Trust
Alaska Mental Health Trust Authority

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

MEETING AGENDA

Meeting: Program & Planning Committee
Date: April 21, 2021
Time: 8:30 AM
Location: online via webinar and teleconference
Teleconference: (844) 740-1264 / Meeting Number: 133 514 7176 # / Attendee Number: #
https://alaskamentalhealthtrust.org/
Trustees: Verné Boerner (Chair), Rhonda Boyles, Chris Cooke, Brent Fisher, Annette Gwalthney-Jones, Anita Halterman, John Sturgeon

Wednesday, April 21, 2021

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		Page No.
12:30	**Approval(s)**	
	• City of Fairbanks / Crisis Now	72
	• Alaska Behavioral Health / Crisis Now	79
	• Interior Alaska Center / Crisis Now	84
	• Providence Alaska / Crisis Now	-
	• Bean's Café	90
2:00	**Adjourn**	

Additional Documents

- 2020 Alaska Scorecard

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Future Meeting Dates

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

(Updated – April 2021)

- Program & Planning Committee — April 21, 2021 — (Wed)
- Finance Committee — April 22, 2021 — (Thu)
- Resource Mgt Committee — April 22, 2021 — (Thu)
- 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

- Audit & Risk Committee (tentative) — October 20, 2021 — (Wed)
- Finance Committee (tentative) — October 20, 2021 — (Wed)
- Resource Mgt Committee (tentative) — October 20, 2021 — (Wed)
- Program & Planning Committee (tentative) — October 21, 2021 — (Thu)
- Full Board of Trustee — November 17-18, 2021 — (Wed, Thu) – Anchorage

- Audit & Risk Committee — January 5, **2022** — (Wed)
- Finance Committee — January 5, **2022** — (Wed)
- Resource Mgt Committee — January 5, **2022** — (Wed)
- Program & Planning Committee — January 6, **2022** — (Thu)
- Full Board of Trustee — January 26-27, **2022** — (Wed, Thu) – Juneau

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Future Meeting Dates

Statutory Advisory Boards

(Updated – April 2021)

Alaska Mental Health Board / Advisory Board on Alcoholism and Drug Abuse
AMHB: http://dhss.alaska.gov/amhb/Pages/default.aspx
ABADA: http://dhss.alaska.gov/abada/Pages/default.aspx
Executive Director: Bev Schoonover, (907) 465-5114, bev.schoonover@alaska.gov

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

Governor's Council on Disabilities and Special Education
GCDSE: http://dhss.alaska.gov/gcdse/Pages/default.aspx
Executive Director: Kristin Vandagriff, (907) 269-8999, kristin.vandagriff@alaska.gov

- May 13-14, 2021 – via zoom

Alaska Commission on Aging
ACOA: http://dhss.alaska.gov/acoa/Pages/default.aspx
Executive Director: Lisa Morley, (907) 465-4879, lisa.morley@alaska.gov

- May 4-6, 2021 – Kenai TBD and via zoom

ALASKA MENTAL HEALTH TRUST AUTHORITY

PROGRAM & PLANNING COMMITTEE MEETING
January 6, 2021
8:30 a.m.
WebEx Videoconference/Teleconference

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

Trustees Present:
Verne' Boerner, Chair
Rhonda Boyles
John Sturgeon
Ken McCarty
Chris Cooke
Annette Gwalthney-Jones
Anita Halterman

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
Travis Welch

Also participating:
Jillian Gellings; Rebecca Topol; Beverly Schoonover; Kristin Vandagriff; Dr. Tamar Ben-Yosef; Gennifer Moreau-Johnson; Jerry Jenkins; Sheila Harris; Renee Gayhart; Deputy Commissioner Al Wall; Stephanie Hopkins; Tom Chard; Teri Tibbett; Ann Ringstad; Laura Russell; Farina Brown; David MacDonald; Lizette Stiehr; Marianne Mills; Tom Chard; Jeanne Gerhardt-Cyrus; Leah Van Kirk; Mystie Rail.

PROCEEDINGS

CALL TO ORDER

CHAIR BOERNER called the meeting to order and wished all a Happy New Year. She welcomed all the guests and then called the roll. Trustee Halterman had an appointment and would be late. Chair Boerner asked for any announcements.

TRUSTEE McCARTY announced that as representative-elect his position would take effect on January 19th. He continued that he planned to resign as a trustee on January 18th. He added that he would continue to be of service.

CHAIR BOERNER congratulated Trustee McCarty and looked forward to his swearing-in. She asked for any other announcements. There being none, she moved to the approval of the agenda.

APPROVAL OF AGENDA

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

TRUSTEE COOKE asked for clarification about the timing of the lunch break and requested an accommodation for signing up for the COVID-19 vaccine

MR. ABBOTT recommended suspending committee activity no later than 11:45 regardless of where they fall in the agenda, and then coming back after a 30- or 40-minute lunch break.

CHAIR BOERNER asked if any of the committee had any objections. There being none, she moved to the roll-call vote.

After the roll-call vote, the MOTION WAS APPROVED. (Trustee Boyles, yes; Trustee Cooke, yes; Trustee Gwalthney-Jones, yes; Trustee Halterman, excused; Trustee McCarty, yes; Trustee Sturgeon, yes; Trustee Boerner, yes.)

ETHICS DISCLOSURES

CHAIR BOERNER asked for any ethics disclosures. Hearing none, she moved to the approval of the minutes.

APPROVAL OF MINUTES

MOTION: A motion to approve the minutes of October 22, 2020, was made by TRUSTEE COOKE; seconded by TRUSTEE STURGEON.

CHAIR BOERNER called a vote for approval of the minutes.

After a roll-call vote, the MOTION WAS APPROVED. (Trustee Boyles, yes; Trustee Cooke, yes; Trustee Gwalthney-Jones, yes; Trustee Halterman, excused; Trustee McCarty, yes; Trustee Sturgeon, yes, Trustee Boerner, yes).

CEO UPDATE

CHAIR BOERNER welcomed Mr. Abbott and wished him a Happy New Year.

MR. ABBOTT wished all the trustees and all listening a Happy New Year from the entire Trust staff. He also echoed congratulations to Representative-elect/Trustee Ken McCarty. The State and Legislature's gain will be the Trust's loss. He moved to the concern expressed about the status of gubernatorial appointments that had been made in late 2019 and the first half of 2020 that were subject to confirmation during the legislative session of 2020, but for whom no confirmation took place. He stated that the status of those folks had been in question at one point. He continued that the Governor determined that those appointments all remained in effect despite the language in HB 309, which was passed during the 2020 legislative session. The Legislature expressed concern about that and has sued the Governor over the status of those appointments and challenging their ability to serve until confirmed. He stated that, based on advice from the Department of Law and the Office of the Governor, the belief is that the correct path at this time is for the two trustees affected by this, Anita Halterman and Rhonda Boyles, to continue to serve as full members of the Trust in good standing, to participate in debates and decision-making without any constraints. He added that the Department of Law has expressed a high degree of confidence that the Courts will ultimately agree with the position of the Governor's Office on this matter. He continued that every other state board or commission that is affected by this is handling this in a consistent manner across state government. All board members that are affected by this will continue to serve until further notice. He made sure this was stated on the record at the first opportunity. He added that he would provide updates to the trustees as he is updated by the Department of Law on the status of the litigation. He moved to the trustee meeting calendar. He noted that the quarterly trustee meeting in January is typically in Juneau. The meeting is still scheduled for late January, but for a variety of reasons, and after discussion with the Board Chair, it was decided to hold that meeting COVID-style instead of meeting in person in Juneau. He called attention to the weekly report sent out on January 3rd with the two most recent quarterly reports. One had to do with Trust Land Office consultations that were conducted by the CEO, and the other related to grant decisions also made by the CEO. The quarterly reports are required so that trustees are aware of the decisions made as a result of the delegation of authority to the CEO. He added that the reports are also on the website for the general public and other interested parties. He then called attention to the ongoing public information campaign that began late in 2020 and will continue through May or June of 2021. This is the work that is related to the impact that the land management activity has on the program activity. He stated that the messaging is out there with the hope that it improves the opportunities to monetize the land assets and bring more resources for beneficiaries. He then moved to an update on the Governor's budget that was released for FY22 and added that it was generally supportive of Trust recommendations in most areas. He continued that the one notable exception is that the Governor proposed to directly appropriate $10 million of Trust reserves to State programs. These are Trust resources that were not included in the trustee-approved budget for FY22. This is a significant departure from past practice and, if enacted, would be a significant change to the State's relationship with the Trust. He added that for the last 26 years, since the settlement was executed that formed the Trust Authority, the only mechanism for the expenditure of Trust assets has been an authorization from the trustees. This is a significant change and likely significant challenge to the structure of the Trust and the relationship with the State. He stated that the Trust was not consulted regarding the Governor's proposal prior to the release of the Governor's budget, and we have not been contacted by the Administration since the budget was released. In response to that, he alerted the trustees and then reached out to the Department of Law to get their assessment of the Governor's proposal and how the settlement and the Trust statutes would feel about that. He stated that he forwarded, as a form of privileged communication, the Department of Law's initial reaction to the proposal to appropriate

approximately $10 million of Trust reserves for a variety of purposes. He added that Steve Williams will go through the Governor's budget in more detail. He stated that the details of that e-mail cannot be discussed in this forum because it is privileged. During discussion, he talked about the option for an executive session if the trustees wanted to discuss this with or without counsel in great detail.

CHAIR BOERNER stated that Trustee Halterman joined the meeting.

> **MOTION:** A motion was made to have an executive session on Monday, the 11th of January, to discuss this in executive session, was made by TRUSTEE McCARTY.

CHAIR BOERNER asked for clarification on the motion, if this request is for a full board meeting with notice that included an executive session.

TRUSTEE McCARTY replied yes.

MR. ABBOTT stated that the charters and bylaws assign the authority for setting meetings to the Board Chair and should be in the form of a recommendation. He continued that he was not sure that a committee decision can authorize a full trustee meeting.

CHAIR BOERNER appreciated the point of order.

TRUSTEE COOKE stated his thought was to schedule an executive session at the time of the upcoming board meeting in three weeks rather than to do it sooner with perhaps insufficient notice opportunity.

CHAIR BOERNER stated that the motion would be a committee motion as a recommendation to the Chair. She continued that the motion has been introduced and put forward, and she asked if there was a second to that motion.

TRUSTEE HALTERMAN made the second to the motion, but was not bound to the date.

The discussion on the executive session continued.

> TRUSTEE McCARTY made a friendly amendment to change the wording from the strict 11th to the week of the 11th; TRUSTEE HALTERMAN seconded the friendly amendment.

TRUSTEE BOYLES called for the question.

CHAIR BOERNER stated that there is a question and went through the roll-call vote.

> *After the roll-call vote, the MOTION WAS DENIED. (Trustee Boyles, no; Trustee Cooke, no; Trustee Gwalthney-Jones, no; Trustee Halterman, yes; Trustee McCarty, yes; Trustee Sturgeon, no; Trustee Boerner, yes).*

TRUSTEE COOKE mentioned that Article 5 of the bylaws notes officers and duties. Section 6 of Article 5 states that it is the Chair's responsibility to call all meetings, preside at all meetings and appoint committee members and chairs. When it comes to special or emergency meetings, under Article 6, Section 2, they can be held at such time and place as the Chair may order, or upon the written request to the Chair of any four trustees. He noted that that was how special or emergency meetings come about. Section 3 also states that reasonable public notice of board and committee meetings shall be provided in accordance with the various statutes dealing with open meetings. He continued that he did not know how "reasonable public notice" has been interpreted, and would consult further with Mr. Abbott about that. He added that because that motion did not pass does not mean that the point was lost. He will confer and plan to schedule a special meeting.

CHAIR BOERNER appreciated the clarification. She stated that one of the concerns she had was waiting until the regular board meeting because it did not give a lot of time between the board meeting and the proposed revisions that the Governor may submit. She asked Steve Williams to present the FY22 Governor's budget analysis and joint advocacy.

FY22 GOVERNOR'S BUDGET ANALYSIS AND JOINT ADVOCACY

MR. WILLIAMS began with the memo in the committee packet addressing the trustees related to staff and partners; input and analysis of the Governor's proposed FY22 budget. He continued that there has already been some good and robust discussion about the FY22 budget. He was more specific in the analysis and pointed out where there were some key differences in what was proposed versus what the trustees approved. He gave a high-level overview of where they were in the budget process because although there is urgency here, he reminded all that this is the very beginning of a budget development process that has several steps and iterations and opportunities for change. At the tail end, he gave an update on where staff and the advisory boards were as it related to the joint advocacy priority areas and then made the connection between the high-level priority areas to the budget, to the proposed legislation that will give a glimpse of this Friday, which is the first date of prefiled legislation.

A discussion ensued.

MR. WILLIAMS stated that legislation will be talked about over the next several months, and we will keep trustees apprised of developments either at the regular board meeting or, if there is something more exigent, sooner. He then introduced Deputy Commissioner Al Wall, director of behavioral health, Gennifer Moreau, and the director of health-care services, Renee Gayhart. He continued that there was a request by the trustees to have a presentation on telehealth, particularly because there were major changes that have increased the access in light of the COVID pandemic. He turned the meeting over to Deputy Commissioner Wall.

DEPUTY COMMISSIONER WALL thanked Mr. Williams and the trustees for the invitation. He stated that COVID has done a number of things, and one of them was that telehealth has proven itself to be a very valuable mode of getting service to people in times of need. It has shown what the future could be like in certain terms of service. One of those areas is behavioral health, and another one of those areas is preventative health. He asked Ms. Moreau to continue the presentation.

MS. MOREAU-JOHNSON stated appreciation for the opportunity to speak to the trustees about the transition during the public health emergency to some flexibilities afforded through the public health emergency, highlighting telehealth. She wanted folks to know about tracking all the work that has gone on through the public health emergency to promote access to care during these extraordinary times and in the face of things like social distancing, which has had a huge impact on the delivery of behavioral health. She highlighted a couple of the activities that the Division has been able to support and began with crisis stabilization. The Division of Behavioral Health has been able to utilize CARES Act funding to mitigate the impacts of COVID and prevent community transmission through crisis stabilization services. She explained that crisis stabilization in short-term residential services through CARES funds allowed COVID-19-positive individuals, including youth, to safely isolate and receive care. She stated that the intent of those services through this fund source was to reduce the reliance on hospital beds for COVID-positive patients with acute behavioral health needs, thus increasing the hospital capacity to treat COVID patients. She highlighted some of the other areas before moving into some of the questions that Chair Boerner sent. She briefly described the questions: How has the flexibilities through the public health emergency affected the use and billing of behavioral health services; how has the quality of treatment services been affected by telehealth; how has the implementation and use of telehealth technology impacted organizations; how has this transition and service delivery impacted the community-based behavioral system; and what is the future. She explained that the information she shared came from the Administrative Services Organization and noted that they took over on July 1st for behavioral-health claims. She provided a snapshot in time, but some of the questions that are difficult to answer were related to efficacy. She moved to the top seven telehealth service categories, although it was too early to determine what the clinical outcomes were associated with the transition to telehealth, and she shared that there is more to come on this. This information drove home that people who use telehealth are needing and accessing behavioral health services. She talked about some of the claims data coming in, and about the services that had been billed through telehealth. She noted that there was a report by the Center for Disease Control that established case management an essential service in helping reduce COVID transmission in communities. This service took on a particular level of importance during the pandemic. She added that they would have to work closely with providers through the ability to collect data around the clinical outcomes associated with the services.

MS. GAYHART began with a bit more information on all providers of telehealth because there has been an incredible uptick. When the public health emergency was implemented in March, tracking the data began when telehealth was opened for all providers. She stated that there were a total of 581 providers providing telehealth in an array of office settings from hospital outpatient, clinic, PTs, OTs, behavioral health, across the whole provider enrollment base. She continued that 408 of those are new to telehealth since the public health emergency in March. The numbers went from about 100 providers of telehealth to just shy of 600. The recipient base has also gone up. Prior to March 2020 there were roughly about 1,000 recipients using telehealth. Now there are well over 23,000 people having access to telehealth. Another thing that this has done is going up in dollar value. That means that the hospital outpatient and clinic settings had facility-based services, and in the system those claims are reduced. They have also increased on the telehealth side because those services are provided from the telehealth settings. Prior to the pandemic, about $750,000 in claims per month were paid; that is up to just shy of $6 million per month for telehealth. It has been filling that gap and continuing access for folks that were not able to go to the facilities. There has also been a corresponding reduction in

transportation, not necessarily because of telehealth, but also that people are not flying. Certain communities are not letting folks back. This is a different phase from when the pandemic first started. She added that the expansion of telehealth has really assisted people in getting the necessary services. In moving forward, there have been a lot of discussions on a national level to think about what to do post-pandemic. It may be that some of these services will remain in place.

DEPUTY COMMISSIONER WALL stated that they are aware of and are part of the national conversation as to whether or not some of flexibilities of telehealth will be made permanent. He continued that the outcomes and data will be watched, and we will be fully engaged in the conversation around potential extensions, permanency or flexibility.

CHAIR BOERNER thanked Deputy Commissioner Al Wall, Director Gennifer Moreau, and Director Renee Gayhart for their presentations, and called a break.

(Break.)

CHAIR BOERNER asked Ms. Baldwin-Johnson to continue with the next agenda item.

CRISIS NOW UPDATE

MS. BALDWIN-JOHNSON stated that she, Travis Welch, and Eric Boyer would provide an update on the work on the efforts to move forward with the implementation of the Crisis Now framework. She acknowledged the Department and the Division as the key partners in launching this effort, adding that we are grateful for their support. She moved to the progress across the various work groups that have been established; progress with each of the community-level work groups that were engaged; and then moved to some of the opportunities that are emerging to work with the rural communities. She reminded folks of the contract procured with Agnew::Beck to provide the project management and facilitation support for this effort. With COVID hitting, the entire project plan had to be reassessed on how this work would move forward. She noted that the shift in how the work was done did not impede the progress in moving forward. She continued that the work required a lot of engagement and meetings, and Zoom became the platform for doing that efficiently. She went through the number of stakeholders that have been actively engaged in this work from the beginning. She stated that the Department and Division representatives, as well as local government and nonprofit entities, have been engaged in this initiative. The success of this project increased exponentially with passion, enthusiasm, and the commitment of all these engaged partners that helped this effort in moving forward.

MR. WELCH talked about the bridge that Crisis Now is in, the gap between community-based services and in-patient care. He explained that under this current crisis response system, Alaskans who experienced a behavioral health crisis were left with very few options for help. The Crisis Now framework bridges that gap with the goal of reconnecting Alaskans with community-based services when appropriate, and as quickly as possible. The first element of the Crisis Now model is the crisis call center. This is staffed by clinicians who start providing services right away to try to stabilize the person in crisis over the phone. The next element is the mobile crisis team which consists of a clinician and a peer-support specialist. They respond to the location of the person in crisis and work to stabilize that person. The third element, the 23-hour stabilization center, is staffed by a clinician, medical personnel, and peers. This model calls

for a lot of peer engagement. It is a high-engagement model with a goal of a quick turnaround. He moved to the list of 13 recommendations from the report that outlined certain recommendations on crisis response.

MS. BALDWIN-JOHNSON stated that the 13 broad recommendations were populated into a detailed work plan for each item. A structure for how this initiative would be approached was established. There are key work groups, addressing different components of the plan. A core project management team was established that is mostly comprised of partners, including the Trust, the Department of Health and Social Services and Division leadership, Public Safety, Department of Labor and Workforce Development, Department of Corrections, and the partner advisory boards, as well as Mat-Su Health Foundation. The intent of this group is to meet quarterly and assess progress on items in the work plan. Out of this group, a series of ad hoc work groups have been tasked with focusing on some of the targeted recommendations that are included within the 13, as well as community work groups. These groups have met and have been focused on identification of service assets and resources in the community, as well as building support for local planning and identification of interested operators. The first recommendation out of the Crisis Now Consultation Report is the need to establish some type of accountability for the system. The community-level work is establishing a local steering committee that would be tasked with shaping, guiding and helping with assessing and evaluating the functioning of the system.

MR. WELCH continued on to recommendation No. 3 which would continue the alignment of elements in support of the full implementation of the Crisis Now model in Alaska. This would include ensuring the statutes would permit involuntary admission to crisis response facilities, the facility licensure, standards that support all of the direct service Crisis Now program components. He talked about making sure that there is proper oversight of the Crisis Now services, and he moved to the policies and regulations. He explained that the goal is not to eliminate the current system, but to add to it through this model.

MR. BOYER stated that it is great working with the team on Crisis Now and addressed where the team is in terms of some of the priorities around planning. He continued, that now that the partners are in place and communicating well after a series of meetings, we need to put some of the FY21 moneys towards community planning. He added that he works with workforce and talked about how that was developing. He stated that some of the key pieces are coming into place to ensure that there is a workforce to support this program. One of the recommendations involve the rural partners and the conversations that will launch the crisis stabilization services. He then moved into technology and stated that the crisis call center is a foundational element to build on the communication connectivity of the system. He talked about the spectrum of systems that are currently in place around the country and stated that each one of the providers were met with and looked into their capability, functionality in terms of adapting to our services, and with the bandwidth issues in this state.

MR. WELCH stated that they are working with three different communities to try and implement Phase 1. He continued that they are all at different stages as far as setting up Phase 1. He then moved to the timeline for Phase 2, which is looking at 6 to 18 months for implementation. He added that the timeline is flexible and dependent upon outside factors such as the legislation where recommendations are being made that would allow for 23-hour stabilization centers to be able to hold someone there on an emergency hold involuntarily. He stated that Phase 3, which

has a flexible timeline of one year to 18 months, and is the full implementation of the Crisis Now model for Anchorage which consists of the crisis call center with the elements required by the Crisis Now model, the Crisis Now model mobile teams, 23-hour stabilization, and the short-term stabilization. This is all dependent upon the legislative changes adopted by the Legislature, finding funding, being able to bring funding to stand up the crisis call center, and taking care of any elements of funding that have not be taken care of under the existing funding.

MS. BALDWIN-JOHNSON highlighted the way all are striving to implement this framework in the communities, and that the services are intentionally designed and intentionally coordinated. It will require that organizations both operating the Crisis Now components as well as other services in the community that provide the front door, in-between door, and back door as people move throughout the system will need help to establish the agreements for how services can be effectively coordinated.

CHAIR BOERNER stated that if there were more questions about any of the presentations, to e-mail either Mr. Abbott or herself to follow up and get that information out to all the trustees. She moved to the Comp Plan update, and recognized Autumn Vea.

COMP PLAN UPDATE

MS. VEA stated that she has been working on the Comp Plan and Scorecard process for the last couple of years. She continued that this presentation was the regular quarterly update about the Comp Plan and the Scorecard. The Scorecard process is designed to measure the outcomes of the updated Comp Plan. In order to update the Scorecard, the team developed a list of over 200 potential data indicators, and we have been working through each of those data sources and prioritizing them to narrow down to a list of 30 indicators. The final 30 indicators are in the board packet. She added that this huge amount of work would not have been possible without the support and dedication of the advisory boards. She also gave a big thank you to the Department for lending their Division directors and many of their subject-matter experts to help narrow down and prioritize that list.

MS. GELLINGS explained that the Comprehensive Integrated Mental Health Plan is in statute; the Department has this plan and works closely with the Trust and the advisory boards to update and review the Comp Plan every five years. The current Comp Plan is into its second year and shows the impact that this Comprehensive Integrative Mental Health Program Plan has. She stated that the current plan, ’20 through ’24, has a large foundation goal with further goals -- nine goals throughout. She emphasized the fact that this plan was focused on the life span of the Trust beneficiaries. It goes from the prenatal period through the end of life and encompasses everything that a Comp Plan group can focus on, touching the lives of the Trust Beneficiaries. The foundation goal is: The State of Alaska will provide adequate resources and funding to support a comprehensive behavioral health service system promoting independent, healthy Alaskans so they may live meaningful lives in the community of their choosing.

CHAIR BOERNER called a lunch break.

(Lunch break.)

CHAIR BOERNER continued with a roll call and stated that Trustees Boyles and McCarty were not yet present. She stated that she was glad that the State of Alaska decided to open up the

vaccinations for those 65 and older. It is a lifesaving act, and she applauded it. She appreciated the interest of the trustees in wanting to honor that. She continued that Ms. Gellings was not back yet, and recognized Rebecca Topol.

MS. TOPOL stated that she was the acting chief at HAVRs, Health Analytics and Vital Records. She is working on the data part of the Scorecard.

CHAIR BOERNER stated that Trustee Boyles has joined the meeting.

MS. TOPOL explained that the Scorecard had been used by policymakers, advocates, other people looking for measures since it started. It had been updated to reflect the new "Strengthening the System" plan. She stated that this is the results-based accountability format in clear and easy-to-understand language. She went through her presentation, explaining as she went along.

MS. GELLINGS went through some of the specific indicators selected for the new updated Scorecard. She talked about how the indicators were selected and how they were combined together as a whole to showcase the continuum of care, which is the focus and intent of the updated Scorecard. She continued that through the data available on the 2020 Scorecard the hope is to be able to address the gaps in the system, focusing on the results-based accountability framework.

MS. VAN KIRK discussed the brand-new indicator and then addressed the other indicators selected that focused on suicide prevention. She stated that the use of syndromic data can provide an important picture about how to prevent crisis or provide services for individuals that are struggling with suicidal ideation or have attempted suicide. It can also help develop strategies that address access and fund prevention and intervention strategies targeting specific demographics and vulnerable populations that emerge from evaluating syndromic data. She continued that it was important to have a comprehensive suicide prevention system to address not only risk factors that represent those who have died by suicide, but also those struggling with ideation. With Alaska being very diverse culturally and geographically, providing this data on the Scorecard will provide organizations doing this work a targeted approach based on the specific risk factors identified through the use of syndromic data.

MS. GELLINGS moved on to Goal 6, and continued with a case of that continuum of care. She focused on services in the least restrictive environment and talked about Objective 7.2 in the Comp Plan, which is to "increase access to effective and flexible, person-centered, long-term services and supports in urban and rural areas to avoid institutional placement." She stated that there have been many efforts to continue making placements in the least restrictive environments, and that goal has been carried through the Comp Plan many times over, and is also reflected in many places in the Scorecard.

MS. VEA continued that they have begun reviewing and evaluating different electronic Scorecard products and are optimistic about a better update for the next Program & Planning meeting.

CHAIR BOERNER stated appreciation for the presentation and quarterly update. She moved to the next section, and asked Mr. Williams to do the introductions.

COVID-19 IMPACTS, BENEFICIARIES, AND ORGANIZATION

MR. WILLIAMS stated that the trustees requested a continual update of the impacts of the pandemic for individual beneficiaries and for the organizations around the state that serve them. He continued that staff reached out to the broad-based provider organization associations, and he introduced Lizette Stiehr, Tom Chard, and Marianne Mills to present this update.

MS. STIEHR stated appreciation for the opportunity to talk to the trustees about the impact COVID has had on the developmental disability provider world. It was incredibly impactful, and the Trust support made a lot of difference. She continued that the biggest impact was on workforce and a decrease in employee applications. Quarantining has limited the available workforce. People quit their jobs because of home-schooling, childcare and providing services at home. There has been overtime stress in that people are working additional hours and then have to deal with home life. The second biggest piece is the huge financial shortfall and a huge loss in the provider world around day habitation not being offered around families. She added that CARES funding has been helpful from the payroll protection program to the grants available in Alaska. That funding has been long gone. Beneficiaries and staff are worn out and fatigued from no information and no outside activity. She stated that, out of this crisis, the Trust and Alaska Community Foundation have helped them look at the workforce from a different perspective. She profoundly thanked the Trust.

MR. CHARD stated that a lot of the challenges faced by the direct-service professionals are also experienced by the behavioral health system. He added that there is a lot of overlap in some of the challenges and struggles and opportunities faced. He continued that he is the CEO of the Alaska Behavioral Health Association with a little over 70 members; mental health and substance-abuse-treatment providers. He talked about the impact on the providers of COVID; the impact on the clients; the Trust beneficiaries and people served; and he gave a peek at the economic reality on funding. He asked the trustees for support in the long run as the COVID response and secondary responses are addressed.

CHAIR BOERNER thanked Mr. Chard, and recognized Marianne Mills.

MS. MILLS stated that she was the program director of Southeast Senior Services and oversees a variety of services for people aged 60 and older throughout Southeast Alaska. She continued that she was elected to serve as the president of AgeNet, which is Alaska's association of senior service providers. AgeNet currently represents over 30 members; 20 are agencies that provide community-based services, home-based services, nutritious meals, transportation, case management, adult day services, chore, and respite. In addition to the 20 senior centers throughout the State of Alaska, the members also include two aging and disability resource centers, the Older Persons Action Group, Alaska Training Cooperative, and some individuals with a keen interest in the senior citizens in the state. She explained that the most common impacts to the organizations were the suspension of group activities such as meals at the senior center, adult day services, health promotion programs and exercise classes like tai chi. The number of home-delivered meals have tripled, and much of the office staff have shifted to working from home. She continued that there is stress related to personal situations, worries and the isolation of the elders. The isolation of even healthy older adults during this time has accelerated their decline, both mentally and physically.

CHAIR BOERNER thanked Ms. Mills and opened the floor for questions. After a short discussion, she invited trustees to send follow-up questions, and moved to the presentation on fetal alcohol spectrum disorder.

FETAL ALCOHOL SPECTRUM DISORDER

MR. BALDWIN stated that he has worked within the area of fetal alcohol spectrum disorders and provided an overview of fetal alcohol syndrome and fetal alcohol spectrum disorders. After the overview, he moved to a conversation with Lanny Mommsen at the Governor's Council on Disabilities and Special Education who coordinates a lot of the FAS- and FASD-related activities that the Council is engaged in. Fetal alcohol spectrum disorders are a spectrum of birth defects that are caused by exposure to alcohol during pregnancy. The alcohol exposure is the only thing that is known to cause the specific symptoms related to FAS or FASD, and they are formal medical conditions. He asked Mr. Mommsen to continue.

MR. MOMMSEN talked about the history of the Council and FASD. He explained that the Council is a developmental disability council for the State of Alaska, and the work is informed by the overall five-year plan. The plan has a specific objective under the Community Choice services and supports with respect to specific work around improving access to services through early identification by universal developmental screening and supports for Alaskans with autism and FASD. He stated that the Council created an FASD work group which has been made up of three to six Council members, depending on the timing, as well as 40 community partners. There are partners from around the state -- family members, individuals with FASDs, and many organizations that work with FASDs, including Stone Soup Group, the Trust, FASCS, and many others. He talked about how the five-year strategic plan was developed with six priority areas: Primary prevention of FASDs; screening for and diagnosis of FASDs; early childhood education; systems transformation and navigation for youth and adults; workforce development; and community outreach and engagement. This plan is from year 2017 to 2022, and we are currently in the fourth year of the plan. The full work group meets quarterly, and individual priority areas meet on various schedules. He continued that in moving forward they will continue with Years 4 and 5 of the strategic plan, and we are looking forward to incorporating FASD into the next Council five-year plan, which is currently being developed.

CHAIR BOERNER thanked him for his presentation and asked Mr. Baldwin to continue.

MR. BALDWIN introduced Jeanne Gerhardt-Cyrus.

MS. GERHARDT-CYRUS stated that she is from Quyana and knows about this issue firsthand, having children with prenatal exposure; and, also, professionally as an educator both in special ed and the K-6 classroom, and through the developmental disabilities program where she served as the case manager and coordinator for the program in Maniilaq, and for the Traumatic and Acquired Brain Injury Program. She served in the Governor's Council for Disabilities and Special Education since 2021 and is currently serving on the Special Education Services Agency as the chair. This is an agency that received some services in terms of school services. She added that she is also a trainer for FASD into Action. She focused her presentation on rural issues because her voice is the voice that says to try it in the rural areas first because if it works there, it works anywhere. One of the big issues in the rural areas is families dealing with the isolation, and she talked about the academic issues for people with FASD. She continued her presentation and talked about FASD and her experiences in more detail. She stated that this is an

important issue and, in the magnitude, it is expensive in our state. Not only the individuals that are impacted, but the families and the next generation is impacted because the successes or failures that individuals have do impact the next generation. She thanked all for addressing this important topic.

CHAIR BOERNER stated appreciation for the full and detailed presentation and appreciated knowing what the Governor's Council is doing on this. She called a ten-minute break.

(Break.)

CHAIR BOERNER called everyone back and recognized Kelda Barstad to provide her presentation.

ASSISTIVE TECHNOLOGY

MS. BARSTAD stated appreciation to the Program & Planning Committee and the trustees for the time to talk about how and why the Trust is involved with assistive technology. She stated that assistive technology is a general term for any technology designated or designed to improve the quality of life for a person with disabilities so that they can function in the best way possible and maintain their independence. She continued that, throughout the plan there is a call for increasing and improving access to health care, behavioral health care, early intervention, suicide prevention and home- and community-based services. In Goals 7 and 9, there are strategies that identify the need to implement technology to deliver services and provide support to Trust beneficiaries through assistive technology, which helps to solve problems that are faced in the service delivery system, including workforce shortages, transportation shortages, and general access to care across communities. She continued that because of the many benefits to implementing assistive technology, the Trust has supported several projects that use or give access to assistive technology over the years. One of the primary programs is through the GF/MH recommendation for the Medical Appliances in Assistive Technology Project. There are also focus areas and partnership grants that support assistive technology which include the Enabling Technology Project that the Statewide Independent Living Council manages, as well as the Tech Response Program. In addition, the Trust has supported putting systems and devices in place so that people can receive distance-delivered services. She introduced Mystie Rail, the executive director of Assistive Technology of Alaska. She has been with ATLA for 15 years and has been leading her team for the last eight years to develop the only comprehensive assistive technology project that provides complete wrap-around services to Alaskans of all ages and abilities.

MS. RAIL stated that ATLA is a private nonprofit funded through Federal, state and private foundation funding. To her knowledge, this is the only agency that provides services statewide. Before COVID, they were doing about 120 to 140 community trips a year, and now are everywhere all at once. Those services are provided to every Alaskan that experiences any kind of disability or impairment, whether it is medically diagnosed or not, and for any age as long as they live in Alaska. She continued to a challenging topic which is risk mitigation, online safety, cybersecurity. It is an area in the AT field that is needed to try to safeguard the people that are supported. She added that in September 2020 there were 9.7 million health-care records compromised because of hacking and data breaches. A report released in June 2020 projected that by 2025 almost 50 percent of all data will be in the cloud. Just this year alone, there were 31 billion connected devices on the market. This is scary, but also incredibly helpful. She went

through ATLA's approach and stated that they provide security cameras if needed, but those systems are intended for security. It is not the role of artificial intelligence to augment care and to stand in for the presence of caregivers. She continued that ATLA tests the inputs of every single device process before recommending it to a client or a caregiver. Education is important, making sure every single effort possible to scale cybersecurity technical assistance while still maintaining the quality of service. She moved on to future goals to find new pathways for onboarding for less experienced professions. Another goal is to create some community hubs that can provide digital safety services to build the capacity and help with potential emergency response when someone's system goes down.

CHAIR BOERNER appreciated the presentation and asked for a motion for adjournment.

> **MOTION:** A motion to adjourn the meeting was made by TRUSTEE STURGEON; seconded by TRUSTEE McCARTY.
>
> *After the roll-call vote, the MOTION WAS APPROVED. (Trustee Boyles, yes; Trustee Cooke, excused; Trustee Gwalthney-Jones, yes; Trustee Halterman, yes; Trustee McCarty, yes; Trustee Sturgeon, yes; Trustee Boerner, yes.)*

CHAIR BOERNER thanked all, and adjourned the meeting.

(Program & Planning Committee meeting adjourned at 3:57 p.m.)

ALASKA SCORECARD 2020

Key Issues Impacting Alaska Mental Health Trust Beneficiaries

INDICATOR	MOST CURRENT U.S. DATA	MOST CURRENT ALASKA DATA	PREVIOUS YEAR ALASKA DATA
EARLY CHILDHOOD			
1. Percentage of children who received a developmental screening using a parent-completed screening tool in the past year (ages 9 months through 35 months)	36.4% (2018-2019)	47.9% (2018-2019)	40.6% (2017-2018)
2. Percentage of incoming students who regulate their feelings and impulses 80% of the time or more (grades K-1)	*	47.4% (2018-2019)	49.1% (2019-2020)
3. Percentage of women who recently delivered a live birth who have a strong social support system during the postpartum period	*	76.6% (2019)	73.0% (2018)
4. Mean index score of 12 assets associated with child health and well-being that are present at birth	*	9.6 (2019)	9.7 (2018)
HEALTHCARE			
5. Percentage of population without health insurance	9.2% (2019)	12.2% (2019)	12.6% (2018)
6. Rate of non-fatal hospitalized falls (rate per 100,000; ages 65+)	1,646 (2019)	831 (2019)	828 (2018)
ECONOMIC AND SOCIAL WELL-BEING			
7. Percentage of renter-occupied households that exceed 50% of household income dedicated to housing	22.1% (2019)	18.6% (2019)	17.3% (2018)
8. Rate of chronic homelessness (rate per 100,000)	29.3 (2019)	31.6 (2019)	43.8 (2018)
9. Percentage of Alaskans who experience a disability that are employed	38.8% (2019)	38.8% (2019)	42.7% (2018)
10. Percentage of residents living above the federal poverty level (as defined for Alaska)	85.7% (2019)	85.6% (2019)	83.2% (2018)
SUBSTANCE USE DISORDER PREVENTION			
11. Percentage of Alaskans needing but not receiving treatment at a specialty facility for substance use in the past year (ages 12+)	6.9% (2018-2019)	8.9% (2018-2019)	8.4% (2017-2018)
12. Percentage of Alaskans who received mental health services in the past year (ages 18+)	15.6% (2018-2019)	17.1% (2018-2019)	14% (2017-2018)
13. Rate of alcohol-induced mortality (rate per 100,000)	10.4 (2019)	23.7 (2019)	26.4 (2018)
SUICIDE PREVENTION			
14. Rate of suicide attempts (rate per 1,000 emergency department visits)	*	6.0 (2020)	4.7 (2019)
15. Rate of suicide (rate per 100,000; age adjusted)	13.9 (2019)	28.7 (2019)	25.3 (2018)
16. Rate of suicide (rate per 100,000; ages 15 to 24)	13.9 (2019)	57.9 (2019)	44.2 (2018)

KEY:

- ***Asterisk (*):*** *no U.S. data available at time of publication*
- ***Calendar year (year):*** *data represents calendar year*
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INDICATOR	MOST CURRENT U.S. DATA	MOST CURRENT ALASKA DATA	PREVIOUS YEAR ALASKA DATA
PROTECTING VULNERABLE ALASKANS			
17. Rate of child maltreatment, substantiated cases, unique victims (rate per 1,000; ages 0 to 17)	8.9 (2019)	17.0 (2019)	14.3 (2018)
18. Percentage increase for youth who accessed home-based family treatment services	*	Services start 2021	N/A (2020)
19. Founded reports of harm to adults (rate per 1,000; ages 18+)	*	1.4 (FY20)	1.3 (FY19)
SERVICES IN THE LEAST RESTRICTIVE ENVIRONMENT			
20. Percentage of Alaskans who meet criteria for an institutional level of care who were served by a home and community-based waiver	*	82.5% (FY20)	83.2% (FY19)
21. Percentage of criminal defendant referrals admitted to a therapeutic court	*	60% (FY20)	51% (FY19)
22. Percentage of all juvenile justice referrals that were diverted from formal court action	*	43% (FY20)	41% (FY19)
SERVICES IN INSTITUTIONAL ENVIRONMENTS			
23. Percentage of inpatient readmissions within 30 days to non-military hospitals for a behavioral or neurodevelopmental diagnosis (ages 12 to 17)	*	6.1% (2019)	7.2% (2018)
24. Percentage of inpatient readmissions within 30 days to non-military hospitals for a behavioral or neurodevelopmental diagnosis (ages 18+)	*	10.3% (2019)	10.4% (2018)
25. Percentage of Alaskans who meet criteria for an institutional level of care who were served in nursing homes and Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities (ICF/IDD)	*	17.5% (2020)	16.8% (2019)
26. Percentage of juveniles in a Division of Juvenile Justice facility with an identified behavioral health or neurobehavioral condition in a secure treatment unit	*	96% (FY20)	99% (FY19)
27. Percentage of incarcerated individuals diagnosed with a psychotic disorder or schizophrenia who received intensive clinical and case management reentry services	*	79.3% (2020)	82% (2019)
WORKFORCE, DATA, AND FUNDING			
28. Percentage change in SHARP health practitioner contracts (current calendar year compared to previous 5-year average)	*	42% (2020)	5.6% (2019)
29. Percentage change between fiscal years of unduplicated participants served by Alaska Training Cooperative training events	*	- 28% (FY20)	7% (FY19)
30. Medicaid expenses as a percentage of state's budgets	28.6% (2020)	18.7% (2020)	20.5% (2019)

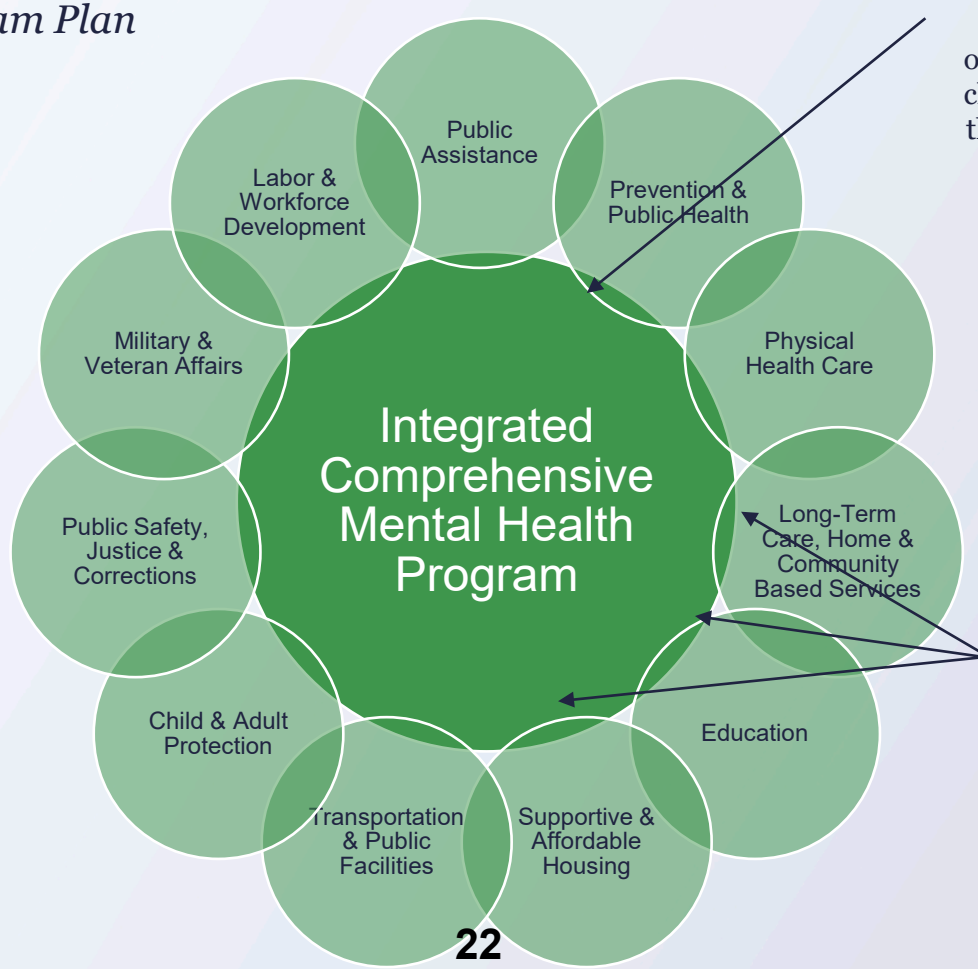
Strengthening the System:

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

Integrated Comprehensive Mental Health Program

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

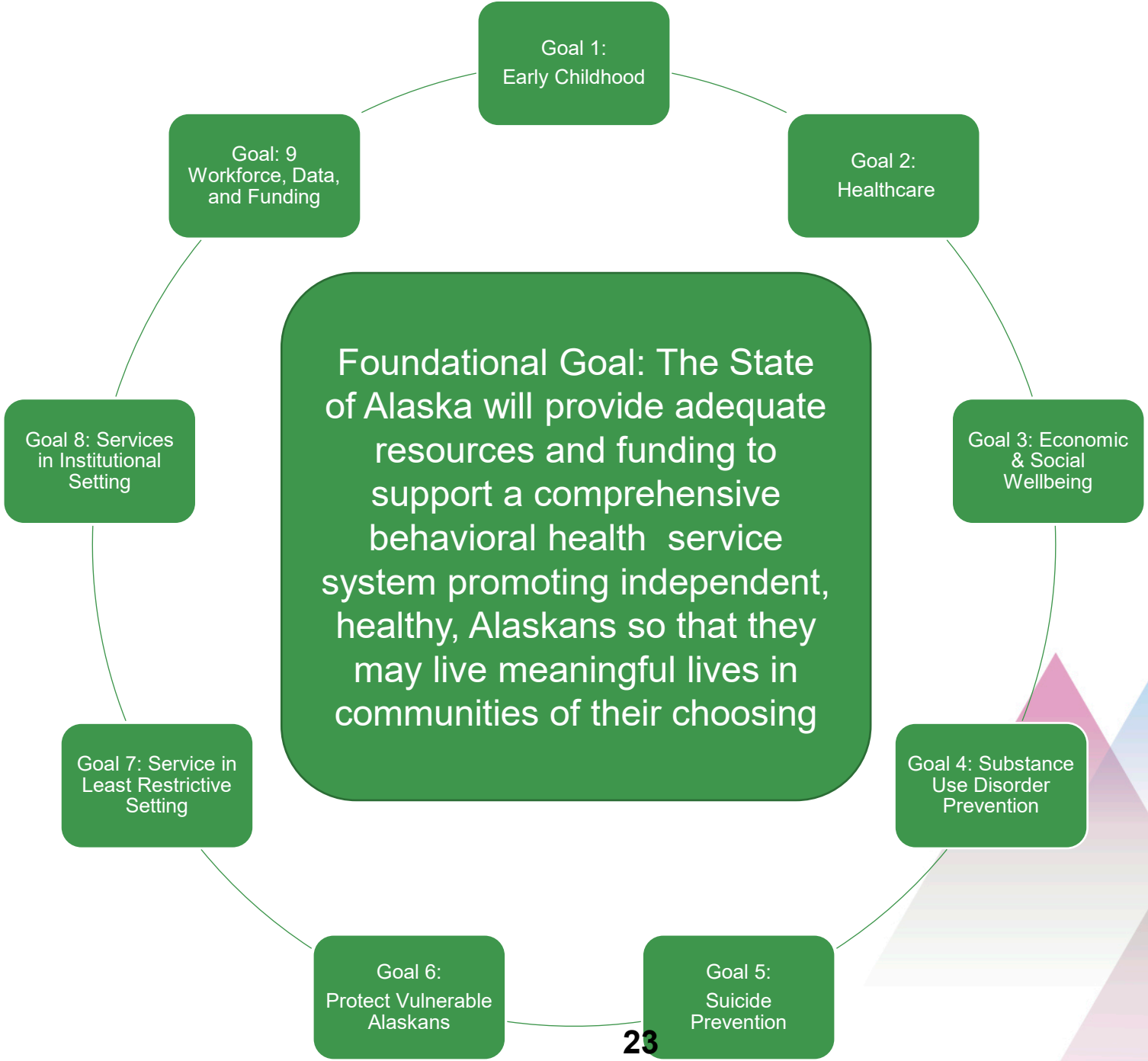
COMPREHENSIVE MENTAL HEALTH PROGRAM PLAN



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

Integrated:
Areas of Mission Overlap & Shared Responsibility

LIFESPAN: from the prenatal period through end of life



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

ALASKA SCORECARD

ALASKA SCORECARD 2020

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What is the Alaska Scorecard?

The Alaska Scorecard is a tool that has been used since 2008 by policy makers, advocates, grant writers, Trust staff, etc. to measure the desired outcomes of the Comp Plan.

The Scorecard was updated over the last year to reflect the desired outcomes of the 2020-2024 Comp Plan: *Strengthening the System*.

2020 Updated Alaska Scorecard Process

- **The primary indicators were vetted by the Comp Plan leadership team.**
- **The leadership team worked with data source contacts to ensure baseline data is timely and reliable.**
- **Scorecard indicators were formatted using a Results Based Accountability (RBA) format.**

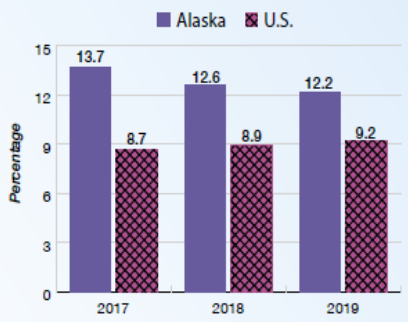
Indicator Stories

HEALTHCARE

INDICATOR 5: Percentage of population without health insurance

Story Behind the Baseline

Without access and coverage for healthcare services, which include behavioral health in all geographic areas, there is an increased risk of Alaska's population having poor physical and mental health outcomes. A common goal across the healthcare industry is for all Alaskans to have adequate health insurance and access to healthcare services. In 2018, 8.9% of Alaskans were uninsured compared to 12.6% nationally. Even with access to health insurance, barriers continue to exist in receiving services statewide. There are often long wait times for the first appointment for a new patient, and many primary care providers have stopped accepting new patients on Medicare or Medicaid. Extended wait times often lead to a patient not accessing care or seeking care in a more expensive setting, such as an emergency room, or they recover from the acute illness without being examined or receiving a diagnosis. Location of services in Alaska also presents a barrier as air travel is often necessary in order to seek proper healthcare. Telehealth appointments can offer a range of necessary services; however, barriers such as the type of services offered and available technology limit telehealth capacity.



Population: Alaska and U.S.

Data Source:

- U.S. Census Bureau, American Community Survey Tables for Health Insurance Coverage, Table HI-05

What Works?

Alaskans must be healthy if the state is to thrive. When a population is healthy, more people attend work and school, participate in their communities, engage in traditional cultural practices, and care for their families. Uninsured rates decreased between 2013 and 2018 following the introduction of the Affordable Care Act. Among states, Alaska had the fifth highest (behind Texas, Oklahoma, Georgia, and Florida) proportion of uninsured population in 2018. In many states across the nation, state health departments have partnered with federally qualified health centers (FQHCs) and rural health clinics (RHCs). These facilities can be accessed by patients with or without insurance and offer a sliding scale fee schedule to those without health insurance.

Sources:

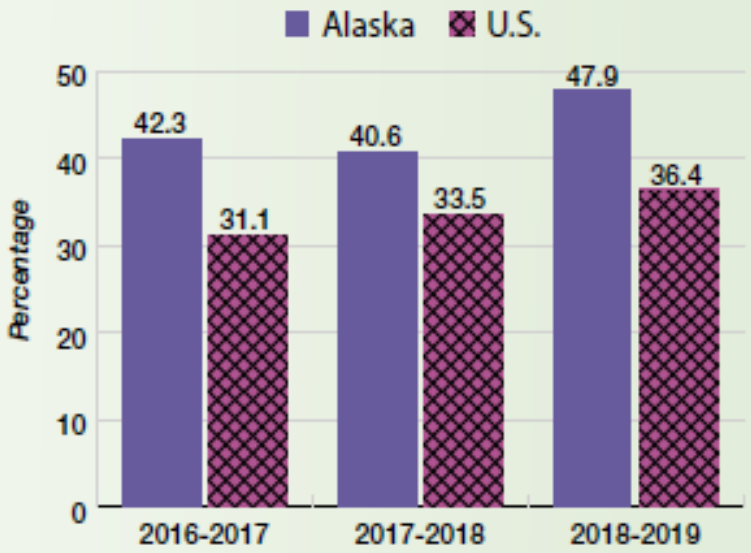
- U.S. Census Bureau American Community Survey
- Alaska Medicaid Dashboard
- Healthy Alaskans
- Alaska Healthcare Transformation Project
- Alaska Medicaid Redesign

Results Based Accountability Framework

- **Story Behind the Baseline: this section takes stock of both the positive and negative forces that impact an indicator, as well as what is working to address it and what is not.**
- **What Works: this section offers a brief explanation of what works to affect measurable improvements in the indicator.**

Baseline Data

INDICATOR 1: Percentage of children who received a developmental screening using a parent-completed screening tool in the past year (ages 9 months through 35 months)



Population: Alaska and U.S. (Ages 9 Months Through 35 Months)

Data Source:

- National Survey for Children's Health by the Data Resource Center for Child & Adolescent Health.

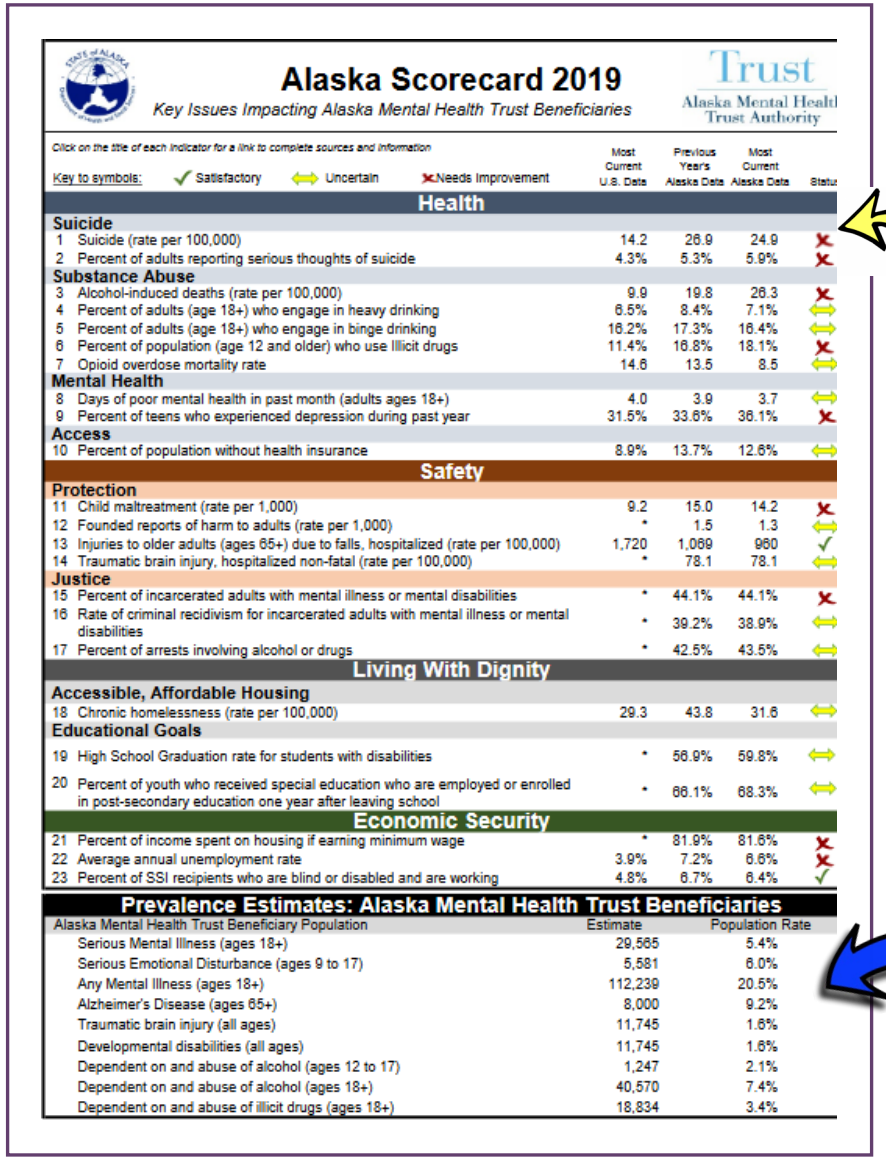
- **Each new indicator includes three years of baseline data.**

- **The 2020-2024 Comp Plan was released in July 2020, data to measure the outcomes of the objective and strategies will not be realized until 2022.**

- **The Comp Plan leadership group will evaluate progress towards indicators and is evaluating the continuation of status symbols.**

- **Historically status symbols used a red light green light system to indicate progress. If status symbols continue they would not be available until the 2022 Scorecard.**

- **Prevalence Estimates were removed from the updated Scorecard and are under construction.**



Alaska Scorecard 2019

Key Issues Impacting Alaska Mental Health Trust Beneficiaries

Trust — Alaska Mental Health Trust Authority

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

Key to symbols: ✓ Satisfactory ⟺ Uncertain ✗ Needs Improvement

		Most Current U.S. Data	Previous Year's Alaska Data	Most Current Alaska Data	Status
Health					
Suicide					
1	Suicide (rate per 100,000)	14.2	26.9	24.9	✗
2	Percent of adults reporting serious thoughts of suicide	4.3%	5.3%	5.9%	✗
Substance Abuse					
3	Alcohol-induced deaths (rate per 100,000)	9.9	19.8	26.3	✗
4	Percent of adults (age 18+) who engage in heavy drinking	6.5%	8.4%	7.1%	⟺
5	Percent of adults (age 18+) who engage in binge drinking	16.2%	17.3%	16.4%	⟺
6	Percent of population (age 12 and older) who use Illicit drugs	11.4%	16.8%	18.1%	✗
7	Opioid overdose mortality rate	14.6	13.5	8.5	⟺
Mental Health					
8	Days of poor mental health in past month (adults ages 18+)	4.0	3.9	3.7	⟺
9	Percent of teens who experienced depression during past year	31.5%	33.6%	36.1%	✗
Access					
10	Percent of population without health insurance	8.9%	13.7%	12.6%	⟺
Safety					
Protection					
11	Child maltreatment (rate per 1,000)	9.2	15.0	14.2	✗
12	Founded reports of harm to adults (rate per 1,000)	*	1.5	1.3	⟺
13	Injuries to older adults (ages 65+) due to falls, hospitalized (rate per 100,000)	1,720	1,069	960	✓
14	Traumatic brain injury, hospitalized non-fatal (rate per 100,000)	*	78.1	78.1	⟺
Justice					
15	Percent of incarcerated adults with mental illness or mental disabilities	*	44.1%	44.1%	✗
16	Rate of criminal recidivism for incarcerated adults with mental illness or mental disabilities	*	39.2%	38.9%	⟺
17	Percent of arrests involving alcohol or drugs	*	42.5%	43.5%	⟺
Living With Dignity					
Accessible, Affordable Housing					
18	Chronic homelessness (rate per 100,000)	29.3	43.8	31.6	⟺
Educational Goals					
19	High School Graduation rate for students with disabilities	*	56.9%	59.8%	⟺
20	Percent of youth who received special education who are employed or enrolled in post-secondary education one year after leaving school	*	66.1%	68.3%	⟺
Economic Security					
21	Percent of income spent on housing if earning minimum wage	*	81.9%	81.6%	✗
22	Average annual unemployment rate	3.9%	7.2%	6.6%	✗
23	Percent of SSI recipients who are blind or disabled and are working	4.8%	6.7%	6.4%	✓

Prevalence Estimates: Alaska Mental Health Trust Beneficiaries

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

Data Availability

Indicator: is a measure (or benchmark) that helps to quantify the achievement of a result.

Most Current U.S. Data: Explain: US and Alaska and why we may not have both

Most Current Alaska Data: Explain the Sources and why some years are new/ older than others.

ALASKA SCORECARD 2020

Key Issues Impacting Alaska Mental Health Trust Beneficiaries

INDICATOR	MOST CURRENT U.S. DATA	MOST CURRENT ALASKA DATA	PREVIOUS YEAR ALASKA DATA
EARLY CHILDHOOD			
1. Percentage of children who received a developmental screening using a parent-completed screening tool in the past year (ages 9 months through 35 months)	36.4% (2018-2019)	47.9% (2018-2019)	40.6% (2017-2018)
2. Percentage of incoming students who regulate their feelings and impulses 80% of the time or more (grades K-1)	*	47.4% (2018-2019)	49.1% (2019-2020)
3. Percentage of women who recently delivered a live birth who have a strong social support system during the postpartum period	*	76.6% (2019)	73.0% (2018)
4. Mean index score of 12 assets associated with child health and well-being that are present at birth	*	9.6 (2019)	9.7 (2018)
HEALTHCARE			
5. Percentage of population without health insurance	9.2% (2019)	12.2% (2019)	12.6% (2018)
6. Rate of non-fatal hospitalized falls (rate per 100,000; ages 65+)	1,646 (2019)	831 (2019)	828 (2018)
ECONOMIC AND SOCIAL WELL-BEING			
7. Percentage of renter-occupied households that exceed 50% of household income dedicated to housing	22.1% (2019)	18.6% (2019)	17.3% (2018)
8. Rate of chronic homelessness (rate per 100,000)	29.3 (2019)	31.6 (2019)	43.8 (2018)
9. Percentage of Alaskans who experience a disability that are employed	38.8% (2019)	38.8% (2019)	42.7% (2018)
10. Percentage of residents living above the federal poverty level (as defined for Alaska)	85.7% (2019)	85.6% (2019)	83.2% (2018)
SUBSTANCE USE DISORDER PREVENTION			
11. Percentage of Alaskans needing but not receiving treatment at a specialty facility for substance use in the past year (ages 12+)	6.9% (2018-2019)	8.9% (2018-2019)	8.4% (2017-2018)
12. Percentage of Alaskans who received mental health services in the past year (ages 18+)	15.6% (2018-2019)	17.1% (2018-2019)	14% (2017-2018)

Population Based Indicators

Population Accountability focuses on a large population or geographic area, such as all Alaskans, all Trust beneficiaries, all elders in rural Alaska.

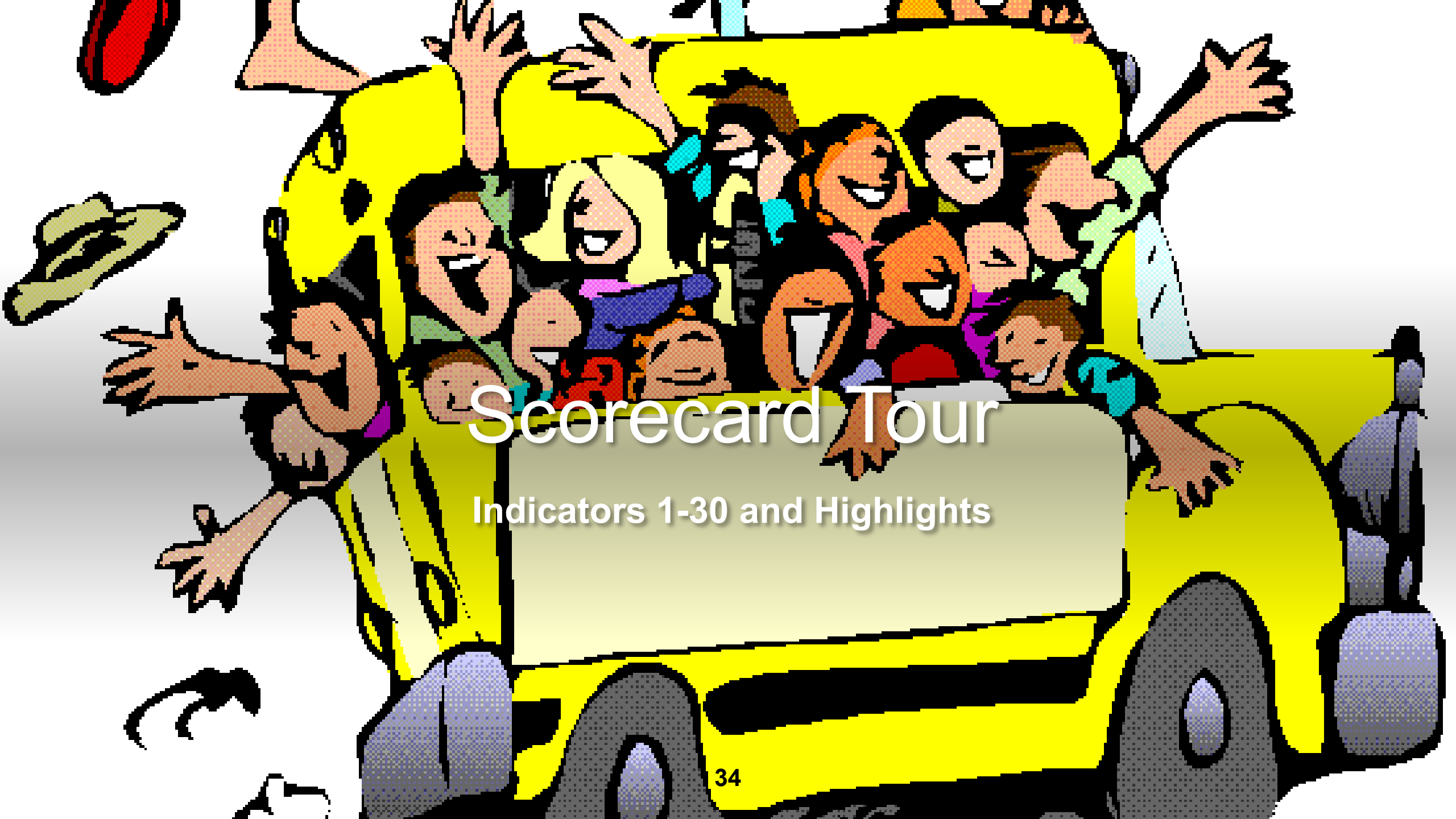
Focuses on whole populations without regard to whether they are getting services from anyone or not. It is bigger than any one program.

Example - Goal 3: Economic & Social Well-Being

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

Performance Measures

- **Performance Measures: are measures of how well a program, agency, or service system is working.**
- **We often refer to performance measures as customer results to distinguish them from population results.**
- **The Goal of the Scorecard was to focus on population health. However, there are some performance measures.**
- **For Example Goal 9- Workforce, Funding, and Data**
  - Percentage change between fiscal years of unduplicated participants served by Alaska Training Cooperative training events



Scorecard Tour

Indicators 1-30 and Highlights

Early Childhood

Comp Plan Objectives	Indicators
1.1 Objective: Promote practice-informed, universal screening efforts and early intervention services. 1.2 Objective: Provide ongoing support to ensure accurate identification and treatment of social-emotional needs for children and their caregivers, congruent with their cultural identification. 1.3 Objective: Reduce the instances and impact of Adverse Childhood Experiences (ACEs) through community engagement and by improving social determinants of health.	1. Percentage of children who received a developmental screening using a parent-completed screening tool in the past year (ages 9 months through 35 months) 2. Percentage of incoming students who regulate their feelings and impulses 80% of the time or more (grades K-1) 3. Percentage of women who recently delivered a live birth who have a strong social support system during the postpartum period 4. Mean index score of 12 assets associated with child health and well-being that are present at birth

Healthcare

Comp Plan Objectives	Indicators
2.1 Objective: Alaskans have access to and receive quality healthcare services. 2.2 Objective: Medicaid is efficiently managed and adequately resourced. 2.3 Objective: Trauma-informed, person-centered healthcare services are delivered.	5. Percentage of population without health insurance 6. Rate of non-fatal hospitalized falls (rate per 100,000; ages 65+)

Economic and Social Well-Being

Comp Plan Objectives	Indicators
3.1 Objective: Alaskans have stable, safe housing with appropriate, community-based social supports to maintain tenancy.	7. Percentage of renter-occupied households that exceed 50% of household income dedicated to housing
3.2 Objective: Ensure that competitive and integrated employment at part-time or full-time jobs pays minimum wage or above in integrated, typical work settings.	8. Rate of chronic homelessness (rate per 100,000) 9. Percentage of Alaskans who experience a disability that are employed
3.3 Objective: Expand resources that promote successful, long-term employment for Trust beneficiaries.	10. Percentage of residents living above the federal poverty level (as defined for Alaska)
3.4 Objective: Enhance timely access to basic needs services.	

Substance Use Disorder Prevention

Comp Plan Objectives	Indicators
4.1 Objective: Increase awareness, improve knowledge, and change behaviors to prevent drug and alcohol misuse. 4.2 Objective: Reduce the impact of mental health and substance use disorders through prevention and early intervention. 4.3 Objective: Improve treatment and recovery support services to reduce the impact of mental health and substance use disorders. 4.4 Objective: Utilize ongoing recovery support services to end the cycle of substance misuse.	11. Percentage of Alaskans needing but not receiving treatment at a specialty facility for substance use in the past year (ages 12+) 12. Percentage of Alaskans who received mental health services in the past year (ages 18+) 13. Rate of alcohol-induced mortality (rate per 100,000)

Suicide Prevention

Comp Plan Objectives	Indicators
5.1 Objective: Coordinate prevention efforts to ensure that Alaskans have access to a comprehensive suicide prevention system. 5.2 Objective: Support and improve the system to assist individuals in crisis.	14. Rate of suicide attempts (rate per 1,000 emergency department visits) 15. Rate of suicide (rate per 100,000; age adjusted) 16. Rate of suicide (rate per 100,000; ages 15 to 24)

Protecting Vulnerable Alaskans

Comp Plan Objectives

6.1 Objective: Prevent child maltreatment by ensuring resilient families.

6.2 Objective: Promote early intervention in maltreatment and with families at risk for maltreatment.

6.3 Objective: Ensure individuals who suspect potential abuse understand the role of protective agencies and how to report potential abuse and neglect.

6.4 Objective: Increase timely access to protective services statewide.

6.5 Objective: Ensure vulnerable Alaskans understand their rights and responsibilities.

Indicators

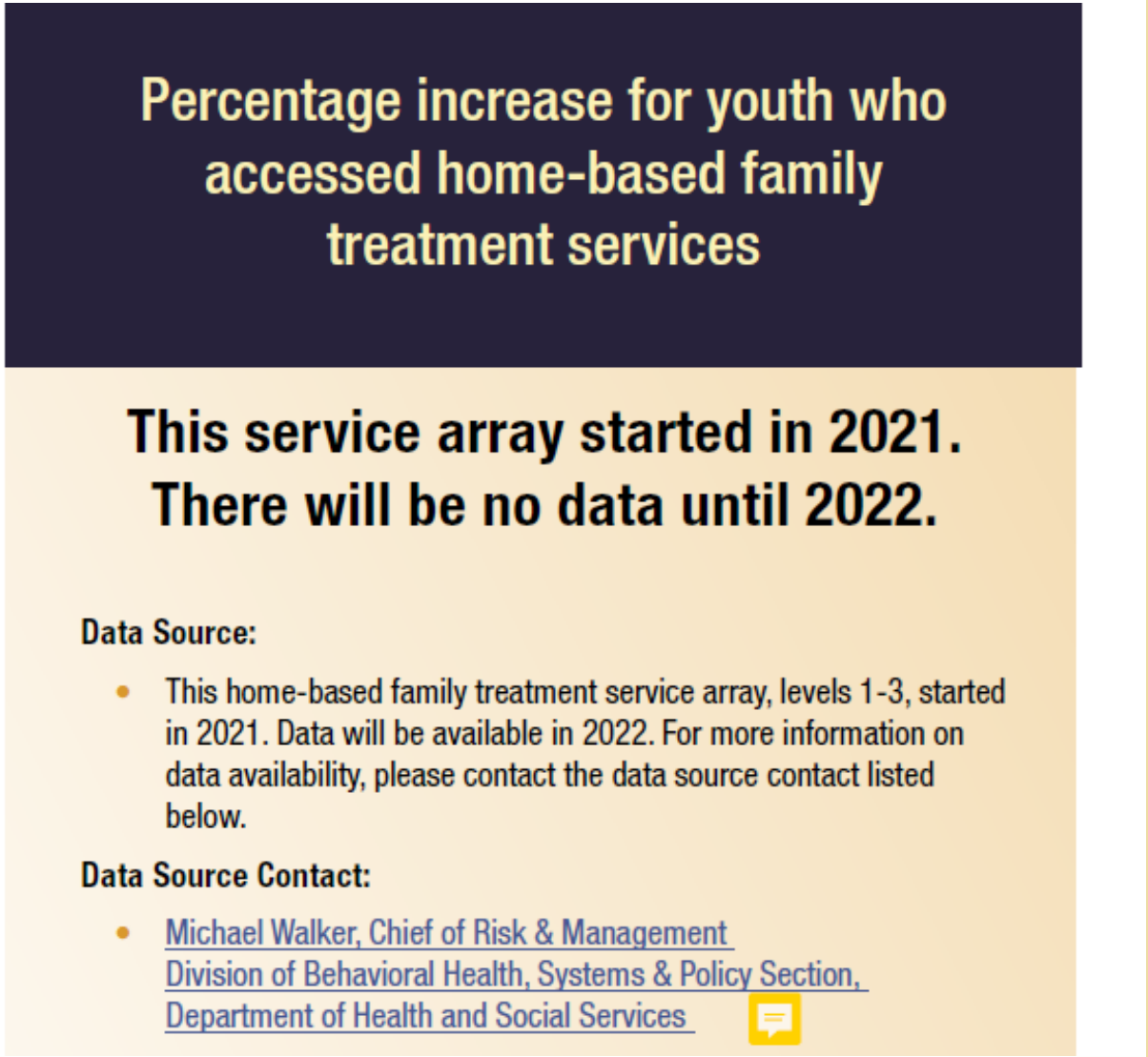
17. Rate of child maltreatment, substantiated cases, unique victims (rate per 1,000; ages 0 to 17)

18. Percentage increase for youth who accessed home-based family treatment services

19. Founded reports of harm to adults (rate per 1,000; ages 18+)

Indicator placeholder

- The Scorecard workgroup recognized the Departments efforts around the Medicaid Section 1115 Demonstration Wavier is a critical strategy for supporting access to services for vulnerable Alaskans. The wavier service array began in 2021 and thus the data will not be available until 2022.



Services in the Least Restrictive Environment

Comp Plan Objectives	Indicators
7.1 Objective: Promote universal screening and standardized assessment and reassessment tools to reduce duplication and increase efficiencies across the service spectrum. 7.2 Objective: Increase access to effective and flexible, person-centered, long-term services and supports in urban and rural areas to avoid institutional placement. 7.3 Objective: Reduce the number of Trust beneficiaries entering or becoming involved with Alaska's criminal justice or juvenile justice system.	20. Percentage of Alaskans who meet criteria for an institutional level of care who were served by a home and community-based waiver 21. Percentage of criminal defendant referrals admitted to a therapeutic court 22. Percentage of all juvenile justice referrals that were diverted from formal court action

Services in Institutional Environments

Comp Plan Objectives	Indicators
8.1 Objective: Establish a standard of care to ensure individuals receive appropriate therapy and supports while residing in psychiatric settings in state or out of state. 8.2 Objective: Ensure Alaskans who are in nursing homes, hospitals, and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) are provided the appropriate therapy and supports. 8.3 Objective: Enhance and expand access to clinical and case management resources for Alaskans who are incarcerated.	23. Percentage of inpatient readmissions within 30 days to non-military hospitals for a behavioral or neurodevelopmental diagnosis (ages 12 to 17) 24. Percentage of inpatient readmissions within 30 days to non-military hospitals for a behavioral or neurodevelopmental diagnosis (ages 18+) 25. Percentage of Alaskans who meet criteria for an institutional level of care who were served in nursing homes and Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities (ICF/IDD) 26. Percentage of juveniles in a Division of Juvenile Justice facility with an identified behavioral health or neurobehavioral condition in a secure treatment unit 27. Percentage of incarcerated individuals diagnosed with a psychotic disorder or schizophrenia who received intensive clinical and case management reentry services

Workforce, Data, and Funding

Comp Plan Objectives

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

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

9.3 Objective: Ensure funding is available to support Alaska's Comprehensive Integrated Mental Health Program.

9.4 Objective: Optimize information technology investments to improve process efficiency and enable innovation.

9.5 Objective: Encourage a culture of data-driven decision-making that includes data sharing, data analysis, and management to link support services across Alaska Department of Health and Social Services (DHSS) divisions and other departments.

Indicators

28. Percentage change in SHARP health practitioner contracts (current calendar year compared to previous 5-year average)

29. Percentage change between fiscal years of unduplicated participants served by Alaska Training Cooperative training events

30. Medicaid expenses as a percentage of state's budgets

What's Next: Digital Format

- **Historically the Alaska Scorecard has been a PDF of 60+ pages. The workgroup is encouraging the use of an interactive, web-based software that aligns with RBA's method of producing minimum paper and modernizes how users can interact with the Scorecard.**

- **The previous Alaska Scorecard was downloaded about 1500+ times per year.**

Thank You!

Trust

Alaska Mental Health Trust Authority

FY23 Budget Development

Program and Planning Committee

April 21, 2021

Trust Budget

- Two-year budget cycle that starts on even year of a state fiscal year (SFY)
- Informed and Collaborative
- By September 15, trustees submit an approved budget to the governor and the Legislative Budget & Audit committee for the next fiscal year

Trust Budget Development Process

Comprehensive Stakeholder Engagement

- Advisory Boards
- Beneficiaries
- State, Tribal, Community, & Local Partners

Trust Staff

1. Review status of Focus Area/Priority Initiatives work
2. Conduct grant analysis
3. Review Comprehensive Mental Health Program Plan
4. Gather input from Advisory Boards & stakeholders
5. Present a set of Budget Recommendations to trustees
6. **Trustee-approved budget submitted to Governor and LB&A**

Budget Development Timeline

April – mid June	Trust staff engage and work with the Advisory Boards, State partners and stakeholders to review current and plan future work to ground budget recommendations
Late June – July	Trust staff work with stakeholders to finalize budget proposal
Late July	Presentation of FY23 budget recommendations: Program & Planning committee meeting
Late August	Presentation of FY23 budget recommendations to and Board approval of the FY23 budget: Board of Trustee meeting
By September 15	Trustee-approved budget is submitted to the Governor and the Legislative Budget & Audit committee




IMPLEMENTING A BEHAVIORAL HEALTH CRISIS SYSTEM OF CARE

Katie Baldwin-Johnson
Eric Boyer
Travis Welch

April 21, 2021
Alaska Mental Health Trust Authority
Program and Planning Committee

Trust
Alaska Mental Health Trust Authority
CRISIS NOW

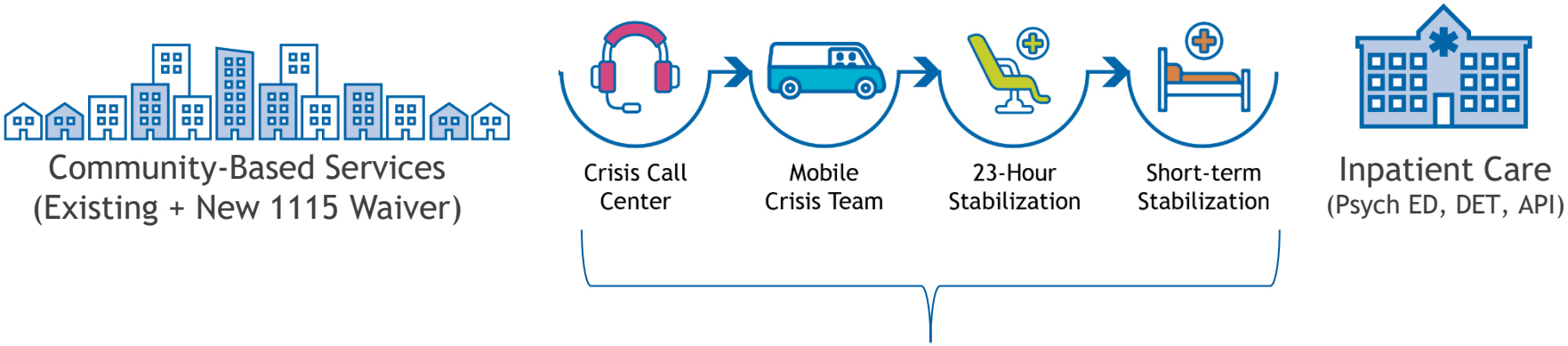
Updates

1. Overview
2. Brief Systems Teams Updates
3. Implementation updates
    1. Anchorage
    2. Mat-Su Valley
    3. Fairbanks
4. Phased Implementation
5. Next Steps

Partnership, Collaboration, and Expertise

State of AK (13)	Local Gov't (10)	Nonprofit (43)	Tribal (11)
Mental Health Trust; Alaska Mental Health Board & Advisory Board on Alcoholism and Drug Addiction; State Suicide Prevention Council; Department of Health and Social Services; Alaska State Troopers; Department of Corrections; Department of Labor; Department of Law; Alaska Court System; Alaska Training	Anchorage Police Department; Anchorage Fire Department; Municipality of Anchorage; Mat-Su Police Department; Palmer Police Department; Mat-Su Fire Department; Matcom Dispatch; Fairbanks Police Department; Fairbanks Fire Department; City of Fairbanks	Mat-Su Health Foundation; Rasmuson Foundation; Mat-Su Regional; Providence; Alaska Regional; CHOICES; Akeela; Alaska Family Services; Alaska Youth and Family Network; Daybreak; Connect Mat-Su; Denali Family Services; Health TIE; Interior Alaska Center for Non-Violent Living; NAMI; LINKS Resource Center; HUMS; My House; Set Free Alaska; Sunshine Clinic; True North Recovery; Covenant House; North Star Behavioral Health; Arc of Anchorage; Anchorage Coalition to end Homelessness; Anchorage Neighborhood Health Center; ASHNHA; Assets, Inc.; AWAIC; Beans's Café; Catholic Social Services; The Web; Volunteers America; True North Psychology; Turning Point; Fairbanks Hospital Foundation; Fairbanks Memorial Hospital; Fairbanks Rescue Mission; Fairbanks	South Central Foundation; Cook Inlet Tribal Council; Chickaloon Native Village; Knik Tribal Council; Fairbanks Native Association; Alaska Native Tribal Health Consortium; Native Village of Eklutna; Tanana Chief's Conference; Norton Sound Health Corporation; Maniilaq Association; Yukon-Kuskokwim Health

Crisis Now services bridge the gap between community-based and inpatient care.

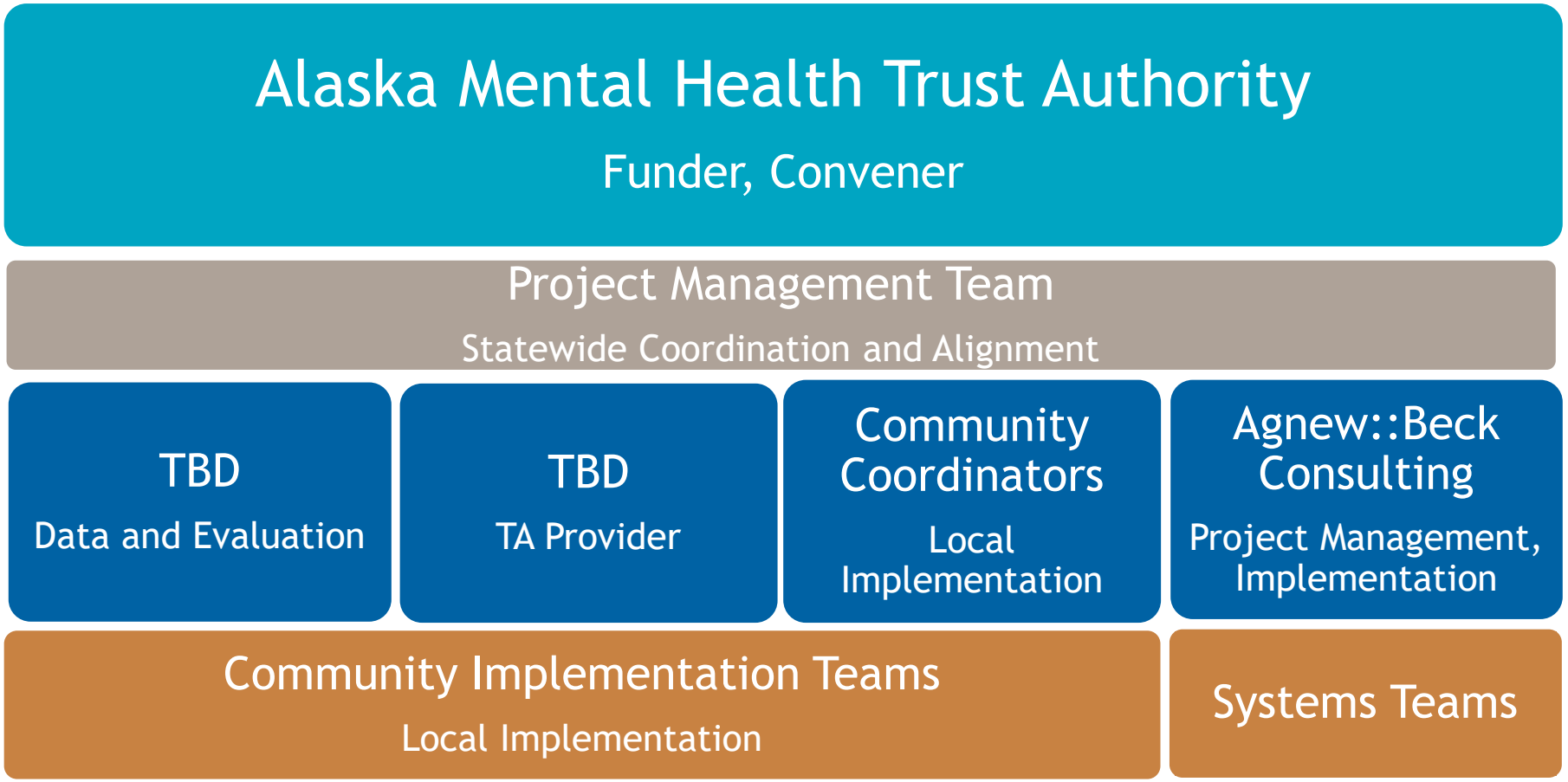


Adding acute intervention services reduces cycling.
Connection to appropriate community services at any point.

Alaska Crisis Now Consultation Report: Recommendations + Workplan

1. Establish crisis system accountability
2. Establish performance expectations + metrics
3. Align policy, regulation and funding streams
4. Identify collaborative funding
5. Grow Alaska's behavioral health workforce
6. Adapt Crisis Now Model services for use in rural Alaska
7. Establish mobile crisis teams in Anchorage, Mat-Su and Fairbanks
8. Establish a crisis call center with "Care Traffic Control" services
9. Establish behavioral health crisis stabilization centers in Anchorage, Mat-Su and Fairbanks
10. Explore cost offsets and reinvestment opportunities
11. Ensure coordination of care with the tribal health system
12. Ensure commercial insurance parity
13. Use the Crisis Now Model to divert individuals from jails and emergency departments

Crisis Now Implementation Team



Systems Teams Updates

- Oversight and Feasibility
- Workforce
- Crisis Call Center
- Rural Alaska
- Legislative

Legislation – Alaska Statute Title 47
Mental Health Facilities & Meds (SB124/HB172)

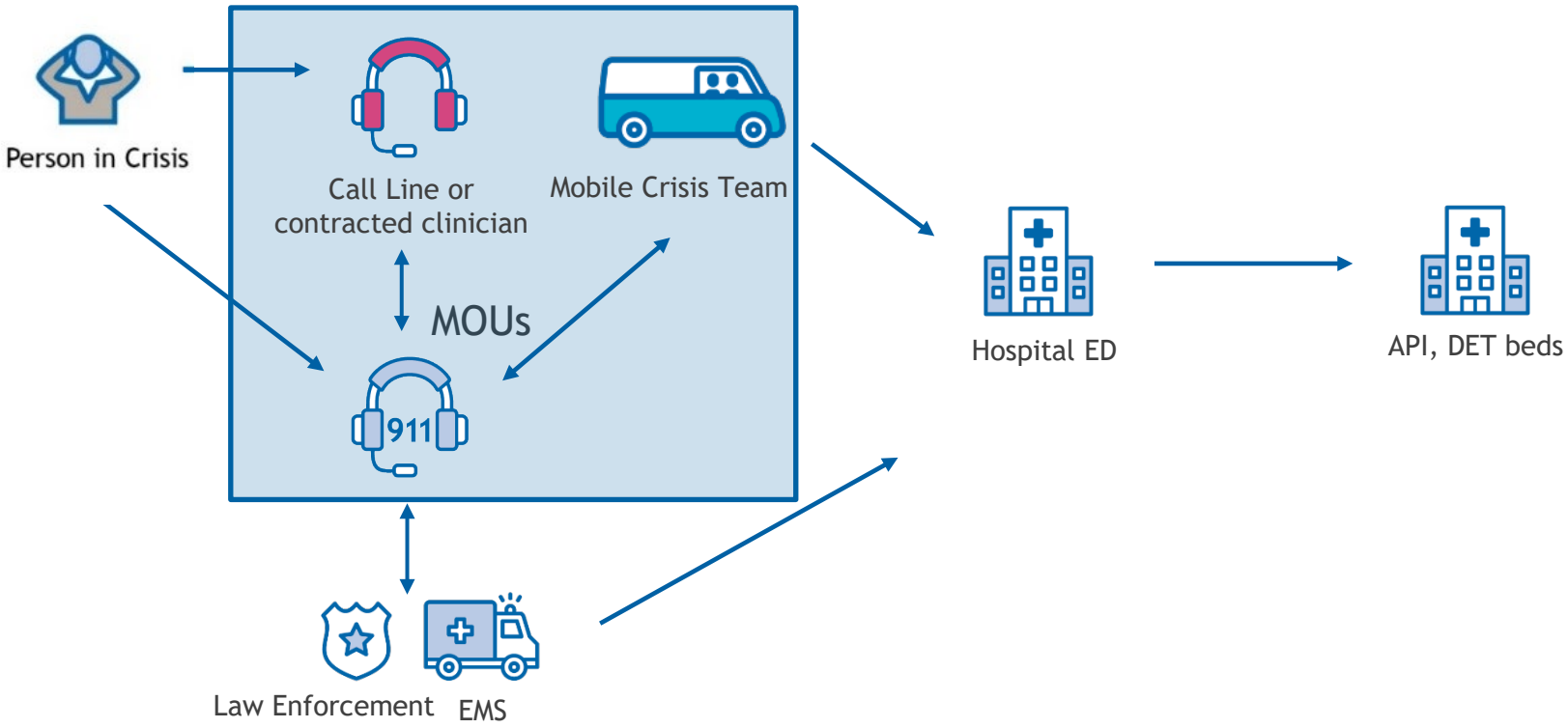
"An act relating to admission to and detention at a subacute mental health facility; establishing a definition for 'subacute mental health facility'; establishing a definition for 'crisis residential center'; relating to the definitions for 'crisis stabilization center'; relating to the administration of psychotropic medication in a crisis situation; relating to licensed facilities; and providing for an effective date."

Phase 1 Implementation Updates

Community/System	Key Updates	Funding
Anchorage	- Formalizing connections between APD dispatch and Careline - Enhanced capacity for Careline - AFD mobile crisis team launch anticipated spring/summer 2021 - Crisis stabilization Phase 1 planning for 23 hour/Short term stabilization	- N/A - Trust - Alcohol Tax - Trust *pending
Fairbanks	- Mobile crisis team launch, partnership between the Interior Alaska Center for Non-Violent Living (the Bridge) and Alaska Behavioral Health, anticipated August 2021	- Restore Hope grant - Trust *pending - 1115 Waiver
Mat-Su	- Providers interested in offering mobile crisis response, awaiting community planning dollars/capacity for organization	- 1115 Waiver - Other, TBD
Community Planning	- Anchorage: Agnew Beck - Fairbanks: City of Fairbanks - Mat-Su: Mat-Su Health Foundation	- Trust
Crisis Consultation	- Awarded to RI International	- Trust

Phase 1:
Fairbanks

Enhance existing dispatch; add mobile response and Crisis Call Line connectivity

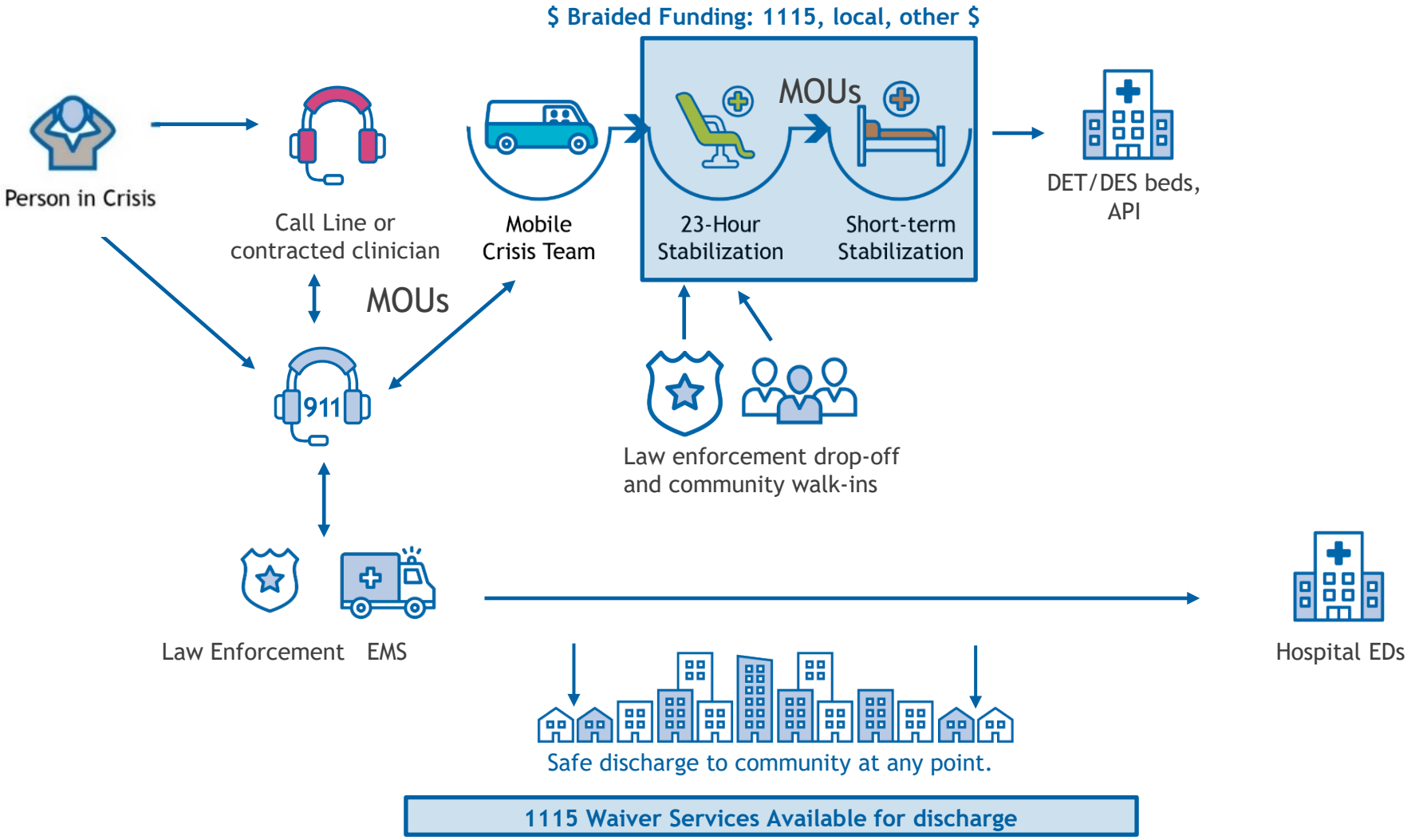


1115 Waiver Services for discharge in Start-Up

Funding Coordination, Contract Management, System Oversight + Performance Management **(LOCAL)**

Phase 2: *Crisis Now* 23-hour (sub acute) stabilization available

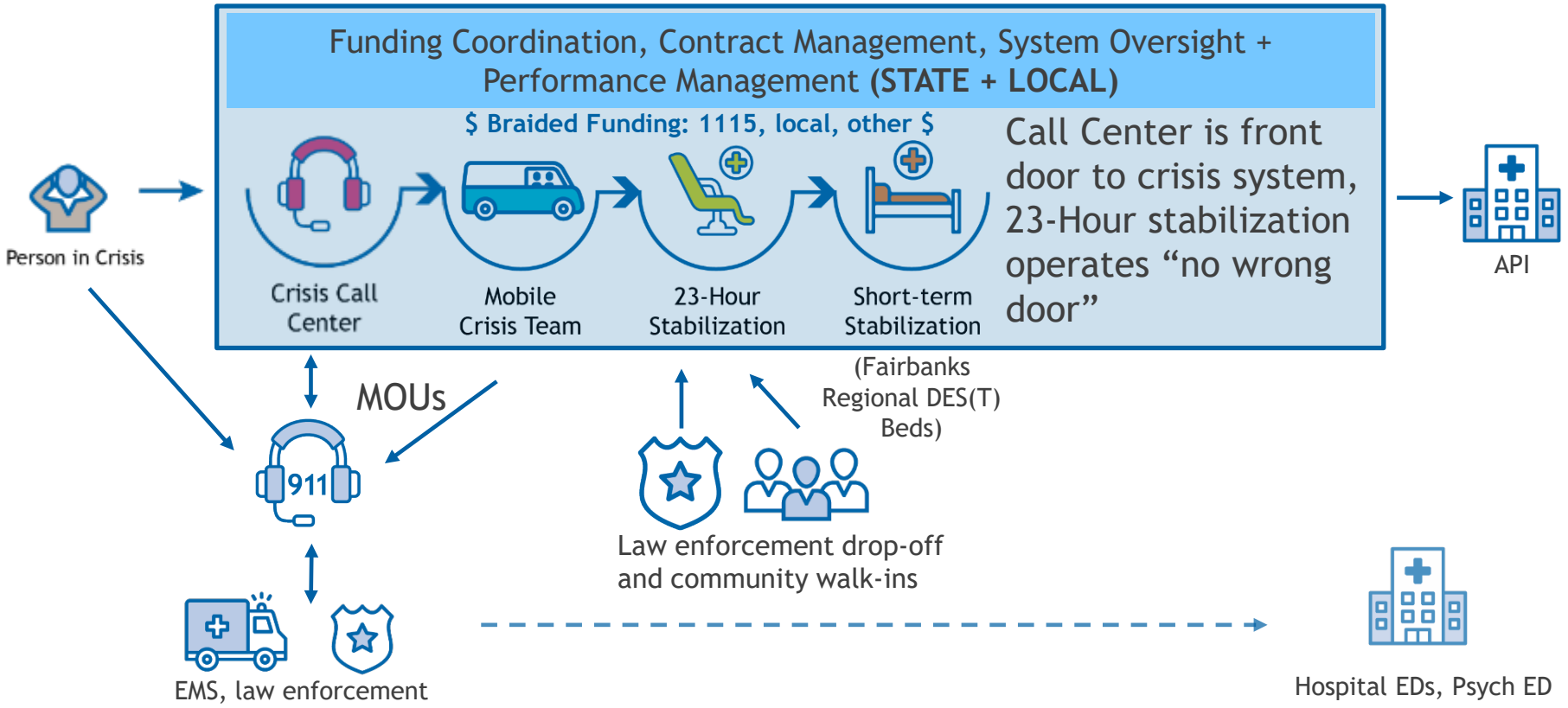
Fairbanks



Funding Coordination, Contract Management, System Oversight + Performance Management **(LOCAL)**

Phase 3: Full Care Traffic Control connectivity at call center*; *Crisis Now* 23-hour "no wrong door" + short term stabilization available

Fairbanks



*Options for call center to be entirely local, local with connection to statewide resource during certain hours, or entirely statewide.

Mobile Crisis Teams: Someone to respond

Centrally deployed, 24/7 mobile crisis teams, ideally staffed by a clinician and a peer support specialist.

Minimum Requirements

- ❑ Licensed and/or credentialed clinician
- ❑ Respond where the person is (home, work, park, etc.)
- ❑ Connect and transport individuals to facility-based care, as needed

Source: SAMHSA, 2020. National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit

Fairbanks Mobile Crisis Team Partners

Fairbanks area 24/7 mobile crisis teams

Partners

- ❑ City of Fairbanks – coordination, dispatch, response vehicle, and office space
- ❑ Careline – (Interior Alaska Center for Non-Violent Living) Crisis Call Line
- ❑ Alaska Behavioral Health – licensed and/or credentialed clinicians
- ❑ The Bridge (Interior Alaska Center for Non-Violent Living) – peer support specialist

Crisis Stabilization Center: A place to go

23-Hour Stabilization

- Recliners
- Flexible Limits on Capacity
- Staffing Variability
- No Wrong Door
- Cost: Inpatient + 25%
- Safe and Secure

Short-Term Stabilization

- Beds
- Firm Limits on Capacity
- Predictable Staffing Model
- Transferred Admission
- Cost: Inpatient
- Safe and Secure

Source: Sellar, J. Crisis Stabilization. Presentation for the Alaska Recidivism and Reentry Conference, 2020.

Anchorage stabilization partner

- Providence Alaska Health Services

Crisis Call Center: Someone to talk to

Regional or statewide crisis call centers coordinating in real time with mobile crisis teams and behavioral health service providers – "Care Traffic Control".

Minimum Requirements

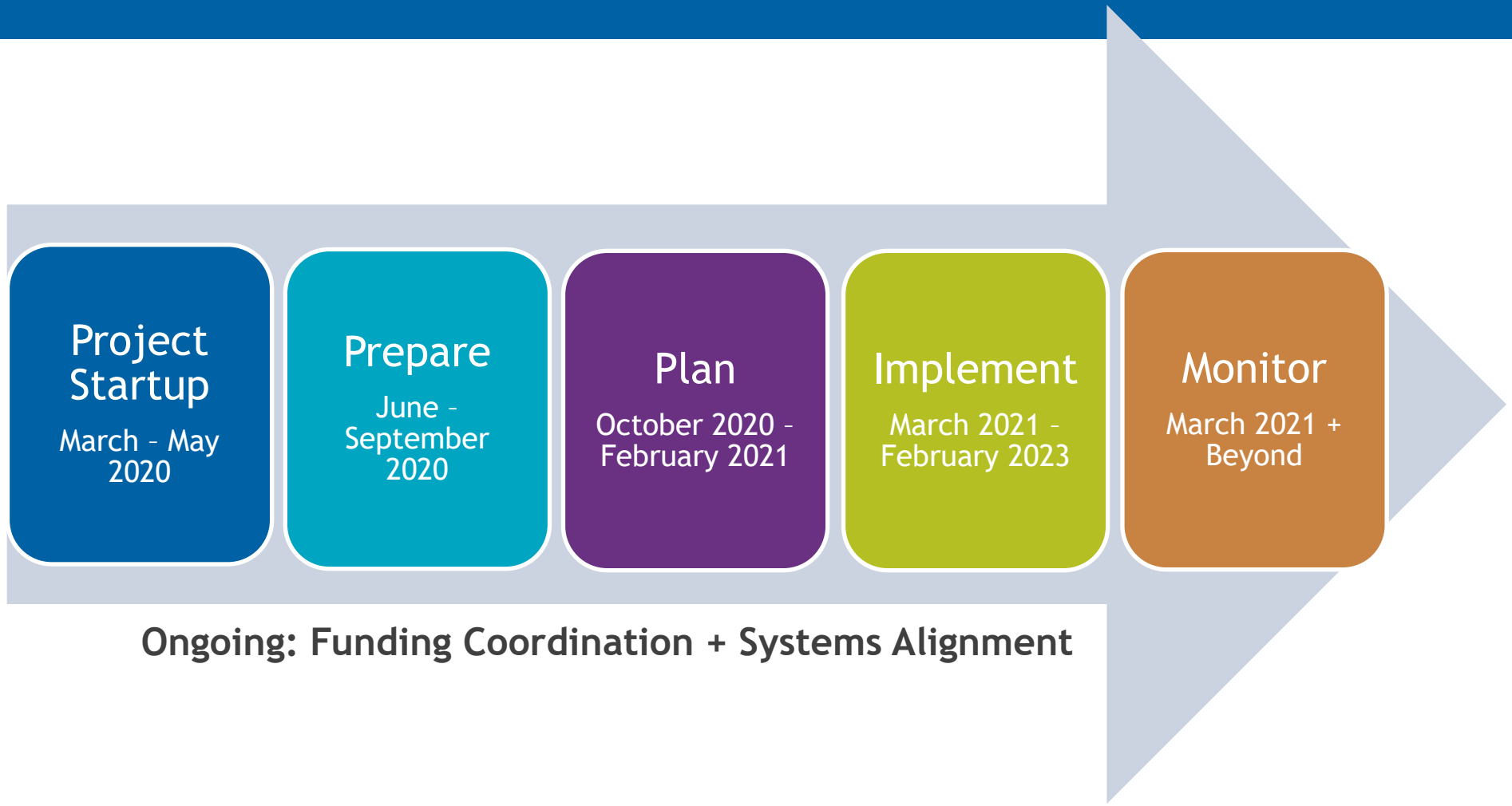
- ❑ Operate 24/7, 365 days a year
- ❑ Staffed with clinicians
- ❑ Answer every call or coordinate overflow coverage
- ❑ Assess risk of suicide and assess risk to others
- ❑ Coordinate connections to Mobile Crisis Team
- ❑ Connect individuals to facility-based care

Source: SAMHSA, 2020. National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit

FY21 Trust Funding plan/projection

Projects	Amount
FAIRBANKS	
• Alaska Behavioral Health (24/7 mobile crisis team-clinical)	$457,067
• Interior Alaska Center for Nonviolent Living (IAC) (24/7 mobile crisis team-peer support)	$350,000
• Careline Crisis Call Line	$100,000
ANCHORAGE	
• Providence Health Services (Phase 1-Crisis stabilization)	$400,000
• Second operator TBD (Phase 1 – 23-hour Crisis Stabilization)	TBD
MAT-SU VALLEY	
• Crisis Now Community Coordinator	$100,000
Crisis Now Service Technical Consultation Contract	$100,000
Peer Centered Crisis Response training development	$33,308
Anchorage Daily News Crisis Sponsored Content Project	$37,500
Anticipated- Ketchikan Community Coordination	$100,000
Total Projected *does not include Anchorage second operator grant estimate	1,677,875

Proposed Schedule



Ongoing: Funding Coordination + Systems Alignment

Next Steps

- Secure Trust funding for Fairbanks launch of mobile crisis teams
- Secure Trust funding for Phase 1 Program Design for 23 hour and short-term crisis stabilization
- Establish local implementation steering group
- Secure agreements between call center and dispatch entities
- Collaboration with Anchorage Fire Dept. on mobile team launch
- Identify capital and launch costs
- Identify facility specifications + site visits
- Continue fostering service development in communities
- Convene funding partners, payors, lawmakers and stakeholders to identify sources for enhanced funding
- Continue conversations with DHSS regarding mechanism for statewide system coordination
- Establish data and evaluation plan

Questions?

Trust
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MEMO

To:	Verné Boerner - Program & Planning Committee Chair
Date:	April 14, 2021
Re:	FY22 Mental Health & Addiction Intervention Focus Area Allocation
Fund Source:	FY22 Crisis Continuum of Care
Amount:	$130,400.00
Grantee:	City of Fairbanks
Project Title:	Crisis Now Community Coordinator

REQUESTED MOTION:

Approve a $130,400 FY22 authority grant to the City of Fairbanks for their Crisis Now Coordinator position. These funds will come from the FY 22 Mental Health & Addiction Intervention– Crisis Continuum of Care budget line.

Assigned Program Staff: Eric Boyer

STAFF ANALYSIS

In a significant step in advancing Crisis Now implementation efforts in Fairbanks, the City of Fairbanks is proposing to host a Crisis Now Community Planning Coordinator, supported by Trust funding, within the Mayor's office. Locating this impactful, full-time position within City leadership will demonstrates a high level of committment to the Crisis Now model for the community. This level of partnership is also important in the planning and implementation of a comprehensive program like Crisis Now that will require collaboration between the City, emergency services, law enforcement, and community healthcare stakeholders.

The Fairbanks Crisis Now Community Coordinator is part of the Trust's overall Crisis Now implementation strategy, and represents a true partnership with the City of Fairbanks. The Coordinator will serve as the liaison between the local Community Implementation Team, the Trust, and consultants throughout the development of the Crisis Now project in Fairbanks. Trust funding will be necessary for a period of 2-3 years to keep the work on track and achieve successful implementation of services.

Staff recommends trustee support for this project.

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COMP PLAN IDENTIFICATION

Goal	Objective	Comments
Goal 2 Healthcare	2.1 Access & receive quality healthcare	

PROJECT DESCRIPTION

The Fairbanks Crisis Now Community Coordinator is part of the Trust's overall Crisis Now implementation strategy. The coordinator will serve as the liaison between the local Community Implementation Team, the Trust, and consultants throughout the development of the Crisis Now project and will be well-versed in the model and efforts in Alaska to adopt the model. The Coordinator will also identify and manage key stakeholder engagement; host monthly Community Implementation Team meetings; synchronize community efforts with statewide/system level efforts; collect and report data; and promote Crisis Now in the community.

This position will support project management, communications, and research for the leaders advancing each component of the Crisis Now model:

- a **regional or statewide crisis call center** that coordinates in real time with the other components
- a **centrally deployed 24/7 mobile crisis team**, (ideally, a clinician and a peer) to respond in-person to individuals in crisis, and
- **23-hour and short-term stabilization**, which may be operated separately or jointly, offering a safe, supportive and appropriate behavioral health crisis placement for those who cannot be stabilized by call center clinicians or mobile crisis team response.

The Coordinator will also identify, report, and help mitigate obstacles to Crisis Now development to ensure the local project meets the statewide Crisis Now project's schedule, giving the Trust accurate project status updates at any given time.

The City of Fairbanks is also supporting this effort through indirect funding for this position, as well as supporting the overall project with office space for the mobile crisis team. The city is also providing the vehicle for the mobile crisis team to use for their Trust beneficiary outreach.

EVALUATION CRITERIA

The overall Crisis Now performance measures are being developed by the Trust and Alaska DHSS. The Community Coordinator project will be assessed based upon the development of the Crisis Now components in Fairbanks. The Trust will consistently compare our progress to the progress being made in other communities, encouraging coordination and the leveraging of resource and knowledge in every way we can.

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SUSTAINABILITY

This project is designed to end upon the successful implementation of the Crisis Now model in Fairbanks and will not have duties or responsibilities past that time.

WHO WE SERVE

This project will focus on the implementation of the Crisis Now project in Fairbanks. Crisis Now will provide the community with a behavioral health crisis call center, mobile crisis team, and a 23 hour stabilization facility. We anticipate all Crisis Now clients will be Trust beneficiaries.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Mental Illness:	516
Alzheimer's Disease & Related Dementias:	50
Substance Abuse	516
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	3,170

BUDGET

Personnel Services Costs	$120,400.00
Personnel Services Costs (Other Sources)	$3,100.00
Personnel Services Narrative:	Trust: Gross Salary - $85,100 Trust: Gross Benefits - $35,300 Benefits include retirement ($12,500), life insurance ($100), Health Insurance ($21,500), and Medicare ($1,200) City of Fairbanks: Annual Supervisory and Human Resources Expenditures - $3,100

Travel Costs	$7,000.00
Travel Costs (Other Sources)	$0.00
Travel Narrative:	Trust: Travel Costs to Crisis Now Meetings throughout state and tour Crisis Now models across the country - $7,000

Space or Facilities Costs	$0.00
Space or Facilities Costs (Other Sources)	$4,200.00
Space or Facilities Narrative:	City of Fairbanks: Annual Facility and General Expenditures - $4,200

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Supplies Costs	$3,000.00
Supplies Costs (Other Sources)	$0.00
Supplies Narrative:	Trust: Marketing project and facilitating project planning - $3,000

Equipment Costs	$0.00
Equipment Costs (Other Sources)	$3,200.00
Equipment Costs Narrative:	City of Fairbanks: Furniture - $1,500 City of Fairbanks: Computer System - $600 City of Fairbanks: Telephones - $1,100

Other Costs	$0.00
Other Costs (Other Sources)	$13,400.00
Other Costs Narrative:	City of Fairbanks: Annual Finance Expenditures - $4,900 City of Fairbanks: Annual IT Expenditures - $6,400 City of Fairbanks: Annual Risk Expenditures - $1,600 City of Fairbanks: Annual Misc. Training Expense - $500

Total Amount to be Funded by the Trust	$130,400.00
Total Amount Funded by Other Sources	$23,900.00

Other Funding Sources	
City of Fairbanks - Secured	$23,900.00 In addition, In-kind: 1. Office space at the Fairbank's fire station 2. Four wheel drive vehicle for the mobile crisis team.
Total Leveraged Funds	**$23,900.00**

CITY OF FAIRBANKS
JOB DESCRIPTION

JOB TITLE: Crisis Now Community Coordinator

CLASSIFICATION NO:

DEPARTMENT: Mayor's Office

STATUS: Salaried/Exempt

POSITION REPORTS TO: Chief of Staff

UNION:

JOB SUMMARY

The Crisis Now Community Coordinator is a grant funded position that will serve as the lead for the Crisis Now project in Fairbanks and will be responsible for the overall leadership, management, communication, and planning for the duration of the funding cycle. Working closely with the City of Fairbanks Mayor under the direction of the Chief of Staff, the Coordinator will identify and engage stakeholders; guide project development; establish local project timelines; and synchronize local efforts with statewide Crisis Now developments.

ESSENTIAL JOB FUNCTIONS

1) Assist the Mayor with resource development and allocation strategies to implement the Crisis Now model in the City.

2) Research and recommend best practices for the Crisis Now development in Fairbanks.

3) Engage Crisis Now stakeholders to promote collaboration on the project.

4) Work with local partners to establish and maintain the Crisis Now development timeline with agreed upon milestones.

5) Host community discussions and trainings about Crisis Now.

6) Assist with grant writing and fund development for Crisis Now components and supports.

7) Represent the Fairbanks Crisis Now Implementation Team in statewide planning.

8) Monitor project performance measures and data for reports to the City and Alaska Mental Health Trust Authority.

9) Supervise AmeriCorps VISTA program and AmeriCorps Summer Associate program.

10) Collaborate with Crisis Now Community Coordinators in Anchorage and the Mat-Su Valley.

11) Performs other duties as assigned.

The above examples are representative of assignments performed by this class and are not intended to be inclusive.

KNOWLEDGE, SKILLS, AND ABILITIES

These factors will be the basis for selecting qualified candidates to be interviewed. Candidates hired must satisfactorily demonstrate these factors during a prescribed probationary period for continued employment:

1) Extensive knowledge of the status of the statewide and local Crisis Now implementation.

2) Extensive knowledge of local and statewide services available to people experiencing temporary or longstanding mental illness.

3) Ability to coordinate stakeholders to ensure that policy positions are aligned with organizational priorities and values are based on solid research and analysis.

4) Ability to communicate clearly and concisely both orally and in writing.

5) Strong skills in project management, managing multiple projects and priorities with the proven ability to work well both independently.

6) Ability to collect, process, and effectively report crisis data as it relates in the City of Fairbanks and the Fairbanks North Star Borough.

7) Ability to establish, build and maintain effective working relations with supervisors, co-workers, public and private officials, and the general public.

8) Ability to maintain confidential information.

9) Ability to exercise considerable independent judgment and perform duties with a minimum of direct supervision.

10)Ability to present information to the City of Fairbanks City Council and Fairbanks North Star Borough Assembly when requested and as needed.

DESIRED QUALIFICATIONS

Persons applying for this position should preferably have the following:

1) A commitment to the development of Crisis Now in the City of Fairbanks and the Fairbanks North Star Borough.

2) Minimum of master’s degree. PhD preferred in Public Policy Administration or related field.

3) Project Management Professional certification preferred.

3) One (1) year of experience in public relations, emergency management, or communications.

4) Experience in the operation of office equipment required for the position, including Microsoft Office. Experience and proficiency in contemporary word processing and spreadsheet programming in a PC environment is required.

The City of Fairbanks is an Equal Opportunity Employer.

Jim Matherly

City Mayor

4/2021

I, _____, have received, reviewed and completely understand the entire contents of this job description.

_____

_____

Signature of Employee Date

_____

_____

Signature of Supervisor Date

Trust
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3745 Community Park Loop, Suite 200
Anchorage, AK 99508
Tel 907.269.7960
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MEMO

To:	Verné Boerner - Program & Planning Committee Chair
Date:	April 21, 2021
Re:	FY21 Substance Abuse Prevention & Treatment Focus Area Allocation
Fund Source:	FY21 Crisis Continuum of Care
Amount:	$457,067.00
Grantee:	Anchorage Community Mental Health Services, Inc dba Alaska Behavioral Health
Project Title:	Fairbanks Mobile Crisis Team - Clinical

REQUESTED MOTION:

Approve a $457,067.00 FY21 authority grant to Alaska Behvaioral Health (AKBH) for funding of behavioral health clinicians, who will work on mobile crisis teams (MCT) in Fairbanks . These funds will come from the FY 21 Substance Abuse Prevention and Treatment – Crisis Continuum of Care budget line.

Assigned Program Staff: Eric Boyer

STAFF ANALYSIS

This request will allow for the implementation of one of the key components of the Crisis Now model in Fairbanks: a Mobile Crisis Team (MCT). With the support of the Trust, Alaska Behavioral Health (AKBH) will provide the clinicial portion of the MCT response. These funds will pay for 3 fulltime clinicians, plus clinicial supervision and administrative support. Per the Crisis Now model, a MCT is ideally composed of a peer support specialist and a behavioral health clinician. There will be one MCT in Fairbanks operating each shift of a 24 hour day, 7 days a week. Fairbanks is one of the three communities prioritized for implementation of the Crisis Now service array, and this project will help lead the design and implementation of MCTs in other cities around the state.

When MCTs function and operate with fidelity to the Crisis Now model, data has shown they can meet the needs of 70% of the people experiencing a behavioral health crisis at the community level. This means these individuals do not need transport to an emergency room or jail, and instead can be helped at the site of their crisis and remain in the community with treatment support.

It is predicted in the Fairbanks region that the MCTs will respond to over 1,000 people in crisis over the course of a year. This means that 700 Trust beneficiaries will get their needs met by the MCT, which will be able to provide follow-up care to that individual through peer support specialists and the

Careline Crisis Call Center. Part of the adaptation of this model for a city the size of Fairbanks involves time for follow-up with individuals who are stabilized through the MCT process. It is expected that the two-person teams will have time between call-outs, which will be used for this on-going level of support. Follow up care alone has been shown to reduce the risk of suicide by 60-70% in multiple studies.

The City of Fairbanks took the initiative to support the Crisis Now framework and bring together Alaska Behavioral Health and The Bridge (via their parent agency Interior Alaska Center for Non-Violent Living) into a partnership to staff and implement best practices for operating MCTs. With the help of the Fairbanks emergency response services (dispatch, fire, police, AK State Troopers), Careline, community health providers, and the local hospital, mobile crisis teams will be able to meet the needs of Trust beneficiaries in need, and begin diverting them from emergency rooms and the criminal justice system.

This project represents the first Crisis Now MCT in Alaska that will be operating with fidelity to the nationally recognized Crisis Now best practice framework. The proposed MCT team will not only showcase how the Crisis Now model can be adapted for use in an Alaskan community, but will directly impact more than 1,000 Trust beneficiaries from this region. Currently, when a beneficiary goes into crisis, the response is often a uniformed Fairbanks police officer or an Alaska State Trooper.

MCTs are a critical component of the Crisis Now framework, and with these requested funds, AKBH will be able to provide the behavioral health clinicians needed to implement this important level of care. It is likely that some level of Trust funding may be required for a period of 2-3 years while perfecting operations and fully maximizinng Medicaid revenue. This proposal is recommended by the Trust program staff for full funding.

COMP PLAN IDENTIFICATION

Goal	Objective	Comments
Goal 2 Healthcare	2.1 Access & receive quality healthcare	The mobile crisis teams will also impact Goal 4, 5, and 6.

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

This project is focused on implementing a behavioral health crisis system of Care in the Fairbanks North Star Borough. The essential functions of the mobile crisis team (MCT) will include triage and screening (explicit screening for suicidality); assessment; de-escalation/resolution; peer support; coordination with medical and behavioral health services; collaboration with families and natural supports, information and referrals; transportation; and crisis planning and follow-

up. The MCT will address recovery needs and will provide trauma-informed care with a specific focus on suicide prevention. MCT staff will participate with the Crisis Now steering committee as it works through the build out of the plan, and will be supportive of the MOA development process with partner organizations.

This project is focused on implementing a behavioral health crisis system of Care in the Fairbanks North Star Borough. By providing a behavioral health crisis system of care, people in crisis get the right care, in the right setting, when they need it. In order to build this system of care, there must be a crisis call center, a mobile crisis team, and a crisis response center (i.e. 23-hour stabilization or short-term stabilization) in order to provide multiple opportunities for intervention at less intensive levels of care. This grant proposal specifically focuses on discussing and requesting funding for one portion of the behavioral health crisis system of care, the clinician position on the MCT, who will provide crisis services to any person in the North Star Borough in his or her home, workplace, or any other community-based location in a timely manner (the Bridge is submitting a proposal for the second half of the mobile crisis team, the peer support specialist). The essential functions of the team will include triage and screening (explicit screening for suicidality); assessment; de-escalation/resolution; peer support; coordination with medical and behavioral health services; collaboration with families and natural supports, information and referrals; transportation; and crisis planning and follow-up. The mobile crisis team will address recovery needs and will provide trauma-informed care with a specific focus on suicide prevention.

EVALUATION CRITERIA

1) How much did we do?
   #of beneficiaries who receive crisis peer support services from MCT
   # of beneficiaries who received follow-up after 48 hours by a Peer Support Professional
2) How well did you do?
   % of people who engage in recovery supports, housing, employment or other treatment services
   # of family members who find resources for their child, spouse or parent
3) Is anyone better off as a result of this project?
   #of beneficiaries who report that they are better off by having received services.
   # of beneficiaries who are diverted from higher levels of care including hospitalization.

In order to measure project success, AKBH will specifically track the following performance metrics: the number of individuals served per shift; the average response time; the percentage of calls responded to within 1 and 2 hours; and the percentage of mobile crisis responses resolved in the community. Additionally, AKBH will administer the National Outcome Measures (NOMS) once an individual is linked to services (at intake) and every six months thereafter which tracks whether the individual is demonstrating an improved quality of life.

SUSTAINABILITY

Yes, this project could continue after the Trust's funding ends, as AKBH is able to bill both the 1115 Waiver Mobile Outreach and Crisis Response Services ($175.6) or the Medicaid Short-Term Crisis Intervention Service ($125.76 per hour) when providing mobile crisis team services. For the Short-Term Crisis Intervention Service, AKBH can also bill for 22 additional hours of crisis services.

WHO WE SERVE

This project will provide necessary crisis services to The Trust's beneficiaries which include those who are mentally ill (i.e. those diagnosed with schizophrenia, delusional disorder, mood disorders, anxiety disorders, somatoform disorders, personality disorders, dissociate disorders, and other psychotic or severe and persistent mental disorders); chronic alcoholics suffering from psychosis; and other persons needing mental health services. As highlighted in the Alaska Statues, the integrated comprehensive mental health program, for which expenditures are made by The Trust, shall give priority in service delivery to persons who, as a result of a mental disorder, may require or are at risk of hospitalization or are experiencing such a major impairment of self-care, self-direction, or social and economic functioning that they require continuing or intensive services. By providing mobile crisis team services, Trust beneficiaries who are in crisis will receive the right care, in the right setting, when they need it. Beneficiaries will be better off, as the mobile crisis team will lead to a decrease in use and interaction between Trust beneficiaries and emergency departments, jails, and police, and will lead to linkage to appropriate care and treatment through triage/screening, assessment, de-escalation, coordination with community services, and crisis planning and follow-up.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	516
Substance Abuse	516
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	3,170
Number of people to be trained	12

BUDGET

Personnel Services Costs	$310,640.00
Personnel Services Costs (Other Sources)	$134,360.00
Personnel Services Narrative:	1. Clinical Managment 0.2 FTE (Covered by Trust) 2. Admin Support 0.2 FTE (Covered by Trust) 3. Clinican (24/7) 2.53 FTE (Covered by Trust)

	4. Clinician (24/7) AKBH/Medicaid	1.67	FTE (Covered by

Space or Facilities Costs	$46,000.00
Space or Facilities Costs (Other Sources)	$0
Space or Facilities Narrative:	

Equipment Costs	$7,100.00
Equipment Costs (Other Sources)	$0
Equipment Costs Narrative:	

Other Costs	$93,327.00
Other Costs (Other Sources)	$0
Other Costs Narrative:	Training $5,000 Contract $18,400 Indirect $69,927

Total Amount to be Funded by the Trust	$457,067.00
Total Amount Funded by Other Sources	$181,233

OTHER FUNDING SOURCES

Billing Medicaid 1115 waiver- mobile crisis team provides $175.64 per episode	RI Report/Agnew Beck analysis- 1032 crisis episodes predicted, resulting in revenue, $181,233.
Or billing short-term crisis intervention services (every 15 minutes is $31.44)	The first year of implementation will provide a baseline for the impact of this revenue stream.
Total Leveraged Funds	**$181,233**

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MEMO

To:	Verné Boerner - Program & Planning Committee Chair
Date:	April 21, 2021
Re:	FY21 Substance Abuse Prevention & Treatment Focus Area Allocation
Fund Source:	FY21 Crisis Continuum of Care
Amount:	$350,000.00
Grantee:	Interior Alaska Center For Non- Violent Living
Project Title:	Fairbanks Mobile Crisis Team – Peer Support

REQUESTED MOTION:

Approve a $350,000.00 FY21 authority grant to the Interior Center for Non-Violent Living (IAC) for funding of Peer Support Specialists, who will work on mobile crisis teams in Fairbanks. These funds will come from the FY 21 Substance Abuse Prevention and Treatment – Crisis Continuum of Care budget line.

Assigned Program Staff: Eric Boyer

STAFF ANALYSIS

This request will allow for the implementation of one of the key components of the Crisis Now model in Fairbanks: a Mobile Crisis Team (MCT). The Interior Alaska Center For Non- Violent Living (IAC) is requesting Trust funds to pay for five peers, who will be paired with a behavioral health clinician from provider Alaska Behavioral Health. There will be one MCT in Fairbanks operating each shift of a 24 hour day, 7 days a week. Fairbanks is one of the three communities prioritized for implementation of the Crisis Now service array, and this project will help lead the design and implementation of MCTs in other cities around the state.

When MCTs function and operate with fidelity to the Crisis Now model, data has shown they can meet the needs of 70% of the people experiencing a behavioral health crisis at the community level. This means these individuals do not need transport to an emergency room or jail, and instead can be helped at the site of their crisis and remain in the community with treatment support.

It is predicted in the Fairbanks region that the MCTs will respond to over 1,000 people in crisis over the course of a year. This means that 700 Trust beneficiaries will get their needs met by the MCT, which will be able to provide follow-up care to that individual through peer support specialists and the Careline Crisis Call Center. Part of the adaptation of this model for a city the size of Fairbanks involves

time for follow-up with individuals who are stabilized through the MCT process. It is expected that the two-person teams will have time between call-outs, which will be used for this on-going level of support. Follow up care alone has been shown to reduce the risk of suicide by 60-70% in multiple studies.

The City of Fairbanks took the initiative to support the Crisis Now framework and bring together Alaska Behavioral Health and The Bridge (via their parent agency Interior Alaska Center for Non-Violent Living) into a partnership to staff and implement best practices for operating MCTs. With the help of the Fairbanks emergency response services (dispatch, fire, police, AK State Troopers), Careline, community health providers, and the local hospital, mobile crisis teams will be able to meet the needs of Trust beneficiaries in need, and begin diverting them from emergency rooms and the criminal justice system.

This project represents the first Crisis Now MCT in Alaska that will be operating with fidelity to the nationally recognized Crisis Now best practice framework. The proposed MCT team will not only showcase how the Crisis Now model can be adapted for use in an Alaskan community, but will directly impact more than 1,000 Trust beneficiaries from this region. Currently, when a beneficiary goes into crisis, the response is often a uniformed Fairbanks police officer or an Alaska State Trooper.

MCTs are a critical component of the Crisis Now framework, and with these requested funds, IAC will be able to provide the behavioral health peer support specialists needed to implement this important level of care. It is likely that some level of Trust funding may be required for a period of 2-3 years while perfecting operations and fully maximizing Medicaid revenue. This proposal is recommended by the Trust program staff for full funding.

COMP PLAN IDENTIFICATION

Goal	Objective	Comments
Goal 2 Healthcare	2.1 Access & receive quality healthcare	The mobile crisis teams will also impact Goal 4, 5, and 6.

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

This project is focused on implementing a behavioral health crisis system of Care in the Fairbanks North Star Borough. The essential functions of the mobile crisis team (MCT) will include triage and screening (explicit screening for suicidality); assessment; de-escalation/resolution; peer support; coordination with medical and behavioral health services; collaboration with families and natural supports, information and referrals; transportation; and crisis planning and follow-up. The MCT will address recovery needs and will provide trauma-informed care with a specific focus on suicide prevention. MCT staff will participate with the Crisis Now steering committee as

it works through the build out of the plan, and will be supportive of the MOA development process with partner organizations.

This project is focused on implementing a behavioral health crisis system of Care in the Fairbanks North Star Borough. By providing a behavioral health crisis system of care, people in crisis get the right care, in the right setting, when they need it. In order to build this system of care, there must be a crisis call center, a mobile crisis team, and a crisis response center (i.e. 23-hour stabilization or short-term stabilization) in order to provide multiple opportunities for intervention at less intensive levels of care. This grant proposal specifically focuses on discussing and requesting funding for one portion of the behavioral health crisis system of care, the clinician position on the MCT, who will provide crisis services to any person in the North Star Borough in his or her home, workplace, or any other community-based location in a timely manner (the Bridge is submitting a proposal for the second half of the mobile crisis team, the peer support specialist). The essential functions of the team will include triage and screening (explicit screening for suicidality); assessment; de-escalation/resolution; peer support; coordination with medical and behavioral health services; collaboration with families and natural supports, information and referrals; transportation; and crisis planning and follow-up. The mobile crisis team will address recovery needs and will provide trauma-informed care with a specific focus on suicide prevention.

This Trust funding proposal will be supplemented by a smaller grant award from the DHSS Division of Public Health, awarded in February 2021, called "Restore Hope in Linkage to Care Collaboration." The City of Fairbanks Fire Department, AKBH, and The Bridge Support Services will build an infrastructure in Fairbanks to implement 24/7 coverage of the MCT. This project is being done in collaboration with Careline, the City of Fairbanks Crisis Now Coordinator, and the Fairbanks Fire Chief.

EVALUATION CRITERIA

1) How much did we do?
   #of beneficiaries who receive crisis peer support services from MCT
   # of beneficiaries who received follow-up after 48 hours by a Peer Support Professional
2) How well did you do?
   % of people who engage in recovery supports, housing, employment or other treatment services
   # of family members who find resources for their child, spouse or parent
3) Is anyone better off as a result of this project?
   #of beneficiaries who report that they are better off by having received services.
   # of beneficiaries who are diverted from higher levels of care including hospitalization.

SUSTAINABILITY

We believe that Medicaid, contracts and grants will provide a strong base of support for The Bridge's Peer Support Services including the Mobile Crisis Team. By allowing the Peer Support Specialists to bill up to 22 hours for crisis services to connect individuals with recovery supports, treatment, housing and employment, we can maximize the services for individuals that call 911 or 988 (Careline) that need more than telephone crisis supports.

WHO WE SERVE

This project will provide necessary crisis services to The Trust's beneficiaries which include those who are mentally ill (i.e. those diagnosed with schizophrenia, delusional disorder, mood disorders, anxiety disorders, somatoform disorders, personality disorders, dissociate disorders, and other psychotic or severe and persistent mental disorders); chronic alcoholics suffering from psychosis; and other persons needing mental health services. As highlighted in the Alaska Statues, the integrated comprehensive mental health program, for which expenditures are made by The Trust, shall give priority in service delivery to persons who, as a result of a mental disorder, may require or are at risk of hospitalization or are experiencing such a major impairment of self-care, self-direction, or social and economic functioning that they require continuing or intensive services. By providing mobile crisis team services, Trust beneficiaries who are in crisis will receive the right care, in the right setting, when they need it. Beneficiaries will be better off, as the mobile crisis team will lead to a decrease in use and interaction between Trust beneficiaries and emergency departments, jails, and police, and will lead to linkage to appropriate care and treatment through triage/screening, assessment, de-escalation, coordination with community services, and crisis planning and follow-up.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	516
Substance Abuse	516
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	3170

BUDGET

Personnel Services Costs	$306,945.00
Personnel Services Costs (Other Sources)	0
Personnel Services Narrative:	**Five (5) FTE Peer Support Specialist** will be hired to provide 24/7 coverage on the MCT. Each Peer Support Specialist will be hired based upon their level of certification with the average hourly wage anticipated to be $17.60 per hour. They will work 8 hours shift and be provided benefits that include health and dental insurance, a 2% retirement match, 10 paid holidays and 7 hours of leave per pay period. Annual Benefit Cost for Peer Support Specialist are health and dental insurance ($9,840), retirement ($732), holidays ($1,320) leave time ($3,203) worker's comp ($1,318) and federal/state taxes ($3,368). Annual cost of benefits = $19,781 (cost of holiday and leave are included

	due to other staff having to be paid during their time off to provide24/7 coverage) Annual wage cost of the Peer Support Specialist is based upon an average rate of pay of $17.60 x 2080 hours = $36,608. Total annual cost of Peer Support Specialist - $56,389 Total Cost of Peer Support Specialist $56,389 x 5 FTE = $281,945 – all of which is requested from the Trust **The Bridge Program Services Director –** will provide direct supervision, oversee training, and be available for on-call when necessary. This position will be a salaried position at $54,000 This position will be provided benefits that include health and dental insurance, a 2% retirement match, 10 paid holidays and 7 hours of leave per pay period. Annual Benefit Cost for the Bridge Program Services Director are health and dental insurance ($9,840), retirement ($1,080), worker's comp ($1,620) and federal/state taxes ($4,968). Annual cost of benefits = $17,508 (cost of holiday and leave are NOT included due to no extra pay required other than the normal salary. Annual cost of the Bridge Program Services Director $71,508 This position will oversee the Bridge Services with 50% of the position's time designated to the MCT efforts totaling $35,754 - Amount requested from the Trust is $25,000 with $10,754 begin contributed to the project through other funds.

Travel Costs	0
Travel Costs (Other Sources)	0
Travel Narrative:	No funds requested - These costs will be provided by other funds received from the City of Fairbanks.

Space or Facilities Costs	$7,000.00
Space or Facilities Costs (Other Sources)	0
Space or Facilities Narrative:	Rents - The cost of rents will be spread between programs located in the space based upon the square footage they occupy. An amount of $500 per month totaling $6,000 is

	requested from the Trust to pay the cost of peer support specialist space. This will be matched by funds received from the City of Fairbanks Telephone – Each peer support specialist will be provided a cell phone to use. Total cost of 5 phones x 29 per line plus data cost = $175 per month. Total amount requested from the trust is $1,000 with the remainder being paid for by funds received by the City.

Supplies Costs	$1,055.00
Supplies Costs (Other Sources)	0
Supplies Narrative:	Office Supplies - will include pen, printer ink, paper, and other necessary supplies to carry on the day to day of the office – Total amount requested from the Trust $1,055 - These costs will be matched by other funds received from the City of Fairbanks

Other Costs	$35,000.00
Other Costs (Other Sources)	0
Other Costs Narrative:	The organization IAC has an administrative cost of 10%. This amount is requested from the trust to provide services related to human resources, accounts payable, grant reporting, insurances, audit services, and anything else required for administering the grant and providing support for the services provided.

Total Amount to be Funded by the Trust	$350,000.00
Total Amount Funded by Other Sources	$125,000.00

OTHER FUNDING SOURCES

Restore Hope Grant with the City of Fairbanks	$125,000.00
Total Leveraged Funds	**$125,000.00**

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MEMO

To: Verné Boerner - Program & Planning Committee Chair
Date: April 21, 2021
Re: FY21 Partnership Grant Request
Amount: $250,000.00
Grantee: Beans Cafe Inc
Project Title: Permanency Navigation + Support and Interim Capital for new building

REQUESTED MOTION:

Approve a $250,000 FY21 Partnership Grant to Beans Café for Permanency Navigation + Support and Interim Capital for New Building project.

Assigned Program Staff: Kelda Barstad

STAFF ANALYSIS

Bean's Café began in 1979 as a day shelter to serve the homeless in Anchorage. In 1985, Bean's relocated to the building on the Third Avenue and Karluk Street, serving warm nourishing meals and offering a place for the homeless to rest, warm up, enjoy conversation and connect with services. During COVID, Bean's Café opened the mass emergency shelter located in the Sullivan Arena and offered those same services to many more people and added overnight shelter to the list of services offered by the agency. Bean's Cafe provides nearly 800,000 meals annually, prior to the implementation of the mobile food delivery program and has now outgrown their facility at Third Avenue. In order to serve the needs of the community, Bean's Café completed an extensive real estate search for suitable properties and ultimately decided the best option is to remodel warehouse space they already own. The warehouse space will need remodeling and an addition to meet the current and future needs of the agency. The warehouse is currently leased and expected to be vacated this summer. The current Bean's café building sold and these combined circumstances necessitate an interim location during construction with reconfigured office spaces to accommodate all staff.

The mission of Bean's Cafe is that Bean's Café exists to fight hunger for all ages, one meal at a time, while providing a pathway to self-sufficiency with dignity and respect. The Permanency Navigation Program created by Bean's Café fulfills the latter part of their mission. This work has seen different iterations over the years, with the Permanency Navigation Program formally established in 2020 with combined funding from the Trust, Rasmuson Foundation, Cook Inlet Tribal Council and the Municipality of Anchorage. The Permanency Navigation Program has moved hundreds of individuals

out of shelter to supportive housing facilities or to another positive housing outcome. This program has been able to offer Bean's Café clients the opportunity to regain security, overall safety, and engage in supportive helping relationships that allow them to move forward with rebuilding their lives, as well as develop pathways to permanent housing, income, healthcare, and stability. The services provided by Bean's Cafe serve all categories of Trust beneficiaries who are experiencing homelessness in Anchorage.

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.

PROJECT DESCRIPTION

This request is two-fold. A continuation of support from the Trust for a permanency navigator position and support for transitional and intermediate needs for Bean's Café to relocate from its current location into an interim location, while the new permanent facility is being remodeled.

Permanency Navigation Program

Bean's Cafe has operated the emergency mass shelter at the Sullivan Arena during COVID. During the months of October 2020 – January 2021, the average number of clients at the shelter was 400 per night. Early on, Bean's Café recognized the need for a team to assist clients to get out of emergency shelter and/or camps. The Permanency Navigators assist clients to self-resolve housing issues, navigate behavioral health, addiction treatment and health care services, and connect them to available benefits and other resources to eliminate housing barriers. The goal is for clients to be "housing ready" which may include assistance in obtaining ID, benefits, and connection to anti-recidivism and employment services.

The Permanency Navigation Program team is currently comprised of a manager, three permanency navigators, one medical services navigator and one navigator funded by Cook Inlet Housing Authority that focuses on clients who are Alaska Native or American Indian. The current unmet need is for the navigation team to be flexible enough to consistently meet with and provide services to the clients in their off-site locations, primarily the transitional housing located at four Anchorage hotels. Bean's Cafe will continue to connect clients in these locations to existing services and help them find a pathway to self-sufficiency. Since the program started last year 500 people were moved from shelter to transitional and supportive housing. There is simply not enough permanent supportive housing or rapid rehousing options. This program would strive to help our clients find other ways to resolve their housing issues. Self-resolve options could include reunification with family/friends; accessing any available benefits (SSI, SSDI, VA, etc.), exploring

roommate or other alternative, less expensive living options, connection to anti-recidivism and employment programs. This program helps fill a critical need to connect people to housing as the Municipality of Anchorage works to close the emergency shelter and transition people away from temporary hotel accommodations. Many people staying at the shelter need the assistance from a navigator to obtain the items they need to be ready for housing and obtain housing.

Building Move - Transitional and Intermediate Needs

As part of this request, Bean's Cafe is also requesting support for transitional and intermediate needs associated with the move out of 1101 E. 3rd Avenue and support for transitional operations to include lease of warehouse space and the consolidation of two commercial kitchen spaces into one at 1020 E. 4th Avenue or use of a temporary kitchen facility. Any remaining funds from the transition will be used toward the relocation of meal production and food storage operations to the building at 1524 Ship Avenue which will be the permanent home for Bean's Café. This building is currently occupied by tenants who will vacate June 30, 2021 after which Bean's Cafe can begin remodeling the building to include the construction of an addition for much needed food warehouse space. Once the remodel and construction is complete, a 16,000 sq. ft. space for production of up to 1 million meals a year will be ready for Bean's Café to occupy.

EVALUATION CRITERIA

Bean's Cafe will continue to track the following data points for Permanency Navigation: number of clients served, number of clients housed, and referred to partners for other services related to basic needs, employment, benefits assistance, and health care services.

The results of the facility relocation will be described in a narrative, highlighting the items funded through this grant.

SUSTAINABILITY

Bean's Cafe is confident the support provided by the Trust can almost fully accommodate the interim and transitional needs for the relocation of facilities from 1101 E. 3rd to 1020 E. 4th until Bean's Cafe are able to relocate permanently to the property at Ship and Orca. Once the relocation is complete, Bean's Café does not intend to move locations again in the foreseeable future. Permanency Navigation services have the potential to be funded through case management services or homelessness services grants in the future and will be explored. Cook Inlet Housing Authority and Rasmuson Foundation both invest in the Permanency Navigation program. The Municipality of Anchorage Emergency Operations Center currently funds the other positions, with a grant to be awarded later this year to continue the service. Bean's Cafe has been actively supported by the community, donors and other funders and it is believed that this support will continue into the future.

WHO BEAN'S CAFE SERVES

Virtually every person who utilizes Bean's Cafe Mass Emergency Shelter is a Trust Beneficiary. The need for navigation services has grown and continues to do so. Bean's Cafe has entered more than 3200 unique individuals into the coordinated entry system since Bean's Cafe began emergency shelter operations in winter 2019- which includes the large increase since opening the mass temporary emergency shelter in March 2020. Numbers of Trust beneficiaries reported in the homeless service system are quite low compared to staff observations. This is because many people do not want to self-report as a beneficiary. It can be difficult to disclose this information due to personal preference, undiagnosed disorders, lack of private space upon shelter check in, and perception that self-identifying will disqualify them from the shelter or services. Better information is gained when people interact with a Permanency Navigator and have a more in-depth service relationship.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING

Mental Illness:	200
Developmental Disabilities:	30
Alzheimer's Disease & Related Dementias:	30
Substance Abuse	300
Traumatic Brain Injuries:	30
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	30
Number of people to be trained	20

BUDGET

Personnel Services Costs	$65,000.00
Personnel Services Costs (Other Sources)	$346,934.00
Personnel Services Narrative:	Rasmuson Foundation for continued Permanency Navigation support, EOC funding for three navigation positions and CIHA for one navigation position.

Space or Facilities Costs	$175,000.00
Space or Facilities Costs (Other Sources)	$0.00
Space or Facilities Narrative:	Bean's Cafe is currently providing nearly 800,000 meals annually, before implementation of the mobile food delivery program and has outgrown the facility at 1101 E. 3rd Avenue. Bean's Cafe requires warehouse space, a larger kitchen, and the capacity to take on the increased need for meal production and storage. Currently owned warehouse space can be remodeled and retrofitted to accommodate our needs indefinitely.

Equipment Costs	$10,000.00

Equipment Costs (Other Sources)	$0.00
Equipment Costs Narrative:	Current office furniture and technology able to be moved will be used at the new location. Additional structures to follow CDC guidelines for barriers and spacing between workspaces are needed as Bean's Cafe consolidates staff from the Cafe into our current administrative building during the transition.

Total Amount to be Funded by the Trust	$250,000.00
Total Amount Funded by Other Sources	$346,934.00

OTHER FUNDING SOURCES

Rasmuson Foundation	$100,000.00
Emergency Operations Center (EOC)	$146,934.00
Cook Inlet Housing Authority (CIHA)	$100,000.00
Total Leveraged Funds	**$346,934.00**