

MEETING AGENDA

Meeting: Program & Planning Committee
Date: October 22, 2020
Time: 8:45 AM
Location: online via webinar and teleconference
Teleconference: (844) 740-1264 / Meeting Number: 133 749 2484 # / Attendee Number: #
<https://alaskamentalhealthtrust.org/>
Trustees: Verné Boerner (Chair), Rhonda Boyles, Chris Cooke, Annette Gwalthney-Jones, Anita Halterman, Ken McCarty, John Sturgeon

Thursday, October 22, 2020

		<u>Page No</u>
8:45	Call to order (Verné Boerner, Chair) Roll Call / Announcements / Approve agenda / Ethics Disclosure Approval of Minutes: July 28-29, 2020	5
9:00	Department of Corrections Update <ul style="list-style-type: none"> • Laura Brooks, Division Operations Manager, HRS 	hand-out
9:45	Break	
10:00	Alaska Psychiatric Institute Update <ul style="list-style-type: none"> • Clinton Lasley, DHSS Deputy Commissioner, Family, Community and Integrated Services • Scott York, Chief Executive Officer, API 	hand-out
10:45	Break	
11:00	Senior & Disability Services Update <ul style="list-style-type: none"> • Al Wall, DHSS Deputy Commissioner, Medicaid and Health Care Policy • John Lee, Director, Division of Senior & Disability Services 	hand-out
11:45	Lunch Break	
12:15p	Approvals <ul style="list-style-type: none"> • Akeela, Inc. – Akeela House Expansion • Juneau Cooperative Christian Ministry - New Glory Hall facility • Bethel Winter House – Bethel Winter House Renovation 	18 25 29

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1:45	Break	
2:00	Approvals (continued)	
	• Seaview Community Services - Recovery Housing Expansion Project	36
	• Covenant House Alaska - Bridge to Success	42
	• United Human Services - Southeast Community Services Center	50
3:30	CEO Update	
3:45	Trustee Comments	
4:00	Adjourn	
 <u>Additional Documents</u>		
	• COMP Plan Update	56
	• FY22 GF/MH recommendations	60

Future Meeting Dates

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

(Updated – September 2020)

- | | | |
|--------------------------------|-----------------------------|------------------------|
| • Audit & Risk Committee | October 21, 2020 | (Wed) |
| • Finance Committee | October 21, 2020 | (Wed) |
| • Resource Mgt Committee | October 21, 2020 | (Wed) |
| • Program & Planning Committee | October 22, 2020 | (Thu) |
| • Full Board of Trustee | November 18-19, 2020 | (Wed, Thu) - Anchorage |
| | | |
| • Audit & Risk Committee | January 6, 2021 | (Wed) |
| • Finance Committee | January 6, 2021 | (Wed) |
| • Resource Mgt Committee | January 6, 2021 | (Wed) |
| • Program & Planning Committee | January 6, 2021 | (Wed) |
| • Full Board of Trustee | January 27-28, 2021 | (Wed, Thu) – Juneau |
| | | |
| • Audit & Risk Committee | April 21, 2021 | (Wed) |
| • Finance Committee | April 21, 2021 | (Wed) |
| • Resource Mgt Committee | April 21, 2021 | (Wed) |
| • Program & Planning Committee | April 21, 2021 | (Wed) |
| • Full Board of Trustee | May 26, 2021 | (Wed) – TBD |
| | | |
| • Program & Planning Committee | July 27-28, 2021 | (Tue, Wed) |
| • Audit & Risk Committee | July 29, 2021 | (Thu) |
| • Resource Mgt Committee | July 29, 2021 | (Thu) |
| • Finance Committee | July 29, 2021 | (Thu) |
| • Full Board of Trustee | August 25-26, 2021 | (Wed, Thu) – Anchorage |
| | | |
| • Full Board of Trustee | November 17-18, 2021 | (Wed, Thu) – Anchorage |

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

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

- Executive Committee – monthly via teleconference (Second Wednesday of the Month)
- October 8-9, 2020 – Board Meeting / Webinar

Governor’s Council on Disabilities and Special Education

- September 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

- September 22-23, 2020 – Quarterly Meeting / Webinar

**ALASKA MENTAL HEALTH TRUST AUTHORITY
PROGRAM & PLANNING COMMITTEE MEETING
JULY 28-29, 2020
8:30 a.m.**

WebEx Videoconference/Teleconference

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

Trustees Present:

Verne' Boerner, 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
Kat Roch

Also participating:

Jillian Gellings; Rebecca Topol; Stephanie Hopkins; Anne Applegate; Beverly Schoonover; Kristin Vandagriff; Dr. Roy T. Scheller; Pat Pitney; Alberta Unok; Dr. Cody Chipp; Heather Carpenter; Roger Branson; Dr. Tamar Ben-Yosef; Emily Palmer; Brenda Moore; Gennifer Moreau; Jerry Jenkins; Lisa Cauble; Lynn Paterna; Sheila Harris; Ed Boyer; Lesley Thompson.

PROCEEDINGS

CALL TO ORDER

CHAIR BOERNER stated appreciation to the trustees and all the staff, because this takes a lot of time and effort to put together, and she looked forward to the agenda and getting to hear about the different focus areas and activities. She called the meeting to order and began with a roll call. She asked for any announcements. There being none, she moved to approval of the agenda.

APPROVAL OF AGENDA

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

There being no objection, the MOTION was approved.

CHAIR BOERNER asked for any ethics disclosures. There being none, she moved to approval of the minutes of April 23, 2020.

APPROVAL OF MINUTES

MOTION: A motion to approve the minutes of April 23, 2020 was made by TRUSTEE HALTERMAN; seconded by TRUSTEE COOKE.

CHAIR BOERNER noted an inconsistent spelling of her last name to be corrected. She then did 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 BOERNER moved to the CEO update.

CEO UPDATE

MR. ABBOTT began a quick update with a congratulations to the Trust Land Office. The Supreme Court recently determined that the TLO had acted properly in disposing of five lots on Daniels Lake near the City Of Kenai. This validated the quality of work that the TLO does.

TRUSTEE COOKE asked that the decision be circulated to trustees.

MR. ABBOTT stated that the regulation package that the Trust was working on is in the final public-comment phase. He explained that these are the regs that would allow the Trust to invest income funds into Trust Land Office projects and then pay back the income that was invested before making the ultimate contributions to the Mental Health Trust Fund. He was optimistic that the lack of comments to date was an indication of confirmation from several of the major stakeholders. He stated that the annual financial audit of the Trust is underway and will be discussed at the Audit & Risk Committee. The most significant challenge is extracting information from the State's finance functions. He moved to the substance abuse treatment facility that the Trust invested in for Set Free Alaska in Homer, Alaska, which had its

grand opening, and they have begun enrolling clients. He added that it is a great program, designed to treat men, and is relatively uniquely capable of treating men with children accompanying them. It is a residential care facility. He moved on to an update on what was going on with the Anchorage Assembly's consideration of a local ordinance designed to expand a variety of services targeting Anchorage's homeless population. He continued that the special grant program that the trustees authorized for COVID-19 grants, more than \$1.4 million of the \$1,525 million, were authorized, and it is winding down. We are expecting to fully expend the remaining approximately \$100,000.

CHAIR BOERNER thanked Mr. Abbott and welcomed Ms. Pitney.

MS. PITNEY stated appreciation to the Trust's request to look at the fiscal situation, and added that it will be one of her last official acts. She looked at the Alaska's General Fund revenue, the reserves and what the options are for the growing structural deficit. The COVID experience had an abrupt change in the revenue forecast. Prices of oil were forecast at \$63 a barrel and dropped to about \$51 a barrel. For next year, the budget expectation was for \$50-a-barrel oil, and now that forecast is \$37-a-barrel oil. Those forecasts on prices and production are holding consistently in fiscal year '20. She moved to an accurate picture of the revenue collapse over the last ten years, explained it, and then gave a brief update of the fiscal summary. An idea of the magnitude of the deficit and the kind of spending constraints over the last several years were provided. She then moved to the Permanent Fund earnings reserve account, the spendable part of the Permanent Fund. Every year, \$3 billion-plus are spent from that amount. That money is built on the total Permanent Fund value. She explained fully and then talked about the uncertainty of oil and the economy. She stated that there will be several fixes because these are structural deficits, and there are laws on the books that require that spending, and that is the reason the Permanent Fund Dividend Law that is on the books is not being followed. The tweaks of the annual budget will not get out of this because there are real structural deficits that require a change in the underlying statutes. She talked about the CARES Act funding, which is short-term and a life-saving measure for the economy, but will come to an end.

CHAIR BOERNER stated that it is a difficult presentation to hear, and she would like to see the presentation by Mouhcine Guettabi. She recognized Mike Abbott.

MR. ABBOTT thanked Ms. Pitney and asked what sort of trending around state health-care spending should be planned for, given the current statutory environment, without the sort of statutory changes suggested to be necessary.

MS. PITNEY replied that the impact of COVID on the nonCOVID-related expenses, the sheer dropoff in health-care costs will create a small bounce. There will be a drop, and it will not get back to normal for a while. A possible year or two of stagnation.

TRUSTEE COOKE asked about the impact Proposition 1 would have, which is to be a change in the oil tax formula.

MS. PITNEY replied that it is slightly over break-even, and that is a policy call.

TRUSTEE BOYLES stated that the articulation of too many laws on the books requiring

spending actually structure the structural deficit and not enough laws generating revenue should be the marking point for the next legislative session. She continued that some pretty tough times for the next two or three years are being observed.

MS. PITNEY agreed that it will be out of balance for a few years, and then it can become stable.

CHAIR BOERNER expressed appreciation for the presentation, and called a break.

(Break.)

CHAIR BOERNER welcomed all back and introduced the presenters, Alberta Unok and Cody Chipp.

MS. UNOK thanked all for inviting the Alaska Native Health Board and the Alaska Tribal Health System to the meeting and stated that she is the chief operation officer for the Alaska Native Health Board. She provided an overview of the Alaska Tribal Health System, a brief history of Alaska Native Health Care, and introduced the Alaska Tribal Health System. She highlighted the successes of the Alaska Tribal Health Compact, the Alaska Native Health Board, and the work with the tribal health directors. She talked about the strong inter-tribal health network which communicates regularly and gets information out as quickly as possible to respond to policy health issues. She encouraged the trustees to continue to learn, even on an annual basis, about the Alaska Tribal Health System and how they work as one. She asked Dr. Chipp to continue.

DR. CHIPP expressed gratitude to the Trust and the trustees for the invitation to present. He also expressed his appreciation for the work that the Trust does. He stated that he is fortunate to get to work with a member of the Trust staff on workforce involvement, early childhood education, reentry work, Department of Corrections, and a lot of other avenues. The Trust has also been supportive of ANTHC, particularly the behavioral health aide program, over the years, as well as other endeavors. He introduced himself as a licensed psychologist by training. He was originally from Idaho and came to Alaska in 2004 to do a Master of Clinical Psychology at UAA, which is not doing well right now. He continued that he had completed that and entered into the doctoral program that was also supported by the Trust through AKNIK, especially since he means to stay in Alaska and pursue his training. He added that he had been in the mental health world in Alaska for close to 16 years. He stated that ANTHC's guiding vision is that Alaska Native people are the healthiest people in the world, and the activities undertaken work towards that vision. He continued that it was important that, when it comes to behavioral health services, ANTHC currently does not provide direct clinical services. All the direct clinical services in the Southcentral area, including ANMC, is all run through Southcentral Foundation. He stated that the ANTHC does not hold any authority over any of the organizations. Each organization is solely operated and independently functioned. What the consortium does is it tries to provide statewide services or statewide support to help other tribal health organizations and co-manages the Alaska Native Medical Center. He stated that the division he works for is referred to as Community Health Services, and that will be his focus. The Alaska Native Medical Center is the busiest tribal health hospital in the country, and the second busiest hospital in Alaska. Another division is the Division of Environmental Health and Engineering that does a lot of environmental health work, as well as looking at contaminants within communities, and it

also has an engineering department that supports wastewater treatment facility building, power plant building, road and infrastructure. He stated that we would be hard-pressed to find another health care system that has an entire engineering department that is actually building power plants and wastewater treatment facilities for other communities in their state. It is a unique attribute of ANTHC. He continued that the goal of Community Health Services is to promote health equity across the lifespan, and he talked about some of the services delivered through Community Health Services. He added that the Trust is doing a lot of work on the continuum of care with a strong emphasis on the Crisis Now model. It has also been really supportive of the State in helping usher through the 1115 Waiver and the opportunities around that. He stated that there are gaps in the continuum of care across Tribal Health organizations that mirror the gaps across the state, and we are thankful for all the work the Trust is doing.

CHAIR BOERNER stated that it was important to state that while the core funding may come from the Indian Health Service, that funding is woefully inadequate and has been chronically underfunded. She thanked them both and opened the floor for questions.

TRUSTEE HALTERMAN asked about the services provided under the umbrella and if they are currently made available to beneficiaries in rural and remote communities, regardless of race.

DR. CHIPP replied that individuals that reside in rural communities that may not be of Alaska Native heritage can access services at a tribal health organization which are oftentimes the only organization in the community. He added that it may be trickier around insurance.

TRUSTEE HALTERMAN asked if most of the rural communities accept Medicaid funding for services.

DR. CHIPP replied affirmatively, with a handful of exceptions. He continued answering questions about the status of training. He also stated that all tribal health partners have to follow State and Federal rules and regulations around service provision both for medical and behavioral health providers.

TRUSTEE HALTERMAN suggested putting the population health management toll that the Trust is using on the agenda for a visual and comparison to the rest of the country.

MR. WILLIAMS commented on the partnership with the Tribal Health System and the Trust over the years. He stated that the Trust also partnered with the Tribal Health System, Denali Commission, Rasmuson, and others to incorporate behavioral health space in clinics that are constructed around the state so there would be an integrated primary care/behavioral health care setting.

CHAIR BOERNER thanked Mr. Williams and moved to the Comp Plan update. She asked Autumn Vea for a brief overview and introduction.

COMP PLAN UPDATE

MS. VEA stated that she was with the Alaska Mental Health Trust, evaluation planning officer, tasked with working on the Comp Plan efforts and supporting the Department of Health and Social Services in their efforts to update that tool. She continued that this was the regular

quarterly update and introduced Jillian Gellings from the Department of Health and Social Services Commissioners' office and Rebecca Topol with the Vital and Analytics Section of the Division of Public Health in the Division of Health and Social Services. She asked Ms. Gellings to continue.

MS. GELLINGS began with a graphic that showed the purpose, all the people, agencies, organizations that are touched by the Integrated Comprehensive Mental Health Program. She reiterated the foundational goal of making sure there are adequate resources and funding to support the comprehensive behavioral health service system, promoting independent, healthy Alaskans so they can live meaningful lives in the communities of their choosing. She talked about the recent efforts around the Alaska Scorecard, giving a good update and review of how to make the data and indicators that are tracked more meaningful with the significant changes of the original scorecard indicators. In the 2020 update, the data work group identified a need for additional subject-matter experts to assist with developing new indicators for some of the Comp Plan goals. She talked about the certain goals the different subgroups are focused on that may reformat the scorecard to make it more purpose-driven and easier to navigate. They looked at a results-based accountability form. When the Comp Plan is reviewed, a lot of the objectives and strategies are focused on performance or programmatic things and goals and strategies. In order to track data long-term, a population-health focus is important with data on the preventative efforts emphasized. She went into more detail with her presentation.

MS. TOPOL talked about the results-based accountability which is a way of thinking about what is measured in taking actions. It talks about population accountability, and then there is performance accountability which looks at how well programs do their work. She stated that, for the scorecard, the population accountability level would be observed. She went through her presentation in more detail, explaining as she went along.

MS. VEA continued that in the last quarterly update the intent was to have a Comp Plan position within the Department of Health and Social Services. She announced that that has progressed to the point where it was posted through the State of Alaska hiring system, Workplace Alaska. That posting has since closed, and the Division of Public Health is going through the interview process. She added that some of the leadership team had an opportunity to meet and greet some of the top candidates for that position; and we are excited that Public Health is embracing that position. She explained that position would be supporting herself, Ms. Gellings, and Ms. Topol, and will be the project manager for the Comp Plan to ensure that it is updated on a regular basis. She closed out the presentation with the Comp Plan in action and provided a couple of examples. She stated that the Department of Health and Social Services had sponsored some social media postings, and she shared the audio of a 30-second message that was aired.

(Audio played.)

CHAIR BOERNER expressed her appreciation and moved to the lunch break.

(Lunch break.)

CHAIR BOERNER began with an FY22/23 Trust Budget recommendations introduction which

would be an opportunity for formal dialogue. She stated that no action will be taken. She recognized Steve Williams.

FY22/23 TRUST BUDGET RECOMMENDATION

MR. WILLIAMS introduced the budget process and the work that the Trust staff has done to get to this point. He explained that the Trust does a two-year budget cycle and the even year is the first of two years. The goal is to submit an approved budget to the Legislature really focused on FY22, because that is the next fiscal year. The FY23 budget is developed alongside of it. He reminded the trustees that this is two years out and there are a lot of variables that could influence what is seen. There will be an opportunity next spring and summer to look at what was approved for FY23 with more focus, detail, and with more current information. He added that the FY23 budget will be re-approved, and it takes all of that into consideration. He stated that the trustees were provided with a very comprehensive set of materials to see the amount of work done to ground the budget recommendations. The recommendations were built off of these materials; a collective work that has been going on over the course of the year. He continued that staff is constantly engaging with the work of the beneficiaries, the stakeholders, the partner agencies, the grantees, and then, through this regular and direct contact, are meeting and evaluating to identify problems. Solutions were developed with ways to implement those solutions, and, once implemented, monitoring, analyzing and adapting as necessary for success. He went through an outline of how the budget recommendations would be presented. He explained that Trust staff would provide some programmatic highlights; describe any significant changes or shifts in approach; identify any significant new budget line items or projects; and then will speak to any GF/MH recommendations that may be included.

TRUSTEE HALTERMAN stated concern about the financial stability of the State moving forward and their ability to pick up additional funding requests when looking for new revenue. She asked if there is a possibility that GF funding will not be met, therefore, having the Alaska Training Cooperative receive a reduction in funding.

MR. ABBOTT stated that is the sort of thing that needs to be thought about, and we have tried to approach GF from a Trust-centered perspective and to not ignore the State's fiscal situation but to focus on what the beneficiaries need. He explained that the training cooperative is the singular program that the Trust has essentially fully funded forever. It has been the only large granting program that the Trust has done for about 20 years, and the base funding level has not really changed during that time. He suggested exploring the possibility of reducing the Trust's level of support. We are not recommending ever fully reducing the Trust's support for this program, but just to begin to wean the program off of 100 percent Trust support, and moving to a model more similar to the typical funding model.

CHAIR BOERNER recognized Jimael Johnson to address early childhood interventions and prevention.

MS. JOHNSON stated that the primary goal of this priority area is to enhance programs that serve infants and young children, to promote the resiliency, to prevent and address trauma, and then provide access to early intervention services, all in an effort to improve outcomes for Trust beneficiaries. This work has background in many areas of the Trust, including the Bring the Kids Home Initiative, which was a focus area from 2004 to 2012. That work highlighted the

need for earlier intervention for increased behavioral health supports for children and families to prevent them from going out of state for treatment, often times for very long lengths of stay and very far away from their families and the rest of their support networks. She talked briefly about the comp plan and stated that the comp planning process was a step in the right direction for the work, helping to pull multiple sectors together around this topic. She then talked about the goals and highlighted the All Alaska Pediatric Partnership, which is one of the key systems partners in work related to children. She then moved to the goals that were really focused on early childhood and explained the different programs that are part of this focus area. The competencies of this infant and early childhood work really bolster the capacity for the existing early intervention systems. She added that these are young children and families that are either experiencing trauma, at risk of trauma, or already have identified developmental delays. This work will help raise the competency and efficacy of the workforce by building more of a cohesive network around training and access to high-quality education for the workforce. The plan is to see improved data integration to monitor the progress related to early intervention services. This will be accomplished through the projects that were referenced through YRBS and other types of data, as well as some of the good work coming out of the Division of Public Health and the partners in the epidemiology programs over there.

TRUSTEE COOKE stated that he did not believe that the statutes creating the Trust Authority identified infants and young children among the statutory beneficiaries. He continued that programs addressing need and concerning this group are important and should be the responsibility of other agencies such as the Office of Children's Services, Department of Health and Social Services, Department of Education and so forth. He requested that staff obtain a legal opinion about the propriety of spending Trust funds on programs to benefit infants and children, and whether that is within the statutory abilities.

MR. ABBOTT stated that he would be happy to work with the Board Chair to provide information, but was not sure that a legal opinion is necessary. He continued that there had been a determination in the past that the trustees were satisfied with in terms of justifying the Trust's investment in this area.

TRUSTEE DERR stated that this raised an issue that she had been concerned with over the years, and trustees have discussed it at different times. Previous staff had a strong opinion that prevention was important; and prevention is in the mission statement, as was pointed out several years ago. That is part of the mission to help prevent at the early end rather than at the back end.

MR. WILLIAMS stated that the work around intervention in which there are children and youth who would qualify as beneficiaries either because they experience autism, developmental disabilities, other cognitive impairments, maybe related to trauma, as well as traumatic brain injuries. It would be a good idea to have some more in-depth conversation around this.

CHAIR BOERNER stated it would be beneficial to share the information with all trustees, and she appreciated Mr. Williams pointing out some of the very specific areas where children and youth certainly are Trust beneficiaries. She added fetal alcohol syndrome, which definitely has beneficiaries in that demographic. Having the data and information will benefit all with regard to that. She expressed gratitude to the presenters, and recessed the meeting.

(Program & Planning Meeting recessed at 2:03 p.m. and resumed at 8:30 a.m. on July 29, 2020.)

PROCEEDINGS CONTINUED
JULY 29, 2020 PROGRAM & PLANNING COMMITTEE MEETING

CHAIR BOERNER welcomed everyone back to the Program & Planning Committee meeting and began with a roll call. All trustees were present. She asked for any announcements. There being none, she began with the FY22/23 Trust budget recommendation presentation. She asked Katie Baldwin-Johnson to start with Mental Health and Addiction Intervention.

MS. BALDWIN-JOHNSON transitioned to the Mental Health and Addiction Intervention focus area, formerly known as the Substance Abuse Treatment focus area. She stated that this was the one focus area where support for some prevention work was incorporated, but not a lot. The main strategy historically for this focus area had been on supporting access to treatment of enhancing or expanding treatment access. The description of this focus area is at a very high level, and we want to ensure that there is access to the right services. The recommendation is to increase the level of Trust support specifically related to the improvement of the Crisis Response System and Behavioral Health Continuum of Care and really focus on FY22.

TRUSTEE DERR stated interest in tracking the investments on treatment.

MR. ABBOTT stated that staff can show what has been done, how that affected the capacity of treatment and the outcomes of that.

TRUSTEE COOKE stated that society has been dealing with the addiction problem since the beginning of time, and we will have it until the end. He continued that this is the core of what the Trust mission is, and he is glad to see the funding increase anticipated in the coming two-year budget. It is something where more information is needed.

MS. BALDWIN-JOHNSON stated that there is an understanding that the GF ask is not currently strong, and also recognizing that this lift to work on standing up the levels of programming that there is a need to make a difference in how beneficiaries are served more in the system to have an impact on creating alternatives to jail and sitting in emergency-room departments. The technology needed to be able to link and dispatch a community-based mobile crisis outreach has been demonstrated to be effective in other communities. There is a need to understand how these programs can be developed so they are sustainable and be in place to serve the communities over time. It is these kinds of programs that will have an impact on the pressures on API. This is to be a strong partnership with law enforcement, and we want these programs to be able to be alternatives.

CHAIR BOERNER stated seeing a tracking list of assignments that will be a result of this, and she welcomed trustees to send questions to Mr. Williams and Mr. Abbott for follow-up, similar to what was done previously.

MS. BALDWIN-JOHNSON completed her presentation which included the highlights of this focus area, and getting more specifically into the budget detail.

CHAIR BOERNER thanked Ms. Baldwin-Johnson, and welcomed Travis Welch for Disability Justice.

DISABILITY JUSTICE

MR. WELCH thanked the trustees for the opportunity to discuss the Disability Justice focus area budget. He pointed out that the centralized competency paralegal position should be budgeted for 78.3 of MHTAAR funding in both FY22 and '23. He stated that in the disability justice focus area, the Trust works with stakeholders to limit the exposure of beneficiaries to the criminal justice systems, whether they are victims or alleged offenders. By supporting and advocating for diversion programs to divert beneficiaries out of or away from the criminal justice system when appropriate or through evidence-based programs, supports, and efficiencies to meet the needs of beneficiaries when diversion is not an option so they can navigate the system and not recidivate. This work is engaged in because Trust beneficiaries are at a higher risk of being involved in the criminal system as either offenders or victims than nonTrust beneficiaries. He continued his presentation, explaining the different programs and their budgets as he went through. These services provide the opportunities for Trust beneficiaries to live their best possible lives outside of the walls of a correctional facility and outside of the criminal justice system. He talked about the data collection analysis and dissemination of information that is vital for making programmatic funding and policy decisions at all levels of organizations and government.

TRUSTEE STURGEON asked about recidivism, and the effects from people that are released and go back to small villages throughout Alaska.

MR. WELCH replied that the recidivism rates are at a higher level than recidivisms throughout the United States; but we are moving in the right direction.

MR. WILLIAMS added that it is also important to remember that states manage their correctional systems in different ways, which affects the recidivism.

CHAIR BOERNER called a break.

(Break.)

CHAIR BOERNER welcomed the trustees back and recognized Jimael Johnson who will present the Beneficiary Employment and Engagement portion.

BENEFICIARY EMPLOYMENT AND ENGAGEMENT

MS. JOHNSON stated that Beneficiary Employment and Engagement is a long-standing focus area for the Trust. She continued that the original focus area was primarily intended to develop the system of care related to recovery-oriented services. It was initially called Beneficiary Projects Initiative, and it worked to help beneficiaries receive and manage problems that focus on peer-to-peer support. In 2014, an additional goal was added to improve outcomes and promote recovery for beneficiaries to integrate competitive as well as meaningful employment. She continued going through the rest of the goals and some of the successes. She moved to a quick overview of the three-year budget summary and described the different projects as she went along. She went through some of the measurements of success and progress.

CHAIR BOERNER thanked Ms. Johnson for the great presentation. From a public health standpoint, there is a great deal of evidence out there supporting the health benefits of work and the mental health benefits of being employed. She appreciated the wisdom of the Trust making this a priority area. She introduced Mr. Abbott for a brief introduction for the next presentation.

MR. ABBOTT highlighted the role of the Trust as a funder in housing and homelessness. Staff was asked to provide some of the historical context of the Trust's role as a funder in this area. He called on Kelda Barstad to continue.

MS. BARSTAD stated that the housing focus area has a rich history from 1999 to date, as far back as the earliest recorded data base grant. The Trust has invested over \$66 million in housing, which has supported over 350 grants over the past 20 years, which amounts to about 20 percent of the financial investments made by the Trust since it began. She moved to the Alaska Housing Finance Corporation, which is the longest-standing Trust housing partner whose mission is to house Alaskans. She introduced a timeline that identified some key programs and events that occurred during this focus area history. She highlighted some of the items and stated that the housing coordinators is a significant project for the Trust. These coordinator positions take the initial risk of adding to a local budget by establishing a position and increasing the capacity of that local area to respond to and solve homelessness. Housing coordinators affect all spaces within a community and impact community well-being. She moved to the budget presentation and stated that the primary goal for this focus area is to ensure beneficiaries have access both to housing as well as a robust continuum of services so that people stay independent and are in their home and community of choosing. This focus area aligns very closely with the Trust's mission and works to prevent and reduce the institutionalization of beneficiaries. She stated that the purpose of the housing and home- and community-based services focus area aligns closely with the goals of the Americans with Disabilities Act to ensure that individuals have the right to participate in their communities and lead full lives outside of institutions. She continued that Alaska has done a lot of work to implement a variety of services for individuals, including person-care services. There are a host of waivers that support specific diagnoses, and that can include anything from transportation and care coordination all the way through assisted-living-home care. She went into more detail and continued her presentation, explaining and answering questions as she went along.

CHAIR BOERNER thanked Ms. Barstad and called a 30-minute lunch break.

(Lunch break.)

CHAIR BOERNER called the meeting back to order and stated that next on the agenda is the FY22/23 Trust Budget Recommendations Presentation Continued. This will be in the non-focus area allocations. She recognized Mr. Williams and staff.

FY22/23 TRUST BUDGET RECOMMENDATIONS PRESENTATION CONTINUED

MR. WILLIAMS began with a bit of orientation and history on the title change. He talked about what the title reflects and which funds that are being requested for approval that are connected to the mission of the Trust to improve the lives of beneficiaries across their lifespan but were not focused or targeted within those focus and priority areas that were discussed in the previous

presentations. He noted that what is reflected does not include the Trust Authority Office or the Trust Land Office admin budget increments. This is purely programmatic. These funding allocations are connected around forwarding integrated health-care options, promoting wellness and independence, as well as sorting the data, the workforce capacity, and making sure the pieces are in place and building those pieces to continue to evolve, monitor and adapt the Comprehensive Integrated Mental Health Program plan. He stated that the work and partnership with the advisory boards is critical to being able to hear the needs of the different beneficiary groups around the state, throughout advocacy for policy or providing public education to reduce stigma. The advisory boards and Trust staff really work together to forward all of these efforts to improve the lives of beneficiaries. He continued and talked about the measurements of success for the projects.

TRUSTEE DERR asked who funded the traumatic brain position this year.

MS. BARSTAD replied that the position is currently being funded through a Federal grant. It has been filled part-time by a staff member at the Center for Human Development. The last year for the grant is FY21. She and staff continued answering questions on the different budget recommendations as they came along.

CHAIR BOERNER stated that next on the agenda is the next steps discussion. She asked Mr. Williams to continue.

MR. WILLIAMS stated that this had been a good conversation that led to some additional questions that trustees have posed where there are needs to get some additional information and responses for the trustees. From a staff perspective, the next steps would be to pull that information together, make some budget adjustments, and move forward with this for the end of August. After that, walking through an approval process for the FY22 budget and then a FY23 placeholder budget.

CHAIR BOERNER thanked staff and then talked with the trustees about the list and the different impacts.

TRUSTEE COOKE asked for a clarification of what staff would like by August 10th, if there are further submissions from trustees, and the scope of that.

MR. ABBOTT recommended that questions be directed straight to staff. The ultimate list of staff homework will be shared with all the trustees.

MR. WILLIAMS did a run-through of some of the questions for some feedback or clarifications before moving on.

CHAIR BOERNER stated that she had some bullet points: How is the Trust influencing accountability and utilization of best-practice models, as well as how they are encouraging coordination of care. How is the right technology or the most current technology being used. After an in-depth discussion of what staff should focus on and explain, she asked for any final thoughts.

TRUSTEE COOKE stated that Trustee Boerner did a terrific job as Chair, and we covered a lot. He thanked her and the staff.

CHAIR BOERNER also expressed her gratitude to all and stated that it was a very rich and involved conversation. She asked for a motion to adjourn.

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

CHAIR BOERNE accepted the motion and adjourned the meeting.

(Program & Planning Committee meeting adjourned at 2:15 p.m.)

MEMO

To: Verné Boerner - Program & Planning Committee Chair
Date: October 22, 2020
Re: FY21 Substance Abuse Prevention and Treatment Focus Area
Allocation
Amount: \$300,000.00
Grantee: Akeela, Inc.
Project Title: Akeela House Expansion

REQUESTED MOTION:

Approve a \$300,000 FY21 authority grant to Akeela Inc. for an expansion of substance use treatment beds in their Akeela House facility. These funds will come from the FY21 Substance Abuse Prevention and Treatment – Treatment Access budget line.

Assigned Program Staff: Eric Boyer

STAFF ANALYSIS

Akeela Inc. currently operates Akeela House, which is an in-patient substance use disorder (SUD) treatment facility. This funding request will expand the capacity of their midtown Anchorage facility from 20 to 36 beds. This expansion will position Akeela to be more responsive to the needs of our community. Currently, there are 32 Trust beneficiaries on the waitlist for a treatment bed at Akeela, and the next available bed is one month from opening up.

The need for SUD treatment is great, and Akeela has a sound business plan for meeting this need and sustaining the treatment over the long-term. The 1115 Behavioral Health Medicaid expansion of services will help fund these services long-term. The Trust funds are needed to help with the start-up, and will be utilized in bridging the staffing and program gaps that are needed to expand these services. The plan is to open up the expanded beds in January of 2021. The remainder of the Trust funds are needed for the remodel of existing facilities, which will help with increasing the bed capacity. These beds will come on line in a stage and phase method due to the COVID pandemic.

Akeela's plan for expanding SUD beds in Anchorage will be critical to supporting the continuum of care. Community based care like this will not only help at-risk community beneficiaries get their needs met, but also provide care in a more expedient manner. Getting treatment and care in a responsive manner is important for recovery and to be able to live the life they would want.

COMP PLAN IDENTIFICATION

Goal	Objective	Comments
Goal 4 Substance Use Disorder Prevention	4.3 Treatment & recovery access	

PROJECT DESCRIPTION

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

With Trust support, Akeela Inc. will add 16 beds to Akeela House, the flagship residential ASAM level 3.5 substance use disorder (SUD) treatment program continuously operating since 1974. The expansion will provide much needed new capacity to meet local and state goals for increased provision of SUD services in Anchorage and statewide. Capital funds will support physical expansion and of the physical facility. Operating funds will act as bridge support as the project ramps up services that will be sustained through Medicaid billings under the 1115 waiver program.

Problem- Currently, according to the Open Beds bed availability report for Akeela House, 32 trust beneficiaries are currently on the waitlist and the estimated wait until the next open bed is 30 days. This type of excruciating wait list pushes the opportunity for those ready for change so far out that the opportunity may expire. Essentially, doubling the beds at Akeela House will reduce the wait list and ensure more ready access to treatment.

Activity- The increasing of bed capacity for those requiring 3.3 and 3.5 residential SUD and Co-Occurring services.

Target Population and Geographic Area – Trust beneficiaries in need of SUD and co-occurring services that can met through 3.3 and 3.5 services throughout the state of Alaska.

Expected Outcomes-Akeela is a long-standing operation and Akeela House is our flagship program. By adding these beds to the continuum of care will go a long way to meeting beneficiary needs. The program will provide many more opportunities into the future to help develop pro-social behavior and to bring more opportunities for recovery. Akeela House Capacity Expansion (AHCE) will increase available beds at Akeela House from 20 to 36 by reconfiguring internal spaces, accomplishing the goal of increasing available SUD treatment beds for Trust beneficiaries.

Community Support- As a 46-year-old organization Akeela is activity engaged with community provider across the health continuum to include the Office of Children services, Native providers, Alaska Behavioral Health Association (ABHA, and the Anchorage Regional Behavioral Health Coalition.

Akeela House Capacity Expansion (AHCE) will increase available beds at Akeela House from 20 to 36 by reconfiguring internal spaces, accomplishing the goal of increasing available SUD

treatment beds for Trust beneficiaries. This project will add statewide capacity as part of the coordinated effort to reduce homelessness in Alaska communities. Akeela intends to provide a portion of the increased beds for ASAM Level 3.3 care for specialized populations

On notification of award, Akeela will begin capital improvements reorganizing the residential, clinical, and support spaces to accommodate new clients to allow increased residents and staff, and increase the facility's ability to provide food and other necessities of daily living.

Akeela's clinical team will immediately begin recruiting/training new staff for onboarding new clients into the program as soon as feasible. Trust funds will be used to support the hiring and onboarding of new staff during the first quarter while construction proceeds and to ensure program stability while onboarding new clients and begin to bill Medicaid under the 1115 Waiver. Trust funds will be used as bridge funding ensuring the program achieves sustainability over the first 6 months. The plan is to achieve full sustainability by the 7th month.

Due to concerns arising from COVID-19, the plan is to titrate new clients into the program slowly, but funds available for expansion may drive us more quickly, of course with client health and safety the first priority. Months 1-3 are for construction and onboarding/training. Month 4 will add clients. In the second and third quarter, the expansion should be firing on all cylinders.

Alaska and Anchorage continue to struggle to meet the behavioral health needs of Trust beneficiaries. The cost of implementing new treatment beds is high. Akeela is a long-standing operation and Akeela House is our flagship program. By adding these beds to the continuum of care will go a long way to meeting beneficiary needs. The program will provide many more opportunities into the future to help develop pro-social behavior and to bring more opportunities for recovery.

EVALUATION CRITERIA

Project success will be measured by completion of the successful capital improvement to the facility, hiring and training of new clinical staff, and the onboarding of new clients to Akeela House nearly doubling program capacity. The most important measure will be that all 36 beds are full within the first 9 months of program expansion. Once expanded, the measure will be a reduction in waitlist times. It may prove difficult to measure reduction in waitlist numbers because we don't control the flow of individual beneficiaries who present for treatment.

Outcome measures:

1. Increase in number of beneficiaries served from 20 to 36 during grant period.
2. Number of beds actually filled during the grant period.
3. Percent of clients reporting increased quality of life and stability.

Fundamentally, this project is simple to measure effectiveness. Is the construction completed on time and on budget? And are more beds available to Trust beneficiaries in a sustainable manner? If yes to both, then the project will be a success.

SUSTAINABILITY

Project sustainability is determined by the effectiveness of Akeela to enroll and bill Medicaid under the 1115 Waiver. Akeela has a long track record of successful billing for services and foresees being able to achieve financial sustainability in the first 6-9 months.

The confounding variable in calculating exactly when sustainability will be achieved is operational controls related to the COVID-19 pandemic. Onboarding new clients has slowed somewhat as our residential programs require isolation of new program participants in order to avoid transmission in our facilities. Depending on circumstances relating to shutdowns and other institutional controls, the timeline to sustainability depends on a continuum of variables that may speed up or slow down moving new clients into the milieu accordingly.

In ordinary times, we project we could have the program fully staffed and new clients onboard within 4 months of funding. We project it will take between 6 and 9 months depending on how quickly we can safely move individuals from the waitlist to active enrollment in Akeela House.

The budget tab of this application only considers expenses of during the first quarter of the project period. The spreadsheet that is attached to the application details all projected revenues and expenses for the duration of the program period off 12 months. Akeela intends that all program expenses will be covered by third party billing, earned income, via Medicaid expansion under the 1115 Waiver of the IMD requirements.

WHO WE SERVE

The Akeela House Expansion project will support individuals who experience a substance use disorder as well as those those experiencing co-occurring mental health diagnoses, who are the primary trust beneficiaries supported by this project and who are in need of substance use disorder (SUD) services. Secondary beneficiaries include those who are the friends and family of individuals served under the expansion. Initially, we thought we would serve up to 40 new beneficiaries per year under the expansion, but Akeela House served 74 beneficiaries in calendar year 2019. Extrapolating from there, we conservatively estimate an increase to 130 direct trust beneficiaries per year served after implementation of the project. A more aggressive assessment would increase the number to 150 individuals.

The benefit to them will be reduced time on the waitlist for Akeela House SUD services. Currently, according to the OpenBeds bed availability report for Akeela House, 32 trust beneficiaries are currently on the waitlist and the estimated wait until the next open bed is 30 days. This type of excruciating wait list pushes the opportunity for those ready for change so far out that the opportunity may expire. Essentially, doubling the beds at Akeela House will reduce the wait list and ensure more ready access to treatment.

The expected benefit is that more individuals will be able to receive crucial life-saving behavioral health treatment in a supportive environment.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	130
Substance Abuse	130
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	200

BUDGET

Personnel Services Costs	\$143,625.00
Personnel Services Costs (Other Sources)	\$44,245.00
Personnel Services Narrative:	<p>Q1-The Trust request of \$143,625 will cover 77% of personnel costs which will fund the onboarding, training, and preparation of staff as well as COVID-19 mitigation over the first quarter of the expansion. Those personnel costs can't be covered by earned income because it will take time Details of the specific expenses are broken out in the attached spreadsheet. (See attached)</p> <p>Q2-4 expenses are projected to be covered from Akeela unrestricted general funds. Details of the specific expenses are broken out in the attached spreadsheet. (See attached)</p>

Travel Costs	\$0.00
Travel Costs (Other Sources)	\$0.00
Travel Narrative:	We have costs associated with travel from our general administrative budget reflected in the attached spreadsheet but no funds will be expensed to this project.

Space or Facilities Costs	\$143,184.00
Space or Facilities Costs (Other Sources)	\$4,370.00
Space or Facilities Narrative:	<p>Q1 Capital expenses \$104,370 for expansion of Akeela House physical plant. Including room and space upgrades, bedroom furnishings. These costs include materials and labor. Akeela is asking the Trust for \$100,000 and will cover \$4,370 out of unrestricted general funds. Details of the specific expenses are broken out in the attached spreadsheet. (See attached)</p> <p>Q1 Operating expenses \$43,184 which covers the cost of staff in the first quarter of the program before we have onboarded clients and can begin billing Medicaid under the expansion. Support during this critical timeframe</p>

	<p>allows the organization to place and train new staff and to ramp up all systems before sustainability is achieved over the course of the project year. Details of the specific expenses are broken out in the attached spreadsheet. (See attached)</p> <p>Q2-4 expenses are projected to be covered from Akeela unrestricted general funds. Details of the specific expenses are broken out in the attached spreadsheet. (See attached)</p>
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Supplies Costs	\$3,918.00
Supplies Costs (Other Sources)	\$0.00
Supplies Narrative:	<p>Q1 Supplies are limited to a small purchase of program, household, administrative, and medical supplies. This will include program books and publications, additional kitchen supplies including dishes and food supplies and other basic expenses.</p> <p>Q2-4 expenses are projected to be covered from Akeela unrestricted general funds. Details of the specific expenses are broken out in the attached spreadsheet. (See attached)</p>

Equipment Costs	\$9,273.00
Equipment Costs (Other Sources)	\$0.00
Equipment Costs Narrative:	<p>Q1 equipment purchases are limited to office equipment, kitchen improvements, and repair and maintenance of current equipment that will see a substantial increase in use.</p> <p>Q2-4 expenses are projected to be covered from Akeela unrestricted general funds. Details of the specific expenses are broken out in the attached spreadsheet. (See attached)</p>

Other Costs	\$0.00
Other Costs (Other Sources)	\$9,420.00
Other Costs Narrative:	<p>Q1 Other expenses will be covered completely by Akeela unrestricted general funds. Expenses include medical testing such as physicals and COVID-19 testing, auto insurance, staff training, and small investments in professional services.</p>

Total Amount to be Funded by the Trust	\$300,000.00
Total Amount Funded by Other Sources	\$0.00

OTHER FUNDING SOURCES

All additional funding will come from Akeela Inc. unrestricted general funds.	
Total Leveraged Funds	\$0.00

MEMO

To: Verné Boerner - Program & Planning Committee Chair
Date: October 22, 2020
Re: FY21 Housing & Long-Term Services and Supports Focus Area Allocation
Amount: \$200,000.00
Grantee: Juneau Cooperative Christian Ministry
Project Title: New Glory Hall facility

REQUESTED MOTION:

Approve a \$200,000 FY21 Housing & Long-Term Services & Supports focus area allocation to the Juneau Cooperative Christian Ministry for the New Glory Hall project. This grant is approved pending the approval of an amended FY21 budget at the November board of trustees meeting.

Assigned Program Staff: Kelda Barstad

STAFF ANALYSIS

The Glory Hall is an emergency shelter, soup kitchen, and care center established in 1982. The Glory Hall mission is to provide food, shelter, and compassion to those most in need to achieve well-being. Annually, the Glory Hall provides over 55,000 meals and over 11,000 safe shelter nights. The Glory Hall also provides transportation assistance, laundry, showers, social services referrals, limited case management, assistance with housing searches, and other needs-based assistance. The Glory Hall coordinates the development and operation of the Juneau Housing First Collaborative project. The current shelter space was previously identified as insufficient to serve people experiencing homelessness in Juneau, so the board had already been looking for new options. Once COVID began and required new space restrictions this need has become urgent as the Glory Hall is now able to serve only a third of the people it has in the past.

Funding is requested for a construction of a shelter facility which will provide overnight accommodations for up to 40 people in individual spaces as well as capacity for 12 person overflow, day room accommodations for up to 100 people, offices which will provide access to services, assistance, storage, and a therapeutic outside space. The building will be accessible. The building will replace the existing inadequate facility and relocate to a social service hub away from downtown Juneau.

This project will serve Juneau and Southeast and will serve individuals who are experiencing homelessness and co-occurring disorders. Roughly half of the people experiencing homelessness in Juneau disclose that they are Trust beneficiaries. Staff observation and interaction with individuals would estimate a higher percentage of people experiencing homelessness are Trust beneficiaries. The Glory Hall regularly serves Trust beneficiaries who experience a mental illness, addiction, traumatic brain injury and/or an intellectual or developmental disability. The shelter rarely serves people with Alzheimer’s disease or related dementias, but those individuals would be served if they are in need of shelter.

COMP PLAN IDENTIFICATION

Goal	Objective	Comments
Goal 3 Economic and Social Well-being	3.4 Basic needs services	

PROJECT DESCRIPTION

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

The Glory Hall has operated out of the 247 S. Franklin Street location since 1994. After much thought and deliberation, discussion with patrons and partners, and consideration of future financial security, the Glory Hall board has decided to pursue a move out of downtown Juneau in order to best meet our mission. The current building is not accessible to people with mobility issues. There is not an adequate number of bathrooms. There is no possibility of security and safety. There is no parking. There is not enough storage for patron and program belongings/supplies. The City and Borough of Juneau has deemed the building inadequate for emergency shelter provision. Due to COVID, capacity in the current building has been reduced. Instead of 40 people staying overnight and overflow in the emergency shelter, only 16 can be accommodated. Instead of 100 people in the day shelter, only 23 can be accommodated. Permanent space to provide day services and emergency night shelter is lacking.

Together with Southeast Alaska Independent Living (SAIL), the Glory Hall has purchased a plot of land to develop a new facility on one half and a vibrant non-profit center on the other half. The plot of land is located right next to St. Vincent DePaul Society and Juneau Youth Services. The creation of the non-profit center next to the new and improved Glory Hall will result for better care for our patrons through increased access to services and better coordination among providers.

This funding request is for the construction of an 11,000 square foot, two story building. The building will be 100 accessible and will have 40 individual emergency shelter spaces, a Day Room for day shelter, a commercial kitchen and dining room, conference room, offices, and a wonderful outdoor space for recreation and a garden, which will be operated by patrons.

The new facility will be 100% accessible and will provide each patron with their own private sleeping space, separated by walls and door. This space will ensure that people can sleep safely at night and are able to secure their belongings. The spaces will be accessible during the day,

ensuring that people who need to rest due to medical or emotional conditions, or get away from the stress of being around others can. There will be designated areas for program and patron belonging storage and designated areas for patrons to meet with behavioral and primary care providers. There will be a conference space for groups and staff. The dining room will be big enough to accommodate seating for everyone in need of food. The kitchen is well designed to ensure that patrons can learn kitchen skills and assist with meal prep. Staff offices are designed for productivity and safety ensuring that quality personnel can be retained to do this important work. The facility will have a wonderful secure outside space for recreation, relaxation, and gardening. The garden will be used as therapy and also as a way to transmit valuable skills. Lastly, the new facility will be located next to the social services center, enabling patrons to access critical services such as Southeast Alaska Independent Living Center, Alaska Legal Services, Disability Law Center, Saint Vincent de Paul programs, Juneau Youth Services, and others.

There is overwhelming community support for the project. City and Borough of Juneau is contributing 2.3 million dollars. The project is identified as the highest priority of the Juneau Coalition on Housing and Homelessness, and in the Comprehensive Behavioral Health Plan. The project is supported by a broad coalition of business leaders, by Bartlett Regional hospital, Central Council of Tlingit and Haida Regional Tribes of Alaska, Sealaska, and Goldbelt.

EVALUATION CRITERIA

A narrative report will include the following performance measures:
Completion of the building construction, day and night capacity and utilization and how the shelter has improved the conditions of AMHTA beneficiaries.

SUSTAINABILITY

One-time capital funding is requested. The Glory Hall has operating funding in place. Operating funding includes a mix of State of Alaska Department of Health and Social Services Community Initiative Matching Grant Funds, Basic Homelessness Assistance and Emergency Solution Funds administered by AHFC, private foundation and City and Borough of Juneau funds, as well as community individual and fundraiser acquired contributions.

The construction of the new facility will contribute to long term sustainability of our organization. Sale or lease of the 247 S. Franklin Street building will contribute to ongoing operating costs.

WHO WE SERVE

The project will serve individuals experiencing homelessness, chronic homelessness, disabilities, and co-occurring disorders. The Glory Hall regularly serves Trust beneficiaries who experience a mental illness, addiction, traumatic brain injury and/or an intellectual or developmental disability. The shelter rarely serves people with Alzheimer's disease or related dementias, but those individuals would be served if they are in need of shelter. Roughly half of the people experiencing homelessness disclose that they are Trust beneficiaries. Staff observation and interaction with individuals would place that percentage as much higher. Estimates below reflect known conditions.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	100
Developmental Disabilities:	100
Substance Abuse	100
Traumatic Brain Injuries:	100
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	400

BUDGET

Other Costs	\$200,000.00
Other Costs (Other Sources)	\$4,850,000.00
Other Costs Narrative:	All funds will be used for building construction, including site preparation, facility building, and furnishings. Land for the project has already been acquired and project design has been completed.

Total Amount to be Funded by the Trust	\$200,000.00
Total Amount Funded by Other Sources	\$4,750,000.00

OTHER FUNDING SOURCES

City and Borough of Juneau (secured)	\$2,300,000.00
Rasmuson Foundation (pending/decision 11/16)	\$500,000.00
Community Contributions (secured)	\$520,000.00
Community Development Block Grant (pending)	\$650,000.00
Sealaska Corporation (pending)	\$50,000.00
Goldbelt Corporation (pending)	\$50,000.00
Benito and Frances C Gaguine Foundation (secured)	\$85,000.00
Glory Hall reserves (secured) and Juneau Community Foundation and local fundraising (pending)	\$345,000.00
Premera Bluecross-Blueshield	\$250,000.00
Total Leveraged Funds	\$4,750,000.00

MEMO

To: Verné Boerner - Program & Planning Committee Chair
Date: October 22, 2020
Re: FY21 Housing & Long-Term Services and Supports Focus Area Allocation
Amount: \$150,000.00
Grantee: Bethel Winter House
Project Title: Bethel Winter House Renovation

REQUESTED MOTION:

Approve a \$150,000 FY21 Housing & Long-Term Services & Supports focus area allocation to the Bethel Winter House for the Bethel Winter House Renovation project. This grant is approved pending the approval of an amended FY21 budget at the November board of trustees meeting.

Assigned Program Staff: Kelda Barstad

STAFF ANALYSIS

Bethel Winter House (BWH), a homeless shelter in the City of Bethel, is seeking a permanent facility. For the past seven years BWH has operated seasonally with leased space and volunteers. The space opted not to extend its lease and the shelter ended operation in May of 2020. After an extensive search of available buildings, BWH identified an abandoned site owned by the City of Bethel, previously used as a Senior Center. The Trust and Rasmuson Foundation contributed funding to the pre-development process for this site. The City of Bethel is transferring the building and land to the BWH. The building will need renovation to repair and configure for shelter use. There is no other single adult homeless shelter in the area. With winter approaching quickly, BWH has developed a phased plan for partial renovation to start so that shelter space can be used as soon as possible and remodel other portions of the building later as funds are raised. Previously, the seasonal shelter operated using volunteers and donations. BWH is working to formalize the shelter by hiring staff as funds are raised and additional grants are obtained. There are promising partnerships being discussed for local agencies to rent out office space that will not be used by the shelter to improve sustainability and allow the shelter to operate year-round.

This project will provide Trust beneficiaries in the homeless population and people experiencing homelessness in the Bethel area to have a safe, secure shelter, food, and hygiene supplies. The area homeless population consists of a high percentage of individuals with disabilities and Trust beneficiaries. 69% have a disabling condition and most have two disabling conditions which are barriers to stable housing and employment. 50% of those surveyed report misuse of both drugs

and alcohol, 75% report alcohol misuse and 75 % a developmental disability. This project will ensure an emergency shelter is available in Bethel for many years. Without an emergency shelter, it is probable that people will experience frostbite, hypothermia and some will die from exposure in the extreme winter temperatures in Bethel, as had occurred in the past when no shelter was available.

COMP PLAN IDENTIFICATION

Goal	Objective	Comments
Goal 3 Economic and Social Well-being	3.4 Basic needs services	

PROJECT DESCRIPTION

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

The homeless population of Bethel was overlooked until 2013 when the area experienced six deaths due to exposure. These deaths were attributed to the lack of affordable housing and the complete absence of any type of emergency shelter. A group of concerned people came together, working with the local churches open the Bethel Winter House (BWH) for overnight shelter and hot meal seasonally from Nov.-March, the coldest time of the year. Most of the homeless population who utilize BWH are Trust beneficiaries.

Bethel Winter House is a homeless shelter located in the Bethel Census Area seeking a permanent facility. After seven seasons of operations, utilizing leased space with volunteers and contracted employees, the current home in a church opted not to extend its lease. BWH identified an abandoned site owned by the City of Bethel with deterioration and some vandalism. Fixing it up and occupying full-time is a positive influence on the neighborhood. The facility was previously used as a Senior Center with over 7,000 sq. ft. and aligns itself well to this future use with a commercial kitchen, large open spaces, offices, and bathrooms with showers. The City is transferring the building and land to BWH. The community has been very supportive of the project with the City Council approved the transfer with little opposition.

The renovation project would address the existing problems at the facility and bring it up to current code. Upgrades will be considered where needed for conversion to shelter use. The facility has two floors. Most guests will utilize the first-floor open areas, with overflow on the second floor and ample spacing for Covid-19 requirements. The facility will address the homeless population's basic needs for a nightly emergency shelter and a hot meal. BWH is in active discussion with local health professionals for on-site behavioral health services, job service and other public service agencies to be scheduled in the extra offices in the facility.

A permanent homeless shelter in the community will provide year-round safety for hundreds of Trust beneficiaries primarily through the provision of basic needs of shelter, food, safety, and hygiene. With the support of the community and other organizations, this project will help the

homeless population to move toward permanent housing and navigating multiple systems (health care, law enforcement, legal, education, job employment, etc.)

EVALUATION CRITERIA

The mission of the Bethel Winter House is to prevent death by exposure among the homeless population of Bethel Alaska during the extreme cold of the Alaskan winter. Each season that the BWH has been open that mission has been accomplished. In state fiscal year 20, BWH was open from early November until late May, providing shelter and food, and hygiene for two additional months. When the shelter was forced to close its doors in May 2020, a client who regularly stayed at the shelter was found dead in August, in an abandoned car, across the street from the closed BWH. Had the shelter been open, his life could have been saved. Getting homeless people off the streets and into the shelter nightly will help prevent the spread of Covid-19 by providing safety supplies, regular showers and hand washing and washing of clothes.

Our currently collected data (beneficiaries, non-beneficiaries, # nightly visits, disabilities-developmental, chronic alcoholism/other substance use disorder, mental illness, TBI, Alzheimer/related dementias and other data) is entered into the Alaska Homeless Information Management System. Aggregate data is shared through Project Homeless Connect and annual reports.

In addition to the data collected above, for this project measure 1 will be added:

Measure 1: Survey question: Quality of Life improvement by staying at BWH. # clients, % of clients demonstrating improvements.

SUSTAINABILITY

BWH has been funded primarily through community giving. This started with Lions Club sponsoring the shelter, with meals provided nightly between the many churches, VFW and VFW Auxiliary, Super Club, and individual donations and time. Current estimates have 1,100 volunteers and 3,285 hours provided yearly for dinners, with additional support at giving events and other fundraising activities. It is expected that the operation of this shelter will continue to rely upon volunteer hours and donations with the goal of raising funds to hire and sustain staff. A part of the City of Bethel transfer arrangement to BWH is continued financial support for operating costs, valued at \$70,000-\$90,000 annually.

To help ensure the sustainability of the project and generate earned income, talks have already begun with several compatible organizations that could lease space in the facility. These include the Food Bank of which many recipients live near the new facility, making those resources conveniently accessible. Offering medical and behavioral health services onsite has been proposed, to include Covid-19 testing as necessary. Orutsararmuit Native Council is considering supporting the shelter with CARES funds, to provide senior meals and elders' crafts and activities at the facility. Others that have expressed interest in office space include: Job Service, Public Assistance, Soup Kitchen and Super Club, other organizations with services and resources for the people of Bethel. The lease opportunities are mutually beneficial, offsetting the operating expenses of the building while providing improved access to social services in the community.

BWH will need to continue to apply for state and federal funding and has good working partnerships with Alaska Community Foundation, Bethel Community Service Foundation, Rasmuson Foundation, Alaska Housing Finance Corp., Orutsararmuit Native Council, City of Bethel, and many other organizations to achieve the sustainability for operations that is needed for this project.

WHO WE SERVE

In state fiscal year 2019-20 BWH provided overnight shelter to 277 individuals experiencing homelessness including 3,514 shelter nights, 907 dinner-only visits, and 1,856 lunches. From the intake information collected from 190 people, 69% have a disabling condition and most experience two disabling conditions. 56% of those reporting said the disabling condition prevents them from having stable housing and employment. 50% report misuse of both drugs and alcohol, 75% report alcohol misuse and 75% report having developmental disabilities.

This project will provide Trust beneficiaries and other people experiencing homelessness with basic needs of shelter, food, safety, and hygiene. Staff will help clients with resources for employment and other housing options, along with health or behavioral health care. In the future, BWH would like to provide other services at the site including those services previously mentioned and also services that can be provided to the larger community by the Food Bank, AVCP, ONC, City of Bethel, State of Alaska, and/or local nonprofits.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	11
Developmental Disabilities:	98
Substance Abuse	105
Traumatic Brain Injuries:	7
Number of people to be trained	10

BUDGET

Personnel Services Costs	\$0.00
Personnel Services Costs (Other Sources)	\$70,000.00 - operating
Personnel Services Narrative:	Funded by the City of Bethel-CARES Act Funding. Awarded in May 2020 to keep facility open with personnel through end of 2020. This pays for monitors and other facility workers at shelter from May-Dec. 2020. Staffing includes monitors and cleaning staff, a manager and data and reporting support: contracted personnel.
Space or Facilities Costs	\$150,000.00 - renovation
Space or Facilities Costs (Other Sources)	\$2,299,649.00 - renovation

Space or Facilities Narrative:	The phased construction is described in the attachment. \$925,000 has been secured.
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Supplies Costs	\$0.00
Supplies Costs (Other Sources)	\$25,000.00 - operating
Supplies Narrative:	Bethel Nonprofit Relief & Recovery Grant—from Bethel Community Service Foundation and City distributed CARES Act funding to be used for Covid-19 supplies, food security and safety needs of staff and clients of the Bethel Winter House. A commercial washer and dryer was also purchased. \$25,000 has been secured.

Equipment Costs	\$0.00
Equipment Costs (Other Sources)	\$155,351.00 – renovation/start-up
Equipment Costs Narrative:	Future funding will cover the furniture, fixture and equipment costs of the budget. List includes, but is not limited to: Entry bench, walk off mats, sleeping mats, privacy curtains, bedding, sheets blankets, pillows, storage cupboards, shelving for mats & bedding, other linens, kitchen appliances and accessories, front desk furniture, supplies and computer, cell phone, AED, first aid kit, and cleaning appliances and accessories.

Other Costs	\$0.00
Other Costs (Other Sources)	\$447,400.00 - operating
Other Costs Narrative:	Operational costs are estimated at \$542,400 yearly, to date we have \$95,000 set for this expense (listed above as personnel and supplies) with other future funding to cover the remainder. Staffing: social distancing monitors and cleaning, manager, data and reporting support. Utilities: water, sewer, electricity, fuel, propane, telephone and cell phone, fax, internet, trash service, vehicle fuel, car wash, etc., alarm monitoring. Supplies: janitorial: disinfectants, soap, toilet paper, paper towels, laundry soap, condiments, food stuff basics, small ware, and minor equipment, office supplies: print paper, ink, postage, covid prevention supplies: masks, face shields, gloves, air filters, Maintenance: sprinkler inspection, elevator inspection, misc. repairs (painting, hardware replacement, HVAC tuning), grounds maintenance: snow removal, de-icing, etc. Vehicle, Maintenance, Replacement reserves, 1% of revenue cost, Other: Property and general liability insurance, including officers insurance, workers comp,

	pollution, crime, car insurance, legal assistance, review P&P, other agreements, Audit, Payroll and accounting.
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Total Amount to be Funded by the Trust	\$150,000.00 - renovation
Total Amount Funded by Other Sources	\$2,455,000.00 – renovation
Total Amount Funded by Other Sources	\$542,400.00 – operating

OTHER FUNDING SOURCES

City of Bethel-SECURED	\$70,000.00 - operating
Alaska Community Foundation-SECURED	\$725,000.00
Bethel Community Service Foundation/Bethel Nonprofit Relief & Recovery-SECURED	\$25,000.00 - operating
Bethel Community Service Foundation/Bethel Nonprofit Response-SECURED	\$100,000.00
Orutsararmuit Native Council-SECURED	\$100,000.00
Alaska Housing Finance Corp./Emergency Shelter Grant-PENDING	\$1,000,000.00
Other Funding-PENDING	\$923,665.00
Total Leveraged Funds	\$2,943,665.00

Bethel Winter House
Project Cost Estimate
10-Sep-20

Line #	Item	Phase 1 Est	Phase 2 Est	Phase 3 Est
1	Facility Acquisition			
2	Legal fees, recording fees	\$ 500		
3	Appraisal			
4	Survey			
5	Acquisition Cost	\$ 1		
6	Facility Upgrades			
7	Code and Condition Survey, pre-Development	\$ 53,735		
8	Design & Const Mgmt	\$ 140,000	\$ 10,000	\$ 10,000
9	Renovations and Upgrades	\$ 530,000	\$ 585,000	\$ 775,000
10	Project Contingency, approx 15%	\$ 80,000	\$ 90,000	\$ 110,000
11	Furniture, Fixtures, and Equipment			\$ 155,351
12	Other Capital Related Expenses			
13	Pre-construction contractor pmt	\$ 15,000		
14	Builder's risk insurance	\$ 15,000		
15	Utilities during construction	\$ 25,000	\$ -	\$ -
16	Advertising, printing, filing fees, building permit, etc.	\$ 5,000	\$ 1,000	\$ 1,000
17	Sub-Totals	\$ 864,236	\$ 686,000	\$ 1,051,351
18	Rounded, Sub-totals	\$ 865,000	\$ 690,000	\$ 1,050,000
19	Total Estimated Project Cost			\$ 2,605,000

MEMO

To: Verné Boerner - Program & Planning Committee Chair
Date: October 22, 2020
Re: FY21 Housing & Long-Term Services and Supports Focus Area Allocation
Amount: \$150,000.00
Grantee: SeaView Community Services
Project Title: Recovery Housing Expansion Project

REQUESTED MOTION:

Approve a \$150,000 FY21 Housing & Long-Term Services & Supports focus area allocation to SeaView Community Services for the Recovery Housing Expansion Project. This grant is approved pending the approval of an amended FY21 budget at the November board of trustees meeting.

Assigned Program Staff: Kelda Barstad

STAFF ANALYSIS

One of the most significant barriers to accessing needed treatment is the lack of bed availability. A common scenario faced by individuals with Substance Use Disorders is that they identify a need for treatment, only to be placed on a waitlist which may take a minimum of 3 to 6 months to access care. During this time, individuals are unable to maintain abstinence or move towards recovery, often losing motivation to change, becoming involved with the legal system, and facing a greater chance of death. SeaView's Recovery Housing expansion project will address timely access barriers by decreasing wait times for critical recovery housing and treatment. The project will expand the number of beds for recovery housing in Seward from 10 to 20. As a result of this project, Mental Health Trust beneficiaries will be able to access long-term recovery and improved quality of life.

The target population for this project is adult Mental Health Trust beneficiaries with Substance Use Disorders and Co-Occurring Mental Illnesses. The project will increase access to recovery housing and treatment by providing a safe recovery environment for individuals transitioning from acute/subacute settings, residential programs and for those who are making efforts to maintain their recovery and do not require a higher level of care. The project will accept direct admissions from local hospitals, treatment centers, and API, allowing for a seamless transition back into the community with appropriate supports. The geographic area of focus will be statewide.

COMP PLAN IDENTIFICATION

Goal	Objective	Comments
Goal 4 Substance Use Disorder Prevention	4.3 Treatment & recovery access	

PROJECT DESCRIPTION

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

Alaska has a serious Substance Use Disorder problem affecting the fabric of our communities. Over the past 10 years, Alaska has been among the 10 states with the highest rates of past year illicit drug dependence for the state population age 12 to 17. For the remaining age groups, rates of this measure have remained above the national rate. The impacts of the COVID-19 pandemic have only exacerbated this problem with Alaskans reported increased substance use to manage stress. Providing pathways to effective treatment and safe housing is critical if we are to be successful at addressing this problem.

To assist in addressing this problem, SeaView launched a 10 bed Recovery Housing Program in February of 2019. The program maintained an average daily census of 8 during the first year, often being at capacity. During our second year of operation, the program was consistently at an average daily census of 10 and our waitlist for individuals seeking services began to grow. For the past 3 months, over 60 individuals have been on the waitlist and frequently are unable to access treatment and recovery housing at SeaView or through other providers across the state. SeaView recognizes that this access barrier to treatment is unacceptable and is seeking partners to assist with the expansion of our Recovery Housing Program from 10 to 20 beds. This can be quickly accomplished through the acquisition and modification of a commercial property that has been identified in Seward, Alaska.

The proposed property has been operating as vacation lodging with a 20-bed capacity. The lodging is divided into units with kitchens, common areas, furniture, linens, laundry, staff office, etc., making it ideal for a Recovery Housing Program and possible to occupy and start services almost immediately. Staff and residents from SeaView's current recovery housing apartments will easily transfer to the new housing facility. The property is listed at \$1,350,000. Building modifications are estimated at \$158,750. The modifications include installation of security and fire alarm systems, heating system upgrade, and changes in the configuration of the bedrooms in one unit.

The expected outcomes of the project are that an additional 30 Mental Health Trust beneficiaries experiencing Substance Use Disorders and Co-Occurring Mental Illnesses will be able to access Recovery Housing and treatment services on an annual basis. An additional 15 secondary beneficiaries will be served as well through supportive services for family members.

The current ten bed recovery housing building will be converted into sober living units, with 20 recovery housing units to be located in the new building, the subject of the current proposal. As part of a longer term plan, the 20 unit building may convert some of those beds to meet inpatient needs, however this is in a concept phase. The long term goal will be to offer inpatient, recovery, and sober living as residential supports to the community to support Trust beneficiaries who experience a mental illness and addiction. As services are added or need fluctuates, the location of the services offered may change but they will all be under the Seaview umbrella.

Collaboration with other agencies is a priority of our Recovery Housing Program. There is a broad spectrum of community support including Providence Seward Medical Center, AVTEC, Seward Police Department, and the Seward Prevention Coalition.

EVALUATION CRITERIA

SeaView's Recovery Housing expansion project will provide Mental Health Trust Beneficiaries with Substance Use Disorders and Co-Occurring Mental Illnesses with safe, healthy, substance-free living and critical treatment services. This project will decrease current timely access barriers resulting in more beneficiaries who are able to prevent relapse and sustain long-term recovery. Services will also provide beneficiaries with access to psychosocial rehabilitation to assist them with reintegration into the community by securing permanent housing and employment, while avoiding incarceration. With the addition of 10 beds to SeaView's Recovery Housing Program, it is anticipated that an additional 30 Mental Health Trust Beneficiaries will be served on an annual basis.

The following outcomes are proposed as benchmarks to determine successful implementation and delivery of the program:

1. Number of additional Mental Health Trust beneficiaries admitted to the Recovery Housing Program
2. Number of additional Mental Health Trust beneficiaries who achieve successful discharge and are placed in employment
3. Number of additional Mental Health Trust beneficiaries who report maintaining abstinence post-discharge at 30, 90 and 180 days
4. Number of additional Mental Health Trust beneficiaries who report no incarcerations post-discharge at 30, 90 and 180 days

Data regarding program admissions and outcomes will be tracked through both SeaView's electronic health record (EHR) CareLogic.

SUSTAINABILITY

Assistance with property acquisition and initial start-up costs are the only critical needs for project implementation. Once established, it will be fully sustainable from revenue generated through Medicaid, Medicare and other 3rd party payer reimbursements for resident substance use disorder treatment. Treatment services associated with the Recovery Housing Program include Partial Hospitalization, Intensive Case Management, Clinic Services, Psychiatric Services, and Community and Recovery Support Services. SeaView will ensure access to all Mental Health

Trust beneficiaries regardless of ability to pay through assisting them in applying for Medicaid or utilizing our sliding fee scale. SeaView has experience is developing behavioral health programs with diversified funding bases which support sustainability while providing access to all individuals in need. To date, the project has also been supplemented with DHSS recovery housing grant funding that is continuing in FY21.

WHO WE SERVE

The SeaView Recovery Housing Program expansion project will support Mental Health Trust beneficiaries in achieving and sustaining long-term recovery from addiction and mental illness. The project will increase SeaView’s bed capacity from 10 to 20, addressing our significant waitlist for recovery housing and treatment which reached an all-time high of 67 in September of 2020.

Approximately 35% of Mental Health Trust beneficiaries entering the program are experiencing homelessness, and nearly all have been negatively impacted by the COVID-19 pandemic. It has become clear that there is a need now more than ever for recovery housing services. SeaView understands that individuals need basic necessities like food and a place to live in place before they are able to focus on tasks such as getting a job, budgeting properly, and addressing substance use issues. The Recovery Housing expansion project will provide that opportunity for Mental Health Trust beneficiaries to change their environment, and at times community, in order to begin to take steps towards lasting change.

With the addition of beds, SeaView also anticipates being able to accept higher acuity co-occurring clients into the program. Mental Health Trust beneficiaries within this category often face difficulties in accessing treatment across the state of Alaska and experience high failure rates when accepted. SeaView has been serving this population and hopes to be able to expand our capacity to provide housing and treatment supports that enhance their success. This new facility would also allow us to utilize our current 10 bed facility for sober living and aftercare services. Currently clients struggle to find sober and affordable housing at discharge and often transition to environments that do not support long-term success.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	30
Developmental Disabilities:	5
Substance Abuse	60
Traumatic Brain Injuries:	5
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	30

BUDGET

Space or Facilities Costs	\$150,000.00
Space or Facilities Costs (Other Sources)	\$383,750.00
Space or Facilities Narrative:	<p>The multi-plex property SeaView would like to acquire is listed at \$1,350,000. It will need some capital improvements, such as heating system upgrade, fire alarm system, security system, and one apartment needs the bedroom layout modified to meet code requirements for the full 20 bed capacity. These capital improvements are estimated at \$158,750, bringing the capital portion of the project to a total of \$1,508,750.</p> <p>The breakdown of capital improvement costs (\$158,750) includes: Fire Alarm system: \$53,625; Bedroom modifications: \$48,000; Security system: \$7125; Boiler replacement/heating upgrade: \$50,000</p> <p>SeaView is pre-approved for a loan of 65% loan to value ratio up to \$975,000, and is seeking partners to assist with the down payment (\$375,000) and the initial capital improvements (\$158,750).</p> <p>SeaView has funds available to cover the estimated additional startup, acquisition and carrying costs to include: 1% Closing (\$25,000), Commercial Appraisal (\$10,000), Secure collateral (\$3000), Building inspection (\$850), Monthly utilities (\$5100), Monthly mortgage (\$10,600), Supplies (\$15,000) and equipment (\$25,000). Seward CARES funding has been secured that can support operational (not capital) expansion expenses for the supplies (estimated \$15,000) and equipment (estimated \$25,000) expenses through December 31st, 2020.</p> <p>Other secured funding includes DHSS operational funding for FY21 recovery housing in the amount of \$101,437.50. This represents approximately 10% of actual cost of operating the current 10 bed facility.</p> <p>The Seward Police Department approached SeaView earlier this year to partner on an OSMAP funding proposal. \$125,000 was requested for operational assistance to expand recovery housing bed capacity and \$45,000 was requested to assist with equipment and</p>

	supplies. However the status of this potential funding is unknown.
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Supplies Costs	\$0.00
Supplies Costs (Other Sources)	\$15,000.00
Supplies Narrative:	Supplies: \$15,000 (SEWARD CARES ACT)

Equipment Costs	\$0.00
Equipment Costs (Other Sources)	\$25,000.00
Equipment Costs Narrative:	Furnishings to supplement existing: \$25,000 (SEWARD CARES ACT)

Total Amount to be Funded by the Trust	\$150,000.00
Total Amount Funded by Other Sources	\$1,340,988.00

OTHER FUNDING SOURCES

PENDING: OSMAP (Seward Police Dept) application only	\$170,000.00
SECURED: Seward CARES Act:	\$40,000.00
PENDING: First National Bank of Alaska pre-approved 10 year loan	\$975,000.00
SECURED: SeaView Community Services	\$54,550.00
SECURED: DHSS	\$101,438.00
Total Leveraged Funds	\$1,340,988.00

MEMO

To: Verné Boerner - Program & Planning Committee Chair
Date: October 22, 2020
Re: FY21 Housing & Long-Term Services and Supports Focus Area
Amount: \$250,000.00
Grantee: Covenant House Alaska
Project Title: Bridge to Success

REQUESTED MOTION:

Approve a \$250,000 FY21 Housing & Long-Term Services & Supports focus area allocation to Covenant House Alaska for the Bridge to Success project. This grant is approved pending the approval of an amended FY21 budget at the November board of trustees meeting.

Assigned Program Staff: Kelda Barstad

STAFF ANALYSIS

Solutions for youth homelessness have been evolving at a rapid pace from the Youth Homelessness Demonstration Projects implemented across the country. Youth ages 18-24 are particularly vulnerable to trafficking, financial exploitation, and other abuse. These risks increase significantly when the youth does not have stable housing or a stable adult support network. One solution to keep youth safe and support positive outcomes like completing education or training programs and obtaining jobs is to implement transitional housing for youth ages 18-24. This provides stability and support for the young adults to be able to establish their path in life. This also prevents this age group from aging out of youth shelters to adult shelters, which are not designed to meet youth needs and have fewer protections and staff available.

Covenant House Alaska will renovate and expand space at the Youth Engagement Center in Anchorage to create 22 new on-site "micro-unit" apartments to serve young people ages 18 to 24 who are experiencing homelessness. In this best-practice model, residents will have self-contained rooms with increased privacy and independence. They will also have complete access to on-site opportunities available for health care, behavioral health care, education, employment preparation, and recreation. When residents are ready to transition to permanent housing, they will receive support from the Housing Department at Covenant House Alaska and Permanency Navigators will provide intensive post-placement case management. Covenant House Alaska serves homeless youth and has found that roughly half of the youth served are documented Trust beneficiaries. Covenant House serves youth who are experiencing a mental illness, addiction,

traumatic brain injury or a developmental disability. As is true with all people experiencing homelessness, it has been observed by staff that this percentage is much higher.

COMP PLAN IDENTIFICATION

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

PROJECT DESCRIPTION

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

When Covenant House Alaska (CHA) built the new Youth Engagement Center (YEC) in 2013, it transformed the model of care from basic shelter services to one of maximum engagement to help young people achieve permanent stability. As CHA has continued to learn and evolve over the last decade, it was expected that the model would change even more. One lesson we have learned is that young people experiencing homelessness excel when they have a longer pathway of housing support. The time is now for this new approach.

Through the Bridge to Success project, CHA will renovate and expand space at the existing YEC to create 22 new on-site "micro-unit" apartments to serve young people ages 18 to 24 who are experiencing homelessness. In this best-practice model, residents will have self-contained rooms with increased privacy and independence. They will also have complete access to on-site education, employment, life skills training, health services, case management support, and cultural, art, and physical enrichment opportunities.

Bridge to Success residents will have easy access to a full continuum of services offered by CHA’s on-site partners, including the Anchorage School District, the Southcentral Foundation Wellness Center, Volunteers of America, and Nine Star Education & Employment. Residents will also be eligible to intern in the on-site Covey Café.

When residents are ready to transition to permanent housing, they will receive support from CHA’s Housing Department, which will provide landlord connections, rental skills training, move-in support, and rental assistance. Permanency Navigators will provide intensive post-placement case management to help youth maintain stability.

The Bridge to Success project includes renovation of existing space on the 2nd floor plus extension onto a 10,000 square foot footprint. A secure entrance will be on the first floor of the southern side (8th street) of the new building expansion. There will be five units on the first floor, a staff office, bike storage, entrance to the courtyard, and stairwell to the second floor. On the second floor will be seventeen units.

Each unit is a 270 square-foot "micro-unit" efficiency and will consist of a bed, closet, bathroom with toilet and shower, and kitchenette including cabinet space, a small sink, microwave, countertop, and under-counter refrigerator. It will also include furniture and fixtures for common areas, such as chairs, tables, shared laundry appliances, appliances and supplies for the shared full kitchen and kitchenette supplies.

There are three units that offer features for persons with a physical disability. There are two rooms built with Uniform Federal Accessibility Standards (UFAS). These rooms are wheelchair accessible in the bedroom and the bathroom, and a Sight & Sound room on the first floor.

Bridge to Success will be marketed as a housing option for all homeless young people in Anchorage's Coordinated Entry System. CHA has extensive partnerships with a variety of housing and service providing organizations, as well as strong partnerships with private landlords in Alaska in order to help underserved young people overcome barriers to transition into permanent housing in the community.

EVALUATION CRITERIA

In addition to meeting our capital campaign project goals, which includes raising the \$4.2 million needed for this project, and completing all new construction and renovations in a timely manner and within our budget, CHA will provide beneficiary program outcomes. This will include:

- 1) The number of beneficiaries served per year in the Bridge to Success project.
 - a. Target: 15 of the annual 22 residents will be AMHT beneficiaries
- 2) Outputs: the number of residents served and services provided
 - a. Target: 22 youth annually will exit homelessness and enter Bridge to Success as a pathway to long-term permanent housing.
 - b. 22 youth (100%) will be connected to education, employment, health care and other supportive services
 - c. 18 youth (80%) will gain and/or maintain an income source while in the program
 - d. 50% of eligible clients will make an educational or vocational training advancement while in the program.
- 3) Outcomes: the # and % of people
 - a. Target: 90% of youth exiting from Bridge to Success will enter permanent housing
 - b. 100% of youth exiting Bridge to Success will be connected to a Permanency Navigator

SUSTAINABILITY

The Alaska Mental Health Trust Authority will be investing in a highly leveraged \$4.2 million capital project. Cook Inlet Housing Authority secured a \$1.74 million investment from the Indian Housing Block Grant Program to go towards this project. Additionally, AMHTA's investment will leverage a dollar-for-dollar match in a \$985,000 application to the Federal Home Loan Bank of Des Moines, which is currently under review. CHA has applications to other funders, that are

described in more detail in the Bridge to Success Capital Campaign Funding Plan (see attachment in this application).

CHA was awarded a Sponsor-Based Rental Assistance Program called "Housing Assistance for Homeless Youth with Supportive Services" by the Alaska Housing Finance Corporation. This program will provide rental assistance to twenty residents of Bridge to Success for an initial term of three-years, with the opportunity to extend based on outcomes, which will contribute to the long-term sustainability of the program.

Residents will have access to CHA's full continuum of on-site supportive services which are already sustainably funded on an annual basis by CHA and our partners. For example, Southcentral Foundation operates an on-site Wellness Center; residents will have easy, no-cost access to this primary health care center.

All residents of Bridge to Success will also be assigned to a Permanency Navigator, who will use the philosophy of Relentless Engagement to help residents work on education and employment, housing, and any other navigation services that will help them thrive. Permanency Navigators are an annually renewable HUD project through Anchorage's Continuum of Care process.

WHO WE SERVE

Bridge to Success will serve young people ages 18 to 24 who are experiencing homelessness. Most of these youth have come from homes in which violence, alcoholism, substance abuse and addiction are prevalent, and often struggle with developmental disorders as a result. Many have also sustained traumatic brain injury. The majority of youth served by CHA suffer from co-occurring substance abuse issues and mental health disorders. In FY20, 49% of the young people who sought shelter at CHA's Youth Engagement Center met the criteria of being a beneficiary. On a historic annual basis this has held to be true: approximately 50% of CHA's clients are verifiable beneficiaries. Due to the complexities and challenges in diagnosing disorders, the true proportion is likely higher. Additionally, most of these clients have been involved with the foster care or juvenile justice systems, they frequently do not trust adults or institutions, and find it challenging to navigate community systems and resources, particularly when it comes to employment and housing.

CHA anticipates that 70% or more of these residents will be AMHTA beneficiaries. Bridge to Success will give these young people a longer runway in which to gain stability, learn vital coping skills, establish trust, and learn how to live independently in a safe environment in which they can fail safely, learn from their mistakes, and grow. The full continuum of services at CHA's Youth Engagement Center provide that healthy environment in which they will learn independent living skills and fully prepare to transition to permanent housing.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	15
Developmental Disabilities:	15
Substance Abuse	15

Traumatic Brain Injuries:	5
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BUDGET

Other Costs	\$250,000.00
Other Costs Narrative:	The AMHTA capital investment will go towards the total construction cost of the Bridge to Success project. Please see the attached Budget and supporting documents.

Total Amount to be Funded by the Trust	\$250,000.00
Total Amount Funded by Other Sources	\$3,975,000.00

OTHER FUNDING SOURCES

HUD NAHASDA Indian Housing Block Grant Program (SECURED)	\$1,740,000.00
Federal Home Loan Bank of Des Moines (PENDING)	\$985,000.00
Rasmuson Foundation/Homeless Initiative (PENDING)	\$500,000.00
Premera Blue Cross (PENDING)	\$250,000.00
Municipality of Anchorage/Department of Health & Human Services (PENDING)	\$500,000.00
Total Leveraged Funds	\$3,975,000.00

Bridge to Success Capital Budget

Category	Amount
Construction/Rehabilitation Costs	
Construction Costs (structure)	2,653,750
On-site Improvements	199,350
Contingency	311,626
Builder's Overhead + profit	240,000
General Requirements	220,000
Bond premium	26,000
Total Construction/Rehab Costs	3,650,726
Soft Costs	
Architect	144,640
Engineering	144,640
Attorney/Accounting	12,000
Permits	20,000
Contingency	5,648
Construction Period Insurance	12,900
Construction Period Property Taxes	6,000
Other soft costs	12,000
Total Soft Costs	357,828
Financing Fees and Expenses	
Other Financing Costs	5,000
Total Financing Costs	5,000
Developer Fees	
Developer Fees	230,000
Total Developer Fee Costs	230,000
Total Project Costs	4,243,554

Covenant House Alaska
Capital Campaign Fundraising Plan Overview
Bridge to Success
May 2020

History

When Covenant House Alaska (CHA) constructed its Youth Engagement Center in 2012, a 10,000 square foot area on the footprint was designated for “future expansion,” with developer Cook Inlet Housing Authority holding 10-year development rights on that footprint. As we near the end of the 10-year window, CHA has been in strategic talks with stakeholders and our young people about the best plan for developing that space. Considering the lack of affordable housing in our community and the expressed need for supportive services by the homeless young people we serve, we believe that the time is now for this project. With the full support of our Board of Directors and parent organization, Covenant House International, we have a plan to secure the \$4 .1 million needed to develop this project.

Capital Campaign Plan

Developer and project partner Cook Inlet Housing Authority has secured a \$1.74 million investment from Indian Housing Block Grant program and will invest this money directly into Bridge to Success while also acting as the project manager. With this investment in hand, CHA has been in initial talks with several key community partners about the potential for investment in this project. To date, CHA has submitted Letters of Interest or applications to the following funders:

- The **Alaska Mental Health Trust Authority (AMHTA)** is a state corporation that and administers a perpetual Trust to improve the lives of beneficiaries, which includes populations that need integrated mental health services. Over the years, AMHTA has invested hundreds of thousands of dollars into CHA programs and capital projects. In April, CHA submitted a \$250,000 proposal to AMHTA for Bridge to Success.
- The **Rasmuson Foundation** is Alaska’s largest philanthropic foundation and has the mission to promote a better life for Alaskans. Over the years, the Rasmuson Foundation has donated millions of dollars to CHA programs and capital projects, including a \$1,000,000 investment in the Youth Engagement Center. In early May, CHA submitted a Letter of Interest to Rasmuson for a \$250,000 investment in Bridge to Success.
- **Premera Blue Cross** is the largest health plan in the Pacific Northwest and has made significant investments to improve the lives of people in this region, including a \$1,000,000 donation it made to Covenant House Alaska in 2018. After discussions with Premera leadership in April, CHA submitted an application for a \$250,000 investment in Bridge to Success.

Covenant House Alaska has pitched to these funders that their donations will help leverage a \$985,000 investment from the Federal Home Loan Bank of Des Moines. We have high confidence that if we are awarded the Affordable Housing Program grant, we can secure the total

\$750,000 investments from these key supporters. (Copies of the Letters of Interest and applications to these funders are included in this application).

To secure the additional gap in funding, CHA has the experience and is poised to take on the challenge of an aggressive capital campaign to raise the additional \$618,369. CHA benefits from strong partnerships with national and local government entities, businesses, foundations, private philanthropists, tribal organizations, other non-profits, and our parent Covenant House International headquarters. Led by our current Chief Executive Officer, Alison Kear, CHA executed an ambitious \$20 million Capital Campaign for our Youth Engagement Center in 2009-2012. Despite the challenging economic times, CHA exceeded our goal by \$5 million (in order to create an operating reserve). We had over 97% of funds secured before we began construction, well above the industry standard. Here is our current estimated Funding Plan for Bridge to Success:

Bridge to Success Capital Campaign Funding Plan

Level	Name	Investment type	Amount
Cornerstone Investor	The Department of Housing and Urban Development	Indian Block Housing Grant	1,740,185 (secured)
Cornerstone Investor	Federal Home Loan Bank of Des Moines	Affordable Housing Program Grant	\$985,000
Lead Investor #1	Alaska Mental Health Trust Authority	Grant	\$250,000
Lead Investor #2	Rasmuson Foundation	Tier 2 Grant	\$250,000
Lead Investor #3	Premera Blue Cross	Donation	\$250,000
Community Investors (multiple)	To Be Solicited	TBD	\$618,369
TOTAL			\$4,093,554

We look forward to moving forward on the Bridge to Success Capital Campaign in order to provide safe, stable and supported housing for the most vulnerable young adults in Anchorage. Covenant House Alaska has the full support of our parent organization, Covenant House International, and of the CHA Board of Directors to help achieve our fundraising goal. Please contact us for any additional information.

Kevin Ryan

Amy Miller

President and CEO
Covenant House Alaska

Chair, Board of Directors
Covenant House Alaska

MEMO

To: Verné Boerner - Program & Planning Committee Chair
Date: October 22, 2020
Re: FY21 Partnership Grant Request
Amount: \$150,000.00
Grantee: United Human Services of SE Alaska, Inc. (UHS)
Project Title: Southeast Community Services Center

REQUESTED MOTION:

Approve a \$150,000 FY21 Partnership grant to United Human Services of SE Alaska, Inc. for the Southeast Community Services Center

Assigned Program Staff: Kelda Barstad

STAFF ANALYSIS

The Southeast Community Services Center (SCSC) is an innovative and highly collaborative project. Located in the heart of a larger campus of services that includes Saint Vincent de Paul, Juneau Youth Services and the new site for the Glory Hall, the SCSC will forever change how social services are delivered in Juneau and the surrounding SE region. In the current fiscal climate, many nonprofits are struggling and cutting or considering cutting, important services. The SCSC attempts to mitigate some financial burden through efficiencies by using shared services, i.e., shared reception, board/class/break room, custodial, IT, by saving tenant agencies money so less is spent on operating, more on mission.

The Trust regularly invests in programs for beneficiaries that are delivered through the current agencies who have committed to long term leases including SAIL, Alaska Legal Services, Disability Law Center and NAMI Juneau. Big Brothers Big Sisters, United Way and the Juneau Suicide Prevention Coalition are the other named commitments and are partners of the Trust, helping us serve beneficiaries and implement programs needed as part of the continuum of care. All categories of Trust beneficiaries are served by the collaborative of agencies who are dedicated to working together in the Southeast Community Services Center. The largest single beneficiary group when considering people served across all agencies, is people experiencing a mental illness.

The Statewide Independent Living Council (SILC) conducts a needs assessment every three years to identify barriers to independent living. Transportation consistently ranks in the top two. The

one-stop model squarely addresses this problem. People seeking services who need the assistance from more than one agency will not need a bus and most of a day of transportation time back and forth to meet their needs. Additionally, the needs assessment consistently identifies additional barriers to living independently including the need for housing, legal aid, mental health support, Supplemental Security Income and Social Security Disability Insurance navigation, advocacy, peer support, and independent living skills training. All these services and more will be found at the SCSC.

The ease and convenience of one-stop service will also provide enhanced collaboration between professionals and clients for cohesive service and direct referral and greater awareness of the range of resources available in an accessible and inclusive community environment.

COMP PLAN IDENTIFICATION

Goal	Objective	Comments
Goal 9 Workforce, Data, & Funding	9.3 Funding the COMP program	A social services campus provides improved access to the continuum of care for beneficiaries and the community at large.

PROJECT DESCRIPTION

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

United Human Services of SE Alaska (UHS), incorporated in 2009, is on a path to realize the Southeast Community Services Center, a 12,500 sq. foot multi-tenant nonprofit center and critical component of a larger campus of coordinated services. Site control is secured and pre-development complete. UHS requests funding to complete the design phase and site development, including water, sewer, and power to the site, deep excavation and fill for parking lot and building preparation. Synchronizing efforts with our partner and neighbor, The Glory Hall, will provide considerable cost savings.

The SCSC has 10-year commitments from:

- SAIL
- Alaska Legal Services
- Big Brothers Big Sisters
- The United Way
- NAMI Juneau
- Juneau Suicide Prevention Coalition
- Disability Law Center

UHS serves all of Southeast Alaska through our tenant agencies, though the SCSC will be located in, and primarily serve, Juneau residents. Ultimately, this project will result in stronger, more

sustainable nonprofit tenants, and lasting, positive impact on beneficiaries and other individuals in need of services.

The SCSC one-stop center will ease the transportation burden on clients; enhance collaboration between professionals and clients for cohesive service and direct referral; create greater awareness of the range of resources available; efficiencies of scale will save money for co-locating agencies so that more money can be spent on programs and services; and create an accessible and inclusive community environment for employees and patrons under one roof.

The SCSC is fortunate to enjoy broad community support. As examples, the Juneau Community Foundation committed \$100K and is housing the Capital Campaign fund; on Oct. 26th the City and Borough of Juneau will vote on a \$1.1M appropriation for the project; numerous letters of support including from President Peterson of Central Council Tlingit and Haida Indian Tribes of Alaska; and overwhelmingly positive testimony provided by the community at the Conditional Use Permit hearing.

EVALUATION CRITERIA

Evaluation shall include:

- Completion of civil engineer constructions documents
- Completion of design documents
- Complete construction documents
- Complete Regulatory Reviews
- Water, sewer, and power brought to the site
- Deep excavation and fill for parking lot and building preparation

The true impact of the project will not be realized until the building is complete, tenant organizations have moved in and are providing services to more than 600 Trust beneficiaries and hundreds of additional Juneau and SE residents. Nonetheless, completion of this phase of the project is absolutely critical for leveraging needed resources, taking advantage of savings due to coordination of site prep in conjunction with The Glory Hall, and ultimately reaching the completion of the project.

SUSTAINABILITY

This project completes the design phase of the project and to realize savings from synchronizing with The Glory Hall, contains a few elements normally included in the construction phase, namely site development and bringing sewer, power, and water to the site. After this project is complete, the remainder of the construction phase will commence until the building is complete.

Sustainability of the operation of Southeast Community Services Center and our tenants is the very premise of our project. Our goal is below market rent for all tenants. UHS will build into leases all building expenses, a vacancy factor, and market rate reserves (roof repairs, etc.) and contingencies with no profit margin.

Secured: To help pencil the project out, SAIL, the largest tenant, is donating over a decade of lease payments to the project. The Juneau Community Foundation has donated \$100,000, half of which will be used for Project Management for this phase of the project, half for the construction phase.

Pending: The City and Borough of Juneau has drafted an ordinance for \$1.1M. If UHS can secure this and \$150,000 from the Trust in FY21 along with our other various funding strategies, our conventional financing will be capped at \$750,000. Rasmuson is expected to provide a \$500,000 grant and \$500 PRI. Murdock \$350,000. Capital Campaign \$500,000. Various native corporations and family foundations \$200,000. With this strategy, lease rates stay on target and monthly rents cover operating expenses and reserves.

WHO WE SERVE

The Southeast Community Services Center (SCSC) will enhance quality of life and well-being of Juneau and SE Trust beneficiaries and residents. Transportation barriers will be minimized and cross referral between tenants and campus organizations will benefit those seeking services.

As examples from the SCSC tenant organizations:

The Disability Law Center (DLC) provides legal and advocacy services and houses Juneau's Supplemental Security Income/Social Security Disability Insurance Navigator. Last fiscal year, the DLC served 61 Trust beneficiaries. This included individuals from every Trust beneficiary group.

Alaska Legal Services (ALS) provides legal and advocacy services. Last fiscal year, ALS served 1 individual from Juneau and 13 total Southeast residents who experience ADRD; 4 Juneau residents and a total of 10 individuals in Southeast Alaska with I/DD; 44 Juneau residents and 71 Southeast residents with mental illness; and 6 Juneau residents who experience TBI, 10 total in the Southeast region.

NAMI Juneau provides support to people with mental illness and their families. Last fiscal year, NAMI served 50 Juneau residents with an alcohol/substance abuse disability; 150 Juneau residents with mental illness; and 20 Juneau residents with a TBI.

SAIL provides a wide range of services for seniors and people with disabilities to promote maximum independence. This includes support groups including a TBI and Autism support group; our adaptive recreation program; Pre-employment and training services and other employment initiatives; affordable, accessible taxis, Developmental Disabilities Resource Center, Aging and Disability Resource Center, assistive technology, durable medical equipment loan, housing assistance, and more. Trust beneficiaries served include more than 225 Juneau residents from every Trust beneficiary group and more than 500 total beneficiaries served in the Southeast region.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	379
Developmental Disabilities:	100
Alzheimer's Disease & Related Dementias:	33
Substance Abuse	53
Traumatic Brain Injuries:	50
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	371

BUDGET

Personnel Services Costs	\$0.00
Personnel Services Costs (Other Sources)	\$50,000.00
Personnel Services Narrative:	\$50,000 Project Management SECURED from the Juneau Community Foundation (total JCF SECURED is \$100,000 of which we estimate half will be used during this project phase).

Other Costs	\$150,000.00
Other Costs (Other Sources)	\$550,000.00
Other Costs Narrative:	Contracts to take the project through design development, construction documents, regulatory reviews, and to bring utilities including sewer, power, and water to the site. \$550,000 City and Borough of Juneau PENDING (\$1.1M ordinance scheduled for public hearing October 26, 2020. Possible split of half made appropriated in FY21 and half in FY22).

Total Amount to be Funded by the Trust	\$150,000.00
Total Amount Funded by Other Sources	\$600,000.00

OTHER FUNDING SOURCES

Juneau Community Foundation, SECURED	\$50,000.00
City and Borough of Juneau, PENDING	\$550,000.00
Total Leveraged Funds	\$600,000.00

Additional Documents

MEMO

To: Verné Boerner, Chair - Program and Planning Committee
Through: Mike Abbott, Chief Executive Officer
From: Autumn Vea, Evaluation & Planning Officer
Date: October 22, 2020
Re: Comprehensive Integrated Mental Health Program Plan

At the request of the Program and Planning committee chair, this memo serves as the regular standing update for the Comprehensive Integrated Mental Health Program Plan. The memo includes:

1. an overview describing the Comprehensive Integrated Mental Health Program Plan; and,
 2. an overview describing the revision and update of the data monitoring tool: the Alaska Scorecard.
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Overview of the Comprehensive Integrated Mental Health Program Plan

“By statute, the department shall prepare, and periodically revise and amend, a plan for an integrated comprehensive mental health program...; the preparation of the plan and any revision or amendment of it shall be made in conjunction with the Alaska Mental Health Trust Authority; be coordinated with federal, state, regional, local, and private entities involved in mental health services.” The Trust uses the Comprehensive Integrated Mental Health Program Plan (Comp Plan) to inform its recommendations for expenditure of state general funds included in the mental health budget bill (GF/MH). Programs supported with funds from the Mental Health Budget Bill or State operating and capital funds advance the Comprehensive Mental Health Program which is the purpose of the Alaska Mental Health Trust Authority per AS 47.30.011.

The Comp Plan bridges the department and divisions while serving as the glue to connect reform efforts that encompass all beneficiary groups. One of the primary benefits of the Comp Plan include establishing program-level visions and priorities that evolve while the program evolves while ensuring that the programs endures changes in administration and legislatures.

The updated Comp Plan referred to as *Strengthening the System 2020-2024* was updated and went live on July 1, 2019. The plan was the work of the Trust, the Advisory Boards, and department leadership, and was coordinated and informed by many State and tribal planning efforts. The Comp Plan also sought robust feedback through targeted stakeholder forums and went through a formal public comment period open to the general public. The Comp Plan has a life span approach which starts with upstream prevention and early intervention efforts for the youngest Alaskans in hopes of preventing them from becoming Trust beneficiaries.

Below are the Comp Plan's nine goals that cover the lifespan:

1. Early Childhood
2. Healthcare
3. Economic & Social Wellbeing
4. Substance Use Disorder Prevention
5. Suicide Prevention
6. Protecting Vulnerable Alaskans
7. Providing Services in the Least Restrictive Settings
8. Providing Services in Institutional Service Settings
9. Workforce, Data, and Funding.

The statutory requirement, planning efforts & mental health bill budget process referenced above ensure the State of Alaska provides adequate resources and funding to support a comprehensive integrated behavioral health service system that promotes independent, healthy Alaskans so that they may live meaningful lives in the communities of their choosing.

Status of Revising Data Monitoring Tool

The Alaska Scorecard (scorecard) has been the tool used by many policy makers, advocates, grant writers, Trust staff, etc. to measure the outcomes of the previous Comp Plan, titled *Moving Forward*, from 2007 until 2019. The scorecard is in the process of being updated to reflect the desired outcomes of *Strengthening the System*. The final updated version is anticipated to be available in March 2021.

The data workgroup tasked with updating the scorecard consists of a multidisciplinary team of DHSS public health & commissioner's office staff, the Advisory Boards, and Trust staff. The data team along with additional subject matter experts are consulted and together have compiled an indicator inventory list. The inventory list includes over 130 potential indicators and the workgroup is meeting bi-weekly to prioritize the top 30+ most meaningful measures that capture the desired outcomes of the Comp Plan. As an example, below are two Comp Plan goals with their corresponding data indicators that have been selected as part of the data workgroup.

Goal 2- Healthcare

- a. Percentage of population without health insurance
- b. Rate of non-fatal, hospitalized falls in adults age 65+ (rate per 100,000)
- c. Rate of non-fatal, hospitalized traumatic brain injuries (rate per 100,000)

Goal 3- Social & Economic Wellbeing

- a. Percentage of rental occupied households that exceed 50 percent of household income dedicated to housing
- b. Rate of chronic homelessness (rate per 100,000)
- c. Percentage of Alaskans who experience a disability that are employed

- d. Percentage of residents (all ages) living above the federal poverty level (as defined for AK)

The top challenges for the data workgroup continue to be 1) finding a data source that represents the population health of all Alaskans and 2) ensuring that the data source is reliable and timely.

- 1) Population Health Data challenge: Many of the potential data sources identified are too narrow in scope and focus on the quantity and quality of a specific program or clinical aspect of a specific system (i.e., the behavioral health system). These data sources are appropriate for program or clinical performance measures. However, for the Comp Plan, the data group must identify available data sources that measure the service system in a broad and comprehensive manner, for all beneficiaries. To illustrate the challenge, below is an example of a performance measure (letter a) that the data workgroup considered but decided was too specific and would be more appropriate for performance measurements. The other example (letter b) is what the data workgroup selected because the available data sources are broader and can more accurately measure Comp Plan Goal 2- Alaskans have access to integrated healthcare options.
 - a. Performance Measure Example: Total number of children enrolled in the Medicaid program who received one or more well-child checkups.
 - When comparing this to the population health example below you will see that the measure is to:
 - i. specific to children instead of all Alaskans
 - ii. specific to the Medicaid program
 - iii. specific to the well-child service type
 - b. Population Health Example: Percentage of the population without health insurance.
 - The data group chose this population health measure because:
 - i. it is specific to all Alaskans regardless of age
 - ii. it is not specific to one type of insurance carrier i.e. Medicaid
 - iii. it is not specific to a service type i.e. well-child visit
 - iv. it helps researchers, communities, and the state visualize that in 2018, 12.6% of Alaskans have no health insurance and are at increased risk of having poor physical and mental health outcomes.

In summary, the data workgroup found that state lacks higher-level population data sources that could be used to track the desired outcomes of the Comp Plan. The data workgroup continues to track these data gaps and will work with subject matter experts to develop new data sources over time.

- 2) Reliable & Timely Data challenge: *Strengthening the System's* focus on upstream prevention effort and its emphasis on young children is significantly more difficult to

find an established reliable data source. For example, the data group is interested in using the National Survey for Children's Health as a data source for Comp Plan Goal 1 related to Early Childhood. Specifically, the indicator the group is interested in the "Percentage of children (ages 3-5) scoring "Needs Support," or "At-Risk" for each Healthy and Ready to Learn domain." The measure will represent the first time the field will have comprehensive information, gathered consistently over time and across states, on whether preschool children are prepared to enter kindergarten healthy and ready to learn at the state level. However, the data source -- including the survey instrument, scoring rubric, and underlying data -- will only be available for use by researchers, communities, states, and federal agencies after the items, scales, and index have been assessed and validated. At this point, the data workgroup is evaluating whether this measure will be assessed and validated in a timely enough manner for use with the March 2021 Alaska Scorecard.

Next Steps

It is important to Trust staff that trustees are informed of the efforts to update the Alaska Scorecard as we continue to draft, review, and prioritize potential indicators. At the January Program & Planning Committee meeting, a more comprehensive presentation on the work and developments of the Comp Plan will be provided, including:

- 1) Introduction of Ms. Nicolette Dent, Program Coordinator
- 2) Presentation of identified Scorecard indicators
- 3) Next steps for developing an electronic version of the Scorecard

In closing, I hope this memo serves as an update to the trustees, emphasizing that the Comp Plan leadership team and the data workgroup are committed to continuing efforts to update the Comp Plan monitoring tool: the Alaska Scorecard.

MEMO

To: Verné Boerner, Chair - Program and Planning Committee
Through: Mike Abbott, Chief Executive Officer
From: Steve Williams, Chief Operating Officer
Date: October 22, 2020
Re: Trust development and prioritization of GF/MH funding recommendations

At the request of the Program and Planning committee chair, this memo serves as a follow-up to the trustee and staff discussion on August 27, 2020 regarding the prioritization of the FY22 General Fund/Mental Health (GF/MH) funding recommendations. The memo includes:

1. an overview describing the Trust process for identifying and including GF/MH recommendations in FY22 budget;
 2. an overview describing the State of Alaska budget process, how Trust staff track GF/MH, MHTAAR and other budget increments critical for beneficiaries, and points where, if needed, the prioritization of its GF/MH recommendations; and,
 3. an overview of how Trust staff keep trustees aware of the FY22 budget process and changes to the trustee FY22 budget recommendations as the State budget process evolves.
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Identification Process for GF/MH Budget Recommendations

By statute, the board must submit to the governor and legislature, no later than September 15, a budget for the next fiscal year. The budget includes expenditures of Trust income and recommendations for expenditure of state general funds included in the mental health budget bill (GF/MH). On August 27, 2020 the board of trustees approved a FY22 budget. This approved budget was submitted to the governor and legislature on September 15, 2020.

Annually, Trust staff undertakes a process to develop budget recommendations, inclusive of GF/MH increments, that is lengthy, intensive, and thoughtful. In general, this budget development process begins in early Spring, continues through the summer, and culminates in a presentation of budget recommendations to the Program and Planning committee in late July and then again to the board of trustees in late August for board approval.

Below are key elements of the budget development process:

- a. convening meetings with the Advisory Boards¹, beneficiaries, tribal health organizations, community non-profits, and local and state government partners;
- b. reaffirming the work of the focus areas and other priority initiatives

¹ Governor's Council on Disabilities and Special Education, Alaska Commission on Aging, and the Alaska Mental Health Board/Advisory Board on Alcoholism and Drug Abuse

- c. reviewing the progress, goals and allocations of previously funded projects
- d. cross-walking Trust funded work to the *Strengthening the System: Alaska's Comprehensive Integrated Mental Health Program Plan 2020 - 2024*
- e. assessing the impacts of Trust funded work
- f. assessing the alignment of Trust funded work with advocacy priorities
- g. reviewing stakeholder comments and recommendation from previous budget development processes
- h. developing a recommended budget for trustee consideration and approval

Throughout the aforementioned process, there are several key factors Trust staff consider when deciding whether to include GF/MH increments recommendations, including:

- a. the core responsibility and role of the Trust to recommend GF/MH budget increments (expenditures) to meet the needs of beneficiaries;
- b. the positive impact for beneficiaries;
- c. the health status of the community-based continuum care;
- d. gaps in critical beneficiary service needs;
- e. the current State fiscal environment;
- f. the support from the Advisory Boards; and,
- g. the support from the department/division that would receive and deploy the funds.

The process and considerations described above are designed to ensure the GF/MH budget recommendations presented to trustees are critical for beneficiaries, align with trustee guidance, account for and are sensitive to the state's fiscal environment, and reflect the priorities of our Advisory Boards, key stakeholders and Trust staff..

Overview of the State Budget Process

By statute the Governor must make his/her budget for the succeeding fiscal year, currently FY2022, available to the public and submit copies to the legislature by December 15th. The Trust statutory budget deadline is slightly ahead of the Governor. Although it is important to remember, the budget is an iterative process, and there are several opportunities for the Trust to provide feedback, winnow down and prioritize its GF/MH budget recommendations before the legislature adopts the Operating, Mental Health and Capital budget bills.

Trust staff track all trustee budget recommendations and bills impacting beneficiaries throughout the process, including committee hearings, responding to inquiries from the Administration and legislature and providing invited legislative testimony when appropriate. Below are key places in the state budget process where the Trust can and often does provide additional information and if asked, will identify the critical recommended GF/MH budget increments.

1. House Finance Subcommittees
2. House Finance Committee
3. Senate Finance Subcommittees

4. Senate Finance Committee
5. Conference Committee

Steps for keeping Trustees Informed

It is important to Trust staff, through the CEO, that trustees are kept informed as the FY2022 budget develops thru the process described above and seek trustee guidance when appropriate. This has been and will continue to be our practice. Trust staff keep trustees informed in a variety of ways, including:

- CEO weekly reports;
- Program and Planning Committee meetings;
- Board of Trustee meetings; and,
- individual trustee inquiries to the CEO.

In closing, Trust staff hope this memo assures trustees that the FY2022 budget recommendations presented by staff reflect the critical needs of beneficiaries and Alaska's continuum of care, are sensitive to the State's fiscal environment and are the priorities of the Trust staff, Advisory boards and other key stakeholders. We recognize that during the budget process, the GF/MH recommendations may need to be prioritized further, but at this time it is premature.