

## MEETING AGENDA

**Meeting:** Program & Planning Committee  
**Date:** July 28-29 2020  
**Time:** 8:30 AM  
**Location:** online via webinar and teleconference  
**Teleconference:** (844) 740-1264 / Meeting Number: 133 944 4474 # / Attendee Number: #  
<https://alaskamentalthrust.org/>  
**Trustees:** Verné Boerner (Chair), Rhonda Boyles, Chris Cooke, Laraine Derr, Anita Halterman, Ken McCarty, John Sturgeon

### Tuesday, July 28, 2020

#### Page No.

<b>8:30</b>	<b>Call to order (Verné Boerner, Chair)</b> Roll Call / Announcements / Approve agenda / Ethics Disclosure Approval of Minutes: April 23, 2020	5
<b>8:35</b>	<b>CEO Update</b>	
<b>9:00</b>	<b>Fiscal Policy Presentation</b> • Pat Pitney, Director of Legislative Finance	hand-out
<b>9:45</b>	<b>Break</b>	
<b>10:00</b>	<b>Tribal Health System Presentation</b> • Alberta Unok, Chief Operating Officer, ANHB • Cody Chipp, Director of Behavioral Health ANTHC	hand-out
<b>11:10</b>	<b>COMP Plan Update</b> • Jillian Gellings, DHSS Project Analyst • Rebecca Topol, DHSS Research Analyst • Autumn Vea, Evaluation & Planning Officer	22
<b>11:45</b>	<b>Lunch Break</b>	
<b>12:15</b>	<b>FY22/23 Trust Budget Recommendations Introduction</b> • Steve Williams	35
<b>12:35</b>	<b>FY22/23 Trust Budget Recommendations Presentation</b> • Workforce Development – Eric Boyer • Early Childhood Prevention & Intervention – Jimael Johnson	
<b>2:00</b>	<b>Recess</b>	

Wednesday, July 29, 2020

**Page No.**

- 8:30**      **Call to order (Verné Boerner, Chair)**  
Announcements
- 8:35**      **FY22/23 Trust Budget Recommendations Presentation (cont'd)**
- Mental Health & Addiction Intervention – Katie Baldwin
  - Disability Justice – Travis Welch
- 10:15**      **Break**
- 10:30**      **FY22/23 Trust Budget Recommendations Presentation (cont'd)**
- Beneficiary Employment & Engagement – Jimael Johnson
  - Housing and Home & Community Based Services – Kelda Barstad
- 12:15**      **Lunch Break**
- 12:45**      **FY22/23 Trust Budget Recommendations Presentation (cont'd)**
- Non-Focus Area Allocations – Steve Williams & Trust Program Staff
- 2:00**      **FY22/23 Trust Budget Recommendations – Next Steps**
- Steve Williams
- 2:30**      **Adjourn**

## Future Meeting Dates

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

(Updated – July 2020)

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- |                                |                            |                        |
|--------------------------------|----------------------------|------------------------|
| • 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, <b>2021</b>     | (Wed)                  |
| • Finance Committee            | January 6, <b>2021</b>     | (Wed)                  |
| • Resource Mgt Committee       | January 6, <b>2021</b>     | (Wed)                  |
| • Program & Planning Committee | January 6, <b>2021</b>     | (Wed)                  |
| • Full Board of Trustee        | January 27-28, <b>2021</b> | (Wed, Thu) – Juneau    |
|                                |                            |                        |
| • Audit & Risk Committee       | April 21, <b>2021</b>      | (Wed)                  |
| • Finance Committee            | April 21, <b>2021</b>      | (Wed)                  |
| • Resource Mgt Committee       | April 21, <b>2021</b>      | (Wed)                  |
| • Program & Planning Committee | April 21, <b>2021</b>      | (Wed)                  |
| • Full Board of Trustee        | May 26, <b>2021</b>        | (Wed) – TBD            |
|                                |                            |                        |
| • Program & Planning Committee | July 27-28, <b>2021</b>    | (Tue, Wed)             |
| • Audit & Risk Committee       | July 29, <b>2021</b>       | (Thu)                  |
| • Resource Mgt Committee       | July 29, <b>2021</b>       | (Thu)                  |
| • Finance Committee            | July 29, <b>2021</b>       | (Thu)                  |
| • Full Board of Trustee        | August 25-26, <b>2021</b>  | (Wed, Thu) – Anchorage |

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

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### **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**

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

**ALASKA MENTAL HEALTH TRUST AUTHORITY**  
**PROGRAM & PLANNING COMMITTEE MEETING**  
**April 23, 2020**  
**8:30 a.m.**

**WebEx Videoconference/Teleconference**

**Originating at:**  
**3745 Community Park Loop, Suite 120**  
**Anchorage, Alaska**

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**Trustees Present:**

Verne' Boerne, Chair  
Rhonda Boyles  
Ken McCarty  
Chris Cooke  
John Sturgeon  
Anita Halterman  
Laraine Derr

**Trust Staff Present:**

Mike Abbott  
Steve Williams  
Carol Howarth  
Miri Smith-Coolidge  
Kelda Barstad  
Luke Lind  
Michael Baldwin  
Carrie Predeger  
Katie Baldwin-Johnson  
Jimael Johnson  
Valette Keller  
Eric Boyer  
Autumn Vea  
Allison Biastock  
Katie Vachris  
Kat Roch

**Also participating:**

Dan Delfino; Jennifer Smerud; Austin Brown; Brenda McFarlane; Mike Sanders; Michele Brown; Nancy Burke; Eric Glatt; Jillian Gellings; Rebecca Topol; Stephanie Hopkins; Pam Kelley; Anne Applegate; Beverly Schoonover; Kristin Vandagriff.

## PROCEEDINGS

### CALL TO ORDER

CHAIR BOERNE called the meeting to order and began with a roll call. She stated there was a quorum and asked for any announcements. There being none, she moved to the approval of the agenda.

### APPROVAL OF AGENDA

**MOTION:** A motion to approve the agenda was made by TRUSTEE DERR; seconded by TRUSTEE HALTERMAN..

*There being no objection, the MOTION was approved.*

### ETHICS DISCLOSURES

CHAIR BOERNE asked for any ethics disclosures. There being none, she moved to approval of the minutes of January 3, 2020.

### APPROVAL OF MINUTES

**MOTION:** A motion to approve the minutes of January 3, 2020 was made by TRUSTEE COOKE; seconded by TRUSTEE DERR.

*There being no objection, the MOTION was approved.*

CHAIR BOERNE moved to the CEO update.

### CEO UPDATE

MR. ABBOTT took the opportunity, on behalf of the whole staff, to welcome Rhonda Boyles as a full-fledged trustee. He stated that Chris Cooke was promoted to board chair and will serve in that capacity until the next regular board meeting, May 20<sup>th</sup>, at which time the trustees will have the opportunity to conduct elections for board officers. He gave an update on the status of the work with the Alaska Legislature and stated that they passed a budget that was generally satisfactory to the Trust. He also talked about the Legislature coming back in a few weeks to address the appropriation of Federal funds from COVID-19-related Congressional legislation. He moved on to a quick update on the Trust's response to COVID-19-related impacts to the beneficiaries and the providers that support them. The action the trustees took to provide that relief resulted in 73 applications with 47 grants made to organizations around the state. He stated that there was a wide range provider types that received support, serving all of the different beneficiary types in all regions of the state. He continued that the Trust Authority staff is 100 percent working from home and were able to get much-needed support out the door incredibly quickly. He then highlighted the special opportunity that was provided by Trustee John Sturgeon as a result of the work he is doing on behalf of the Governor to secure medical supplies and equipment for the State of Alaska. He was able to secure an allocation of more than 1,000 N95 masks for the Mental Health Trust. He continued that those masks were shared with Covenant House, Akeela, Catholic Social Services, Bean's Café and the Consumer Web, all entities that provide frontline services to the beneficiaries. He thanked Trustee Sturgeon for what he did, and concluded his report.

CHAIR BOERNE also welcomed Trustee Boyles and looked forward to working with her. She

thanked staff for their work in getting that extra aid out and thanked Trustee Sturgeon for the personal protective equipment that is so critical. She asked for any questions for Mr. Abbott.

TRUSTEE HALTERMAN asked for a bit more insight into any feedback regarding the vetoed housing cuts.

MR. ABBOTT replied that the Legislature made a couple of appropriations that the Governor ultimately vetoed, the impact of which will be discussed shortly. The Governor also vetoed \$5 million of homelessness grant money that was specifically allocated for COVID-19-related impacts. That suggested the expectation that the Federal aid would be used to offset that need.

TRUSTEE McCARTY asked, on the allocation of the million dollars, he understood that \$25,000 was the cap, and Bean's Café got \$100,000.

MR. ABBOTT explained that it was a target cap of \$25,000, and an exception was made for Bean's Café. They received \$50,000 from the COVID-19 pot and \$50,000 from a different budget pot. They had taken the extraordinary step to create the additional shelter capacity for the homeless population in Anchorage.

TRUSTEE BOYLES stated that she was proud to serve with this prestigious group. She thanked Mr. Abbott for the support given to Fairbanks for \$157,000 to three different entities, and also thanked Trustee Sturgeon, an unsung hero.

TRUSTEE HALTERMAN stated that she was elated to see the nonprofits gearing up with technology and was glad to see a lot of applications. She thanked Mr. Abbott for all the work, and stated that the reports were very thorough and informative. She also stated her appreciation for Trustee Sturgeon.

CHAIR BOERNE agreed with the compliments on the staff and stated that it was a great report. She moved to the Shelter and Housing Provisions for Homeless Beneficiaries, and recognized Kelda Barstad.

## **SHELTER & HOUSING PROVISIONS FOR HOMELESS BENEFICIARIES**

MS. BARSTAD began her presentation on some of the work that the Trust and key partner, Alaska Housing Finance Corporation, is doing to help shelter and house beneficiaries. Housing is a social determinant of health and is a key item for people on the path to recovery and to maintaining recovery. She continued that the beneficiaries have multiple barriers for housing which may include addiction, a reduced capacity in making financial decisions to acquiring housing, as well as all the other general difficulties of living that are experienced in making hard decisions. She added that these investments are critical for them because they are more likely to be in poverty and homelessness than the general population. There are very few services available for home- and community-based services that can be accessed without having somewhere to live. She continued that housing has a critical impact for the beneficiaries and also has a ripple effect for the service community and for the economy. She went through some of the impacts in greater detail and the effects on the beneficiaries and the communities. She emphasized that housing is an incredibly effective intervention: it changes people's lives; it saves lives; for beneficiaries to obtain housing and maintain it is life-changing. It is a critical need for people to be able to take the steps needed toward wellness and independence. The partners at

Alaska Housing Finance Corporation have done an amazing job in maintaining the homeless assistance program and special needs housing grants, as well as the large number of other programs that they manage and track. She introduced Daniel Delfino, director of planning at AHFC, and Jennifer Smerud, planner at AHFC.

MR. DELFINO began with an overview of who they are, their history, and he went through their supportive housing programs that serve 14,907 Alaskans; unduplicated people that are served through the different programs yearly. He summarized the homeless assistance program and the special needs housing grant program. He stated that the Alaska Public Housing Division started allocating vouchers alongside the capital developments and supportive service funding, and he is grateful to the Rasmuson Foundation for being a co-funder. He continued that, to date, 47 developments were funded, new properties across the state since 2015; over \$300 million worth of development.

MS. SMERUD thanked all for the invitation to talk about homelessness and the services provided. She stated that homelessness is defined as lacking a place to sleep at night; and that can range from a literal homeless person to someone who is sleeping in a car, couch-surfing, doubled up, anywhere where there is a housing instability. She explained some of the difficulties and problems in the experience of housing instability. She continued that there are different levels of need and different levels of ability to respond to challenges, especially for beneficiaries. Housing instability is traumatizing with higher rates of victimization of violent crimes, higher rates of mental illness. The statistic for life expectancy of someone that is homeless is 20 to 30 years less than the general population. She talked about housing interventions, street outreach and explained how the 211 system is being used. 211 is an excellent resource with information on everything from prevention programs, food banks, library programs, and it provides the same service for someone in Barrow as well as in Anchorage. While the resources may be different, that 211 operator is ready to serve them at whatever the need may be. She moved to the emergency shelters, stating that they are more than just providing a bed; there is also a medical respite program which increases recovery and wellness. She talked about transitional housing and how that works in easing people back into their life so that they can be successful. She explained the rapid rehousing for some people that are homeless for less than 30 days. A lot of time is teaching people how to manage their money and budgeting. She stated that the rural housing capacity grant or the rural housing coordinator is a pilot program started last year and is 100 percent funded by the Trust, in partnership with the Alaska Association of Housing Authorities. The two things that are being focused on this first year is a seasonal emergency shelter which is opening next week as part of the COVID response to the community. The night shelter is going to be run 24 hours a day. We are looking at how the Kotzebue response to both the COVID crisis and homelessness could be used in communities throughout the state. She moved to the next project in the process of getting started. The partners being funded are Interior Center for Nonviolent Living in Fairbanks and the Night House in Mat-Su. That population is the trafficking population, both labor and sex trafficking. Alaska has fairly low numbers because it is not something being tracked. The homeless management information does not track people who are self-reporting as victims of trafficking. There are individuals at the Kodiak shelter that come off a boat after working for several months and did not get paid. They are literally homeless, are in crisis; and that is labor trafficking. Mat-Su has a lot of stories of kids picking up ad hoc work and not getting fully funded or not getting paid or getting abused on the job. Fairbanks also has quite a few stories. She added that the kids being trafficked are kids that grew up in Alaska; they are being trafficked in town. Individuals that come into the hub communities



from villages are at a much higher risk partly because they are away from home and are being targeted because of being more vulnerable. She stated that this problem is an Alaska-grown problem that needs to be addressed and will be worked on after responding to the global pandemic, which is coming together very quickly.

TRUSTEE COOKE asked how a person is sustained in housing through one of the programs.

MS. SMERUD replied that it varies from individual to individual and from program to program. In permanent supportive housing, those individuals are there as long as they need that assistance. She explained the process in detail.

TRUSTEE McCARTY asked how individuals are tracked.

MS. SMERUD replied that homelessness data has always been spotty. In the last five years there have been a lot of efforts to improve it. She stated that almost two years ago coordinated entry has been implemented and the tracking is based on Social Security numbers. This shows where they are, what they are doing, and the supports that are working and those that are not.

MR. DELFINO responded that the homeless count numbers for the state and the various communities across the state were on the first slide. That date shows unduplicated counts. That system makes sure if someone is going to one mission and the next week they go to a different mission, they are only counted once in that system as a person served by the programs. They are not counted at each point of contact, but are tracked each time they touch the system. They are only counted as a beneficiary served once in the system.

TRUSTEE HALTERMAN asked what was being done to ensure that the homeless special needs population is protected as they move through the system.

MR. DELFINO replied that the special needs housing grant programs housed people that were vulnerable coming off the street. Once in the permanent supportive housing, he would get the reports on a monthly basis, and the people brought into permanent supportive housing tended to do fairly well. The homeless assistance program tripled in size in 2009, and the funding levels enabled 35 agencies to have more stability to hire staff to be able to provide constant support to build up the data systems to track the people as they went from one agency to another agency to make sure they were coordinated in a holistic approach to track the folks going through the community and trying to be responsive to their needs. He also talked about the success of the criminal justice reform and the Partners for Progress. Because of the success, a lot of support was received for that program.

CHAIR BOERNE thanked Ms. Barstad for the presentation regarding the need for emergency and public safety services. She stated that investing in housing is something that should be highlighted when thinking about providing services to the beneficiaries. She asked if they were working with the Alaska VA, and was interested in the status of the definition of "homeless."

MR. DELFINO replied that they worked closely with the Veterans on the supportive housing voucher program and are one of the better performers in the country under that program. They continue to receive an increase from the Permanent Housing and Urban Development in the number of vouchers available for Veterans because of the success in the state.

MS. SMERUD stated that the State of Alaska's definition of "homeless" is broader than any of the Federal definitions. That is used as a baseline to make it so that the grantees are able to serve anyone in need. When it comes to the overcrowding definition, that is just starting to be figured out on how to best quantify that and how to best describe that to be able to catch all that nuance of how sometimes they are overcrowded because there is no physical space for them. And sometimes they are overcrowded because the family dynamic is that they all want to live together and need an extra bedroom as opposed to a whole new house.

CHAIR BOERNE understood that it is a challenge and appreciated the kind words and being able to look at how communities do take care of their own. She called a break.

(Break.)

CHAIR BOERNE called the trustees back to order and asked for a motion regarding the Fairbanks Rescue Mission.

#### **FAIRBANKS RESCUE MISSION**

**MOTION:** A motion to approve a \$250,000 FY21 partnership grant with the Fairbanks Rescue Mission for the MyPlace Housing Project, Fairbanks Rapid Rehousing was made by TRUSTEE DERR; seconded by TRUSTEE McCARTY.

MS. BARSTAD stated that the MyPlace Housing Project in Fairbanks is a rapid rehousing program that houses homeless individuals. This project is modeled after the National Alliance for Ending Homelessness, the Family Supportive Services for Veterans Family Programs. These are two national models that have established benchmarks and standards for rapid rehousing. This is also the second year of this program that the Fairbanks Rescue Mission has been operating the rapid rehousing, and is year 2 of funding. She continued that the second year of funding is requested to continue with the implementation of rapid rehousing in Fairbanks. It has had quite good success, and about 45 percent of individuals who are homeless are documented to be Trust beneficiaries. She introduced Brenda McFarlane, the MyPlace Rapid Rehousing manager at the Fairbanks Rescue Mission, who will share a story and the statistics on the success of this program. Austin Brown, interim CEO of Fairbanks Rescue Mission, is also available for questions.

CHAIR BOERNE recognized Ms. McFarlane and Mr. Brown.

MR. BROWN stated that Mike Sanders, the man who initially developed and introduced MyPlace, is here for questions and answers. He continued that, in this last year, in excess of 300 individuals have been served, and we have identified almost half of them, 48 percent, to be Mental Health Trust beneficiaries. The assistance the Trust is providing a very tangible asset. The quality of life is identified through this kind of funding, and we have also identified and demonstrated the ability to take care of this population. He added that some of their other grants are in the line with Alaska Housing, and we are working in conjunction with them. They have two programs with the Veterans Administration that house one of them, the Supportive Services for Veterans programs; and we overview the entire state of Alaska with that particular band of funding. There is a grantee review program for Veterans that provide wraparound services for them. There are 147 individuals in the various programs, and half of those are Mental Health

Trust beneficiaries.

MS. McFARLANE gave credit to the participants that were in the program. They took ownership in the process of leaving homelessness to launch into this world of paying bills, trying to increase income and activities. It is difficult to be living on your own again for the first time in many years. The new program in Fairbanks was shared so more people would be able to join it through the year. She stated that one of the first participants had spent time incarcerated, over a year in a recovery program, had been through domestic violence and years of drug abuse. She continued that it was a hard challenge for her to come from an institutional setting to living on her own, paying bills, and managing her budget to take care of getting groceries. She was working 40 hours a week, stuck with it, and is now on the waiver. She got her driver's license, and even bought a nice truck. She comes to visit and gets to the residence when she is in town. She is just one of the success stories. Ms. McFarlane talked about how amazing it was to work with the Trust and the funding. She explained that the security deposits, electric deposits and up to six months of rent are paid for, and we have been doing a good job of tapering people off before the end of six months. The first participant was housed in December of 2018, and since then we have involved 51 households. This is a combination of 347 households, one person, one individual; and 18 family households. She added that 84 percent of the households enrolled had at least one member that was a Trust beneficiary. She went through the impact of the program and stated that only two households returned to homelessness. She then shared a couple of the success stories and how the Trust funding helped.

CHAIR BOERNE thanked Ms. McFarlane and asked the trustees for any questions.

TRUSTEE BOYLES stated that Ms. McFarlane is an example of the passion and commitment that has been generated over the last 20 years with the Fairbanks Rescue Mission. They are one of the finest organizations in Fairbanks. She asked if the CEO had been replaced and if that impaired the programs, and if the philosophy of the organization would be changed when that person is hired or appointed.

MS. McFARLANE replied that Mr. Brown has been the interim CEO and has been with us for over 20 years. He had worked in partnership with the former CEO for many years. Nothing has changed in the ability to do the program.

CHAIR BOERNE recognized Trustee Cooke.

TRUSTEE COOKE asked how the Fairbanks Housing and Homeless Coalition, the rapid rehousing program, coordinate with AHFC programs.

MR. SANDERS replied that the program coordinates with all of the normal services. AHFC was involved in the planning and development of this program. Referrals for the program are only taken through the coordinated entry system. It is community-wide and is interwoven into all of the different programs in town.

TRUSTEE COOKE asked if the AHFC contributes to either the organization or to the individuals for housing.

MS. McFARLANE replied that the organization is a recipient of the grants which helps pay for the operating expenses of the shelter, the admin positions that track the data, and we know how many are in the shelters and how long they have been homeless. That grant is for all of that.

CHAIR BOERNE asked for anymore questions for the MyPlace Housing project. There being none, she called a roll-call vote.

*After the roll-call vote, the MOTION was approved. (Trustee Boyles, yes; Trustee Cooke, yes; Trustee Derr, yes; Trustee Halterman, yes; Trustee McCarty, yes; Trustee Sturgeon, yes; Trustee Boerner, yes.)*

CHAIR BOERNE thanked Mr. Brown, Ms. McFarlane, and Mr. Sanders for their presentation on the MyPlace Housing Project, and moved to the Home For Good presentation, beginning with a motion.

### **HOME FOR GOOD**

**MOTION:** A motion to recommend that the Full Board of Trustees approve an 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 was made by TRUSTEE HALTERMAN; seconded by TRUSTEE DERR.

MR. ABBOTT stated that this was a two-part process, and we are recommending that the funding for the next grant being asked for to be considered from the unobligated portion of the FY21 revenue. This request was not anticipated and is too large to fit within one of the budgeting categories of funds that were allocated. He continued that the remaining unobligated money in FY21 is approximately \$1.2 million. If this proposal is accepted, it would take \$500,000 from that, leaving about \$700,000 of unobligated funds starting the FY21 fiscal year. He asked that Ms. Barstad and the applicant discuss this and then, after questions, act on the first motion and then the second motion.

MS. BARSTAD introduced the Home for Good project managed by the United Way of Anchorage, and added that it is a permanent supportive housing program that serves individuals with some of the highest needs in the homeless population. It is 100 percent beneficiary-served. She introduced Michele Brown, president and CEO of United Way, and also Eric Glatt.

MS. BROWN stated that she was joined by Eric Glatt, program manager, and Nancy Burke, the Municipality’s housing and homeless coordinator. She expressed a deep gratitude to the Trust for the support of the pilot phase of this project, Home for Good, a permanent supportive housing project in Anchorage. That gratitude goes beyond funding. It is also for the guidance and expertise of the Trust staff who have been wonderful partners in helping to get through the issues. She began by describing the project and stated that Home for Good attempts to break the homeless cycle. This project will be ramping up the level of care for supportive housing with intensive case management, which has not been the norm in Anchorage. This will improve the quality of care, the number of people served, and will use an innovative financing mechanism, Pay for Success, to pay for costs of supportive housing based on the success achieved. She then addressed the people being served, what the service entails, the pilot program currently, and explained how the ramp-up will be paid for.

CHAIR BOERNE appreciated the information and asked the trustees for any questions.

TRUSTEE HALTERMAN asked if they are receiving referrals directly when beneficiaries at risk in the Anchorage area are encountered.

MS. BURKE replied that the referrals come from data that is collected by Municipality agencies; the Anchorage Police Department; the Anchorage Health Department, and then the Anchorage Fire Department. That data is integrated, and the list is formed from that data.

TRUSTEE COOKE stated that the presentation was excellent and very thorough. He asked if part of that process also looked for actual or potential assets that these individuals might have that could help them through the housing process.

MS. BROWN stated that, in terms of eligibility, assets are not determinative, but as soon as they are referred and have a case manager, all areas are explored. She stated that a tenant is expected to provide a portion of whatever income they have from benefits or anything else, and it is in everyone's interest that all of those assets get explored. The tenant is assisted in achieving enrollment in any program that may be of benefit.

TRUSTEE BOYLES stated that she is new to Anchorage and in the last three months has had this visual reminder of the homeless situation. She asked for and received clarification of the amount of funding, how it would be used, and the partnerships involved. She asked Mr. Abbott if this Home for Good housing program could provide a complement to Crisis Now.

MR. ABBOTT replied that the provision of better crisis support systems in the state would significantly complement the effort to reduce homelessness and improve housing outcomes. He stated that the system generally is not capable of helping beneficiaries address psychiatric crisis. Better housing will lead to less crisis, and better crisis services will improve housing outcomes. He continued that this innovative approach that the United Way has described and has taken the lead on is larger than any program of its type that has been tried in Alaska. He added those are some of the reasons this recommendation has been brought forward for support.

TRUSTEE DERR stated that over the years the Mental Health Trust has put millions of dollars towards homelessness in Anchorage. She continued that about a year before last a program for supportive housing was putting homeless people in different areas around town to spread it out. She added that the numbers always seem to remain the same regardless of how much money the Trust puts into it, and the problems remain. She asked how will this program actually reduce the numbers that have been heard before.

MR. ABBOTT replied that was the right overarching question. He explained that, to date, most Trust funding had been assigned to relatively small project-based work, and for the most part, they have been successful, but the success is on a relatively small scale. He stated that this project is designed to be far grander and should serve 190 Trust beneficiaries.

CHAIR BOERNER noted that this is looking at the users with the three circles: high recidivism rates, high use of services, and persistent homelessness.

MS. BROWN stated that the heart of what is being tried through anchored home is to be able to figure out how to move the needle on these issues rather than just provide services. The most acutely ill population is experiencing homelessness. A gap analysis being done in the city is finding that this group has the highest growing area of need in terms of providing permanent supportive housing and homelessness on the streets in Anchorage will not change if this population is not addressed. She pointed out that the 1100 number of homeless folks in Anchorage is not a static problem that can just be fixed. There are new people falling into homelessness all the time. She added that they are trying to develop a system that quickly identifies them, gets the folks into the right level of care as quickly as possible and off the street. The beauty of this Pay for Success model is that it shifts the thinking to being outcomes; not services. She stated that providing this level of care is not inexpensive, but is often less expensive than what is currently being paid.

TRUSTEE McCARTY stated excitement in hearing that there is a lot of data collection from multiple sources to be more strategically helping people. He asked for more information on how the studies and effective data collection is done with only 19 people.

MS. BROWN replied that there are a bit more than that, but 19 folks went through the pre and post data analysis, which was why she caveated that it was a very small sample.

MR. GLATT stated that there is data that is comprehensive for everyone that comes referred into the program, and this draws from those multiple sources. One of the unique achievements of this project is that it is the first time all of those data sources have combined all their data into one place to create such a comprehensive picture. He added that is the reason they heavily caveat the fact that there are no true 12-month pre and 12-month post numbers, and these are just an indication.

CHAIR BOERNE asked for any questions that go towards the decision point for the two motions that are being considered.

TRUSTEE McCARTY stated concern on allocating a half-million dollars to a project, and asked if the Trust would be reimbursed.

CHAIR BOERNE stated that her understanding is that the Trust would not be reimbursed through the Pay for Success, but that the program would become self-sustaining through that reimbursement process.

MS. BROWN stated that the Trust would be making a grant investment. She continued that this would be targeted to the most vulnerable and the most expensive. While outcomes cannot be guaranteed, this is being built based on the best practices that have been seen in other places that have produced very good outcomes. The efforts that are underway are at least preventing the problem from getting worse.

CHAIR BOERNE asked Ms. Barstad to address the individuals that are super users or have cycled through the jail system.

MS. BARSTAD stated that because those beneficiaries are at risk of being in Corrections or institutionalized, they potentially have a system cost of upwards of \$200,000. She talked about

the impact of Forget-Me-Not and the 64 units of housing that make an incredible impact on their list of homeless. In Anchorage this 190 people is a significant chunk of the homeless population, and the intervention is a lasting housing intervention and a potential lifelong connection to housing and services for individuals. This could have an incredible impact on making a lasting solution for some of the hardest to serve on this list, and would free up resources in other areas so that the work with individuals who are just now experiencing homelessness may be better served through prevention and diversion.

MR. ABBOTT thanked the trustees for their level of engagement in the conversation. It was an excellent discussion. He stated that this action would require a budget amendment which will have to be made at a full trustee meeting tentatively planned for May. In order to move the agenda along, he suggested to either act on the motions without formalizing a positive recommendation or to simply just table these motions and take the item up again at the Full Board in May.

**MOTION:** A motion to table this item to time certain on May 20<sup>th</sup> at the board meeting was made by TRUSTEE DERR; seconded by TRUSTEE HALTERMAN.

*After the roll-call vote, the MOTION was approved. (Trustee Boyles, yes; Trustee Cooke, yes; Trustee Derr, yes; Trustee Halterman, yes; Trustee McCarty, yes; Trustee Sturgeon, yes; Trustee Boerner, yes.)*

CHAIR BOERNE thanked the presenters and the trustees for their engagement and interest, and called for a lunch break.

(Lunch break.)

CHAIR BOERNE called the trustees back with a roll call. She welcomed everyone back and stated appreciation to Jillian Gellings, Rebecca Topol and Autumn Vea for their flexibility. She recognized Ms. Vea, and asked for a brief introduction.

### **COMP PLAN UPDATE**

MS. VEA stated that the presentation will be provided by Jillian Gellings from the DHSS commissioner's office who serves as the lead in the Department of Health and Social Services on upgrading the Comprehensive Integrated Mental Health Plan. Rebecca Topol, an epidemiologist in health analytics, has worked for the last few years updating the previous Scorecard and is helping to transform this Scorecard to align with the comp plan. She reminded the trustees that this is part of the quarterly update provided at each Program & Planning meeting. It is meant to be a status update on how the finished comp plan is being used to date, and to update on the components of the plan that are not yet done: the revised Scorecard and the action plan. She explained that the Scorecard will serve as the measurement tool to record and compare progress year after year; and the action plan is the internal DHSS document used to implement and roll out the comp plan. She welcomed Ms. Gellings and asked her to begin.

MS. GELLINGS stated that she is the project analyst and lead in the commissioner's office for the Comprehensive Integrative Mental Health Program Plan. She continued that she had been out on maternity leave, but is now back. She began with a quick high-level overview of the comp plan. It is the Department's responsibility to create and revise the Comprehensive

Integrative Mental health Program Plan; the Trust's responsibility is to ensure that an integrative mental health program exists. It is all in statute. This last plan clearly delineates Alaska's publicly funded mental health program, establishes program-level vision and priorities, serves as the glue that connects reforms, and evolves as the program evolves. She touched on the plan development and gave a brief update of where they were. She moved to the resources, the Alaska Scorecard outcomes and monitoring, which is how the plan and information presented will be measured. She stated that Rebecca Topol will talk about the specifics of this Scorecard.

MS. TOPOL stated that she is a research analyst and is with Analytics and Vital Records at DHSS. She continued that she has been putting together the updates to the current Scorecard for the last couple of years. This involves tracking all the data sources and finding the updated data, putting the document together. She showed a side-by-side of the current Scorecard with a rough draft of the new Scorecard for 2020. She compared the two and stated that the draft looks similar, but it is still being formatted, and we are choosing the indicators which now has nine goals. She stated that the Scorecard is how this plan's success is measured. The current Scorecard has been downloaded over 1500 times per year by advocates, programs applying for grants and a one-stop for data on Trust beneficiaries. Most of the data is updated annually, is about a year in retrospection, and has been in place since 2007. The potential indicators for each of the goals are listed, and we tried to find data available annually. She explained this in greater detail and talked about finding specific data for beneficiaries.

MS. GELLINGS stated that Goal 9 was very unique in the current plan, which is strengthening the system. She continued that they not only look at the types of services that are available to the beneficiaries, but there needs to be infrastructure behind it. She moved to the action plan which is tracking all the programs and projects that are either going to be started, are in the process, or have been terminated across the whole department. Then looking at all the different plans and focused on alignment and how to strategically put people together to work on things that all fall under the comp plan. This action plan is really aligning and making sure that resources are being utilized to the best of our ability. The next phase is to reach out to other departments and track what is going on that falls under the comp plan that may be at DOC, Public Safety, the Council on Domestic Violence and Sexual Assault, all funds that fall under the plan and how to align, work together and be as effective as possible. She stated that strengthening the system for 2020 through 2024 has shifted some focus to include preventative care and early intervention.

CHAIR BOERNE asked for any questions.

TRUSTEE DERR asked about ACES in looking at the preventative side, and if there have been studies on helping children in abuse or domestic violence.

MS. VEA stated that she would work on that question and get back to Trustee Derr with additional research.

TRUSTEE McCARTY asked if the comp study was that the interventions that were being done were not as important as the outcomes.

MS. GELLINGS clarified not interventions; the outcomes are very important, and one is not more important than the other.



TRUSTEE HALTERMAN asked if Medicaid data was being used for some of the measures.

MS. TOPOL replied that it is possible in some cases but did not think it was down for any of the ones that were being considered. Breaking things down to smaller areas of Alaska depends on getting small sample sizes. It depends on what is being observed.

CHAIR BOERNER thanked them for a great presentation.

MS. VEA finished up with a conversation about budget recommendations, and stated that it was important to remember that the Comprehensive Integrated Mental Health Program Plan is not just covering or budgeting for services for mental health only. It is all services and supports necessary for all Trust beneficiaries. She continued that the Trust is using the comp plan to guide the budget recommendations, and we are using it during the letter-of-interest process for Authority Grants. As the comp plan continues to be updated, adjustments will be made for that going forward. She added that a comp plan position was approved for the budget this year, and that position is fully funded. It should be starting with the fiscal year on July 1<sup>st</sup>. She stated that she is working with Public Health to help shape the job description so the position can be posted and hired. That person will take over the project management of the comp plan and serve as the lead for taking over the duties.

CHAIR BOERNER thanked all and called a short break.

(Break.)

### **FY22/23 BUDGET PROCESS**

CHAIR BOERNER called all back on board, and recognized Mr. Abbott.

MR. ABBOTT recognized Steve Williams.

MR. WILLIAMS stated that staff is starting to develop the FY22 and FY23 budget. He started with a history on how that is done, beginning with talking about strategies, the goals and how things connect to the comp plan.

MS. BARSTAD stated that the focus area she works on is housing and long-term services and support which has been a focus area for the Trust for a long time. The goal is to make sure that people have a safe, stable place to live and have a variety of services and supports to be able to stay independent in their homes and communities. Housing First provides the stability needed for recovery. She continued that the support services that complement housing help people meet goals for self-efficacy. Housing and long-term services and supports are reflected in the comp plan in multiple places, which she described. She talked about a few of the services provided that help to make sure the Trust is well-informed and engaged in implementing these services for beneficiaries.

CHAIR BOERNE gave an update on the agenda and stated that Michael Baldwin will offer his update on the cost of drug and alcohol misuse in Alaska at a later meeting. She stated appreciation for the high engagement from the trustees as stewards of the resources and appreciated the thoughtful discussions produced. She called a short break.

(Break.)

CHAIR BOERNE called the meeting back to order, and recognized Katie Baldwin-Johnson.

MS. BALDWIN-JOHNSON stated that the Substance Abuse Prevention and Treatment focus area, SAPT, was initiated in 2013. A good part of the prior year was spent determining and finding justification for supporting a recommendation to add this as a focus area. She continued that, at that time, trustees recognized the harm addiction was causing for Alaskans and, in particular, for the beneficiaries. She reminded trustees that they had recently approved adding and moving in the crisis system improvement work that is being undertaken in FY21. This is critical for beneficiaries to have access to treatment, statewide treatment capacity and timely intervention as close to home as possible. It is important to work toward ensuring that those services are available close to home and are adequately funded to ensure the stability of the services over time. She continued her presentation, explaining as she went along. She highlighted the current and future opportunities and efforts, and then focused on the work to the crisis response system for beneficiaries in mental health and behavioral health crisis. She stated that a contractor to provide a project manager has been secured and will be working with the State of Alaska to unpack the 14 recommendations in the report, to begin addressing them, and to pave the path for implementation of that model in Alaska.

CHAIR BOERNE recognized Jimael Johnson.

MS. JOHNSON stated that she is a program officer with the Mental Health Trust and gave an overview and background on the Beneficiary Employment and Engagement focus area, which has been a focus area since about 2004. This focus area was expanded to include employment as the preferable outcome for beneficiaries in 2014, which is critical because beneficiaries are drastically underrepresented and underemployed in the workforce. She went through some of the many key partners in this work. She also highlighted some of the positive impacts of the work. In a snapshot of the FY21 budget, this focus area has an allocation from the trustees of about \$2.2 million. About \$1.5 million was allocated for the BPI grantees, and for the peer-support certification for which the Division of Behavioral Health is providing leadership. And then approximately \$700,000 is allocated for employment and related expenses. She answered questions about COVID, and stated that Kristin Vandagriff was on-line.

MS. VANDAGRIFF stated that she was with the Governor's Council and added that Director Mayes with DVR had been able to secure high leadership, director-level staff for many different divisions. She continued that they have a lot of folks meeting weekly and when some different plans are established, the meetings will not be so frequent. This collaborative employment COVID response team is already sharing a lot of useful information.

CHAIR BOERNER indicated that there were three more presentations and called a break.

(Break.)

CHAIR BOERNER invited Travis Welch to present on Disability Justice.

MR. WELCH stated that he was the program officer that oversees Disability Justice. He continued that he was the former chief of police for the North Slope Borough Police Department

for ten years and had an opportunity to work all over the state. In 2005, the trustees created the Disability Justice focus area to focus staff and resources toward this issue for beneficiaries. Within the criminal justice system, beneficiaries are disproportionately represented, whether as victims or offenders, and two different approaches were developed. One was to try to have programs in projects that completely divert beneficiaries out of the criminal justice system. The other side, for those who end up incarcerated, was to ensure that there are programs that make that system efficient and as supportive as possible to lessen the trauma of being involved in that system. He talked about the recidivism rate of the beneficiaries and mentioned that we use the Sequential Intercept Model that takes different points in the criminal justice system that beneficiaries can be connected to services. He explained and went through this in more detail. He stated that since the Department of Corrections started tracking recidivism, this year is the first time recidivism in the state of Alaska was under 60 percent. This is due to the team effort of the Department of Corrections, the Trust and all of the nonprofit organizations working with us. He talked about some of the projects and outcomes such as legislation that was introduced that was getting reentrant identification, state identification, and then spoke about the reentry simulation.

CHAIR BOERNER talked about her overall experience of participating in that reentry simulation and the frustration she felt. She stated that she was glad that it is an area for future efforts.

MR. WELCH touched on the CIT and talked about the first statewide CIT cohort meeting yesterday. He finished with a correction to the budget for FY21, which is \$2,624,900.

CHAIR BOERNER asked for any questions.

TRUSTEE STURGEON appreciated the exercise in June and stated that he was also very frustrated. He learned a lot and appreciated the invitation to attend.

TRUSTEE McCARTY shared what the other trustees said about the reentry simulation. He added that a problem he sees is that people need assessments to be able to go to court and cannot get them.

TRUSTEE COOKE also stated appreciation for the reentry exercise.

TRUSTEE HALTERMAN followed up and made a statement with regard to the reentry stimulation and added that there are new modes being explored for the beneficiaries in need of assessments.

CHAIR BOERNER thanked Mr. Welch and invited Jimael Johnson to proceed.

MS. JOHNSON began with early childhood intervention and prevention, which has been an evolving area of focus but is not officially a focus area. She stated that the conversation around the comp plan really highlighted some of the backgrounds and partnerships, and we wanted to have some more focused concentration on opportunities related to early childhood. She talked about the work of many previous focus areas, including Bring the Kids Home, which was focused on bringing kids who had gone out of state for residential treatment back into Alaska to live, and provide them with home- and community-based services. The goal of working with

this area, as highlighted in the comp plan, is to promote resiliency, focus on that trauma of preventing and treating, and then really increased access to the early intervention services that work, that improve lives of Trust beneficiaries. She continued her presentation and explained as she went along. She added that, for year '21, trustees have authorized \$880,000 for activities in this area, and we have designed that budget to match the comp plan strategies.

TRUSTEE DERR stated that quite a bit of money has been put into early childhood intervention and prevention for over 45 years. She asked if there is any research that can show early intervention and prevention works. She continued that 14 percent was mentioned. There are 10,000 children at each age in the state, and 14 percent is not a lot of them.

MS. JOHNSON replied that there will be an environmental scan of the data available soon, and that she would be happy to share that. She stated that they are partnering with the Alaska Pediatric Partnership and others to look at what is known about the state of young children in Alaska. After a brief financial analysis, in conjunction with that report, it is known that very little as a state is spent on the youngest children.

CHAIR BOERNER stated that these are challenging issues to deal with, identify, and put forward. The overall funds that go to addressing early childhood intervention and prevention is far below what is needed, and she appreciated the Trust in putting forward some seed money and keeping it going because it is an invisible population.

TRUSTEE McCARTY asked about any kind of longitudinal study on the Bring the Kids Home kids.

MS. JOHNSON replied that she was not aware of longitudinal data available on specific children. That could be a research question and something to look at using some of the existing data. She answered a few other questions and then concluded her presentation.

CHAIR BOERNER moved to the last presentation and invited Eric Boyer to begin.

MR. BOYER stated that a lot of the services talked about would not happen without a workforce. There are a lot of struggles in Alaska to engage, recruit, train, to redeem that valuable workforce. It is important because our most vulnerable Alaskans are put in the hand of providers and their direct service professionals and clinical, nursing staff to do this. That is why it is critical as one of the priority areas and to put funds there. Money is being put toward workforce initiatives, and it is important to know that money is being used in a way that the beneficiaries of Alaska's lives are improving. He gave a few examples, beginning with one of the main initiatives funded, which is the Alaska Training Cooperative. It is part of the University of Alaska Anchorage at the Center for Human Development. Through Trust funding for them and for curriculum development, the Alaska core competencies was the flagship training curriculum that met the basic needs of the health-care workforce. He explained this program fully and its success and the data available. He added that the money that the trustees approve for workforce helps to put the workforce out there. He asked for questions.

CHAIR BOERNER stated appreciation for all the work done in this area. Being able to meet the needs of the beneficiaries is definitely met by those on the frontline, and having a good workforce is an issue. She asked for any questions.

TRUSTEE COOKE stated that money is spent to educate people to take minimum-wage type charges, \$15-\$16 an hour for DSPs, with a turnover rate of 36 percent. He asked if people were not staying in that field that the Trust spent money to train.

MR. BOYER replied that part of the issue in the social service field is that it is low paying, entry-level and really tough work, which results in the turnover rate. If their pay increased, many of them would stay.

CHAIR BOERNER asked for any other questions. She thanked Michael Baldwin for his flexibility, and the work done in preparation for this meeting is not unnoticed. She thanked Trustee Cooke for incorporating Trustee Comments into the Special Board Meeting. She asked for a motion to adjourn.

**MOTION:** A motion to adjourn the Program & Planning Committee was made by TRUSTEE HALTERMAN; seconded by TRUSTEE McCARTY.

*There being no objection, the MOTION was approved.*

(Program & Planning Committee adjourned at 4:39 p.m.)



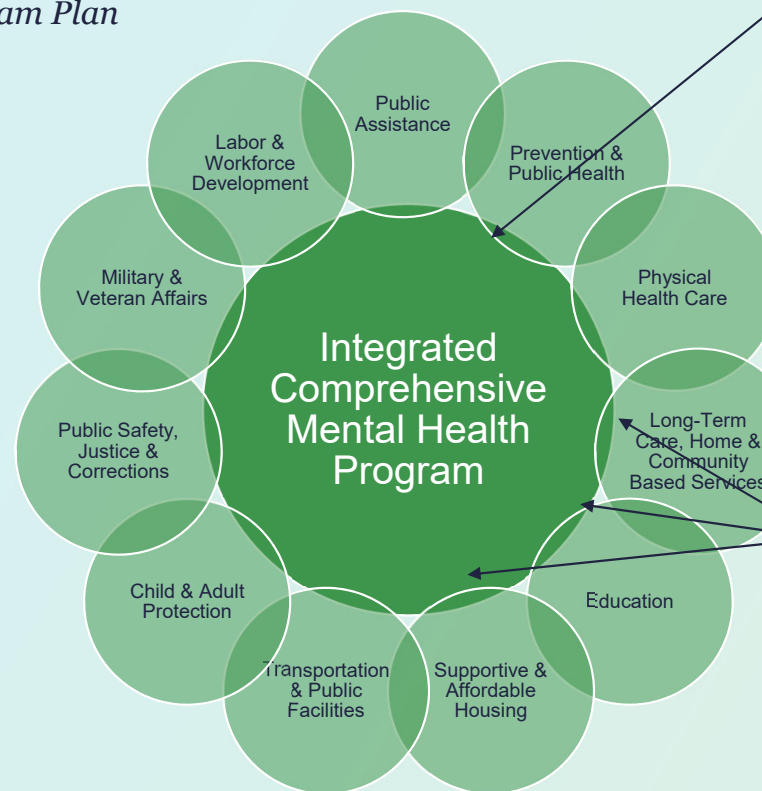
# Strengthening the System:

Alaska's Comprehensive Integrated Mental Health Program Plan, 2020-2024

# Integrated Comprehensive Mental Health Program

*State and Tribal plans inform and are informed by the Comprehensive Program Plan*

COMPREHENSIVE  
MENTAL HEALTH  
PROGRAM PLAN



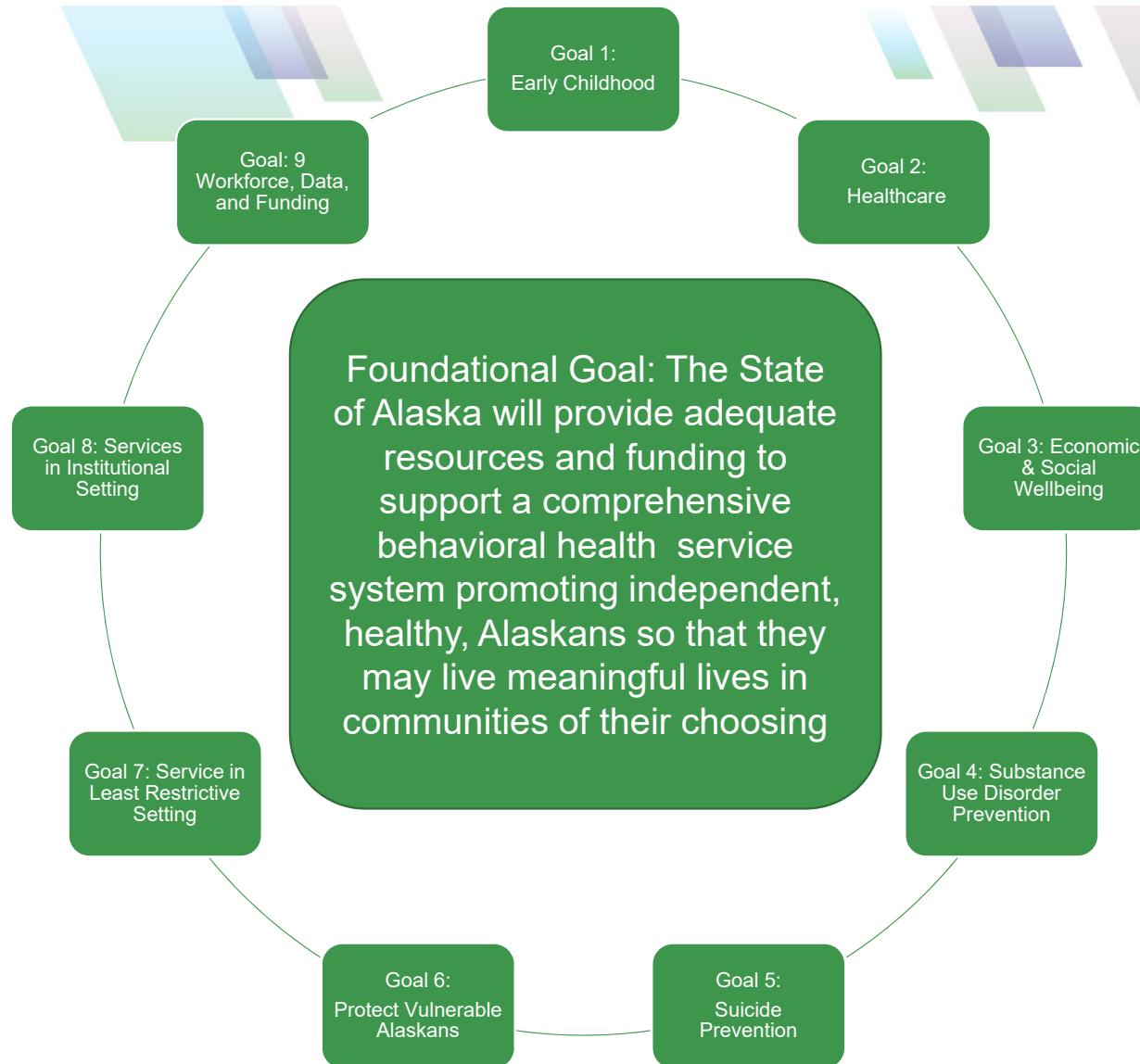
## **“Core”:**

Programs supported with funds from the Mental Health Budget or State operating and capital funds clearly allocated to advance the Comprehensive Mental Health Program

## **Integrated:**

Areas of Mission Overlap & Shared Responsibility

**LIFESPAN:** from the prenatal period through end of life



The plan can be found here:  
<http://dhss.alaska.gov/Commissioner/Pages/MentalHealth/default.aspx>



# Alaska Scorecard 2019

Key Issues Impacting Alaska Mental Health Trust Beneficiaries

Trust

Alaska Mental Health  
Trust Authority

Click on the title of each indicator for a link to complete sources and information

Key to symbols: ✓ Satisfactory ↔ Uncertain ✗ Needs Improvement

Most Current U.S. Data Previous Year's Alaska Data Most Current Alaska Data Status

## Health

<b>Suicide</b>					
1	Suicide (rate per 100,000)	14.2	26.9	24.9	✗
2	Percent of adults reporting serious thoughts of suicide	4.3%	5.3%	5.9%	✗
<b>Substance Abuse</b>					
3	Alcohol-induced deaths (rate per 100,000)	9.9	19.8	26.3	✗
4	Percent of adults (age 18+) who engage in heavy drinking	6.5%	8.4%	7.1%	↔
5	Percent of adults (age 18+) who engage in binge drinking	16.2%	17.3%	16.4%	↔
6	Percent of population (age 12 and older) who use illicit drugs	11.4%	16.8%	18.1%	✗
7	Opioid overdose mortality rate	14.6	13.5	8.5	↔
<b>Mental Health</b>					
8	Days of poor mental health in past month (adults ages 18+)	4.0	3.9	3.7	↔
9	Percent of teens who experienced depression during past year	31.5%	33.6%	36.1%	✗
<b>Access</b>					
10	Percent of population without health insurance	8.9%	13.7%	12.6%	↔

## Safety

<b>Protection</b>					
11	Child maltreatment (rate per 1,000)	9.2	15.0	14.2	✗
12	Founded reports of harm to adults (rate per 1,000)	*	1.5	1.3	↔
13	Injuries to older adults (ages 65+) due to falls, hospitalized (rate per 100,000)	1,720	1,069	960	✓
14	Traumatic brain injury, hospitalized non-fatal (rate per 100,000)	*	78.1	78.1	↔
<b>Justice</b>					
15	Percent of incarcerated adults with mental illness or mental disabilities	*	44.1%	44.1%	✗
16	Rate of criminal recidivism for incarcerated adults with mental illness or mental disabilities	*	39.2%	38.9%	↔
17	Percent of arrests involving alcohol or drugs	*	42.5%	43.5%	↔

## Living With Dignity

<b>Accessible, Affordable Housing</b>					
18	Chronic homelessness (rate per 100,000)	29.3	43.8	31.6	↔
<b>Educational Goals</b>					
19	High School Graduation rate for students with disabilities	*	56.9%	59.8%	↔
20	Percent of youth who received special education who are employed or enrolled in post-secondary education one year after leaving school	*	66.1%	68.3%	↔
<b>Economic Security</b>					
21	Percent of income spent on housing if earning minimum wage	*	81.9%	81.6%	✗
22	Average annual unemployment rate	3.9%	7.2%	6.6%	✗
23	Percent of SSI recipients who are blind or disabled and are working	4.8%	6.7%	6.4%	✓

## Prevalence Estimates: Alaska Mental Health Trust Beneficiaries

Alaska Mental Health Trust Beneficiary Population	Estimate	Population Rate
Serious Mental Illness (ages 18+)	29,565	5.4%
Serious Emotional Disturbance (ages 9 to 17)	5,581	6.0%
Any Mental Illness (ages 18+)	112,239	20.5%
Alzheimer's Disease (ages 65+)	8,000	9.2%
Traumatic brain injury (all ages)	11,745	1.6%
Developmental disabilities (all ages)	11,745	1.6%
Dependent on and abuse of alcohol (ages 12 to 17)	1,247	2.1%
Dependent on and abuse of alcohol (ages 18+)	40,570	7.4%
Dependent on and abuse of illicit drugs (ages 18+)	18,834	3.4%

February 2020

February 2020

# Resources: Alaska Scorecard

## Outcomes and Monitoring

<http://dhss.alaska.gov/Commissioner/Documents/MentalHealth/resources.pdf>



## 2020 Updated Alaska Scorecard Process

- The data workgroup identified the need for additional subject matter experts to assist with developing new indicators for some of the Comp Plan Goals. Especially those that have historically not been represented on the previous Alaska Scorecard. For example- Goal 1- Early Childhood, Goal 7- Long-Term Services & Supports (LTSS).
- Separate workgroups were formed to develop scorecard indicators for LTSS, DOC, DJJ, early childhood and protective services.
- Reformatted scorecard indicators using a Results Based Accountability (RBA) format.
- Updated indicators to have a population health focus instead of performance or programmatic focus.



# Data on Preventative Efforts

## Subgroup- Early childhood & Protective Services

- Key subject matter experts met to discuss potential indicators.
- The subgroup was challenged with measuring outcomes related to upstream prevention measures.
- There has been a tremendous amount of collaboration to develop new indicators.



# Results Based Accountability (RBA)

- It provides a method of thinking and taking action together that is **simple** and **common sense**, that uses **plain language**, produces **minimum paper**, and is **useful** to the community and decision makers.

## Population Accountability

**OUTCOME/Result:** Desired condition of well-being for a whole population

**INDICATOR:** Measure that helps quantify the achievement of an outcome

## Performance Accountability

**PERFORMANCE MEASURE:** Measure of how well a program, agency, or service system is working.

1. How much are we doing it?
2. How well are we doing it?
3. Is anyone better off? = **CUSTOMER OUTCOME**



# Population Based vs. Process Driven

Population Accountability is about a geographic area e.g. all Alaskans, all Trust beneficiaries, all elders in rural Alaska. Whole populations without regard to whether they are getting services from anyone or not. It is bigger than any one program.

## Example- Goal 3 Economic & Social Well-Being

- Population: All Alaskans (statewide population)
- Population result: Trust beneficiaries have strong economic and social well-being
- Indicator: Percentage of rental occupied households that exceed 50 percent of household income dedicated to housing (3.1)



## Digital Format –

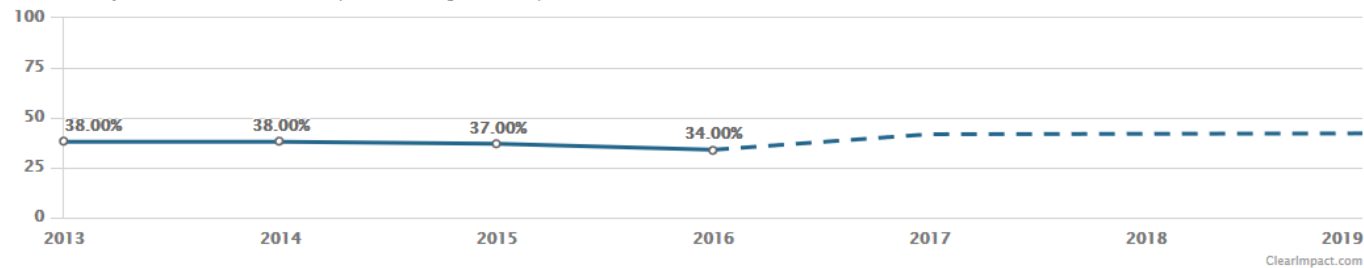
- Historically the Alaska Scorecard has been a PDF of 60+ pages. The workgroup is encouraging the use of an interactive electronic scorecard tool to align with RBA's method of producing minimum paper.
- The previous Alaska Scorecard is downloaded about 1500+ times per year.
- The workgroup is exploring the use of an electronic scorecard software. Preferably a software capable of an RBA format. One option we are exploring is Clear Impact Scorecard Software.

# Example Electronic RBA Scorecard

## Measures

### [-] [I] Headline Housing Insecurity

Data Source: Annie E. Casey analysis of American Community Survey data on the Percentage of Connecticut Children under the age of 18 Who Live in Households where more than 30% of Monthly Household Pre-Tax Income is Spent on Housing- Related Expenses



Story Behind the Curve

Partners

Strategy

Time Period	Current Actual Value	Current Trend	Baseline % Change
2016	34.00%	↘ 2	-11% ↘
2015	37.00%	↘ 1	-3% ↘
2014	38.00%	→ 1	0% →
2013	38.00%	↘ 2	0% →
2012	41.00%	↘ 1	8% ↑
2011	44.00%	↗ 2	16% ↑
2010	43.00%	↗ 1	13% ↑
2009	41.00%	↘ 1	8% ↑
2008	42.00%	↗ 1	11% ↑

More »



# Comp Plan Position

- The Comp Plan Coordinator position works collaboratively with the Trust to prepare, and periodically revise and amend the Comp Plan.
- The Coordinator will serve as the DHSS lead responsible for alignment of staff and projects within the department, data tracking and evaluation, and full engagement with partners and stakeholders for the most recent plan.
- The position (Program Coordinator II) was posted to Workplace Alaska in June 2020. The posting has since closed and the Division of Public Health is working through the recruitment process.



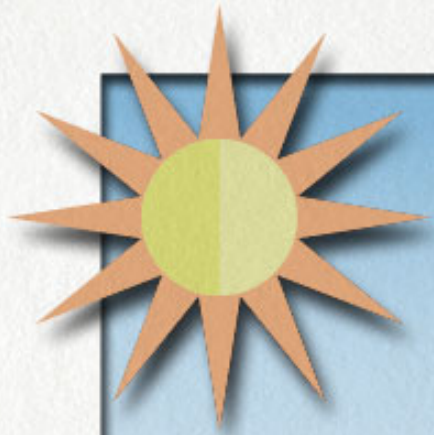


# Budget

- Comp Plan in action:
  - Recently DHSS sponsored social media postings related to – OCS and Mandatory Reporters. This was a result of Comp Plan Goal 6.3.a- Increase awareness of OCS, child abuse reporting procedures, and mandatory reporter obligations.  
<https://www.youtube.com/watch?v=VrmEGu7dj9Q>
- The Trust uses the Comp Plan as a funding guide and continues to find ways to elevate the Comp Plan throughout the grant process. You will hear in the upcoming budget presentations how the work with the focus area and other priority efforts are connected and forward the goals of the Comp Plan.

The background of the slide is composed of several horizontal bands. The top and bottom bands are dark blue with a pattern of small white dots, resembling a starry sky. The middle band is a solid light green. The text "Thank You!" is centered in the green band.

# Thank You!



# *FY22/23*

## *Budget Recommendations*

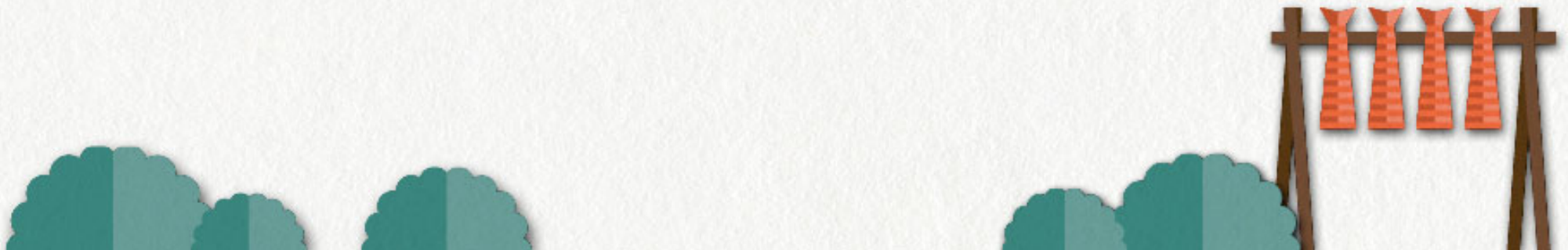
Program and Planning Committee  
July 28-29, 2020



Trust  
Alaska Mental Health  
Trust Authority

# Trust Budget Process

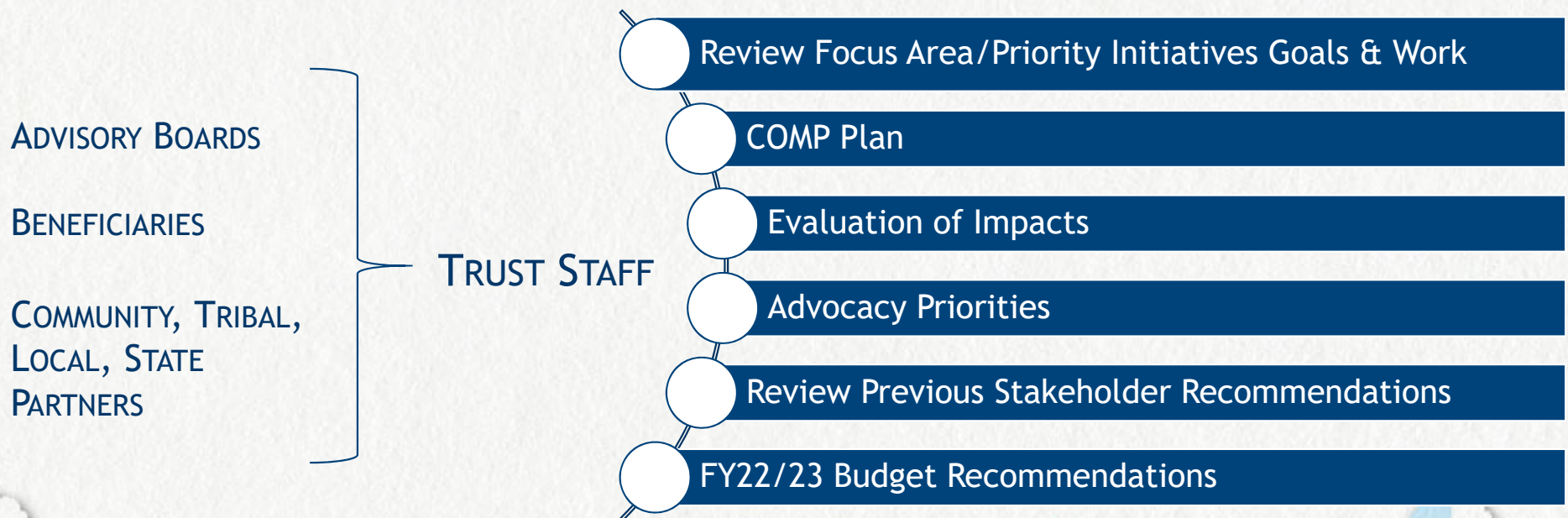
- Two-year budget cycle (FY22/23)
- Informed and collaborative
- By September 15, the board submits to the Governor and the Legislative Budget & Audit Committee a budget for the next fiscal year





# Stakeholder Process: FY22/23 Budget Recommendations

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



# What We Will Cover

## 1) Other Priority Areas of Trust Work

- a) Workforce
- b) Early Childhood Prevention & Intervention

## 2) Focus Areas

- a) Mental Health & Addiction Intervention
- b) Disability Justice
- c) Beneficiary Employment and Engagement
- d) Housing and Home & Community Based Services

## 3) Non-Focus Area Allocations



# Budget Orientation

Non-Focus Area Allocations			FY21 Amended Approved (1/30/20)					FY22 Proposed					FY23 Proposed				
	Dept/RDU   Component (or recipient)	Type <small>Operating (O) Capital (C) Auth Grant (AG)</small>	Sum of Trust Funds to State Agencies & AG	Trust Funds to State Agencies	Authority Grant	GF/MH	Other	Sum of Trust Funds to State Agencies & AG	Trust Funds to State Agencies	Authority Grant	GF/MH	Other	Sum of Trust Funds to State Agencies & AG	Trust Funds to State Agencies	Authority Grant	GF/MH	Other
<b>Trust &amp; TLO Administrative Budgets</b>																	
Trust Authority MHT Admin Budget	DOR	O	4,215.1	4,215.1	-	-	-	4,179.9	4,179.9	-	-	-	4,179.9	4,179.9	-	-	-
Trust Land Office MHTAAR Budget	DNR	O	4,425.6	4,425.6	-	-	-	4,393.8	4,393.8	-	-	-	4,393.8	4,393.8	-	-	-
<b>Total Trust &amp; TLO</b>			<b>8,640.7</b>	<b>8,640.7</b>	-	-	-	<b>8,573.7</b>	<b>8,573.7</b>	-	-	-	<b>8,573.7</b>	<b>8,573.7</b>	-	-	-
<b>Other Non-Focus Area Allocations</b>																	
<b>Grant Making Programs</b>																	
Partnerships / Designated Grants		AG	2,150.0	-	2,150.0	-	-	2,150.0	-	2,150.0	-	-	2,150.0	-	2,150.0	-	-
<b>Subtotal</b>			<b>2,150.0</b>	-	<b>2,150.0</b>	-	-	<b>2,150.0</b>	-	<b>2,150.0</b>	-	-	<b>2,150.0</b>	-	<b>2,150.0</b>	-	-
<b>Dental</b>																	
Trust Directed Projects - Dental	ANHC (Anch Comm Hlth)	AG	140.0	-	140.0	-	-	140.0	-	140.0	-	-	140.0	-	140.0	-	-
Trust Directed Projects - Dental	ICHHC (Fbks Comm Hlth)	AG	100.0	-	100.0	-	-	100.0	-	100.0	-	-	100.0	-	100.0	-	-
Donated Dental	Dental Lifeline Network	AG	30.0	-	30.0	-	-	30.0	-	30.0	-	-	30.0	-	30.0	-	-
<b>Subtotal</b>			<b>270.0</b>	-	<b>270.0</b>	-	-	<b>270.0</b>	-	<b>270.0</b>	-	-	<b>270.0</b>	-	<b>270.0</b>	-	-
<b>Mini Grants</b>																	
Mini Grants for beneficiaries experiencing mental illness, chronic alcoholism & substance abuse.	Information Insights	AG	950.0	-	950.0	-	-	950.0	-	950.0	-	-	950.0	-	950.0	-	-
Mini grants for ADRD beneficiaries	Alzheimers' Resource Agency	AG	350.0	-	350.0	-	-	350.0	-	350.0	-	-	350.0	-	350.0	-	-
Mini grants for beneficiaries with developmental disabilities	Information Insights	AG	400.0	-	400.0	-	-	400.0	-	400.0	-	-	400.0	-	400.0	-	-
<b>Subtotal</b>			<b>1,700.0</b>	-	<b>1,700.0</b>	-	-	<b>1,700.0</b>	-	<b>1,700.0</b>	-	-	<b>1,700.0</b>	-	<b>1,700.0</b>	-	-
<b>Trust Statutory Advisory Boards</b>																	
ABADA/AMHB joint staffing	DHSS/DBH/AMHB-ABADA	O	491.5	491.5	-	-	-	491.5	491.5	-	-	-	491.5	491.5	-	-	-
GCDSE Joint Staffing	DHSS/DSDS/GCDSE	O	134.5	134.5	-	-	-	184.5	184.5	-	-	-	134.5	134.5	-	50.0	-
Beneficiary employment technical assistance and program coordination	DHSS/DSDS/GCDSE	O	100.0	100.0	-	-	-	123.5	123.5	-	-	-	123.5	123.5	-	-	-
ACoA Planner (06-1513)	DHSS/DSDS/ACoA	O	129.3	129.3	-	-	-	140.0	140.0	-	-	-	140.0	140.0	-	-	-
<b>Subtotal</b>			<b>855.3</b>	<b>855.3</b>	-	-	-	<b>939.5</b>	<b>939.5</b>	-	-	-	<b>889.5</b>	<b>889.5</b>	-	<b>50.0</b>	-



# Workforce Development

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.

Priority Area Budget Totals					
	Sum of MHTAAR/AG	MHTAAR	Authority Grant (AG)	GF/MH	Other
FY21	\$1,409.0	\$1,339.0	\$70.0	\$0	\$0
FY22	\$1,290.6	\$1,240.6	\$50.0	\$100.0	\$0
FY23	\$1,192.2	\$1,142.2	\$50.0	\$200.0	\$0





# Workforce Development

## Comp Plan Key Strategies Addressed:

- **Goal 9, Objective 1:** Strengthen workforce capacity with improved recruitment and retention
- **Goal 9, Objective 2:** Advance the competencies of the healthcare, behavioral health, and public health workforce

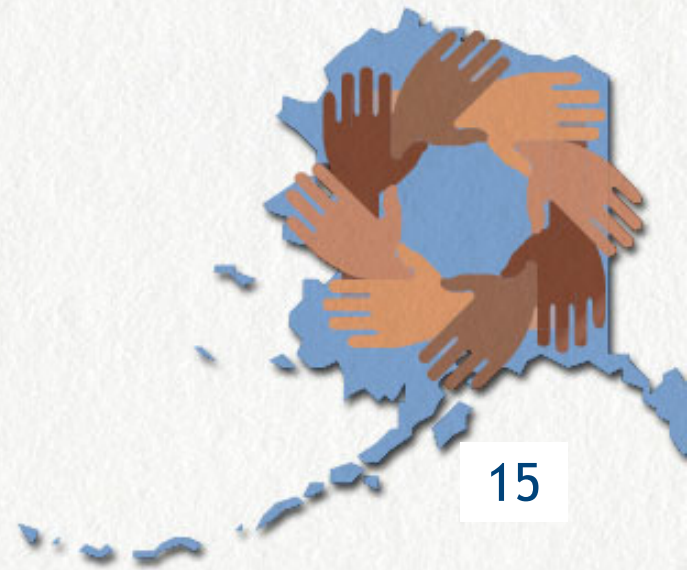


# Workforce Development

## How Will We Do It?

Budget section:

- Increased Capacity, Training, and Competencies



15

# Workforce Development



## How we measure success and progress

- Adapting to the needs of the workforce during the pandemic, and addressing additional hurdles as they arise
- Increasing access to services and care
- Agencies have increased capacity with a supported workforce
- Improving access to technology and distanced-delivered support





# Early Childhood Intervention & Prevention

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.

Priority Area Budget Totals					
	Sum of MHTAAR/AG	MHTAAR	Authority Grant (AG)	GF/MH	Other
FY21	\$880.0	\$0	\$880.0	\$0	\$0
FY22	\$1,094.0	\$509.0	\$585.0	\$20.0	\$0
FY23	\$1,162.0	\$559.0	\$603.0	\$20.0	\$0



# Early Childhood Intervention & Prevention



## Comp Plan Key Strategies Addressed:

- **Goal 1:** Programs serving young children promote resiliency, prevent and address trauma, and provide access to early intervention services
- **Goal 6:** Alaskans are free from abuse, neglect, self-neglect and exploitation



# Early Childhood Intervention & Prevention

## How Will We Do It?

Budget Sections:

- Promote practice-informed, universal screening efforts and early intervention services
- Ensure accurate identification of social-emotional needs for children and their caregivers
- Reduce instances and impact of Adverse Childhood Experiences (ACEs)





# Early Childhood Intervention & Prevention

## How we measure success and progress

- Increased number of children screened and identified for developmental delays
- Improved access to behavioral health supports in early education and school settings
- Increased provider and caregiver competencies related to infant & early childhood mental health
- Improved data integration to monitor progress related to early intervention services and actual beneficiary/child outcomes



# Mental Health & Addiction Intervention

Expand our continuum of care so beneficiaries have access to prevention and early intervention of addiction, as well as specialized treatment interventions and recovery supports. Improve the behavioral health crisis system of care for individuals in acute behavioral health crisis and continue efforts to implement the *Crisis Now* model.

Focus Area Budget Totals					
	Sum of MHTAAR/AG	MHTAAR	Authority Grant (AG)	GF/MH	Other
FY21	\$3,950.0	\$450.0	\$3,500.0	\$0	\$100.0
FY22	\$5,921.5	\$521.5	\$5,400.0	\$53.5	\$0
FY23	\$5,912.5	\$512.5	\$5,400.0	\$4,062.5	\$0





# Mental Health & Addiction Intervention

## 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.



# Mental Health & Addiction Intervention

## How Will We Do It?

Budget sections:

- Increase awareness, improve knowledge to prevent drug/alcohol misuse
- Improve treatment and recovery support
- Ensure Alaskan have access to comprehensive crisis services and supports



# Mental Health & Addiction Intervention



## How we measure success and progress

- Changing social norms through education, prevention & anti-stigma campaigns with partner initiatives
- Implementation of policy, funding & legislation to improve & maintain public health strategies for addiction & behavioral health prevention & treatment
- Expanded and improved addiction and behavioral health treatment capacity and access
- Improved response to mental health crisis





# Disability Justice

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.

Focus Area Budget Totals					
	Sum of MHTAAR/AG	MHTAAR	Authority Grant (AG)	GF/MH	Other
FY21	\$2,674.9	\$1,538.4	\$1,136.5	\$372.7	\$0
FY22	\$2,673.2	\$1,311.7	\$1,361.3	\$491.0	\$0
FY23	\$2,546.6	\$1,185.1	\$1,361.5	\$491.0	\$0

# Disability Justice

## Comp Plan Key Strategies Addressed:

- **Goal 7, Objective3:** Reduce the number of Trust beneficiaries entering or becoming involved with Alaska's criminal justice system
- **Goal 8, Objective 3:** Enhance and expand access to clinical and case management resources for Alaskans who are incarcerated

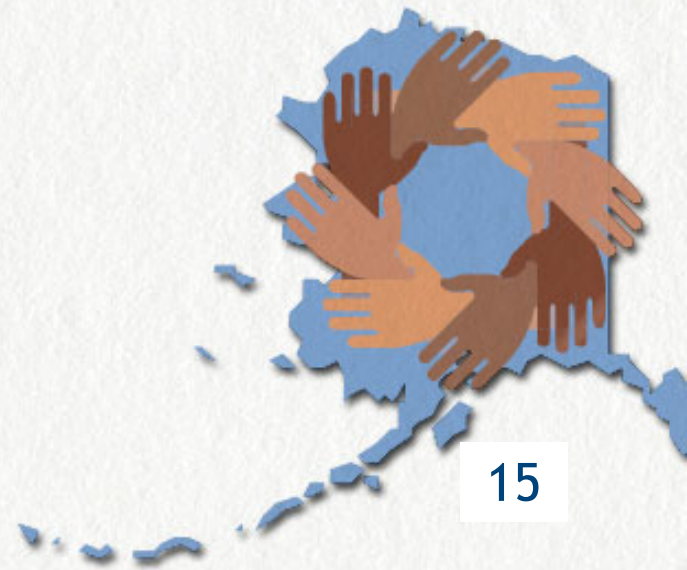


# Disability Justice

## How Will We Do It?

Budget sections:

- Systems and Policy Development
- Increased Capacity, Training, and Competencies
- Community Prevention
- Community Intervention/Diversion
- In-facility Practices
- Re-Entry





# Disability Justice



## How we measure success and progress

- Production of criminal justice data and articles to be used to support systems and policy development
- Increased number of stakeholders throughout Alaska's criminal justice system with appropriate mental health training
- Increased utilization of criminal justice diversion programs, and decreased the number of beneficiaries in custody of the Department of Corrections
- Increased community outreach, use of reentry services, and a reduced rate of recidivism



# Beneficiary Employment & Engagement

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

Focus Area Budget Totals					
	Sum of MHTAAR/AG	MHTAAR	Authority Grant (AG)	GF/MH	Other
FY21	\$2,110.2	\$375.0	\$1,835.2	\$0	\$0
FY22	\$2,215.2	\$415.0	\$1,800.2	\$20.0	\$0
FY23	\$2,135.2	\$335.0	\$1,800.2	\$50.0	\$0





# Beneficiary Employment & Engagement



## Comp Plan Key Strategies Addressed:

- **Goal 3, Objective 2:** 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:** Utilize ongoing recovery support services to end the cycle of substance misuse



# Beneficiary Employment & Engagement

## How Will We Do It?

### Budget Sections:

- Expand resources that promote successful, long term employment for Trust beneficiaries
- Utilize ongoing recovery (including peer and family) supports services to reduce the impact of mental health and substance use disorders
- Beneficiaries increase self sufficiency



# Beneficiary Employment & Engagement

## How we measure success and progress

- Increased number of beneficiaries gainfully employed in the workforce
- Increased number of beneficiaries who are successfully self-employed and engaged in their communities
- Increased number of certified peer support workers
- Ensure ongoing stability of critical peer and recovery-oriented agencies providing beneficiary safety net supports



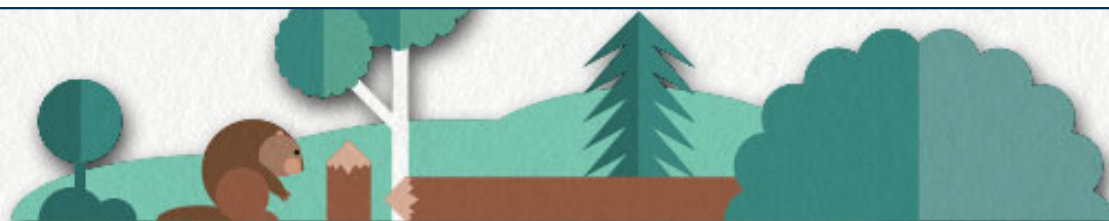
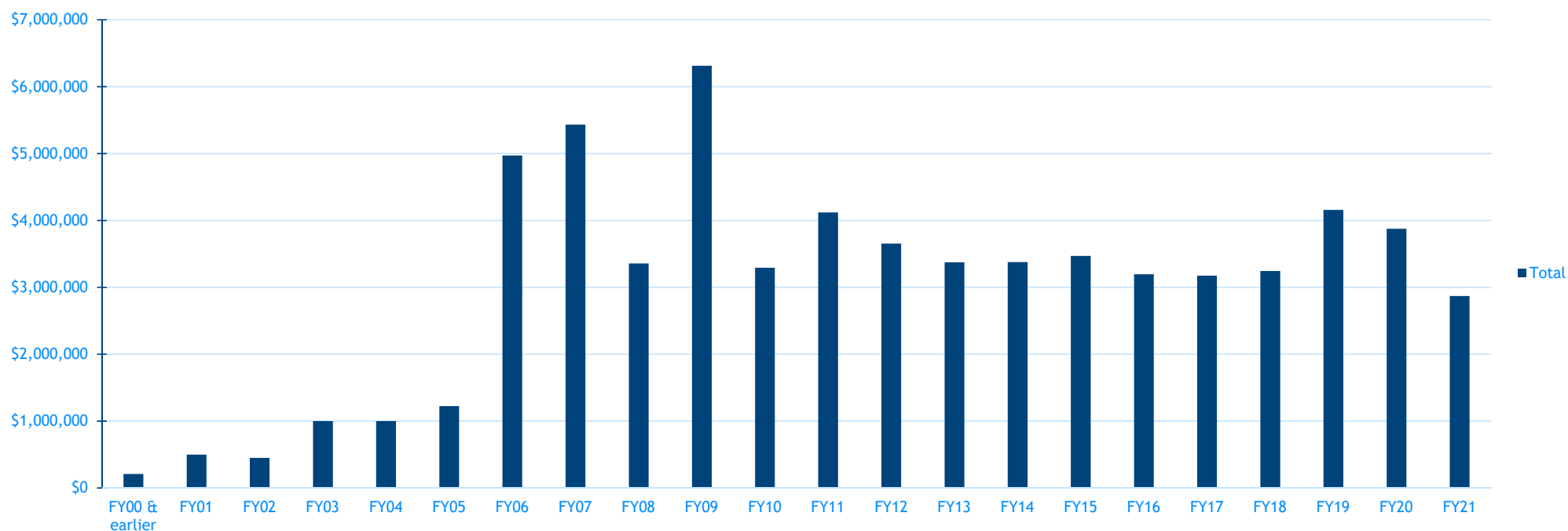


# Housing Focus Area History

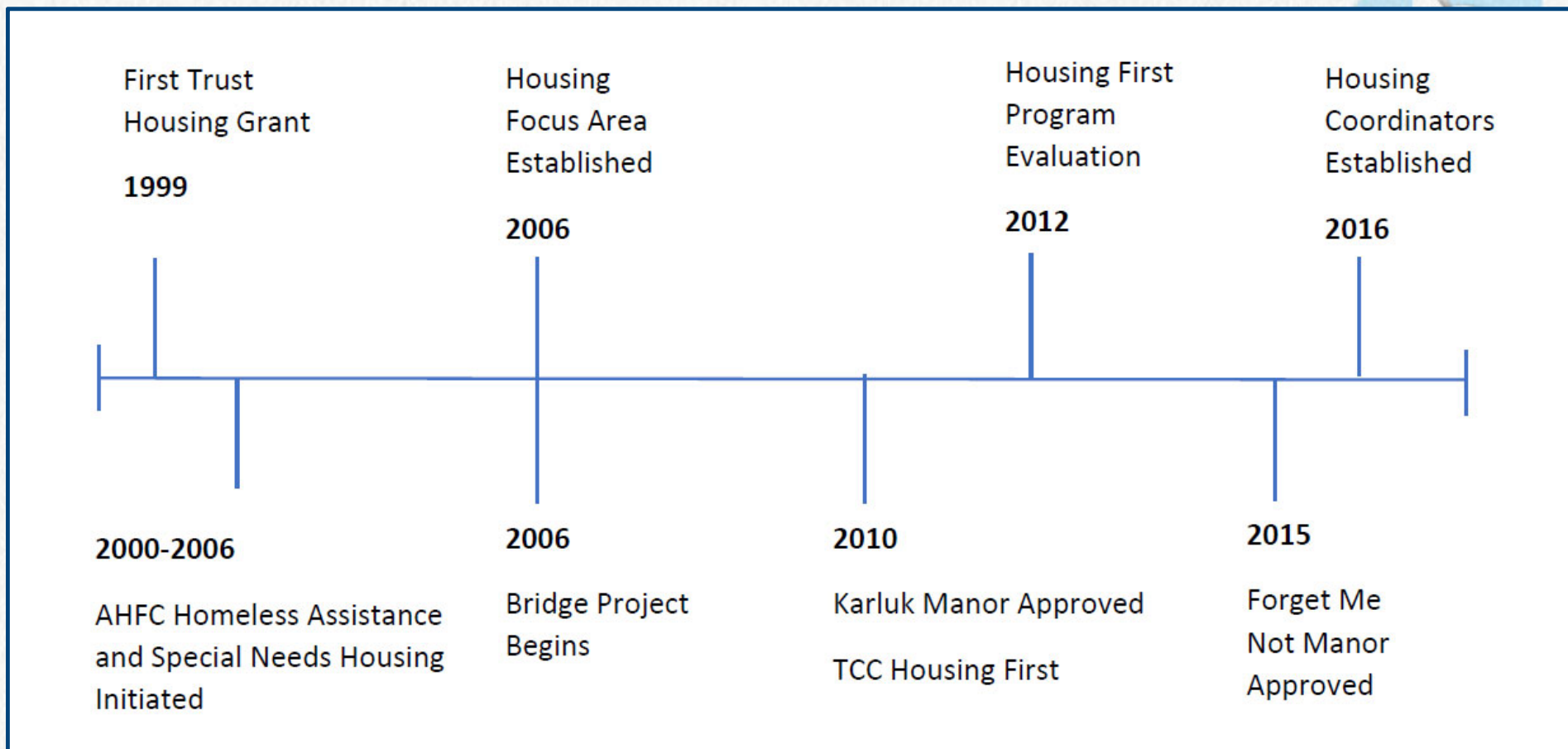
- From 1999 to date the Trust has invested \$66,259,595 for housing and tenancy supports for beneficiaries
- That is 350+ grants over 21 years
- The Housing Focus Area was established in 2006
- Alaska Housing Finance Corporation is our longest partner relationship and remains active today



# Housing Grant Funding by Fiscal Year



# Notable Projects and Events



# Housing and Home & Community Based Services

Ensure beneficiaries have access to housing and a continuum of services and supports that maximize independence in their home and community.

Focus Area Budget Totals					
	Sum of MHTAAR/AG	MHTAAR	Authority Grant (AG)	GF/MH	Other
FY21	\$3,938.0	\$2,824.8	\$1,113.2	\$3,413.0	\$8,100.0
FY22	\$3,332.6	\$2,224.4	\$1,108.2	\$9,813.0	\$8,100.0
FY23	\$3,326.3	\$2,036.3	\$1,290.0	\$9,963.0	\$8,138.1





# Housing and Home & Community Based Services

## Comp Plan Key Strategies Addressed:

- **Goal 3, Objective 1:** Alaskans have stable, safe housing with appropriate, community-based social supports to maintain tenancy
- **Goal 7, Objective 2:** Increase access to effective and flexible, person-centered, long term services and supports in urban and rural areas to avoid institutional placement





# Housing and Home & Community Based Services

## How Will We Do It?

Budget sections:

- Housing and Home & Community Based Services (HCBS) policy coordination and capacity development
- Beneficiaries have safe, stable housing with tenancy supports
- Beneficiaries access effective and flexible person-centered HCBS
- Institutional diversion and return to community
- Optimize information technology and data analytics



# Housing and Home & Community Based Services



## How we measure success and progress

- Increasing the capacity of agencies to improve quality and fill gaps in the continuum of care
- Increasing the number of permanent supportive housing and rapid rehousing units in Alaska
- Improving beneficiary access to services
- Implementing and expanding the use of technology and data in the HCBS system



## Other Non-Focus Area Allocations

- 1) Improve the lives of Trust beneficiaries across the life span
- 2) Advocate for beneficiary needs and community supports
- 3) Strengthening the System: Alaska's Comprehensive Mental Health Program Plan

Focus Area Budget Totals					
	Sum of MHTAAR/AG	MHTAAR	Authority Grant (AG)	GF/MH	Other
FY21	\$8,545.3	\$2,080.6	\$6,464.7	\$1,125.0	\$0
FY22	\$7,564.5	\$1,780.0	\$5,780.0	\$1,875.0	\$0
FY23	\$7,764.4	\$1,984.5	\$5,780.0	\$2,225.0	\$0



# Other Non-Focus Area Allocations

## Comp Plan Key Strategies Addressed:

- **Goal 2:** Alaskans will have access to integrated healthcare options that promote optimal health, wellness and independence
- **Goal 9:** The State of Alaska has the workforce capacity, data, and technology systems in place to support the resources and funding of Alaska's Comprehensive Integrated Mental Health Program Plan.

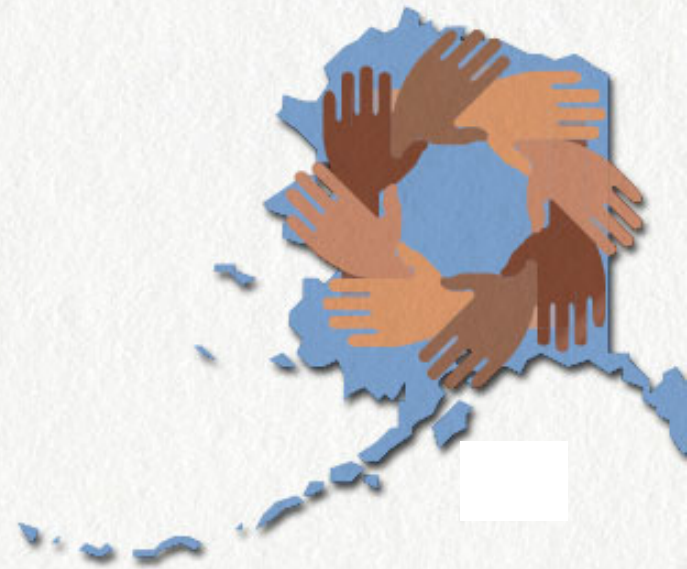


# Other Non-Focus Area Allocations

## How Will We Do It?

### Budget sections:

- Grant Making Programs
- Dental
- Mini-Grants
- Trust Statutory Advisory Boards
- Consultative & Technical Assistance Services
- Comp Plan / Data Evaluation
- Capital Requests (supported by all boards)
- Other



# Other Non-Focus Area Allocations



## How we measure success and progress

- Meeting health care, basic needs and quality of life supports of beneficiaries
- Policy improvements and reducing stigma
- Strengthening the continuum of care for beneficiaries





# Wrap Up, Next Steps and Questions



## FY22 - FY23 Budget Planning Supplemental Documents & Links

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### Introduction

The Alaska Mental Health Trust Authority's overall purpose is to help beneficiaries thrive in their communities and avoid long-term institutionalization. One of the duties of the Trust is to develop a budget for Trust spending and recommendations for how the state will fund a comprehensive, integrated mental health program.

The materials below informed the FY22/23 budget development process. They can also be found here:

<https://alaskamentalhealthtrust.org/alaska-mental-health-trust-authority/resources/fy-22-fy-23-planning/>

### Supplemental Documents & Links

#### Core Budget Documents:

- [FY22/23 Stakeholder Budget Survey Results](#)
- [FY 22/23 Budget Development Stakeholder Meeting Summary Notes](#)
- [2020 Trust Grant Analysis Report](#)
- [2019 Trust Grant Analysis Report](#)
- [FY19 Mental Health Trust Authority Authorized Receipt Grant Performance Summary](#)
- [2020-2024 Strengthening the System: Alaska's Comprehensive Integrated Mental Health Program Plan](#)



Tom Chard

Chief Executive Officer

Alaska Behavioral Health Association (ABHA)

P.O. Box 32917 Juneau, Alaska 99803

907-321-5778

[tom@alaskabha.org](mailto:tom@alaskabha.org)



13 July 2020

Mike Abbott

3745 Community Park Loop, Ste. 200

Anchorage, AK 99508-3466

BY EMAIL: [mike.abbott@alaska.gov](mailto:mike.abbott@alaska.gov)

Re: AMHTA FY22-23 Budget Support for AKTC

Mike,

The Alaska Behavioral Health Association (ABHA) has supported the Alaska Training Cooperative's AMHTA budget requests for a number of years and again would like to express its support for their request this year.

Prior to the Alaska Training Cooperative's creation, the Trust, Division of Behavioral Health, Division of Senior and Disabilities Services, and Department of Health & Social Services were besieged by requests to fund workforce training. Essential training was often missing, duplicative, or not fully maximized. The approach was inefficient and costly. The former system also lacked the approach a cohesive system of care requires. Different populations were trained in different techniques depending on whatever was available at the moment and disparate outreach efforts. Our more rural communities often were left out of training opportunities entirely or had to travel at significant expense. Finally, inconsistent reporting requirements left us with the incredibly difficult task of determining who had received what training, who needed what training, and almost no idea of the quality level of the training of our collective workforce. In short, the approach was inefficient, ineffective, costly, and lacked the ability to measure, track or improve quality.

The Trust recognized that workforce training directly affected the quality of care Trust beneficiaries received and that the costly and inefficient approach we were using needed improvement. Working with their partners at the University, DHSS, DBH, DSDS, GCDSE, ACOA, AMHB, ABADA and the Alaska Behavioral Health Association, system leaders decided to centralize the approach through the Alaska Training Cooperative (originally Trust Training Cooperative). By using this new approach we could eliminate redundancies, improve the comprehensiveness of our training offerings, identify and better market free and low cost training opportunities, increase distance-delivered training resulting in more opportunities statewide and at a reduced cost, track our efforts, and continuously improve the quality of our approach. The Alaska Training Cooperative exceeded our initial expectations and continues to adapt and improve to best meet system needs.

The behavioral health system of care is subject to an incredible degree of change that requires training. The 1115 waivers and Medicaid reform efforts that the Trust has focused on supporting over the past couple of years has created newly eligible qualified behavioral health providers, new allowable clinical interventions, plans to phase out existing services, and implement new proposed screening tools and other instruments. Successful implementation of these initiatives requires workforce training and support. Additionally, the recent pivot to more distance-delivered treatment brought about by our response to the COVID public health emergency also requires a significant training effort. These system changes illustrate the critical need for systemwide training and the ongoing value of the Alaska Training Cooperative's in providing a coordinated, efficient, and effective response that directly benefits access to quality, cost-effective care for Trust beneficiaries.

For these reasons, the Alaska Behavioral Health Association (ABHA) supports the Alaska Training Cooperative's FY22-23 AMHTA budget request.

Please feel free to reach out if we can provide additional information in support of their budget request or the impact on Trust beneficiaries.

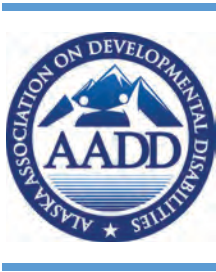
Thank You,



Tom Chard

Alaska Behavioral Health Association (ABHA)

Cc: Lisa Cauble, Alaska Training Cooperative;  
Bev Schoonover, Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse;  
Kristin Vandagriff, Governor's Council on Disabilities and Special Education;  
Emily Palmer, Alaska Commission on Aging.



**AADD**  
**ALASKA ASSOCIATION ON**  
**DEVELOPMENTAL DISABILITIES**  
**P.O. Box 241742**  
**Anchorage, Alaska 99524**

*To facilitate a united provider voice for best practices, advocacy, partnerships and networking.*

July 14, 2020

Mr. Christopher Cook  
Alaska Mental Health Trust Chair  
4501 Business Park Blvd. Building L  
Anchorage, AK 99503

Dear Mr. Cooke:

The Alaska Association on Developmental Disabilities (AADD) is the trade association for service organizations in Alaska that serve Trust beneficiaries who experience intellectual and developmental disabilities (IDD). AADD has grown to include well over sixty providers, care coordinators and individuals from Ketchikan to Kotzebue. We are pleased to have this opportunity to express our appreciation the breadth of support the Alaska Training Cooperative offers.

AADD urges the trustees to maintain or increase funding for the Alaska training Cooperative (AKTC) housed at UAA's Center for Human Development. The annual investment the Trust makes in AKTC serves as a foundation for the ongoing support and training for both Direct Care Professionals (DSP's) and the frontline leadership whose services directly support the Trust beneficiaries.

The Alaska Core Competencies and Basic Concepts for care Coordination are essential training that AKTC offers throughout the year to help prepare a knowledgeable and high quality workforce. When budgets are reduced the largest discretionary item ends up being training. Throughout the budget difficulties that organizations have faced over the last several years, programs have relied increasingly on the AKTC trainings through both face-to-face (when that was an option) and now online/web-delivered, blended and web-based training to make sure that both rural and urban providers can access the trainings as inexpensively as possible.

The Full Lives Conference, hosted by AKTC is an invaluable format to both recognize direct service professionals and to offer training and connections within their field. AKTC has coordinated with State to assure that this conference also serves Care Coordinators. Additionally they coordinated with AADD to host a key note speaker. While the pandemic delayed the plans for this year it highlights the collaborative effort of the Training Cooperative.

Thank you for this opportunity to express our strong support for and appreciation of the Alaska Training Cooperative. I trust this letter also conveys our critical need for its ongoing support to keep the workforce alive, healthy and growing; a workforce that serves beneficiaries experiencing intellectual and developmental disabilities

Sincerely,

A handwritten signature in cursive script that reads "Lizette Stiehr".

Lizette Stiehr  
Executive Director, AADD

CC: Lisa Cauble



THE STATE  
of ALASKA  
GOVERNOR MIKE DUNLEAVY

## Department of Health and Social Services

GOVERNOR'S COUNCIL ON DISABILITIES  
& SPECIAL EDUCATION

550 W 7<sup>th</sup> Ave. Suite 1230  
Anchorage, Alaska 99501  
Main: 907.269.8990  
Toll Free: 1.888.269.8990  
Fax: 907.269.8995

July 14, 2020

To Whom It May Concern

RE: Letter of Support for Alaska Training Cooperative

The Governor's Council on Disabilities and Special Education (the Council) fills a variety of federal and state roles, including serving as the State Council on Developmental Disabilities (SCDD) under the Developmental Disabilities Assistance and Bill of Rights Act. As the SCDD, the Council works with state agencies to ensure that people with developmental disabilities and their families receive the services and supports they need.

Being a board made up primarily of individuals with disabilities and family members, the Council is keenly aware of the importance of workforce training. The Council has partnered with the Alaska Training Cooperative (AKTC) with respect to its federal Administration on Community Living - Living Well grant to deliver training on cultural and linguistic competency as well as person-centered/directed training for Alaska's provider community. These trainings help advance the overarching goal of the grant which is to fully realize Alaska's Shared Developmental Disability Vision statewide:

*"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."*

AKTC impacts the developmental disabilities system greatly and provides a wealth of value to direct support professionals as well as the long term care workforce as a whole. Because of the AKTC, Alaska has been able to better meet the challenges derived from many state and federal changes which have occurred within the developmental disabilities system over the past few years. The AK Core Competencies and Basic Concepts for Care Coordination are essential trainings that the AKTC deliver throughout the year and assists in preparing a quality and knowledgeable workforce supporting long term care and home & community-based services. Dedicated and highly skilled AKTC staff offer training in every area of the state and include face-to-face, online/web-delivered, blended and web-based trainings to ensure access to rural and remote areas. AKTC will continue to be even more imperative for Alaska's developmental disability system moving forward due to the immense skill they offer in virtual learning for Alaska's direct support professional workforce. Amidst a pandemic especially, the critical nature of what AKTC provides cannot be stated enough. The Council looks forward to continued partnership with AKTC on into the future.

If you have any questions, I can be contacted at [kristin.vandagriff@alaska.gov](mailto:kristin.vandagriff@alaska.gov) or 907-269-8990.

Sincerely,

A handwritten signature in cursive script, reading "Kristin Vandagriff".

Kristin Vandagriff, Executive Director



## Alaska Geriatric Exchange Network

*Alaska's Association of Service Providers for Older Alaskans*

July 1, 2020

Dear Trustees and Committee Members,

I am pleased to write this letter of support for the Alaska Training Cooperative and explain the important value the Training Cooperative represents.

As President of AgeNet and a senior service provider, I have first-hand knowledge of the many ways that the Alaska Training Cooperative has helped providers comply with the growing number of requirements and regulations as well as maintain quality standards of service. For example, when Alaska Senior and Disabilities Services (SDS) required that adult day and respite providers have training in Assistance with Self-Administration which providers were unable to find, they worked with SDS to develop this specialized training.

The Alaska Training Cooperative staff has provided regular webinars and conferences pertaining to Alzheimer's disease and related disorders, giving staff the tools they need to enhance clients' experiences and minimize behavior problems of those experiencing AD/DRD. The staff has offered the Frontline Leadership Institutes to help new supervisors be the best they can be and the Full Lives Conference has benefited direct service providers for many years. The AKTC staff has worked to develop and provide training in the Alaska Core Competencies and more recently to tailor them to those providing hands-on care to older Alaskans. The Mental Health First Aid course for those serving older adults is another excellent opportunity made possible by the AKTC staff.

Thank you for your consideration of this letter of support. Please feel free to contact me at (907)770-2001 or [rparker@anchorage seniorcenter.org](mailto:rparker@anchorage seniorcenter.org); for further information.

***Rebecca Parker***

Rebecca Parker, President of Agenet





THE STATE  
of **ALASKA**  
GOVERNOR MIKE DUNLEAVY

## Department of Health and Social Services

ALASKA MENTAL HEALTH BOARD  
ADVISORY BOARD ON ALCOHOLISM  
AND DRUG ABUSE

431 North Franklin Street, Suite 200  
Juneau, Alaska 99801  
Main: 907.465.8920  
Fax: 907.465.4410

June 22, 2020

Mr. Christopher R. Cooke  
Alaska Mental Health Trust Chair  
4501 Business Park Blvd., Building L  
Anchorage, AK 99503

RE: Letter of Support for the Alaska Training Cooperative

Dear Chairman Cooke;

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

We urge Trustees to maintain or increase funding to the Alaska Training Cooperative (AKTC) during your current FY22/23 budgeting process. We consider your annual investment to the AKTC as a cornerstone for the behavioral health continuum of care in Alaska and we strongly encourage the Trust to continue to support the AKTC.

Direct service professionals and health care professionals trained through the AKTC provide essential services to every category of Trust beneficiaries you serve. These professionals work in stressful and sometimes physically challenging circumstances in a field that often lacks adequate pay, opportunities for full-time employment, benefits, mentorship and professional development. The AKTC fosters development and growth of these health care professionals and coordinates statewide training and technical assistance opportunities statewide for supervisors and agencies that support their work.

Dedicated and highly skilled AKTC staff offer trainings in every area of the state and include face-to-face, blended and web-based trainings to ensure access to rural and remote areas. Along with their core training catalog, they provide critically needed trainings in Mental Health First Aid and Youth Mental Health First Aid for staff at the Alaska Department of Corrections and local school district staff and educators. The AKTC also supports culturally-based training courses developed by blending evidence-practices with tradition wisdom, including topics like "Culture Matters: Integration and Honoring Culture When Working with Older Adults".

Adequately trained and supported healthcare professionals are the foundation of a continuum of care for Trust beneficiaries. It is essential to maintain or increase Trust funding for the AKTC to ensure support for direct service and behavioral healthcare professionals that is culturally based, adequately funded and easily accessible to providers across the state.

Respectfully,

A handwritten signature in dark ink, appearing to read "B. Schoonover".

Beverly Schoonover  
Executive Director

CC: Mike Abbott, CEO; Philip Licht ABADA Chair, Charlene Tautfest AMHB Chair



June 22, 2020

Mr. Christopher R. Cooke  
Alaska Mental Health Trust Chair  
4502 Business Park Blvd., Building L  
Anchorage AK 99503

Dear Mr. Cooke:

On behalf of the Alaska Association for Personal Care Support, I am writing in support of the Alaska Training Cooperative and their valuable information and supports they bring to this profession.

The Personal Care Services (PCS) is a Medicaid program which allows consumers with a functional disability and senior Alaskans the ability to receive in-home hands-on assistance with the care they need to stay in their home safely. Additionally, for some individuals who meet Level of Care they may also receive Home and Community Based services such as Chore or Respite services.

The Association has worked closely with the Alaska Training Cooperative over the last several years, meeting the unique needs of this profession. They have met the demanding needs of the profession as well as the required mandates.

Several of our member agencies have sent staff to the Cooperative's Frontline Leadership Institute. As a graduate of the Institute, I learned quite a bit about myself and my leadership style. I continue to pull from this training, building on what I learned. The Cooperative looks at the latest issues and develops training to meet those needs. For example, there are two COVID-19 web-based (free anytime) trainings available. The Cooperative is always there and willing to meet the rapidly evolving and challenging needs this profession.

Thank you for giving the Association the opportunity to support this amazing program.

Sincerely,

A handwritten signature in blue ink, appearing to read "Deni Monkeliën", with a stylized flourish at the end.

Deni Monkeliën  
President



May 21, 2020

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

RE: Alaska Training Cooperative letter of support

Dear Board of Trustees, Mike Abbott, and Trust Program Officer Staff,

On behalf of the Alaska Commission on Aging (ACoA), I am writing in support of Alaska Training Cooperative. The services and training that they provide benefit older Alaskans who are also Trust beneficiaries across the state.

The Alaska Training Cooperation has many programs that address workforce training needs to those who serve Trust beneficiaries. Alaska has a rapidly aging population, which also causes a corresponding increase in the number of senior Trust beneficiaries including people with Alzheimer's disease and Related Disorders, depression, substance abuse, and mental illness. Senior Trust beneficiaries require a dedicated and trained workforce that can provide appropriate care for them. This includes direct service workers that are often employed by small agencies in rural and remote locations that need access to training through a variety of methods, including distance delivery methods.

ACoA recently adopted a state plan on aging for FFY2020-2023. This plan identified a need to provide more training and opportunities for those working with seniors to take a class called Senior Mental Health First Aid. It is important for a variety of providers, including primary care providers, senior service providers, community members, and caregivers to gain this knowledge in order to better serve senior Trust beneficiaries. Alaska Training Cooperation is a vital partner in this effort and can offer this training across the state.

The Alaska Training Cooperative has also developed a curriculum using some core competencies for training direct service workers. The ACoA state plan also identified the need to increase the number of people who work with seniors to receive this training as it greatly improves the direct service worker's ability to

successfully provide care for seniors, especially those who experience dementia or other mental health diseases.

The ACoA strongly supports the ongoing work of the Alaska Training Cooperative, including their contribution to workforce development of the state's service provider network in order to meet the needs of all Trust beneficiaries. As the state's population continues to age, there will continue to be increased demand for quality services. At the same time, there is a decrease in the number of people who are available to do this work due to retirements, demographic shifts, and insufficient recruitment of new workers. Alaska needs to invest in programs that can recruit, retain, and train a competent workforce. The work being done by Alaska Training Cooperative is helping to meet the workforce need in order to provide services to seniors and other Trust beneficiaries.

Sincerely,

A handwritten signature in dark ink, appearing to read "Gordon Glaser".

Gordon Glaser, Chair  
Alaska Commission on Aging

A handwritten signature in blue ink, appearing to read "Emily Palmer".

Emily Palmer, Executive Director

CC: Lisa Cauble



**Innovative Services of Alaska**  
Jerry A. Jenkins, M.Ed., LADAC, MAC, Principal  
P.O. Box 231129  
Anchorage, AK 99523  
(907) 317-9655  
[jerry-jenkins@prodigy.net](mailto:jerry-jenkins@prodigy.net)

17 July 2020

Mike Abbott  
Chief Executive Officer  
Alaska Mental Health Trust Authority  
2600 Cordova Street, Suite 201  
Anchorage, AK 99503

Re: Support for the Alaska Training Cooperative's FY 22-23 Alaska Mental Health Trust Authority's Budget Request

*Mike*  
Dear Mr. Abbott

I am writing to express my opinion about the value of the Alaska Training Cooperative and to recommend continuing funding.

This recommendation is being made through lens which includes over 38 years of involvement in behavioral health care and related fields as a substance use disorder professional, program director and executive. The other lens is six years (1988-1994) as a Fitness for Duty (10CFR26), General Employee and Root Cause Analysis training specialist for a nuclear utility responsible for providing training for an annual population exceeding fifteen thousand. This included four nuclear power plant sites in two states and numerous office locations.

Training was all 'seat time live training' when I started in 1988. Training innovations I pioneered during those years included video-based training, computer based training and synchronous distance training. Fitness for Duty and General Employee training were mandatory requiring the ability to read and pass a comprehensive written exam to be employed and required annual retraining/recertification. Root Cause training was classroom based, experiential and required successfully demonstrating application of techniques using simulation scenarios. Needless to say, real time systems had to be in place for tracking the status of initial training and annual retraining for purposes of employment/staying employed as well as determining staff qualified to do root cause analysis.

Therefore, I have several decades of being a training advocate. That has particularly been so since arriving in Alaska in January 2003. I quickly noticed the lack of accessibility to community-based training as compared to my previous Lower 48 experience as well as limited internal training emphasis at Anchorage Community Mental Health Services.

**Innovative Services of Alaska**

*Consulting; Training; Staff Development; Board Development; Organizational Development; Strategic Planning with a particular emphasis on Behavioral Health Care*



Letter to Mike Abbott, Chief Executive Officer, Alaska Mental Health Trust Authority, Re: Support for the Alaska Training Cooperative's Budget Request, 17 July 2020, Page 2

Within the first year in Alaska, internal company training was formalized by subscribing to Essential Learning (now Relias) in order to have a learning management system as well as accessibility to internet-based training allowing employees to see their respective training status as well as the flexibility of choosing when they wanted to take training.

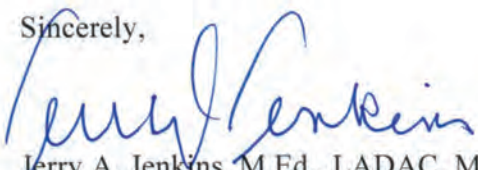
I very much appreciated when The Trust began discussing how to address the need for statewide, coordinated training outside the university system (degree focused) offerings to address workforce training and development needs. This discussion included having a learning management system in order to coordinate and track training offerings as well as successful completion. As you know, the result was the Trust Training Cooperative which is now the Alaska Training Cooperative.

In my opinion, the Alaska Training Cooperative has been vital in providing quality, timely training particularly for the para-professional workforce which actually is the largest overall portion of the behavioral health workforce today. Another strength has been the developmental approach from basic core competencies to frontline leadership to supervision and leadership learning networks. The innovative approaches using technology to have internet based asynchronous and synchronous offerings is essential in Alaska at helping making training cost effective by reducing the need for travel.

Training is an important topic which I can spend hours making the case for based on having lived experiences. Those experiences have included not having access to training, having had 'bad' experiences, and having had excellent experiences where learning occurred. Further, I recognize training is not static. We have new people entering behavioral health who need the basics as we should never assume anyone knows anything. Training is needed to ensure the basics are covered. Second, learning decay happens so refreshing is needed. Last, new technologies are happening, and training updates are needed to transfer the new information or techniques to the workforce.

Therefore, I highly recommend the funding of the Alaska Training Cooperative's FY22023 Alaska Mental Health Trust Authority's Budget Request.

Sincerely,



Jerry A. Jenkins, M.Ed., LADAC, MAC  
Innovative Services of Alaska  
Principal

Cc: Lisa Cauble, Alaska Training Cooperative

**Innovative Services of Alaska**

*Consulting; Training; Staff Development; Board Development; Organizational Development; Strategic Planning with a particular emphasis on Behavioral Health Care*

July 17, 2020

Mr. Christopher R. Cooke  
Alaska Mental Health Trust Chair  
4501 Business Park Blvd., Building L  
Anchorage, AK 99503

Dear Mr. Cooke:

I am writing this letter in strong support of the UAA Center for Human Development Alaska Training Cooperative (AKTC). I am a Professor in the Department of Psychiatry at the University of Washington School of Medicine, and co-Director of the SAMHSA-funded Northwest Mental Health Technology Transfer Center (NW-MHTTC). NW-MHTTC is part of a national network of 13 centers funded by SAMHSA in 2018 to support the behavioral health workforce to disseminate and implement effective practices for treatment of mental disorders and support of recovery. NW-MHTTC provides training and technical assistance to HHS Region 10, which includes Alaska.

The Alaska Training Cooperative has been a critical partner for our NW-MHTTC training and technical assistance activities in Alaska. The AKTC Director, Lisa Cauble, is a valued member of our Advisory Board; and we rely on her to inform us of training needs in the state, to disseminate our products and activities, and to help us build alliances and relationships with the behavioral health workforce across the state.

Over the last two years, AKTC has collaborated with NW-MHTTC on several training activities related to topics that are of vital importance to improving the mental health of Alaskans. Two examples illustrate the critical role that AKTC has played in increasing access to NW-MHTTC trainings. The University of WA developed a 3- and 6-hour online training to support WA state clinical providers in identifying and addressing suicide risk. Through our partnership with the AKTC, we were able to make this course freely available to 225 clinicians in Alaska. Following on the success of this training activity, last fall we again partnered with AKTC to disseminate the effective Safety Planning Intervention, a brief intervention which has been shown to reduce suicide attempts and increase engagement in mental health treatment among people who express suicidal ideation. Tom McRoberts from the AKTC travelled to Seattle for the 2-day training last fall, and over the past 6 months has been providing consultation to AK providers so that they can also implement this intervention to reduce suicide risk. In addition, last year NW-MHTTC supported experts from Washington State University's Partnerships for Native Health to provide 2-day trainings on Motivational Interviewing for Community Health Professionals Working in Native Communities. AKTC was again very responsive and collaborative, identifying training sites in Juneau and Anchorage and marketing the event widely to ensure reach to a diverse group of providers.

Our collaboration with AKTC has greatly enriched and extended the impact of our NW-MHTTC activities in AK. It has been a privilege to work with and learn from the experts at AKTC. The dedicated and highly skilled AKTC staff offer training in every area of the state and include face-to-face, online/web-delivered, blended and web-based trainings to ensure access to rural and remote areas.

We urge Trustees to increase—or at least maintain—funding to the AKTC during your current FY22/23 budgeting process. Your annual investment to the AKTC is a foundation for the ongoing support and training for Direct Service Professionals (DSP) in Alaska who directly impact the daily lives of Trust beneficiaries, and we strongly encourage the Trust to continue to support the AKTC. Please do not hesitate to contact me if I can provide any further information. I can be reached at [lchwast@uw.edu](mailto:lchwast@uw.edu) or (206) 744-4840

Sincerely,

A handwritten signature in cursive script that reads "Lydia A MD, MPH".

Lydia A. Chwastiak MD, MPH