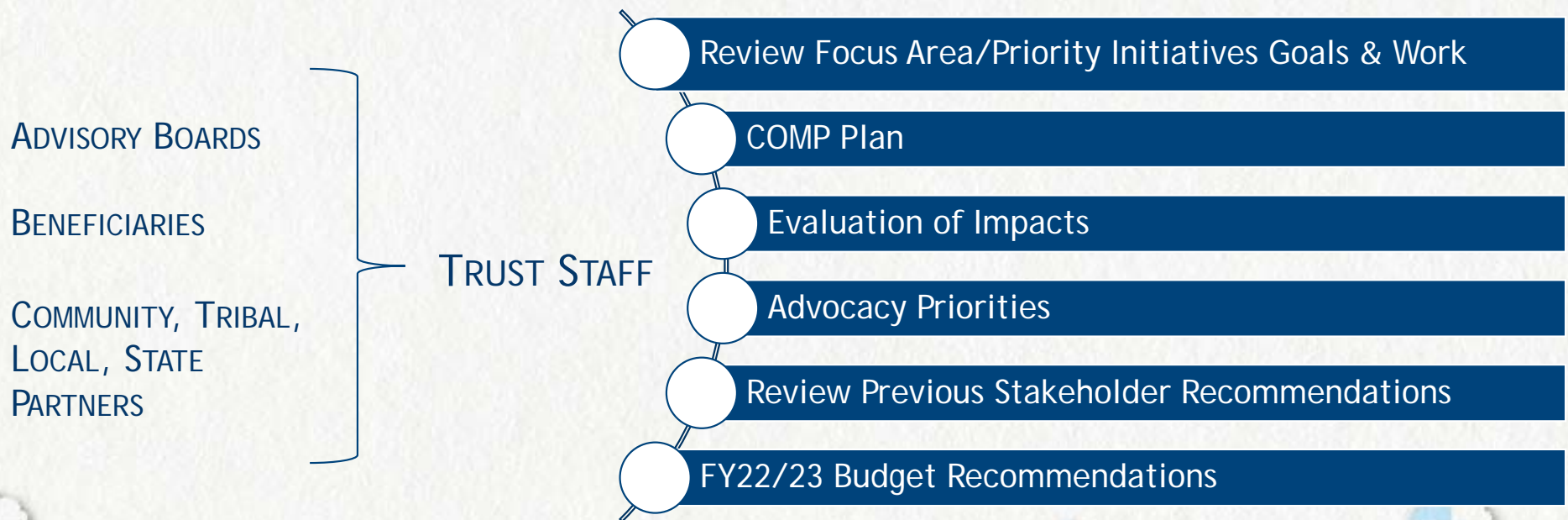


- Deviate from the “shotgun approach”
- Get focused
- Impacts to all Beneficiary groups
- **Goal:** The Trust’s work is the engine or catalyst for broad “systemic change” impacting current & future beneficiaries statewide



Stakeholder Process: FY22/23 Budget Recommendations

*Commence our budget development work
with smaller more nimble workgroups*



FY22/23 Budget Development Timeline

April - early June	Trust staff working with the Advisory Boards and stakeholders to review current and plan future work to ground FY22/23 budget proposal
Late June - July	Trust staff working with stakeholders to finalize FY22/23 budget proposal
July 29 - 30	Program & Planning Committee meeting: Presentation of proposed FY22/23 budget
August 26 - 27	Board meeting: Trustees approve FY22/23 budget
By September 15	FY22 budget is submitted to the Governor and the Legislative Budget & Audit committee



FOCUS AREAS



6



Focus Areas

- Housing & Long-Term Services & Supports
- Substance Abuse Prevention & Treatment
- Beneficiary Employment & Engagement
- Disability Justice

Other Concentrated Work

- Early Childhood Prevention & Intervention
- Workforce Development



Housing & Long-Term Services & Supports

Focus Area since: 2006

This focus area concentrates on ensuring beneficiaries have access to housing and a continuum of services and supports that maximize independence in their home and community.



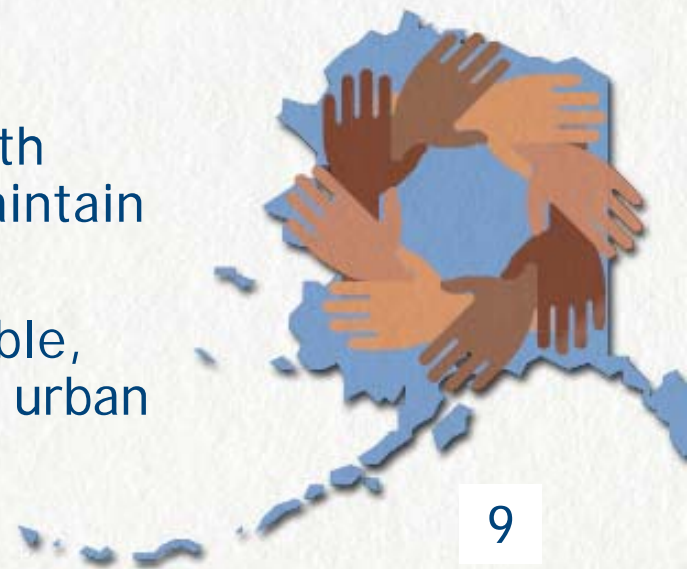
Housing & Long Term Services & Supports

Why is this work critical for beneficiaries?

- Preventing and ending homelessness saves lives.
- Housing First provides the stability needed for recovery.
- Support services help people meet goals for self-efficacy.

Comp Plan Key Strategies Addressed:

- **Objective 3.1** Alaskans have stable, safe housing with appropriate, community-based social supports to maintain tenancy.
- **Objective 7.2** Increase access to effective and flexible, person-centered, long-term services and supports in urban and rural areas to avoid institutional placement.



Key Partners

- Alaska Housing Finance Corporation
- Alaska Department of Health and Social Services
 - Senior and Disabilities Services
 - Division of Behavioral Health
- Municipality of Anchorage
- City of Fairbanks
- City and Borough of Juneau
- Foundations
- Trust Advisory Boards



Housing & Long Term Services & Supports

What have been the positive impacts/successes?

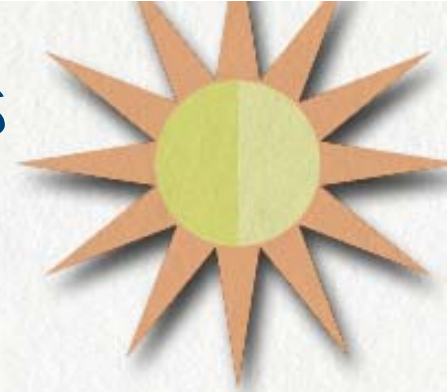
- Juneau Permanent Supportive Housing
- Covenant House Youth Homelessness Demonstration Program Grant
- Two new ADRCs covering previously unserved regions

Current & future efforts:

- Establishment of a Traumatic and Acquired Brain Injury Advisory Committee
- Updating the ADRD Roadmap
- Built For Zero



Housing & Long Term Services & Supports



Budget Information:

For fiscal year 2021, trustees approved a budget of approximately \$3,900,000 for strategies impacting Housing and Long-term Services and Supports for Trust beneficiaries.

- \$2 million is allocated for housing
- \$1.9 million is allocated for LTSS



Substance Abuse Prevention & Treatment

Focus Area since: 2013

SAPT is focused on the full continuum of care ensuring beneficiaries have access to prevention and early intervention of addiction, as well as specialized treatment interventions and recovery supports across settings.

In 2020, Trustees approved an additional focus on improving the crisis system of care for individuals in acute behavioral health crisis.



Substance Abuse Prevention & Treatment

Why is this work critical for beneficiaries?

- Negative health and behavioral health outcomes
- Increased use of emergency services, incarceration, homelessness, child/family harms, violence and unemployment.
- Costly - \$3.5 billion a year

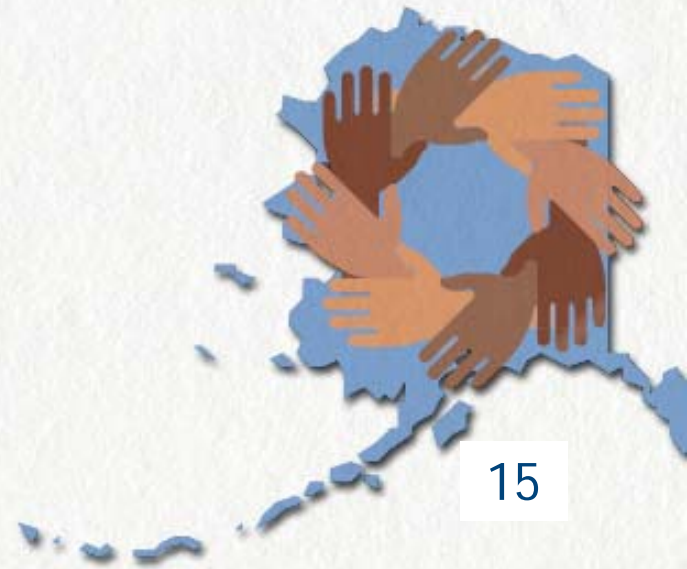
Comp Plan Key Strategies Addressed:

- **Goal 4:** Prevention and treatment for drug and alcohol misuse is provided through collaborative, effective, and informed strategies.
- **Goal 5:** Individuals, families, communities, and governments take ownership to prevent suicides and self-harm in Alaska.



Partners

- Alaska Mental Health Board
- Advisory Board on Alcoholism & Drug Abuse
- Alaska Behavioral Health Association
- Community Behavioral Health Provider Organizations
- Alaska Department of Health & Social Services
- Alaska Department of Corrections
- Alaska Tribal Behavioral Health
- Recover Alaska
- Foundations



Substance Abuse Prevention & Treatment

What have been the positive impacts/successes?

- Recover Alaska anti-stigma campaign - “Day One” stories of recovery
- Volunteers of America - streamlining of operations for long-term program stability
- Set Free Alaska -16 bed men's residential addiction treatment center in Homer, Alaska

Current & future efforts:

- Operating/capital support for expanded SUD services outlined in the 1115 behavioral health waiver.
- Expand 1115 SUD services among/between behavioral health and primary care settings.
- Technical assistance to maximize service stability in changing fiscal environment.



Substance Abuse Prevention & Treatment

Budget Information:

For fiscal year 2021, trustees approved a budget of \$3,950,000 for strategies focused on access to addiction treatment services and supports, and improvements to the crisis system of care.

- \$850,000 for substance abuse prevention and treatment
- \$3,100,000 for crisis systems improvements



Beneficiary Employment & Engagement

Focus Area Since: 2004 (revised 2014)

Improve outcomes and promote recovery for beneficiaries through integrated, competitive employment, and meaningful engagement opportunities.



Beneficiary Employment & Engagement



Why is this work critical for beneficiaries?

- Beneficiaries underemployed (disparity higher with cognitive impairment)
- Work and/or meaningful engagement is essential to quality of life and recovery
- Peer support and recovery-oriented services enhance beneficiary outcomes

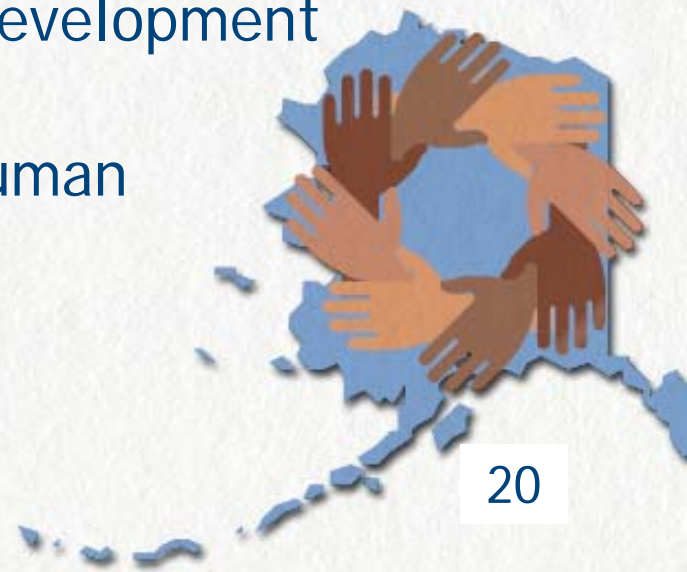
Comp Plan Key Strategies Addressed:

- **Objective 3.2:** Ensure that competitive and integrated employment at part-time or full-time jobs pays minimum wage or above in integrated, typical work settings.
- **Objective 4.4:** Utilize ongoing recovery support services to end the cycle of substance misuse.



Key Partners

- Trust Advisory Boards
- Alaska Department of Health and Social Services
 - Division of Behavioral Health
 - Senior & Disabilities Services
- Alaska Department of Labor and Workforce Development
Division of Vocational Rehabilitation
- University of Alaska Anchorage, Center for Human Development



Beneficiary Employment & Engagement

What have been the positive impacts/successes?

- BPI grantees provide peer support and recovery-oriented services to approximately 6000 beneficiaries annually
- Pre-Employment Transition Services (Pre-ETS) provide student training and job experience to beneficiary youth (800+ annually)
- Annual average of 15-20 Microenterprise grants to individual beneficiary starting or expanding small businesses

Current & future efforts:

- Employment First Task Force
- Evidence based & emerging employment practices
- Beneficiary Project Initiatives
- Peer Support Certification
- Data development and evaluation



Beneficiary Employment & Engagement

Budget Information:

To ensure ongoing Trust support of key Beneficiary Employment and Engagement strategies, Trustees have authorized a budget of \$2,210,200 for the focus area in fiscal year 2021.

- \$1,545,200 allocated for BPI grantees and peer support certification
- \$665,000 allocated for employment and related activities



Disability Justice

Focus Area since:2005

The Disability Focus area works through partnerships to ensure the criminal justice system effectively accommodates the needs of victims and offenders who are Trust Beneficiaries.



Disability Justice

Why is this work critical for beneficiaries?

- Beneficiaries are at increased risk of involvement with the criminal justice system
- Beneficiaries involved with the justice system have an average recidivism rate (40.7%) of nearly double that of other offenders (22%)

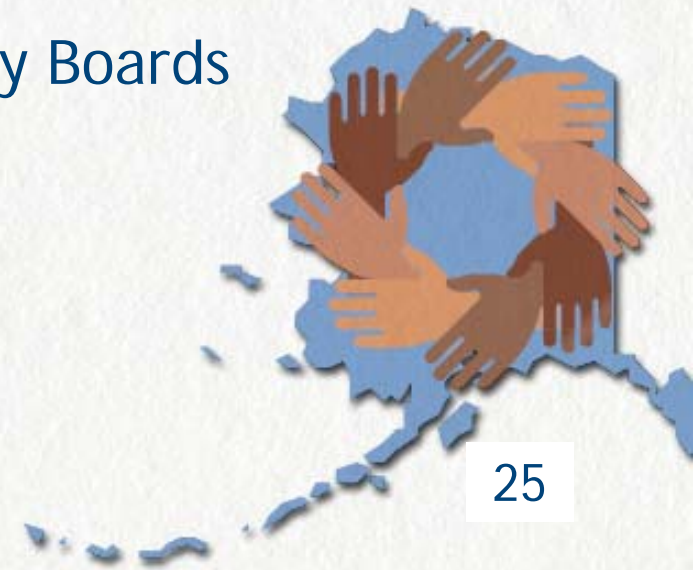
Comp Plan Key Strategies Addressed:

- **Objective 7.3** Reduce the number of Trust beneficiaries entering or becoming involved with Alaska's criminal justice system
- **Objective 8.3** Enhance and expand access to clinical and case management resources for Alaskans who are incarcerated.



Key Partners

- Alaska Department of Corrections
- Public Defender Agency
- Alaska Court System
- Alaska Department of Health and Social Services
 - Division of Public Assistance
 - Division of Behavioral Health
- Alaska Department of Public Safety
- Local police departments
- Local reentry coalitions
- Nonprofit agencies
- Mat-Su Health Foundation
- Trust Advisory Boards



Disability Justice

What have been the positive impacts/successes?

- Reduction in recidivism rate from 66% to 59%
- Expansion of the holistic defense project into Nome and Kotzebue
- Creation of State certification for Crisis Intervention Training (CIT) and CIT instructors

Current & future efforts:

- Expand reentry services and supports, and supporting reentry simulations throughout the state
- Establishment of a State of Alaska CIT Working Group to organize and support state wide CIT trainings
- Support pre-arrest and post-arrest diversion efforts



Disability Justice

Budget Information:

For fiscal year 2021, trustees approved a budget of approximately \$3,036,000 for strategies within the Disability Justice focus area.



Early Childhood Intervention & Prevention

Concentration Since: “Bring the Kids Home” focus area lessons learned (2004-2012)

Programs serving infants and young children promote resiliency, prevent and address trauma, and provide access to early intervention services to improve outcomes for Trust beneficiaries.



Early Childhood Intervention & Prevention

Why is this work critical for beneficiaries?

- Early interventions for beneficiaries with delays or disabilities improve educational and health outcomes
- Trauma early in life is highly correlated with beneficiary groups
- Highest return on investment (ROI) from earliest investments in children - up to 14% ROI for birth to five-year old programs

Comp Plan Key Strategies Addressed:

- **Objective 1.1:** Promote practice-informed, universal screening efforts and early intervention services
- **Objective 6.1:** Prevent child maltreatment by ensuring resilient families



Key Partners

- Trust Advisory Boards
- Alaska Department of Health and Social Services
 - Division of Behavioral Health
 - Senior & Disabilities Services
- Alaska Department of Education and Early Development
- All Alaska Pediatric Partnership
- Alaska Association for Infant and Early Childhood Mental Health



Early Childhood Intervention & Prevention

What have been the positive impacts/successes?

- Expansion of supports in the 1115 Medicaid waiver
- Partnership Access Line – Pediatric Alaska (PAL-PAK) mental health consultation
- Trauma-informed schools pilot and framework

Current & Future efforts:

- Screening and assessment
- Integration of behavioral health into primary care settings
- Trauma-engaged practice and behavioral health supports in education settings
- Infant and early childhood mental health capacity building



Early Childhood Intervention & Prevention



Budget information:

To further develop partnerships and strategies related to early childhood intervention and prevention, Trustees have authorized a budget of **\$880,000** for activities consistent with Comp Plan strategies in fiscal year 2021.



Workforce Development

Concentration Since: 2008

The Trust utilizes workforce development strategies to support recruitment and retention of healthcare employees across Alaska who provide in-patient and community-based care to our beneficiaries.



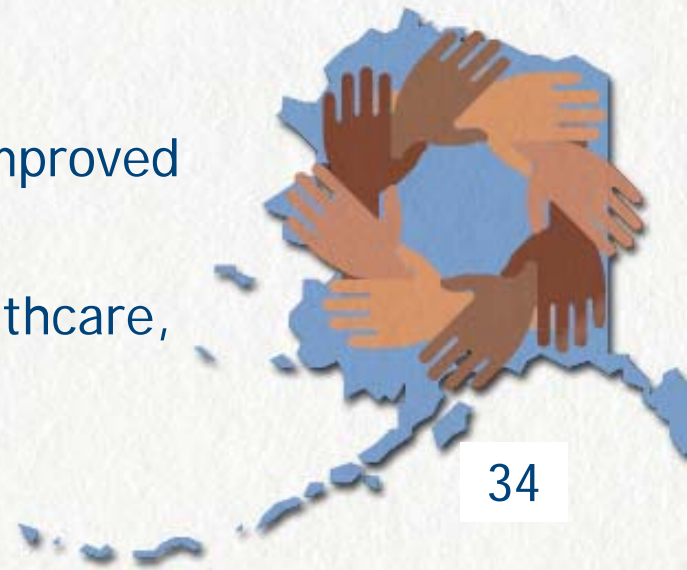
Workforce Development

Why is this work critical for beneficiaries?

- Quality care requires a skilled, employed workforce
- Increased need for collaborations and connections/Alaska Health Workforce Coalition
- Meet changing needs of the population (working smarter not harder)

Comp Plan Key Strategies Addressed:

- Objective 9.1 Strengthen workforce capacity with improved recruitment and retention
- Objective 9.2 Advance the competencies of the healthcare, behavioral health and public health workforce



Partners

- Alaska Training Cooperative
- Alaska Department of Health and Social Services
- Alaska Native Tribal Health Consortium
- SC Alaska Health Education Center
- University of Washington
- Trust Advisory Boards
- Partner Agencies
- Consultants





Workforce Development

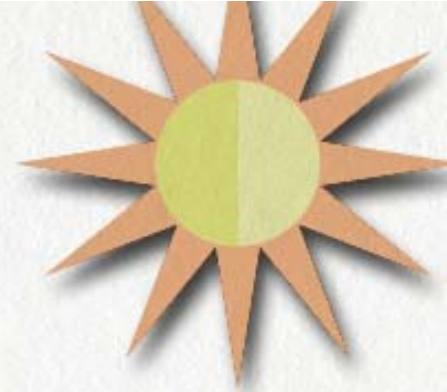
What have been the positive impacts/successes?

- Path Academies
- AKTC Equipping Mental Health First Aiders
- SHARP

Current and future efforts:

- Career Pathways for Direct Service Professionals
- Health TIE
- Maximizing Distance Technology/Zoom/ECHO





Workforce Development

Budget information:

For fiscal year 2021, Trustees approved a budget of \$1,184,000 for workforce related strategies and initiatives.

- \$984,000 for Alaska Training Cooperative
- \$200,000 for SHARP
- \$55,000 for AHEC
- \$15,000 for AK Psychology Internship Consortium



Questions?



38