

## MEETING AGENDA

**Meeting:** Board of Trustees  
**Date:** May 21-22, 2025  
**Time:** 8:00 AM  
**Location:** Borealis Ballroom, Wedgewood Resort, 212 Wedgewood Drive, Fairbanks, AK  
**Teleconference:** [Zoom Link](#); Meeting ID: 862 3388 1875; Passcode: 907  
Call-in number +1 253 215 8782; [alaskamentalthrust.org](http://alaskamentalthrust.org)  
**Trustees:** Brent Fisher (Chair), Corri Feige, Kevin Fimon, Anita Halterman, Josie Hickel, Agnes Moran, John Morris

### Wednesday, May 21, 2025

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<b>8:00</b>	<b>Call to Order – Brent Fisher, Chair</b>	
	Roll Call	
	Approval of Agenda	
	Review of Guiding Principles	9
	Ethics Disclosure	
	Approval of April Minutes	
	• February 5-6, 2025	16
	• Special Full Board 3/28/25	51
	Current Bylaws	57
<b>8:10</b>	<b>CEO Update</b>	handout
	• Mary Wilson, CEO	
<b>8:40</b>	<b>Public Comment</b>	
	For Public Comment Guidelines, click <a href="#">here</a>	
	*Note: Anyone interested in providing public comment are encouraged to <b>pre-register</b> by emailing <a href="mailto:public.comment@mhtrust.org">public.comment@mhtrust.org</a> by <b>5pm the previous day</b> .	
	While pre-registration is not required, public comment will begin with those who have preregistered. If after 10 minutes no one has called in to provide public comment, the meeting will resume.	
<b>9:40</b>	<b>Resource Management Report</b>	67
	• Jusdi Warner, Executive Director	
<b>9:55</b>	<b>Promontory Point</b>	
	Executive Session – (if necessary)	
	In accordance with the Open Meetings Act, AS 44.62.310(c)	
<b>10:40</b>	<b>Real Estate Property Budgets</b>	
	• Jusdi Warner, Executive Director	72
	• Julee Farley, Chief Finance Officer and RCLCO	handout



## Wednesday, May 21, 2025 (continued)

<b>11:10</b>	<b>Finance Committee Report</b>	81
	<ul style="list-style-type: none"> <li>• Julee Farley, Chief Finance Officer</li> <li>• Steve Center and Julia Moriarty, Senior Vice President, Callan LLC</li> </ul>	84
<b>11:55</b>	<b>Lunch Break</b>	
<b>12:20</b>	<b>FY26 Budget Amendments</b>	115
	<ul style="list-style-type: none"> <li>• Katie Baldwin-Johnson, Chief Operating Officer</li> </ul>	
<b>12:30</b>	<b>FY27 Budget Process</b>	handout
	<ul style="list-style-type: none"> <li>• Katie Baldwin-Johnson, Chief Operating Officer</li> <li>• Lucas Lind, Grants Administrator</li> </ul>	
<b>12:50</b>	<b>Mayor's Welcome</b>	
	<ul style="list-style-type: none"> <li>• David Pruhs, Mayor of Fairbanks</li> </ul>	
<b>12:55</b>	<b>Community Panel</b>	
	<ul style="list-style-type: none"> <li>• Brenda McFarlane, Crisis Now Community Coordinator, City of Fairbanks</li> <li>• Sarah Koogle, Director of Adult Services, Alaska Behavioral Health</li> <li>• Dr. Kyle Dexter, Behavioral Health Aide Director, Tanana Chiefs Conference</li> </ul>	
<b>1:40</b>	<b>Statutory Advisors</b>	
	<ul style="list-style-type: none"> <li>• Kermit Wilson and Leah Van Kirk, Advisory Board on Alcohol &amp; Drug Abuse/ Alaska Mental Health Board</li> <li>• Yasmin Radbod, Alaska Coalition on Aging, and Leona Seal, MASST</li> <li>• Patrick Reinhart, Governor's Council on Disabilities and Special Education</li> </ul>	handout handout handout
<b>2:40</b>	<b>Break</b>	
<b>2:55</b>	<b>Consent Agenda Approval</b>	121
	<ul style="list-style-type: none"> <li>• Battle Dawgs - Operation Arctic Renewal: Outdoor-Based Suicide Prevention for Veterans</li> <li>• Anchorage School District - Pop Up Playgroups</li> <li>• Interior Community Health Center - Dental Grant</li> <li>• Mat-Su Health Services - Dental Grant</li> <li>• Cook Inlet Counseling - Sage/Saltbox Implementation</li> <li>• Native Village of Afognak - Recovery Camp</li> <li>• Alaska Association on Developmental Disabilities – Complex Care – Providers United to Create Options</li> <li>• FOCUS, Inc. - Phone Replacement System</li> <li>• Wrangell Mountain Center - Saghamni ggaay (Young Raven) - AK Native Youth Project</li> </ul>	123 130 135 139 143 146 151 157 160



## Wednesday, May 21, 2025 (continued)

<b>3:55</b>	<b>Begin Grant Approvals</b>	<b>167</b>
	• Mat-Su Health Foundation - Crisis Now Implementation Coordinator for Mat-Su	172
	• Presbyterian Hospitality House - “The Extra Mile” Strengthening Alaskan Families	176
	• The Alaska Safety Alliance- Re-envisioned Alaska’s New Statewide Health Workforce Coalition	183
	• North Star Community Foundation - Fairbanks Reentry Coalition Housing Assistance	188
	• Valley Charities – Mat-Su Reentry Coalition Housing Project	192
<b>4:45</b>	<b>Recess</b>	



**Thursday, May 22, 2025**

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<b>8:00</b>	<b>Call to Order Announcements</b>	
<b>8:05</b>	<b>Grant Approvals Continued</b>	
	• Choices, Inc - SMI-SUD Adult Recovery and Housing Program	196
	• The Alaska Mental Health Consumer Web – The Alaska Mental Health Consumer Web Operating Grant	202
	• Polaris House – Clubhouse Support for Rehabilitation and Recovery	210
	• NAMI Juneau - Peer Support in Juneau & Southeast Alaska	218
	• NAMI Anchorage – NAMI Anchorage Operating Grant	225
	• Northern Hope – Northern Hope Center Mental Health Drop-In Center	232
	• NAMI Alaska – A Lifeline for Alaskans	244
	• Alaska Addiction Rehabilitation Services (AARS) – AARS Expansion Project	251
	• All Alaska Pediatric Partnership – Infant & Early Child Mental Health Line Pilot Project	317
	• Alaska Aids Assistance Association - Housing Gap Funding for Trust Beneficiaries Living with HIV	325
<b>10:00</b>	<b>Break</b>	
<b>10:15</b>	<b>Grant Approvals Continued</b>	
	• The Alaska Association for Infant & Early Childhood Mental Health – Infant & Early Child Mental Health Consultation Project	329
	• The Association for the Education of Young Children – 4 <sup>th</sup> Trimester Project- Parents as Teachers & Circles of Security for Classrooms	340
	• OpiAid - Compassionate Technology Pilot for OUD	345
	• Contract Approval: Stellar Group -Mental Health Supports in Schools Community of Practice Facilitator	349
	• Grant Budget Amendment: Association of Alaska School Boards – Project Transform/Mental Health Consultation in Schools	354
<b>11:30</b>	<b>Trustee Comments</b>	
<b>11:40</b>	<b>Adjourn/Lunch</b>	

<b><u>Additional Documents:</u></b>	
P&P Committee Report Summary	361



## Future Meeting Dates

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

(Updated – May 2025)

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- |                                |                             |                          |
|--------------------------------|-----------------------------|--------------------------|
| • Full Board of Trustees       | May 21-22, 2025             | (Wed, Thu) - Fairbanks   |
|                                |                             |                          |
| • Audit & Risk Committee       | July 31, 2025               | (Thu)                    |
| • Finance Committee            | July 31, 2025               | (Thu)                    |
| • Resource Mgt Committee       | July 31, 2025               | (Thu)                    |
| • Program & Planning Committee | Aug 1, 2025                 | (Fri)                    |
| • Full Board of Trustees       | August 27-28, 2025          | (Wed, Thu) – Anchorage   |
|                                |                             |                          |
| • Audit & Risk Committee       | October 15, 2025            | (Wed)                    |
| • Finance Committee            | October 15, 2025            | (Wed)                    |
| • Resource Mgt Committee       | October 15, 2025            | (Wed)                    |
| • Program & Planning Committee | October 16, 2025            | (Thu)                    |
| • Full Board of Trustees       | November 19-20, 2025        | (Wed, Thu) – Anchorage   |
|                                |                             |                          |
| • Program & Planning Committee | January 21, <b>2026</b>     | (Wed)                    |
| • Finance Committee            | January 22, <b>2026</b>     | (Thu)                    |
| • Resource Mgt Committee       | January 22, <b>2026</b>     | (Thu)                    |
| • Audit and Risk Committee     | January 22, <b>2026</b>     | (Thu)                    |
| • Full Board of Trustees       | February 18-19, <b>2026</b> | (Wed, Thu) – Juneau      |
|                                |                             |                          |
| • Program & Planning Committee | April 22, <b>2026</b>       | (Wed)                    |
| • Finance Committee            | April 23, <b>2026</b>       | (Thu)                    |
| • Resource Mgt Committee       | April 23, <b>2026</b>       | (Thu)                    |
| • Audit and Risk Committee     | April 23, <b>2026</b>       | (Thu)                    |
| • Full Board of Trustees       | May 20-21, <b>2026</b>      | (Wed, Thu)– location TBD |



## Future Meeting Dates Statutory Advisory Boards (Updated – May 2025)

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### **Alaska Commission on Aging**

ACOA: <https://aging.alaska.gov>

Executive Director: Martin Lange, (907) 465-4793, [martin.lange@alaska.gov](mailto:martin.lange@alaska.gov)

- September 16-18, 2025/Virtual (T)

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

AMHB: <http://health.alaska.gov/amhb/Pages/default.aspx>

ABADA: <https://health.alaska.gov/abada/Pages/default.aspx>

Executive Director: Kermit Wilson, (907) 465-4650, [kermit.wilson@alaska.gov](mailto:kermit.wilson@alaska.gov)

- June 12, 2025, 9am-2pm/Hybrid in Juneau and Anchorage

### **Governor's Council on Disabilities and Special Education**

GCDSE: <http://health.alaska.gov/gcdse/Pages/default.aspx>

Executive Director: Patrick Reinhart, (907)269-8990, [patrick.reinhart@alaska.gov](mailto:patrick.reinhart@alaska.gov)

- Triannual Meeting (spring): May 28-29, 2025 / Anchorage



## Trustee Committee Assignments

Updated May 2025

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### Executive Committee

- Brent Fisher, Chair
- Agnes Moran, Vice Chair
- Secretary (*vacant*)
- Mary Wilson, staff

### Audit & Risk Committee

- Kevin Fimon, Chair
- Corri Feige
- Anita Halterman
- Brent Fisher, *non-voting*
- Julee Farley, staff

### Finance Committee

- John Morris, Chair
- Kevin Fimon
- Anita Halterman
- Brent Fisher, *non-voting*
- Julee Farley, staff

### Program & Planning Committee

- Agnes Moran, Chair
- Kevin Fimon
- (*vacant*)
- Brent Fisher, *non-voting*
- Katie Baldwin, staff

### Resource Management Committee

- Corri Feige, Chair
- Anita Halterman
- Josie Hickel
- Brent Fisher, *non-voting*
- Jusdi Warner, staff



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



## Trust Guiding Principles

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

Education of the public and policymakers on beneficiary needs;

Collaboration with consumers and partner advocates;

Maximizing beneficiary input into programs;

Continually improving results for beneficiaries;

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

Useful and timely data for evaluating program results;

Inclusion of early intervention and prevention components in programs;

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

Approved 5-12-09, Board of Trustee meeting



## Trust Mission Statement

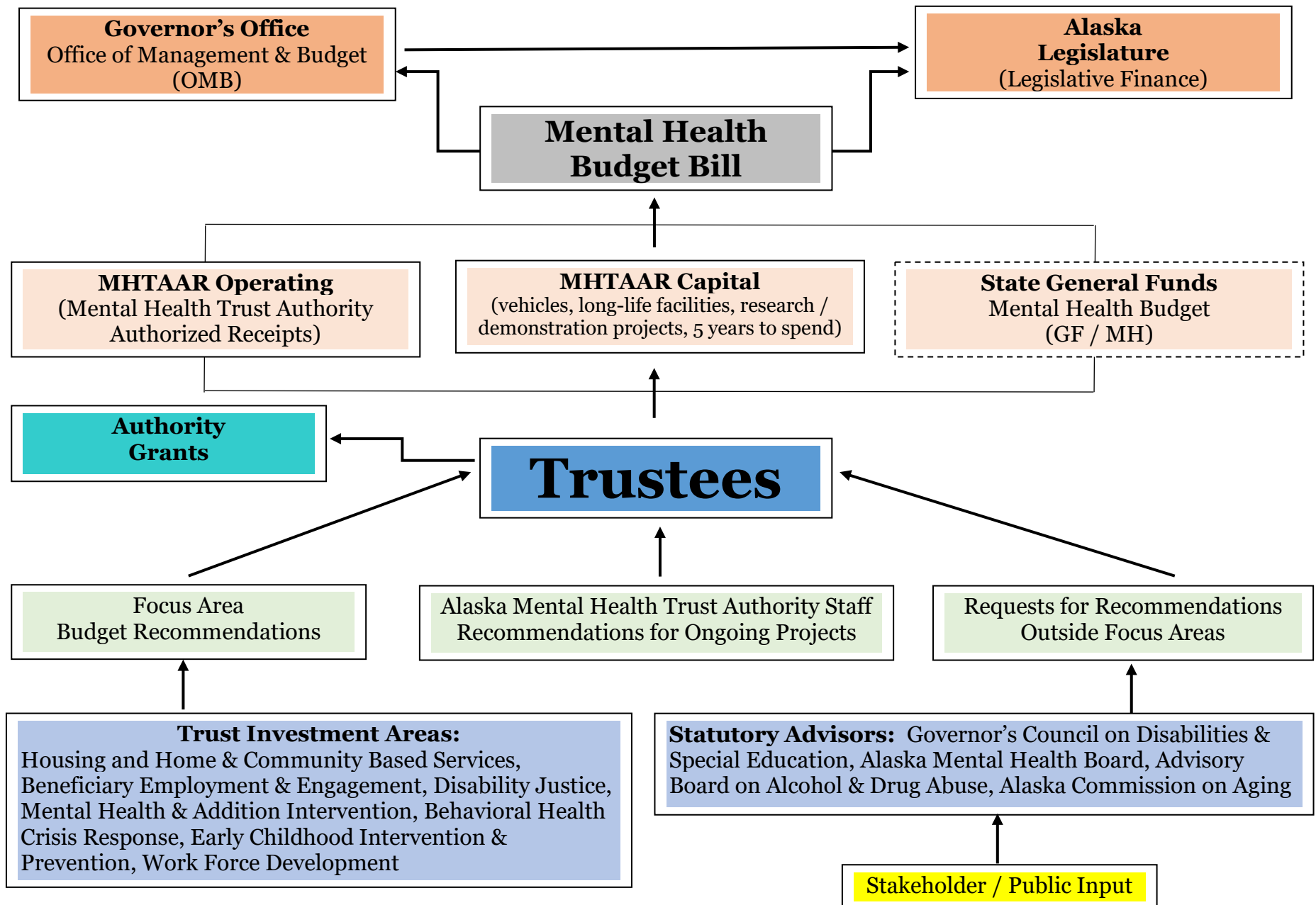
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The Alaska Mental Health Trust Authority (The Trust) administers the Mental Health Trust to improve the lives of beneficiaries. Trustees have a fiduciary responsibility to protect and enhance trust assets in perpetuity for the beneficiaries. The Trust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

Approved 5-12-09, Board of Trustee meeting

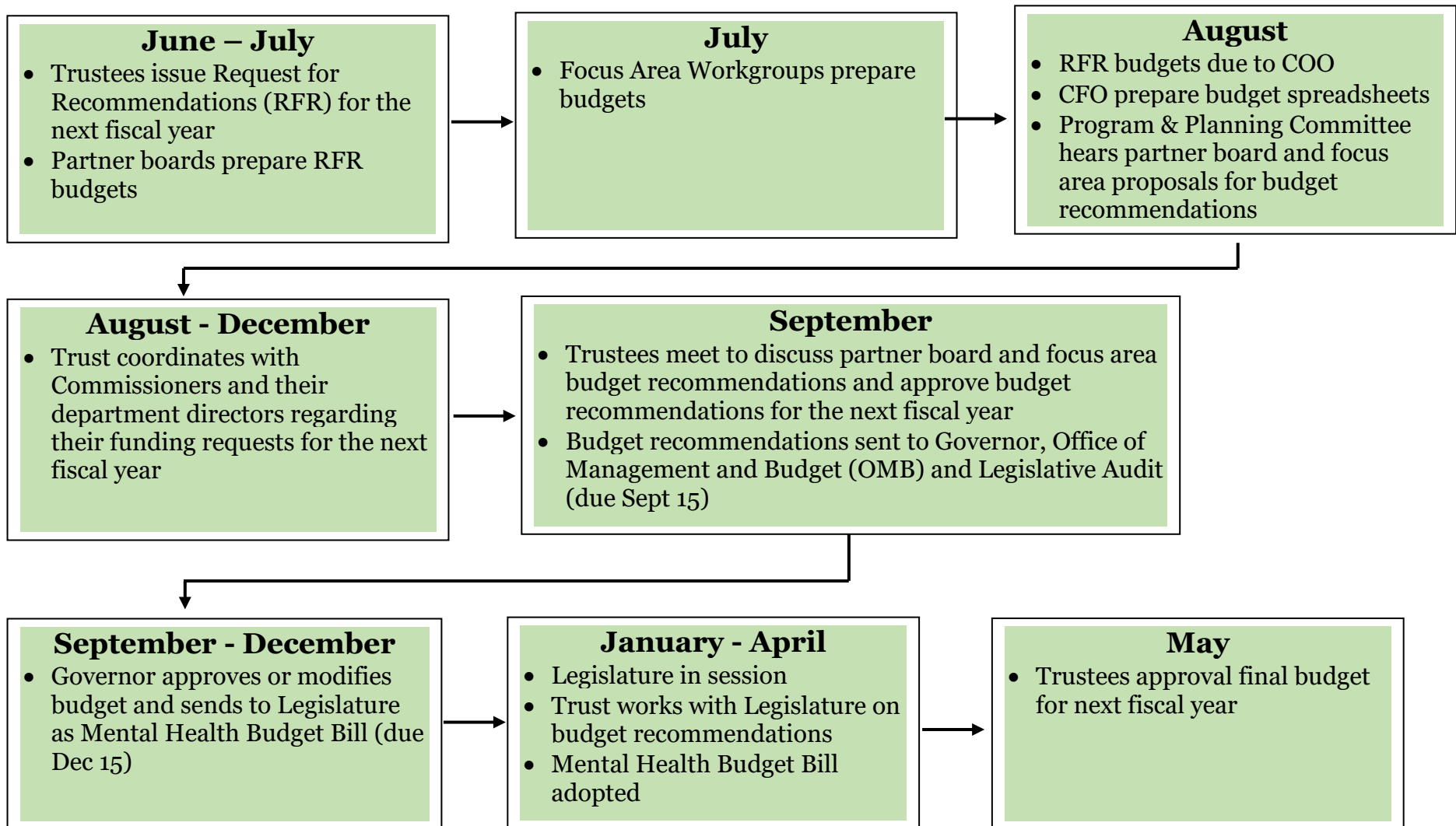


## Alaska Mental Health Trust Authority Budget Process





## Annual Mental Health Budget Bill Process



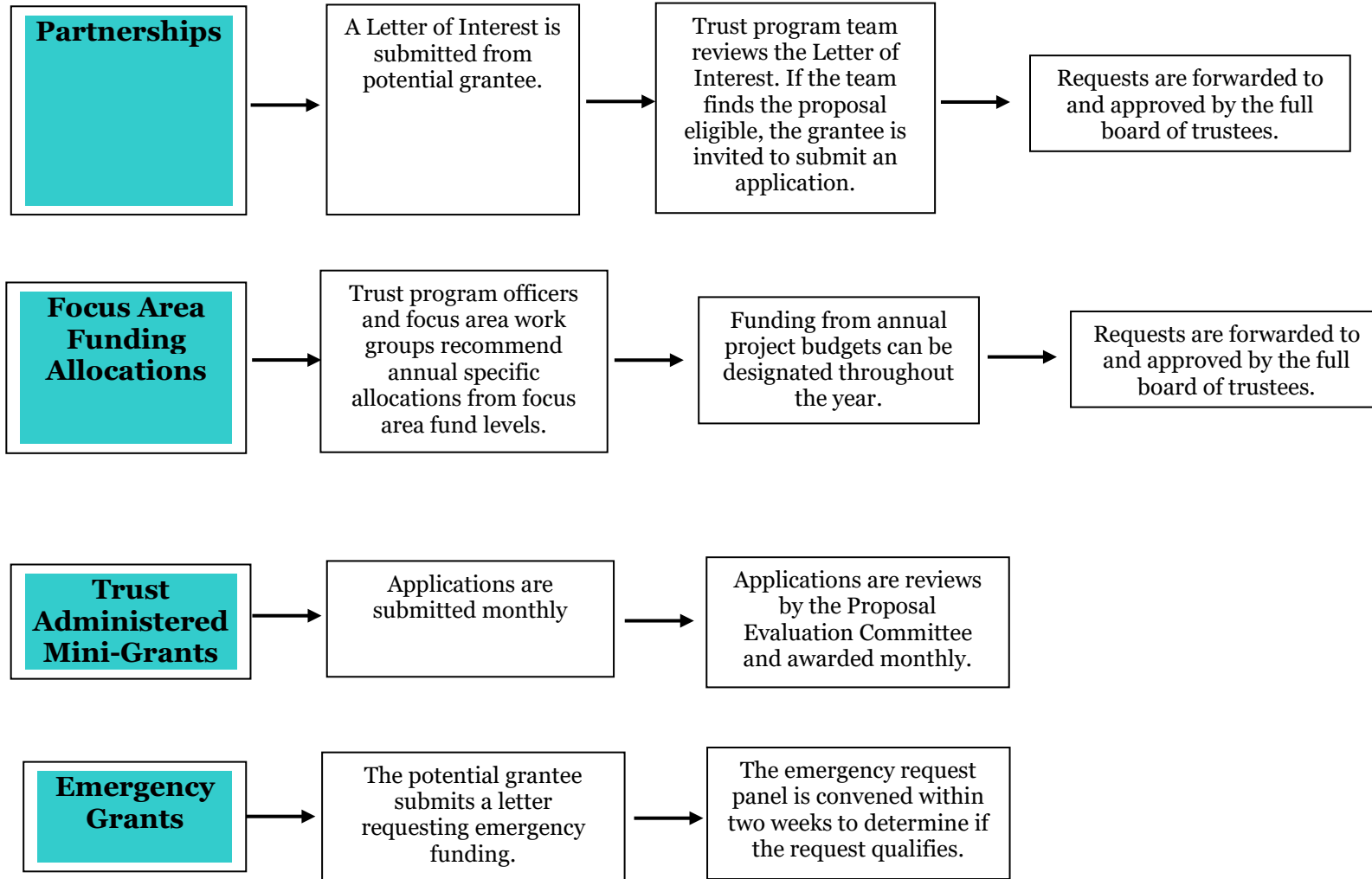
Note: timeline represents those items in the green boxes in the chart entitled “Alaska Mental Health Budget Process”

01/23/2019



# Grant Approval Process for Authority Grant Funds

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



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

Revised: 11/15/2024



# Alaska Mental Health Trust Annual Calendar

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

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

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

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

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

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



**Minutes for the February 5-6, 2025  
Full Board of Trustees Meeting  
and  
Special Full Board  
March 28, 2025**



**ALASKA MENTAL HEALTH TRUST AUTHORITY  
FULL BOARD OF TRUSTEES MEETING  
February 5, 2025  
8:30 a.m.**

**Hybrid/Webex Meeting:  
Originating at:  
David Rose Board Room  
Alaska Permanent Fund Corporation  
801 West 10<sup>th</sup> Street, Suite 302  
Juneau, Alaska 99801**

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**Trustees Present:**

Brent Fisher, Chair  
Kevin Fimon  
Anita Halterman  
Agnes Moran  
Corri Feige (virtual)  
Rhonda Boyles (virtual)

**Trust Staff Present:**

Mary Wilson  
Julee Farley  
Allison Biastock  
Katie Baldwin-Johnson  
Valette Keller  
Shannon Cochran  
Eric Boyer  
Heather Phelps  
Tina Voelker-Ross  
Kelda Barstad  
Samantha Ponts

**Trust Land Office staff present:**

Jusdi Warner  
Jeff Green  
Sarah Morrison  
Cole Hendrickson  
Mariana Sanchez  
Blain Alfonso

**Department of Law:**

Gene Hickey

**Also participating:**

Rachel Varella; Jennifer Ridgeway; Charles Brouillette; Martin Lange; Aaron Surma; Krisanne Rice; Beth Rose; Caroline Storm; Marsha Oss; Glenda Kraft; Kari Burrell; Shelley Ebenal; Genevieve Colgrove; Leigh Bolin; Julia Luey; Eric Holle; Tamara Ben-Yosef; Bobby Dorton; Carmen Wenger; Polly Carr; Felicia Nichols; Emma Van Nes; Mina Hancock; Abby Struffert; Alysia Jones; Ashley Oien; Candice Richardson; Charity Carmody; Chuck Seaca; D. Shenee Williams; David Liles; Dawn Paulson; Debbie Penrose Fischer; Delores Long; Dawn Paulson;



Debbie Penrose Fischer; Delores Long; Gwendoline Johnston; Holly Handler; Jacquelyn Pope; Jess Rude; Jessica Plachta; Jodi McLaughlin; Joel Hanson; John Sonin; Kathy Gensel; Laureli Ivanoff; Leone Marx; Lisa Bennett; Lisa Cauble; Lisa DeLaet; Maria Beck; Peter Micciche; Nick Szatkowski; Patrick Reinhart; Rachel Gearhart; Sierra Jimenez; Steph Hopkins; Stephanie Wheeler; Terra Parsly; Tracy Salinas; Twyla Mundy; Phillip Tafs; Teri Tibbetts; Lexi Brown; Kai Edmunds; Karen Purdue; Bryan Brandenburg; Don Habeger; Kim Champney; Travis Welch.

## **PROCEEDINGS**

### **CALL TO ORDER**

CHAIR FISHER called the meeting to order and began with a roll call. He stated that Trustee John Morris was excused for the morning but would join in the afternoon. He asked for any announcements. Hearing none, he asked for a motion to approve the agenda.

### **APPROVAL OF AGENDA**

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

*After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Feige, yes; Trustee Fimon, yes; Trustee Halterman, yes; Trustee Moran, yes; Chair Fisher, yes.)*

### **ETHICS DISCLOSURE**

CHAIR FISHER asked for any ethics disclosures. There being none, he moved to the approval of the minutes.

### **APPROVAL OF MINUTES**

CHAIR FISHER asked for a motion to approve the minutes from November 13 and 14, 2024.

**MOTION:** A motion to approve the minutes of November 13 and 14, 2024, was made by TRUSTEE MORAN; seconded by TRUSTEE HALTERMAN.

*After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Feige, yes; Trustee Fimon, yes; Trustee Halterman, yes; Trustee Moran, yes; Chair Fisher, yes.)*

### **MISSION MOMENT**

CHAIR FISHER continued to the Mission Moment and asked Heather Phelps to do the introductions.

MS. PHELPS was pleased to present the Alaska Court System's Therapeutic Court overview for the Mission Moment. Alaska Therapeutic Courts provide an alternative to the usual criminal case process for some offenders. She stated that repeat criminal offenders often struggle with mental health problems or drug or alcohol addictions that contribute to recidivism, and these courts enable offenders to address those issues as part of their adjudication process. She continued that Trust beneficiaries are disproportionately represented in the justice system, and that this model leads to better outcomes. The Trust has been funding the coordinated resource project, more commonly known as the Mental Health Courts, since 2024; and the



Juneau Mental Health Court specifically since fiscal year 2009. She introduced Rachel Varella, deputy therapeutic courts program coordinator; Charles Brouillette, an alumni; Jennifer Ridgeway, the Juneau project coordinator; and Michelle Bartley, the director of the therapeutic courts.

MS. VARELLA stated that the mission of the therapeutic court is to divert defendants, get them into the services they need, and hopefully, those services will keep them from having contact with the criminal justice system in the future. She continued that the approach is non-adversarial, with a multidisciplinary therapeutic court team comprised of judges, attorneys, treatment providers and probation officers; all with the same goal. She stated that the main requirements are frequent court hearing check-ins with the judge and the team to check in on progress; random alcohol and drug testing; and a probation officer or case manager assigned to help with case management which oversees supervisions. She moved to the addiction courts with all the participants having an SUD diagnosis and talked about the program requirements. She then showed the different types of offenses seen in the addiction courts in 2024. To participate in the mental health courts, a person has to be a Trust beneficiary with an SSMI diagnosis. An individualized case plan is created with their probation officer, which addresses treatment and public safety. If the mental health court program is completed, the sentence can be reduced or the charge dismissed. She described the three mental health courts in the state of Alaska. She talked about some of their community partners for which they are very grateful, especially the Trust. She asked Charles Brouillette to talk about his experience in therapeutic court.

MR. BROUILLETTE stated that he was a grateful recovering alcohol addict and shared his story of strength, hope, and courage. He believes that life is about perspective, and he used to view the world from the bottom of a bottle. He was running from the feelings of shame and inadequacy of a failing marriage and numbed himself at every opportunity he could. His addiction landed him in jail, and then he traded it for alcoholism because that is socially acceptable. He became a high-functioning alcoholic. He caught his DUI and gave himself the ultimatum: Stop drinking or else. He walked into the program afraid that he could not do it. He learned patience; to be grateful for the opportunities each morning; to set goals, and how to draw a map to achieve those goals. Most of all, he learned to love himself. Since the program, he worked toward and accomplished some of his five-year plans and is currently finishing his occupational endorsement in light construction technology at the University of Alaska Southeast with the hope of designing his own home. He is also working on his 4<sup>th</sup> Cup Green Belt in Tang Soo Do Karate. He took the peer support specialist class and was goaded towards becoming an Alaska therapeutic court alumni facilitator. He continued that he was told that recovery is a program of attraction rather than promotion, and he never knew what that meant until sobriety, after witnessing people that he cares about suffer alcoholism addiction. He talked about his sister and her struggle, and shared his story called “Dear Alcohol.”

MS. VARELLA stated that Mr. Brouillette now facilitates the alumni groups for current participants in the program in Juneau. It makes a huge difference having someone there, and he is very much appreciated.

MS. RIDGEWAY stated that it is also important for Mr. Brouillette to come to JTC, be there, and have the other current participants see a success, and to see that support right here in the community. It is really helpful when he comes to court.

COO BALDWIN-JOHNSON thanked Mr. Brouillette for sharing his story.



TRUSTEE MORAN stated appreciation for his story. She has worked with domestic violence victims and has seen the struggles they all went through with substance and alcohol use. She added that it is great to see someone come out on the other side so strong. She thanked Mr. Brouillette.

CHAIR FISHER stated that he was glad to see successful programs, and always wants to support them. He continued to the CEO update.

### **CEO UPDATE**

CEO WILSON thanked Mr. Brouillette for illustrating the power of the story. She stated that she did not have an update since it had only been two weeks since beginning with the Trust. She stated that she is a pediatrician by training, and she grew up in Alaska. Her family moved here during the oil boom, and her dad was a petroleum engineer with ARCO. She graduated from Dimond High in Anchorage; went to college in Colorado; and medical school at the University of Washington with the WWAMI program. She added that she was with the Permanente Medical Group for her career as a practicing pediatrician, and was fortunate to get experience in leadership gradually. Two things that are pertinent to this job was being in charge of the Southern California regional access and service systems, and being passionate about systems of care. She learned a lot about the process and how important it is to make sure to check in with people and see that they are getting what they want. She moved back to Alaska about three years ago. Her family is still in Anchorage. She built a house and had been looking for what to do and how to use her talents. This job opportunity came up, and she is really grateful to the board for putting their trust in her and hoped to do a great job. She stated that the Trust folks are a fabulous group of really dedicated, very knowledgeable people, and she is impressed with the work they do. She continued that she was getting to know the Board of Trustees who are dedicated, strategic, intelligent and ready to go for the state of Alaska. She is excited and honored to be helping with this process and to be especially dedicated to improving the lives of the beneficiaries in Alaska. She thanked the trustees for the opportunity.

COO BALDWIN-JOHNSON introduced Samantha Ponts, program officer, the newest member of the team. She will be working on the mental health and addiction focus area and crisis work.

MS. PONTs stated that she is a lifelong Alaskan, born in Nome, with her early years there, and later years in Eagle River; with the last nine years in Northern California working on planning and implementing initiatives. Her goal was always to come back to Alaska, and she is excited to be on this team.

COO BALDWIN-JOHNSON shared that during the Alaska Public Health Association Health Summit that met in January, Eric Boyer was honored with the Dr. Robert Sule Distinguished Support for Service award, which recognizes individuals dedicated to advancing health professional recruitment and retention. She stated that Mr. Boyer is the primary leading the workforce initiatives and has represented the Trust on the Health Workforce Coalition for many years. Work is being done to reconstitute that effort. It is a coalition representative of public and private organizations across the state that focus on trying to address the workforce shortages in Alaska. She congratulated Mr. Boyer, and thanked him for all of his work on the workforce initiatives.



MS. BIASTOCK stated that the trustees had, hot-off-the-presses, the 2024 annual report and accompanying 2024 grant investment report. These are produced annually, and have been dropped off at both the House and Senate chambers to be distributed to members of the Legislature. They are both posted to the Trust home page. The opportunity to put this out to help communicate the work that the Trust is engaged in is always appreciated; helps folks understand the Trust's financial position; how revenue is generated; and how the assets are invested in beneficiaries.

TRUSTEE FIMON stated his congratulations to Mr. Boyer and added that he relies on him for not only the workforce, but for many of the details of the programs we do. He has been serving beneficiaries and serving the members of our state for many years. He welcomed Ms. Ponts to the staff, and also CEO Wilson.

## **STATUTORY ADVISOR UPDATE ALASKA COMMISSION ON AGING**

COO BALDWIN-JOHNSON introduced Marty Lange, the executive director of the Alaska Commission on Aging.

MR. LANGE stated that they are a statutory advisory board, and their mission is to ensure the dignity and independence of all older Alaskans, and to assist them to lead useful and meaningful lives through planning, advocacy, education, and interagency cooperation. The Alaska Commission on Aging advocates for the needs and concerns of older Alaskans to the Governor, the Legislature, congressional delegation, and the general public. We also provide recommendations to the Alaska Mental Health Trust Authority on programs and services to improve the lives of senior Trust beneficiaries. The commission consists of seven public members appointed by the Governor for four-year terms, with all but one requiring to be age 60 or older. There are also four designated seats for the Department of Health, the Department of Commerce, Community & Economic Development, the chair of the Pioneer Home advisory board, and a senior service provider. The staff consists of himself and Yasmin Radbod, the rural outreach coordinator. The program coordinator is vacant, and we are working on filling that. We also take advantage of having three MASST, Mature Alaskans Seeking Skills Training, participants in the office. It is a sponsored program that helps people to retool and find a place in the workforce again. He then shared some research that the Alaska Commission on Aging recently completed on senior centers. Some of the results of the findings is that senior centers across the state of Alaska are struggling with inadequate funding to maintain current service levels. They are filling the gaps with donations, local fundraising, as well as stepping up efforts to find new grants. They get federal Older Americans Act funding, but that has not kept pace. Around 70 percent of the centers mentioned cutbacks, smaller service windows, or fewer days of meal delivery. At least one third of the senior centers currently have a waitlist for meals or are on the cusp of creating one. He pointed out that Meals on Wheels delivers food, but they also do wellness checks.

TRUSTEE HALTERMAN asked if they were experiencing a change in Medicaid reimbursement that is reducing the number of days meals are being delivered to the Medicaid population, or is it a non-Medicaid population.

MR. LANGE replied that it was mostly the NTS and Title III funds. He moved on to the staffing crisis. He continued that not all senior centers offer housing, and the ones that do are



either near capacity or have a waiting list. Housing is an issue affecting all people all across the state. There are also infrastructure needs like vehicles, transportation, facility repairs and replacements. The results of the survey show the need for four things: First, sustainable funding mechanisms for meal services; second, staff recruitment and retention programs; third, capital improvement funding for aging infrastructure; and fourth, expanded housing capacity. The data demonstrates a critical need for increased support to maintain essential services for Alaska's growing senior population. The survey also shows that senior centers are carrying a very heavy burden, which will continue to grow. He stated that this is the bad news, and the hard things, which is really depressing. He added that he did not have any solutions and presented this information to start thinking about how to solve these issues. He thanked Yasmin Radbod and Larry Johnson for their hard work on this research. He stated that they just finished the Senior Snapshot that the Alaska Commission on Aging produces every year. It contains all of the statistics on aging in Alaska, and will be available from the office at the end of next week.

CHAIR FISHER stated appreciation for the presentation, and recognized Patrick Reinhart.

### **GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL EDUCATION**

MR. REINHART stated that the Council would be meeting with the Lieutenant Governor next week at the Governor's house, and invited anyone in the Juneau area next week. He began his presentation with the waitlist numbers as of 1/24/25: 323 individuals; 302 of them are offered the individual supports waiver, which is the waiver to get some basic services while waiting for the more inclusive waiver. He continued that 2,218 people were offered IDD waivers, but even though they get on the waiver, they still have to find people or agencies that can provide the services. There is a struggle, especially in rural and remote communities, in finding people to provide services. He added that there is a five-year plan to kind of eliminate the waitlist and bring it down to zero, if possible. He continued that all of this is funded through Medicaid waivers and his biggest concern is what will happen with Medicaid and supports for people to live at home and in the community. He moved to the 2024 annual report, which is a good snapshot of what the Council did last year. He talked about the ILP program expansion funding and stated they have a bill number; it is the No. 1 priority, and it is time for an increase. The benefits will contribute to the bottom line in the end. He stated that special education services are expensive and difficult to provide in very rural, remote communities. They did a graph and showed that if they catch more children with developmental delays down to 25 percent, they will be able to show a savings in special education costs of \$229,000 per child over their school years, kindergarten until 12<sup>th</sup> grade. He continued that 25 percent delay is the bottom line where they start including kids with the Infant Learning Program. The cost would be about \$5.7 million, the ILP program budget. That is the infant ILP expansion program and funding eligibility. He stated that their second area is the Special Education Service Agency funding. The Council makes up the majority of the governing board of SESA, an in-statute organization that provides itinerate services to school districts around the state where specialists work with teachers, administrators, and families on how to provide special education services and what they can do to include kids with disabilities in those classrooms more effectively. SESA is on an eight-year renewal cycle, and we are into year 3 of the last renewal. There was an increase in funding, but they are overwhelmed by the number of kids, particularly in the low-incidence disability program. He continued to public and community transit, a perennial issue. HB26 is a bill introduced by Representative Mina last year, and a hearing is expected in a couple of weeks. It is an enabling statute change to the Department of Transportation and Public Facilities to include developing a plan for public and community transit. He moved to universal changing spaces and the indignity of changing an adult child with a developmental disability on



the floor of bathrooms because there is nothing available. The Council researched and brought forward a draft bill and will be in Juneau next week shopping that draft bill. It basically says that for all public spaces that are renovated around the state or when building for any public space that is provided by a community to ensure that an adult changing table is put in place. He continued to the bill for deaf and hard of hearing, which almost passed last year, about communication acquisition for children who are deaf and hard of hearing and what is the best for the child and the family. It passed the House, but did not pass the Senate. He moved to the two budget issues: they requested a State access and functional needs coordinator, and then deaf navigator program funding. He explained guardianship and then what Medicaid changes were coming out of the Federal government and the impact on their population. He also went through some of the grant requests that they support. He announced that their spring Council meeting would be May 14 and 15 in Anchorage.

TRUSTEE FEIGE asked if there were any models they had found that could be either adapted or emulated that would help catching kids earlier with the early intervention.

MR. REINHART replied that they believe the model of the ILP program in the state is pretty darn good, but they have to turn down too many families when they are referred. There is also a very good referral process from the medical community and others across the state to the ILP program.

CHAIR FISHER thanked Mr. Reinhart for the presentation.

COO BALDWIN-JOHNSON brought to the trustees' attention a PowerPoint in the packet from the ABADA and Mental Health Board. Jen Carson is the operations director who is acting as the executive director role for the boards, and was not able to join in person.

CHAIR FISHER called a 15-minute break.

(Break.)

### **TRUSTEE TRAINING, OPEN MEETINGS ACT**

CHAIR FISHER stated that it was really important to make sure the trustees understand following the rules with regard to the Open Meetings Act, particularly with the recent changes to the bylaws which change the committee sizes. It is important for the trustees to review and understand again in the context of the new organizations. He asked Mr. Hickey to begin.

MR. HICKEY stated that the thought process on today's presentation on the Open Meetings Act is more of a refresher rather than a complete foray into the Open Meetings Act. The reason for that was the downsize in the committee membership from an entire board down to three-member committees. That does change the dynamic of what and how many people can get together to talk about certain issues. He continued that everything in the Open Meetings Act flows from the purpose of the Act, which is very liberal with respect to the purpose. The purpose of the Act is to hold all governmental meetings in the open. The basis for that is the Legislature's policy statement that the business of boards and commissions are basically the peoples' business, and the people have a right to be heard and to understand what their government is doing for them. He explained that there are two sections to the law: Section 310 is basically the bones of the law, and 312 is the policy statement regarding what the law is designed to do. He continued that there are presumptions in the Act. The first is all meetings are open. The second presumption is there will only be closed sessions if one of the executive



sessions exceptions applies to that. The third is that materials considered by the governmental body in the meeting need to be provided to the public. The exception are privileged documents or other things considered within executive session, which do not have to be provided to the public. The trustees need to be cognizant that even though a document discussed in executive session may not be required to be provided, it may not mean that it is not a public document for purposes of the Public Records Act, which he explained in detail. He continued that under the Open Meetings Act a meeting just means a gathering of members of a governmental body when three or more members or the majority of the members are present on a matter which they are empowered to consider or have the authority to establish policies or make decisions. The Open Meetings Act requires conducting that meeting openly, with notice to the public, and in compliance with the Act. Because a meeting includes the committees, now it is two voting committee members or more. He explained executive sessions and the law in greater detail. He then spoke about privileges and confidential matters. He noted that when talking about someone where their character or reputation comes up, that person can demand that the meeting be conducted in the open. That is their prerogative. If that request is made, the Board cannot go into executive session and have that discussion before they come out and do it in the public. He then talked about some of the things that the Open Meetings Act does not apply to. He shared a recent opinion that came from the State of Washington. They were asked to look at the issue of whether or not a board member or a staff member breached the executive session by providing information from the executive session to someone that was not a participant in the executive session. The attorney general of Washington came back and said that it was a violation of the Open Meetings Act because the Act specifically requires that information to be kept confidential to the people that were present in the executive session. He continued that they then asked if it was a violation of anything else. The attorney general opinion concluded that it was also a violation of the state Ethics Act. He brought this up because that Act has civil penalties attached to it. It is important that everyone understand that there are potential violations there. He concluded that they are expected to operate in public whenever possible, and when in doubt to ask for legal advice.

CHAIR FISHER stated that the presentation was very helpful, particularly considering the bylaws change. He called a short break.

(Break.)

#### **PUBLIC COMMENT**

CHAIR FISHER stated that the public comment period allows individuals to inform and advise the board of trustees about issues, problems, or concerns. It is not a hearing. He went through the procedures of public comment and added that trustees look forward to hearing each of the public comments. He recognized Karen Purdue, and then Bryan Brandenburg.

MS. PURDUE stated that she is from Fairbanks, Alaska, and is a volunteer board member of the Foundation Health Partners, the hospital system in Fairbanks. She explained that she spent quite a bit of time in 1994 and 1996 helping set up the Mental Health Trust Authority, the actual organization after the settlement, as the Commissioner of Health. She stated that it was an honor to start it, and it has progressed greatly and wonderfully since then. She continued that about 25 years ago, Fairbanks hospital developed adult inpatient capacity for psychiatric care. They took advantage of a statutory framework that the State began called Designated Evaluation and Treatment, DET. Fairbanks still is the strongest DET program. She stated that they do not have any inpatient capacity in Fairbanks for children. It is heartbreaking because children are boarded in the emergency room sometimes for very long times. She was there to



ask the Trust for support, some financial support, which will be significant for the kids in the northern region, not only Fairbanks.

TRUSTEE MORAN asked about their timeframe.

MS. PURDUE replied that the hope is to complete the project by 2026. They were waiting for the last piece of capital money.

CHAIR FISHER thanked Ms. Purdue, and recognized Bryan Brandenburg.

MR. BRANDENBURG stated that he is the executive director for Alaska Addiction Rehabilitation Services. Most people know AARS as Nugen's Ranch, which is the longest-serving treatment facility in the state of Alaska. They have served over 3500 Alaskans, and are a statewide treatment program. He has done this work in human services for 40 years. He talked about his background and experiences, and thanked the Trust for all of the amazing things they have done through the years, especially in Corrections. He continued that they were in the middle of an expansion project and would be coming later to ask for some help. They have 52 inpatient beds in the Mat-Su Valley, and are trying to add 24 more.

CHAIR FISHER thanked Mr. Brandenburg, and recognized Don Habeger.

MR. HABEGER stated that he is coalition coordinator for the Juneau Reentry Coalition. He talked about the high recidivism rate number of 67.5 from 2013 and, since the Trust's involvement in justice disability issues those numbers are down to last year's low of 54.32 percent. He congratulated the Trust for the foresight and investment in disability justice. He continued that some of the success is the reentry coalitions' funding and community outreach. Part of the outreach is ensuring that the community gets connected with policymakers to help them understand what reentry success looks like. That message is delivered, in part, through their reentry simulation, which was last year. They had five legislators sign up, and only three were able to make it. There were 52 folks to hear about success and reentry. The invitation was delivered to everyone in the Legislature, and at the bottom was funding partnership, the Trust. He thanked the Trust and is grateful for their involvement.

CHAIR FISHER thanked Mr. Habeger, and recognized Kim Champney.

MS. CHAMPNEY stated that she is the director of the Alaska Association on Developmental Disabilities. She welcomed CEO Wilson and looked forward to getting to know her. She continued that the Trust has just had an incredible impact and approved some funds to bring families into Juneau to share their stories with legislators. She had the honor of organizing those funds and talking with families and people who are coming to Juneau in March. They are so grateful for that opportunity. She thanked them for that support. AADD had some Trust funding to build their own capacity, and Ms. Barstad encouraged her to go out and meet with providers in Western Alaska. She shared that meeting and added that group formed a coalition and are working with the community foundation to get some funding. There will be a vision event in Bethel to talk about how to build services in Western Alaska.

CHAIR FISHER thanked Ms. Champney, and recognized the caller on line.

MS. OSS stated that she was Marsha Oss in Fairbanks, Alaska. She was justice involved, and spent many years living outside societal norms. She stated that she comes by her lived



experience very honestly. She grew up surrounded by untreated mental illness, alcoholism, drug addiction, domestic violence, other various forms of abuse and neglect. She was in juvenile detention, foster care, girls' homes, and finally got away but was sold into a human trafficking ring about seven days after leaving her mom's home. At 22, she was incarcerated. At 26, she entered treatment for intravenous drug use, and that changed her life. It was 1988, and her recovery was her responsibility after she completed inpatient treatment. She utilized sponsorship and attended 12-step meetings that taught her about accountability and service work. She spent the past 36 years working full-time and giving back to her community in a variety of volunteer positions. She also completed college during that period of time. She stated that she was a miracle as she represents the true meaning of intersectionality. She thanked the Trust. She continued that, currently, she is the Fairbanks reentry coordinator, and her primary clients have always been justice-involved. She thanked them for their assistance over the past two years as coordinator, and they have been granted a housing grant. She has been able to house over 100 justice-involved individuals with Trust support and housing funds. She added that when her position closes, there is no other resource in Fairbanks to do what she does. Her redacted report for this year would be emailed today with a packet of thank-you letters from all of her clients in Fairbanks.

CHAIR FISHER thanked Ms. Oss for sharing her success.

MR. TAFS stated that he was Phillip Tafs, a social worker and a board-certified behavior analyst. He owns a small company in Anchorage called MethodWorks, and provides behavior analytic services across the state. They do a mix of insurance-based services in the clinic and do consultation through the Complex Behavior Collaborative and through contracts with school districts. He thanked the board for a lot of the stuff that happened in the past, which he went through. He added that he was also the president-elect for the Alaska Association for Applied Behavior Analysis. Because of the board, they have been able to grow availability of the service for folks within the state. As of this morning, there are 89 behavior analysts in Alaska. He hopes that they will continue showing their leadership as the system continues needing to be shaped. He also brought attention to the major transition on the TRICARE insurance industry. A new administrator is taking over the system, and it has been a difficult transition. In his company, payments have stopped, and most communication has stopped. He stated that going six weeks without receiving any payment threatens the businesses.

CHAIR FISHER thanked Mr. Tafs

MS. TIBBETTS stated that Janice Wiess, the executive director of the Alaska Center for FASD, had a family emergency and asked if she could also present for her. She continued that she is Teri Tibbetts and is the coordinator of the statewide Alaska Reentry Partnership. Her role is to coordinate the eight different reentry coalitions across the state in collaborating on advocacy, as well as for efforts that each is working on. They have a monthly meeting, and it is a collaboration of individuals, organizations, community members, community advocates, public entities, including DOC. She had a folder handout, and in it there is a graph that shows the reduction in recidivism. She talked about the reentry efforts supported by the Trust with funding and supporting policies that impact people with lived experience of incarceration across the providers and all. She stated that she is also the president of the Alaska Center for Fetal Alcohol Spectrum Disorders. She explained that FASD is a developmental disability that happens prenatally from the use of alcohol. She also talked about a handout called "Nine Core Messages. What Everyone Should Know About Prenatal Alcohol Exposure." She thanked Mike Baldwin for having the wisdom and foresight to put funding towards getting the data that



was needed to show the importance of services and supports for people impacted by Fetal Alcohol Spectrum Disorders. She thanked them for their time and support.

CHAIR FISHER thanked Ms. Tibbetts, and recognized Glenda Kraft, online.

MS. KRAFT stated that she works for SAIL, Southeast Alaska Independent Living, on Prince of Wales Island as an advocate. She introduced Genevieve Colgrove, who received a grant from the Trust.

MS. COLGROVE stated that she lives in Craig. She thanked the trustees for helping her with her dentures. It was terrible and depressing when she did not have them. It was bad.

MS. KRAFT explained that Ms. Colgrove wanted to really say thank you. She looks completely different. She is very pleased because before that she was feeling depressed and did not want to go anywhere. They both expressed their gratitude.

CHAIR FISHER thanked both, and moved to Kari Burrell.

MS. BURRELL stated that she is the chief strategy officer for Foundation Health Partners in Fairbanks. They have submitted to the Trust an application requesting some support with a capital project they are undertaking. She continued that they are currently a provider of inpatient psychiatric services for adults in Interior Alaska that experience tremendous psychiatric needs. It is usually a short-term-stay program. Currently, they do not have a program for children or adolescents. She described what happens in Fairbanks when children and adolescents present in the emergency department. They are also continuing to work with their partnership on developing step-down services with the idea that it should be a very short-term stay at an inpatient unit, and then a step down to another program.

MS. EBENAL stated she is Shelly Ebenal, the CEO for Foundation Health Partners. She thanked the Trust for being a partner in their adolescent behavioral health summits and appreciated all the support. She continued that the purpose of the adolescent behavioral health summits is to bring together all of their nonprofits because there are no for-profit businesses in behavioral health. The goal is to build out the continuum. Their proposal is to build out a four-bed unit. It is four beds because she literally has four windows. For this unit to be sustainable, it has to be put next to the adult unit. She already has the adolescent behavioral health psychiatrics certified to treat them. She has staff that can cross over between the two units. She stated that they can be sustainable, and they are very excited about this project and to partner with the Trust. She thanked the Trust and looked forward to being in Fairbanks for their next meeting.

CHAIR FISHER thanked both, and recognized Leigh Bolin.

MS. BOLIN stated that she is the executive director of the Resource Center for Parents and Children in Fairbanks. She was there to add to the list of folks that are in support of the family resource center project through the Alaska Impact Alliance. They currently are a pilot project for the family resource center project with AIA, and it is immensely successful. They are able to support a position where they can help the people that just show up at the front door. The agency serves families in the context of trying to prevent and intervene on child maltreatment. She continued that they had 321 children impacted because their parents attended the parenting classes, and they are reaching a large amount of people with this family resource center project.



It is not just the ability to provide services; it is the minimal standards through the Alaska Impact Alliance by which they are able to provide quality services across a very large region. The reach is vast, and they do a lot with very little. She stated that this project is impacting direct services to children and families who have experienced abuse and trauma.

CHAIR FISHER thanked Ms. Bolin, and recognized Julia Luey.

MS. LUEY stated that she has the incredible privilege of serving as the president and CEO of VOA Alaska. VOA Alaska is a nonprofit behavioral health organization that specializes in therapeutic services and supports for youth, young people, and their families. They have a robust continuum of care that spans from prevention, early intervention, community-based programs. The level of intensity continues to increase with their partial-hospitalization program located in Anchorage. She continued that they are deeply grateful for the Trust's partnership and support over the years of helping to fill critical gaps in the behavioral health system of care and better equipping many with the tools and resources needed to combat the behavioral health crisis in Alaska. She talked about their residential program, ARCH, the Adolescent Residential Center for Health, which is the heart and soul of VOA Alaska. It has been in operation for 40 years and has touched many lives. She added that the funding they are requesting is to integrate a new level of care into ARCH's continuum. The level of care is called ACM, American Society of Addiction Medicine, which provides services for unstable psychiatric conditions and withdrawal management support for youth under the age of 18. This funding would be an essential step forward to improving the behavioral health system of care for youth in Alaska.

CHAIR FISHER thanked Ms. Luey, and recognized Eric Holle.

MR. HOLLE stated that he is a 36-year resident in Haines. He understands the fiduciary mandate of the Mental Health Trust and all the programs, which he supports, and thinks that for the Trust to get involved in mining claims around Haines, especially the Palmer Mine Project in the Chilkat Valley, would be a mistake for several reasons. First, it is extremely unlikely to make money for the Trust, and the big plays are pulling out of this project. The current operator, APM, does not have a very great track record. He continued that salmon are a cornerstone of the local economy there, and Chilkat has all five species of wild salmon. The nature of the project, a high-sulfide deposit, will severely impact the salmon with the acid mine drainage. He added that local people have been resisting this project for a long time, and it would not be good to become involved in an enterprise that comes between people and their life support system. He urged them to be careful with this project.

MS. WENGER stated that she is Carmen Wenger, the director of programs for the Alaska Pediatric Partnership. She was excited to bring copies of the Infant and Early Childhood Mental Health Needs Assessment, which the Mental Health Trust helped them to support and provide. She was excited to state that some of the recommendations at the end of the report were already being acted upon. She added that one of the goals of the program is to not only serve to connect families and children to the supports they need, but to use the information gained from those connections to better inform how the system can exist to continually feed that back into creating a better working system. They are seeing that families are finding the service useful.

CHAIR FISHER recognized Bobby Dorton online.



MR. DORTON stated that he was on the Advisory Board on Alcoholism and Drug Abuse and is also the chair of the Fairbanks Reentry Coalition. He shared his story and experience with the reentry coalition and how he found success. He shared that he began getting a lot of pushback because of his criminal history and started Healing Homes Consultant, LLC. He did a lot of stigma campaigning for the Trust on television. He reached out to some people in Tennessee and went into the schools and talked about the effects of vaping. His presentation concluded with his story mixed with education about the effects of vaping, marijuana and alcohol leading to harder drugs. He got a contract to work in the schools in Tennessee as a consultant. Now he is in Alaska and working with some organizations to help bring peer support into the organizations. He turned his life around and wants to continue to help people. He noted that he was about two weeks out from rolling out two sober living homes in Fairbanks. He has the properties and was looking for the rollout of the properties. It will be 16 beds: eight for women; eight for guys. He also welcomed CEO Wilson and looked forward to meeting her in person.

MR. SURMA stated that he is Aaron Surma. He works with NAMI Juneau and the Juneau Suicide Prevention Coalition, and is a Trust beneficiary. He stated appreciation for all the work they do to improve the systems and talked about some of the important work to benefit beneficiaries that happens outside of formal systems. He continued that the favorite part of his job is doing the peer support specialist training, and he trained close to 50 people as peer support specialists.

CHAIR FISHER recognized Felicia Nichols.

MS. NICHOLS stated that she works with VOA Alaska and spoke in strong support of the Alaska Impact Alliance's continued funding of the UReCares stipend and respite program that is provided through Alaska Mental Health Trust Authority. Through her work as a family peer support specialist and case manager overseeing the relatives raising relatives program known as Kinship, she has seen a lot of changes occur over the past six years. The Kinship program is where relatives step up to provide care for children in need. These caregivers work tirelessly to provide love, stability, and financial support, yet they often receive little to no assistance from traditional foster care programs. The UReCares program has been a lifeline helping families afford respite care, educational needs, groceries, gas, as well as extracurricular activities. It has been supporting all of these families, different opportunities that these children would otherwise go without. She added that by continuing to invest in the UReCares program, they are investing in stronger families, better outcomes for children, and a more resilient Alaska.

CHAIR FISHER thanked Ms. Nichols, and recognized Emma Van Nes.

MS. VAN NES stated that she is the Outdoor Recreation and Community Access, ORCA, director at SAIL. She introduced Alexis Brown and Kai Edmunds. She thanked the Trust for supporting their pilot project, employment through recreation for transition-aged youth. SAIL has been facilitating employment classes in Juneau, Ketchikan, Sitka, and Haines, but mainly in the classroom. They found that teaching soft skills in the classroom is really hard, and they put forth the project to facilitate recreation, and to teach soft skills through that. Through recreation, participants learned things like teamwork, empowerment, and healthy communication which are essential for a job. The Trust also supported staff in getting training, which was very helpful.

She asked Lexi to share a bit about her involvement with ORCA, which she has participated in since 2017.



MS. BROWN stated that she does a lot of activities like skiing, but she does not ski anymore because she works. She likes ORCA a lot. It helped her get a job at Costco CDS. It helped her learn how to actually talk to people normally, and not just random stuff.

MS. VAN NESS asked Kai Edmunds about ORCA.

MR. EDMUNDS replied that SAIL helped him learn to ski. He did the YEP program where he learned how to maintain trails and did some of the biking they do.

MS. VAN NESS thanked them, and stated appreciation for everything the Trust does.

MS. BIASTOCK thanked them for their testimony and told them they did a great job.

CHAIR FISHER stated that they would extend the public comment period for a little bit.

MS. RICE stated that she was Krisanne Rice and flew from Sitka to testify. She briefly shared her family of four's experience with an eating disorder with her daughter and thanked the Trust for their current support of the Alaska Eating Disorder Association and hoped they would continue supporting them in the future moving forward. She continued that in 2009 her daughter had an eating disorder, anorexia, and almost died. They have lived with this for 16 years. Direct medical costs were \$760,000; out of pocket, \$145,000; total was \$905,000 minimum. Without excellent health insurance, they would be bankrupt and broken. Her daughter is now 31, living in Anchorage, and thriving. She stated that research underpinning eating disorders and evidence-based treatment has flourished since 2009 with early intervention being a must. She continued that she has been involved with Alaska Eating Disorder Association as a volunteer for five years. She would like the Trust to elevate eating disorders as a priority in their work and use their advocacy and financial resources to continue support of AKEDA and other programs as they see fit.

CHAIR FISHER thanked Ms. Rice, and recognized Beth Rose.

MS. ROSE asked to split her time with Mina Hancock, who is a student. She stated that she is one of the cofounders of Alaska Eating Disorders Alliance, AKEDA, which started 5.5 years ago. On behalf of their board, she thanked trustees for considering their grant request for doing prevention outreach to youth who are at risk of developing eating disorders and other mental health disorders that often are comorbid with eating disorders. She explained that the grant proposal is to train adults on evidence-based body confidence programs that have been shown to reduce risks for eating disorders, improve self-esteem, and overall mental health. This has become especially important with the rise of social media and all of the youth mental health crises. She continued that they have some agreements to work with schools and youth organizations across the state. Their work is guided by an amazing board of professionals. She thanked the trustees for the support and looked forward to continuing working with them to improve the lives of Trust beneficiaries.

MS. HANCOCK stated that she is Mina Hancock and is a lifelong Alaskan. She did not know that she had an eating disorder until she was admitted to the hospital about three years ago. In her youth and adolescence, she knew that something was off. Her habits were preoccupied, her brain was fogged; her muscles weak; and her body was aching. She was encompassed in a darkness that no light could penetrate. She continued that if her informed primary-care doctor



had not recognized the severity of the situation, she was not sure where she would be today. Her story highlights the crippling lack of education and awareness regarding this destructive condition within Alaska. She added that there was no way to overestimate the change and power AKEDA has brought to the community. They are the first Alaska-based nonprofit to provide a comprehensive place to discover eating-disorder-informed care providers, ED-specific support groups for the individual and their loved ones, and resources that help guide the community to resilience. AKEDA works tirelessly to train professionals around the state on how to recognize, treat, and support those who are struggling. This work is far from done, and she asked the trustees to recognize eating disorders as an under-addressed and major health concern in the state. Please fund this proposal and provide schools with the tools to act quickly to help those who are struggling and to prevent eating disorders in Alaska.

CHAIR FISHER thanked Ms. Hancock, and recognized Caroline Storm.

MS. STORM stated that she sits on the board of AKEDA. She is the vice chair, as well as the chair of the advocacy committee. She is in Juneau, up on the hill, advocating for public education funding. She continued that she was proud to sit on this incredibly high-functioning board, and the work they do is very important. She added that 40 years ago she lived with an eating disorder without any support at all. She does not want anyone to have to go through what she went through. The shame, the hiding, and the simple lack of support. She asked the trustees to support AKEDA and their grant request so they can intervene early. She emphasized that the cofounders of AKEDA, Beth and Jenny, have done phenomenal work in just five short years. They built an organization that has tremendous reach and impact to providers, and in providing resources for families who have nowhere else to turn because there is so little information and so few resources to support someone suffering an eating disorder. She thanked the trustees for all the work they do to help people in need.

TRUSTEE MORAN stated that one of the things she had been reading about is that boys are starting to exhibit more eating disorders. She asked if the program also addressed that.

MS. STORM replied that everyone is included. There are no treatment centers in the state; they are only out of state. She added that the incidents of men and boys are growing. The incidents among athletes, regardless of gender, is very high.

CHAIR FISHER thanked Ms. Storm, and recognized Catherine.

CATHERINE stated that she was a former participant of the Story Bridge program. Story Bridge gave her the tools to express herself authentically. She learned how to organize her thoughts, speak with confidence, and embrace her own voice. It created a space where her classmates could truly listen and understand each other. The experience strengthened her ability to connect with people in meaningful ways that she carries with her to this day. She believes in the importance of expanding this program so more young people can benefit. By supporting this initiative, they are helping students gain lifelong skills that will serve them in school and beyond. Let us ensure more youth in Alaska have the chance to discover the power of their own voices.

CHAIR FISHER thanked Catherine, and recognized Candice Richardson. Ms. Richardson was not online, and he thanked everyone who had commented. He ended the public comment period on the agenda. He stated that if anyone wished to give public comment and had not been



heard, written comments are always welcome and may be submitted to the trustees at any time. He shared the email, fax number, the address, and called a recess.

(Break.)

CHAIR FISHER reconvened the meeting. He stated that they had a long visit at the Capitol, and it was a good meeting with the House Finance Committee. He recognized all of the staff members that participated in the interaction with the legislators in the House. It went well and they did a great job, and justified their jobs. Next on the agenda is the Finance Committee report update. He recognized that Trustee Feige and Trustee Boyles were online, and that Trustee Morris had not yet joined them.

#### **FINANCE COMMITTEE REPORT/UPDATE**

CFO FARLEY stated that the Finance Committee met on January 8<sup>th</sup> and was attended by the three committee members, as well as the other trustees. The first item on the agenda was a presentation by Sebastian Vadakumcherry who presented an introduction to the understanding of risk and how it was incorporated into decision-making at APFC. This will be a continuing conversation for the trustees, and we hope to hear from additional staff at APFC in the future. She continued that the next item was Phase 1 of the asset spending study by Callan. The next phase project will be presented at the next Finance Committee in April and will include a review of the Assets Management Policy. The Finance Committee asked Callan to evaluate the spending rate recommendation and will report back at the next meeting. She stated that the first motion that related to the spending rates was tabled. She asked Trustee Halterman to continue.

**MOTION:** The Finance Committee reviewed the motion of commercial real estate net proceeds. The Finance Committee recommends that the Full Board of Trustees approve the transfer of commercial real estate net proceeds into the budget reserves. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE FIMON.

CFO FARLEY stated that staff recommended that these commercial real estate net proceeds be transferred to budget reserves as this transfer will provide financial strength to the Trust by increasing the reserve coverage ratio to get closer to the 400 percent target previously identified.

CHAIR FISHER asked for any comments or questions. There being none, he called the vote.

*After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Feige, yes; Trustee Fimon, yes; Trustee Halterman, yes; Trustee Moran, yes; Chair Fisher, yes.)*

**MOTION:** The Finance Committee recommends that the Full Board of Trustees authorize staff and counsel to prepare a request for proposal for a commercial real estate investment manager for all remaining commercial real estate held by the Trust. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE FIMON.

TRUSTEE FEIGE put forward that they have internal assets at both the Trust Authority and the TLO that deal with the commercial real estate portfolio. She asked to not let any potential procurement process that is potentially approved by trustees today to linger; to try to move it along to effectively manage the human and other resources within the two offices.



CFO FARLEY stated that she has had conversations with counsel on this matter. They are developing, but are not to the point of issuing an RFP.

E.D. WARNER agreed with Trustee Feige and thought the human side of this aspect is critical for an organization to consider. This is someone's job, and it is important to move progress along.

CHAIR FISHER asked for any other comments. There being none, he called the vote.

*After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Feige, yes; Trustee Fimon, yes; Trustee Halterman, yes; Trustee Moran, yes; Chair Fisher, yes.)*

CHAIR FISHER asked for anything else for the update. There being nothing, he moved to the Resource Management Committee.

### **RESOURCE MANAGEMENT COMMITTEE**

TRUSTEE FEIGE stated that the Resource Management Committee met on January 9, 2025. That was the first meeting under the new governance policy, as we are no longer a committee of the whole. The RMC was pleased to have all the trustees in attendance, and stated appreciation for the discussion. An update from the executive director of the TLO was received, and the committee received two consultations requiring Full Board concurrence to move forward.

TRUSTEE HALTERMAN stated that Motion 1 was for a consultation for the disposal of Trust Parcel FM-0835, MHT 9400904.

**MOTION:** The Alaska Mental Health Trust Authority Board of Trustees concurs with the executive director of the Trust Land Office's, TLO, decision to dispose of the Trust parcel FM-0835, approximately 75 acres, through a negotiated sale or subsequent disposal. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE MORAN.

E.D. WARNER stated that this is 96 percent wetland, and it used to be used for a material extraction. She continued that all the material of any use had been extracted. It is 50 percent above the appraised fair market value. The recommendation is to continue to sell this parcel.

CHAIR FISHER asked for any other comments. There being none, he called the vote.

*After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Feige, yes; Trustee Fimon, yes; Trustee Halterman, yes; Trustee Moran, yes; Chair Fisher, yes.)*

TRUSTEE HALTERMAN stated that the consultation for a negotiated oil and gas lease, MHT 9300101, was the next motion.

**MOTION:** The Alaska Mental Health Trust Authority Board of Trustees concur with the negotiated lease of Trust land parcels S50100, S5010, S50102, S50103, S50135, S50136, S50137, and S50138 near Soldotna to Hilcorp Alaska, LLC., for the exploration and development of oil and gas resources. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE MORAN.



E.D. WARNER stated that this is about a 286-acre parcel that is adjacent to some State subsurface land, a lease that Hilcorp just secured. They are just adding this to their package. There are no unusual risks associated with this oil and gas lease, which are typically mitigated through other departments within DNR for this type of lease. Also used was the standard oil and gas lease that had been vetted through the Department of Law.

CHAIR FISHER asked for any other comments. There being none, he called the vote.

*After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Feige, yes; Trustee Fimon, yes; Trustee Halterman, yes; Trustee Moran, yes; Chair Fisher, yes.)*

TRUSTEE FEIGE concluded the report from the RMC, and the business before the Board today.

CHAIR FISHER stated appreciation for everyone's input and participation in the meeting today. He recessed the meeting until tomorrow morning at 11:30.

(Alaska Mental Health Trust Authority Full Board meeting recessed at 3:53 p.m.)



**ALASKA MENTAL HEALTH TRUST AUTHORITY  
FULL BOARD OF TRUSTEES MEETING  
February 6, 2025  
11:30 a.m.**

**Hybrid/Webex Meeting:  
Originating at:  
David Rose Board Room  
Alaska Permanent Fund Corporation  
801 West 10<sup>th</sup> Street, Suite 302  
Juneau, Alaska 99801**

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**Trustees Present:**

Brent Fisher, Chair  
Kevin Fimon  
Anita Halterman  
Agnes Moran  
Corri Feige (virtual)  
Rhonda Boyles (virtual)

**Trust Staff Present:**

Mary Wilson  
Julee Farley  
Allison Biastock  
Katie Baldwin-Johnson  
Valette Keller  
Shannon Cochran  
Eric Boyer  
Heather Phelps  
Tina Voelker-Ross  
Kelda Barstad  
Samantha Ponts

**Trust Land Office staff present:**

Jusdi Warner  
Jeff Green  
Sarah Morrison  
Cole Hendrickson  
Mariana Sanchez  
Blain Alfonso

**Department of Law:**

Gene Hickey

**Also participating:**

Deputy Commissioner Emily Ricci; Commissioner Kim Kovol; Commissioner Heidi Hedberg.



## **PROCEEDINGS**

### **CALL TO ORDER**

CHAIR FISHER called the meeting to order, and recognized Commissioner Kim Kovol, Department of Family & Community Services.

### **COMMISSIONER REPORTS**

COMMISSIONER KOVOL stated that they have made some great gains and have some areas of opportunity. Their partnership with the Department of Health continues to be very strong with constant communication and collaboration. She talked about their four divisions: Pioneer Homes, the psychiatric hospital, Division of Juvenile Justice, and the Office of Children's Services, along with the complex care unit. Pioneer Homes has six locations and provides nursing services, daily living services, meal preparation, housekeeping, addressing dietary and medical needs. 61 percent of the residents have a diagnosis of a dementia-related disease. She invited all trustees, volunteers, members of the public to come and enjoy ice cream on Fridays. The elders love having guests on Fridays. She moved to the psychiatric institute, which is the only State-run hospital in Alaska that provides acute psychiatric care for youth and adults experiencing mental health crises. There are five inpatient units with 80 beds available. They are the only provider that does the comp restoration treatment for individuals found by the Court to be incompetent to stand trial. The Department of Juvenile Justice follows the restorative justice model for the adjudicated youth. She continued that the vast majority of youth are in community services, not in detention. They provide TBI screening, cultural program activities, health services, and neurofeedback therapy. She talked about the Office of Children's Services which is primarily responsible for ensuring the safety of Alaska's youth, especially in cases of child abuse and neglect. They administer the foster care system across all five regions with 21 offices. She moved to the complex care unit, which works closely with the partners at the Department of Health, and they look at how to address the needs of both custodial and noncustodial constituents and moving them into more appropriate settings, so that they are able to get the care they need. They have made some great gains with the talent acquisition team, which is a pilot project. They will make recommendations to the State to see if this could be rolled out in different departments as well. She then talked about the processes and opportunities going on right now. She concluded her update and expressed gratitude for the Trust supporting their initiatives, as well as supporting the extra training and education of staff.

TRUSTEE HALTERMAN expressed gratitude for their efforts and the cooperative effort between staff and advisors. She asked about the competency restoration and if that effort was expanding into any other facilities.

COMMISSIONER KOVOL replied that that needs to really be thought about, if there is capacity to go into other facilities. Right now, the bulk of the court-ordered constituents are in DOC care, which makes the most sense.

CHAIR FISHER recognized that Trustee Rhonda Boyles was online.

TRUSTEE FIMON thanked the commissioner for her update and stated appreciation for her boldness on trying something from the private sector in the agencies. He asked where they were on that curve.

COMMISSIONER KOVOL replied that her background comes from direct practice and the need



to be in the field to connect with staff and the constituents. She noted that they are experiencing a comeback.

CHAIR FISHER thanked Commissioner Kovol, and recognized Commissioner Heidi Hedberg from Department of Health.

COMMISSIONER HEDBERG thanked the trustees for the support they provide to the beneficiaries. She stated that the Department of Health's mission is to promote the health, well-being, and self-sufficiency of Alaskans. This partnership has been growing and blossoming over the past few years, and she is excited about the trajectory that it is going. She highlighted that the Department of Family & Community Services, the Trust, and the Department of Health work together. That is strengthening the system, which is the COMP Plan, which was finalized. They have actively been working on the ten core areas with the building out of continuum of care for crisis services. She provided an update on the complex care initiatives which focuses on early intervention with the youth and the work happening in the youth behavioral health roadmap. She talked about the care coordination in the home- and community-based waivers and the five divisions within the Department of Health each focusing in an area. A lot of time was spent developing leadership with conversations leading to the four arcs of effort: increasing access to childcare; strengthening the behavioral health system; transformation of care; and reducing overdoses and suicides. A lot of time has been spent forming the strategies and recommendations that align with the COMP Plan, and now those strategies will begin to be implemented. They are starting to see some traction with the organization of the concepts and the strategies and the funding to implementing them. She talked about how the arcs of effort were progressing. She spoke about House Bill 73, Senate Bill 76 which would introduce a new license type to meet the needs of the individuals with very complex needs. The goal is that through regulation they can build out complex care residential homes to meet the needs of individuals.

CHAIR FISHER thanked Commissioner Hedberg for everything she does and for the updates. He called a lunch break.

(Lunch break.)

CHAIR FISHER called the meeting back to order and proceeded to the proposals.

## **APPROVALS**

### **TABLED PROPOSALS**

#### **ALASKA IMPACT ALLIANCE-REIMAGINING CHILD WELFARE PROJECT**

COO BALDWIN-JOHNSON stated that they would begin with the tabled proposals from the last board meeting and then move into the focus area and partnership proposals. She continued that staff worked diligently through the verbatims, reconciling the memory of the questions and the discussions to be responsive to the questions and the requests that came up during that time. She asked for the first motion be read.

**MOTION:** The Board of Trustees approve a \$400,000 fiscal year '25 early childhood intervention and prevention Authority Grant allocation to the Alaska Impact Alliance for the fiscal year '25 Reimagining Child Welfare Project. These funds will come from the foster care and child welfare systems improvements line of the fiscal year '25 budget. The motion was made by TRUSTEE FIMON; seconded by TRUSTEE HALTERMAN.



MS. VOELKER-ROSS stated that this motion was presented and discussed at the December 2024 board meeting and tabled with the request for further information on performance and budget for the FY24 grant. She continued that the Board was given supplemental information in the packet, including the FY24 final report, the Authority Grant budget report, and the information related to questions from the November board meeting. She noted that the FY25 proposal aims to focus on three key areas that would have the most direct impact on Trust beneficiaries: No 1, the UReCares stipend and respite program; 2, the Alaska Family Resource Network; and 3, the 907 Navigation App. She added that Dr. Charity Carmody was present to answer any questions from the board.

CHAIR FISHER asked for any questions.

TRUSTEE MORAN noted that this was put at \$350,000 going forward and the request is for \$400,000 now. She asked for the reason for the \$50,000 jump.

COO BALDWIN-JOHNSON replied that the FY25 project was \$400,000. The trustees did approve in the FY26 budget a \$350,000 increment, as well as an additional slight reduction in FY27.

MS. VOELKER-ROSS added down to \$250,000 in FY27.

TRUSTEE MORAN asked if this was actually a four-year funding proposal with a \$1.4 million total investment on the Trust side of this program. She added that that was one of her issues with this. She continued that was part of her problem with the entire grant making in that it does not add clarity or transparency to the population we serve. She stated that she had serious concerns about the sustainability of this project because it came forward for an initial discussion of doing catalyst funding. She asked what will happen in four years. She stated that she cannot support this grant as written. Going forward there is a need for more transparency going into this whole system.

COO BALDWIN-JOHNSON shared a few points and stated that part of the reason when strategies are forecasted in the budget where an entity has not been identified with the ability to potentially fulfill the strategy identified, the buckets act like a placeholder, which allows staff to work with stakeholders, to figure out the capacity in the State, and what organization may be able to take on the strategy. The buckets often lead to main items in the budget which is part of the process that occurred with this particular project. She stated that she thought that staff had done their due diligence on this particular project, and were trying to be as responsive to the questions and concerns as possible.

A discussion on the motion continued.

CHAIR FISHER asked for any other trustee comments.

TRUSTEE FIMON stated that he agreed with Trustee Moran on the heartburn of the bucket money. This becomes much bigger. It is not against the Alaska Impact Alliance or any other person for support money. He stated that he would support the motion because it is important to get these funds to where they need to be.

MS. CARMODY stated that Casey Family Programs, which is the largest foundation for child welfare, has come aboard as a funder. They applied for the Lifeline Grant, the federal resource



that most states use to fund relative caregiver grants like we do. They have the budgeted amount in the Alaska Legislature budget through the People's First Initiative funding this. They presented to Rasmuson, which is onboard for potential talks for later. They have also been given a designated TANF person with Casey Family to help us partner with them to get these funds to relative caregivers from TANF dollars instead of from State general operating budgets. This fits squarely within the TANF criteria.

The discussion continued.

TRUSTEE BOYLES stated that no one has a better in-depth understanding of grants than Trustee Moran. She continued that she has some of the same concerns over the whole process with this grant and the appearance of a lack of transparency and clarity. She asked the Alaska Impact Alliance what they were doing in this area, and if it was a substitute for what maybe the State could be doing.

MS. CARMODY replied that she did not know if the State could provide those things. This is a prevention to all of those children being directly in Child Protective Services if their relatives had not stepped up. That is something that the State cannot do unless those families want to become licensed. She added that they also are not subject to all of the same regulations that a State application or website would have. She stated that the goal at the Alaska Impact Alliance is to do things that prevent families from needing OCS intervention, and to prevent kids from entering foster care.

TRUSTEE MORAN clarified that there are a lot of organizations in the state that provide family resource services that are not called a family resource center.

TRUSTEE BOYLES alerted Chair Fisher that this may be an opportunity to the Trust and Alaska Impact Alliance to look at what the State could do better or different to solve this.

MS. VOELKER-ROSS stated that the Alaska Impact Alliance is a collaboration of providers who came together to see what they are doing in the state related to social welfare and what they could come up with. That is the foundation of where Alaska Impact Alliance started.

MS. CARMODY added that the Alaska Impact Alliance started because the State asked them to start it. They were commissioned to do this exact work, which the State could not do themselves.

CHAIR FISHER shared some of his comments and then asked for a vote.

*After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Fimon, yes; Trustee Halterman, yes; Trustee Moran, no; Chair Fisher, yes.)*

CHAIR FISHER stated that the motion passed and thanked all. He moved to the next motion.

#### **JAMHI HEALTH & WELLNESS – SHARP**

**MOTION:** The Board of Trustees approve the \$46,000 FY25 partnership grant to JAMHI Health & Wellness, Incorporated, for the SHARP contracts that JAMHI continue project. These funds will come from the partnership designated grants line of the FY25 budget. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE FIMON.



TRUSTEE MORAN thanked staff for the presentation put together for this, as well as the other grant at the Program & Planning Committee meeting. It really helped set the stage for how to move forward with these.

COO BALDWIN-JOHNSON thanked Trustee Moran.

MR. BOYER stated that by nature of the SHARP program these are three-year grants. When coming forward with these, they will specify where it is a one-, two- or three-year commitment. Generally speaking, it would probably fall into the two-year commitment. This is from JAHMI Health & Wellness, which is the community behavioral health provider in Juneau, and this is the third year. The previous two years had some funding from the Trust that had been approved by the CEO and did not come forward to the board. He added that Deb Percy from JAMHI is on the line. She was listening to the discussion around AIA and that over this last year the multiple licensed clinicians that were funded by the Trust had served almost 200 beneficiaries in 2024, with 77 percent of them falling into that SUD category of treatment. That included individual, group, and emergency crisis response services.

CHAIR FISHER asked for any other questions. There being none, he called the vote.

*After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Fimon, yes; Trustee Halterman, yes; Trustee Moran, yes; Chair Fisher, yes.)*

#### **KODIAK ISLAND HEALTH CENTER – SHARP**

**MOTION:** The Board of Trustees approve a \$27,000 FY25 partnership grant to Kodiak Island Healthcare Foundation, doing business as Kodiak Community Health Center, for the KCHC behavioral health provider recruitment. These funds will come from the partnership designated line of the FY25 budget. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE FIMON.

MR. BOYER stated that it was a three-year contract through the Division. The Trust would pay 100 percent Year 1, 50 percent Year 2, and then no amount in Year 3. That is a 50/50 split with the Kodiak Community Health Center. That is for one licensed behavioral health clinician in an integrated clinic. He thought it was a great opportunity to consider some of the very rural communities. He continued that was the value of the work that the Division of Public Health staff do with the staff at the Kodiak Community Health Center in their contractual agreement.

CHAIR FISHER asked for any further questions or comments. There being none, he called the question.

*After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Fimon, yes; Trustee Halterman, yes; Trustee Moran, yes; Chair Fisher, yes.)*

#### **FOCUS AREA AND PARTNERSHIP PROPOSALS**

##### **VOA – INVESTING IN THE 3.7 SERVICE MODEL: INNOVATING RESIDENTIAL TREATMENT SERVICES FOR ALASKA’S YOUTH**

COO BALDWIN-JOHNSON moved to the focus area and partnership proposals and began with Volunteers of America. Heather Phelps is the program officer; and Julia Ley, the executive director and CEO of Volunteers of America, is available.



**MOTION:** The Board of Trustees approve a \$325,000 FY25 Authority Grant to Volunteers of America Alaska for the investing in the 3.7 service model, integrating residential treatment services for Alaska's youth project. \$214,000 will come from the FY25 treatment access and recovery supports line of the FY25 budget, and \$111,000 will come from the partnerships designated grant line of the FY25 budget. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE HALTERMAN.

MS. PHELPS stated that this was asking for \$325,000 to implement the American Society of Addiction Medicine, ASAM, level 3.7 of care at their Arch residential program. She continued that the ASAM is a medical society that provides guidance on the treatment of substance use disorders in determining the best level of patient care. A 3.7 level of care, residential services, specifically addresses co-occurring disorders with adolescents and withdrawal management or detox. She added that this funding will assist in setting up the first withdrawal management facility in the state for adolescents. This is addressing a very critical gap in service. VOA's Arch program is a statewide youth facility treating youth with substance use disorders. It currently serves 60 youths annually, all of which are Trust beneficiaries. This project is well supported through other funding sources, including Rasmuson, State grants, and earned revenue from Medicaid and private insurance. The Trust has a robust history of awarding the VOA grant program over the last three years and beyond. This project is recommended for funding as it aligns with the mental health and addiction focus areas and provides withdrawal management, a new service for youth in Alaska.

TRUSTEE MORAN stated appreciation for all the hard work, and thinks it is a great program.

CHAIR FISHER asked for any further comments or questions. Hearing none, he called the vote.

*After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Fimon, yes; Trustee Halterman, yes; Trustee Moran, yes; Chair Fisher, yes.)*

**GASTINEAU HUMAN SERVICES – PERMANENT SUPPORTIVE HOUSING**  
COO BALDWIN-JOHNSON stated that next is Gastineau Human Services permanent supportive housing.

**MOTION:** The Board of Trustees approve a \$350,000 FY25 housing and home- and community-based services focus area allocation to Gastineau Human Services for the Gastineau permanent supportive housing project. These funds will come from the supportive housing projects line of the FY25 budget. The motion was made by TRUSTEE FIMON; seconded by TRUSTEE MORAN.

MS. BARSTAD stated that she was joined by Gastineau Human Services employees Jonathan Swinton, executive director, and Ryan Kauzlarich, finance and administration director. She continued that this investment would support, in a partner capacity, \$300,000 for 51 units of supportive housing dedicated to people in recovery. This addition to the housing continuum care will help to specifically address the needs of people who are ready for recovery, who are engaged in recovery. These units would be available to people as long as they are able to maintain their lease. She added that it is a very unique approach. At Gastineau Human Services, their wide array of services will help them make that transition at whatever point in time the beneficiary would be ready.



TRUSTEE FIMON asked about the correct amount for the motion, which seems to be written for a different dollar amount. He corrected the motion.

**MOTION:** The Board of Trustees approves a \$300,000 FY25 housing and home- and community-based services focus area allocation to Gastineau Human Services for the Gastineau permanent supportive housing project. These funds will come from the supportive housing projects line of the FY25 budget. The motion was made by TRUSTEE FIMON; seconded by TRUSTEE MORAN.

A brief discussion ensued.

CHAIR FISHER asked for any more comments or questions. Hearing none, he called the vote.

*After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Fimon, yes; Trustee Halterman, yes; Trustee Moran, yes; Chair Fisher, yes.)*

#### **BEACON HILL – FAMILY RESOURCE CENTER PROGRAM EXPANSION**

**MOTION:** The Board of Trustees approve a \$216,000 FY25 Early Childhood Intervention and Prevention Authority Grant allocation to Beacon Hill for the family resource center program expansion project. These funds will come from the improved social determinants of health for families and young children, foster care, and child welfare systems improvement lines of the FY25 approved budget. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE HALTERMAN.

MS. VOELKER-ROSS stated that this project would focus on two research-informed practices that directly impact children and families. The first is the expansion of the Beacon Hill's family resource center. The second is called Care Portal, which is an application that connects agency-vetted family needs with local community members who can help fulfill those needs. These practices address social determinants of health, stabilize families, and lead to a reduction in the number of children and families involved in the social welfare system. It has the potential for multigenerational impact as it works with parents who may be Trust beneficiaries and their children. It aligns with Trust focus area strategies and the COMP Plan objectives in early childhood and the youth arena. She added that Kristen Bierman, the executive director of Beacon Hill was online, as well as Dawn Paulson, the family support director, to answer questions.

TRUSTEE MORAN commented that it was not really pertaining directly to this grant, but it seems that we are funding a lot of software development. She stated concern about that, but had no objections to this program.

MS. VOELKER-ROSS stated that the funding was not actually for software development because that has already been developed. This is for actual implementation. They have the community providers that are a part of the system that can all submit vetted family needs. Then, at the same time, developing community response. It is actually a national model.

MS. BIERMA stated that Care Portal is a well-developed technology tool that is used in about 40 other states. It has been around for almost 15 years. It is just beginning to be implemented in Alaska, piloting it in Anchorage and Mat-Su. The 907 Navigation App is like a phonebook



of resources for families to access. Families cannot actually access Care Portal directly; it has to come through an agency that vets them as a family.

CHAIR FISHER asked for any other comments. There being none, he called the vote.

*After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Fimon, yes; Trustee Halterman, yes; Trustee Moran, yes; Chair Fisher, yes.)*

**AADD – BUILDING A SYSTEM TO ACHIEVE EMPLOYMENT FIRST FOR ALL**

**MOTION:** The Board of Trustees approve a \$135,000 FY25 beneficiary employment and engagement focus area allocation to the Alaska Association on Developmental Disabilities for building a system to achieve employment first for all projects. These funds will come from the evidence-based and promising employment and engagement practices line of the FY25 budget. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE HALTERMAN.

MS. BARSTAD stated that this is an opportunity to create a national standard by starting some of this work in Alaska. Building a system to achieve employment first for all is a bit complex, but she explained some of the details and intricacies of the home- and community-based service system and some of the impacts of employment work on that. The purpose of this project is a pilot project that would help to create an employment services leadership pathway and to create state expertise in this work. She continued that this program is part of the University of Alaska Center for Human Development that provides leadership training for graduate students, practicing professionals, individuals with disabilities and family members to improve the health and welfare of infants, children, and adolescents who have or are at risk for autism and other developmental disabilities.

TRUSTEE MORAN stated that this is an appropriate catalyst funding grant. It is something that is new and has a potential to have a high payout benefit to the beneficiaries.

CHAIR FISHER stated that it is a great opportunity for the beneficiaries in Alaska. It gives people back their self-worth by helping to make them more self-reliant.

MS. CHAMPNEY stated that she was very excited because we all need workers and there is the value of being valued.

CHAIR FISHER called the vote.

*After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Fimon, yes; Trustee Halterman, yes; Trustee Moran, yes; Chair Fisher, yes.)*

CHAIR FISHER called a break.

(Break.)

CHAIR FISHER called the meeting to order and moved to the next group.

**UNIVERSITY OF ALASKA ANCHORAGE – INFANT, CHILD & YOUTH  
CONFERENCE**



**MOTION:** The Board of Trustees approve a \$50,000 FY25 Early Childhood Intervention Prevention Authority Grant allocation to the University of Alaska Anchorage for the Infant Child and Youth Conference. These funds will come from the children's mental health conference line in the FY25 budget. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE FIMON.

MS. VOELKER-ROSS stated that this funding is for the Infant Child and Youth Conference for FY25. It provides critical training, networking, and collaboration opportunities for 250 behavioral health professionals in Alaska who work with children and families from infancy and early childhood through adolescence and transition-aged youth. It attracts agencies from rural and urban areas. This is the last year it will be put out as a grant. The acting director of the Family Services Training Center, Teagan Pressler, and Lisa Cauble, the director of the Alaska Training Cooperative, are online to answer any questions.

TRUSTEE MORAN stated that this is an excellent conference, and she has sent her staff to it multiple years. She stated that she writes it into every one of her federal grants for multiple staff members.

CHAIR FISHER asked for any other comments or questions. There being none, he called the question.

*After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Fimon, yes; Trustee Halterman, yes; Trustee Moran, yes; Chair Fisher, yes.)*

#### **JAMHI HEALTH & WELLNESS – REENTRY COALITION REENTRY HOUSING**

**MOTION:** The Board of Trustees approves a \$48,500 FY25 Disability Justice Authority Grant allocation to JAHMI Health & Wellness, Inc., through Juneau Reentry Coalition reentry housing project. These funds will come from the reentry transition supports line of the FY25 budget. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE FIMON.

MS. PHELPS stated that JAHNI is requesting \$48,500 to fund the Juneau Reentry Coalition reentry housing project. The Trust has supported this program for FY21, '22 and '24. The data from the FY22 project demonstrated that their recidivism rates were significantly lower than those in the Department of Corrections. The Department of Corrections had a 54 percent recidivism rate, and the people participating in this program had a 24 percent recidivism rate. She continued that the funds were requested through the disability justice reentry transition support line and pointed out that the majority of those funds directly support reentrants. This project is recommended for funding as it aligns with the disability justice focus area and reduces Trust beneficiary involvement in the criminal justice system.

TRUSTEE HALTERMAN asked if the Trust was solely supporting this project, and if they are looking at the potential of securing other funders.

MS. PHELPS replied that people with reentry have significant issues when they come out, and she sees that this bucket would continue in the future to support reentry coalitions, to support reentrants who are Trust beneficiaries to receive that housing support.



MR. HABEGER stated that he was the community coalition coordinator for the Juneau Reentry Coalition and added that this is more of a short-term measure. It is the stop gap before a project like Gastineau Human Services, which the coalition has a letter of support for in many of their funding requests to get their project up and going. Those kinds of projects are significantly important to the community and the clients.

CHAIR FISHER asked about the multiple different kinds of reentry housing initiatives and if Mr. Habeger could talk about the different alternatives.

MS. PHELPS replied that there are many different reentry housings out there with a lot just recently starting up, especially in the Anchorage and Mat-Su area. These are people that may be involved in the system and successfully have reentered themselves or they might be church-related. Some people may have a house with four bedrooms and will start a reentry housing project. Those are private with no oversight by the Division of Behavioral Health and the State. The difference is that working with reentry coalitions, they are vetted, have case managers assigned, and have more support.

MR. HABEGER added that one difficult issue is the availability of low-income housing in the communities statewide. The other thing to consider is that many individuals have already burned a few bridges before they are involved in the justice system.

CHAIR FISHER asked for any other comments or questions. There being none, he called the question.

*After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Fimon, yes; Trustee Halterman, yes; Trustee Moran, yes; Chair Fisher, yes.)*

#### **ALASKA EATING DISORDERS ALLIANCE – BUILDING BODY CONFIDENT KIDS – YOUTH MENTAL HEALTH PREVENTION**

**MOTION:** The Board of Trustees approve an \$89,000 FY25 partnership grant to the Alaska Eating Disorders Alliance for the Building Body Confident Kids Youth Mental Health Prevention Project. These funds will come from the partnerships/designated grants line of the FY25 budget. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE HALTERMAN.

MR. BOYER noted that Jess Rude, the executive director of the Alaska Eating Disorders Alliance, was online, along with two of the board members and founders, Beth Rose and Fenny Loudon. He stated that this project is truly a prevention project. It is a partnership between best practice, support of teachers, coaches, adults, volunteers in the community, as well as in schools, working with youth to be able to better understand their bodies. When they see some of the issues around disordered eating, they are able to not only advocate for themselves, but to advocate for each other. Eating disorders are some of the more complicated clinical diagnoses and even clinicians struggle with how to deal with that on the medical and behavioral health side. AKEDA became a nonprofit over five years ago and really jumped in providing competence with best practice clinical training for clinicians around the state. That is to raise their level of competence so they can not only identify and assess eating disorders, but support and treat so that more families can get the support they need and do not have to send their children or young adults out of state to get that level of care. He noted that this is a one-time request.



TRUSTEE FIMON asked about the other funding sources.

MS. RUDE replied that they have secured GCI funds in the amount of \$2500. The Rotary is still pending, and there is a commitment from Senator Murkowski about the earmark, although that is in question, given the change in administration. She stated that the request to the Trust is a one-time funding request; seed money to be able to train the trainers. They would be able to train AKEDA staff to be able to keep providing this education to other trainers.

TRUSTEE HALTERMAN asked if the funding earmarked from Murkowski did not come through, would they still move forward on this project.

MS. RUDE replied that the earmarked funds would simply complement and expand the education outreach for this program. It is not dependent on AKEDA's ability to create and deliver a strong, effective program funded by the Mental Health Trust Authority.

TRUSTEE MORAN commented on the train-the-trainer model, which has been used very effectively in a lot of other similar programs. It is a very established and effective model in Alaska, especially with some of the transition seen in organizations and schools. She thanked them for bringing this forward.

CHAIR FISHER commented on the real need for this in the state of Alaska. He called the vote.

*After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Fimon, yes; Trustee Halterman, yes; Trustee Moran, yes; Chair Fisher, yes.)*

## **CONSENT AGENDA APPROVAL**

**MOTION:** The Board of Trustees approves the following 14 FY25 partnership grants totaling \$530,510, as outlined in the table below, to include: Hope Community Resources, flooring replacement for two assisted living homes, \$50,000; Tundra Women's Coalition, Tundra youth home transitional housing support, \$50,000; Seward Prevent Coalition, youth mental health campaign, \$50,000; Kenai Peninsula Homelessness Coalition, Nikiski Shelter of Hope building upgrades, \$50,000; Juneau Housing First Collaborative, development and housing support for \$50,000; Alaska Native Heritage Center, the Alaska Native Heritage Center Elders Program, \$50,000; Seldovia Village Tribe, community healthcare equipment upgrade, \$50,000; Palmer Senior Citizens Center, Inc., d/b/a/ Mat-Su Senior Services, MSS ADS support, \$50,000; the Alaska Humanities Forum, Story Works, strengthening protective factors through classroom storytelling, \$50,000; Bfit & Well Annex, brain health fitness program, \$40,000; REACH 907, resilience behavior consulting support, \$27,260; Alaska Association on Developmental Disabilities, Cost of Care: Collaborating on Solutions, \$8,250; Girls on the Run, Southcentral Alaska, Girls on the Run, \$2,500; and the Stone Soup Group, growing connection and cultivating communities, \$2,500. These funds will come from the partnerships/designated grants line of FY25 budget. The motion was made by TRUSTEE FIMON; seconded by TRUSTEE MORAN.

TRUSTEE HALTERMAN stated that some of these do not have secured funding yet, and she was concerned about the security of some of these pending sources, given the grant-making changes at the national level. She asked if there was a potential that some of these unsecured



funds may not come through and jeopardize any of these projects. She asked if there were any updates on securing some of the funding.

MS. BIASTOCK replied that would be on a case-by-case basis, and if there were specific questions so that they may be able to get representatives from the requesting agency online who are able to provide an update. She noted that they are monitoring the situation with federal funding.

TRUSTEE HALTERMAN asked about the Seward Prevention Coalition and if this might be something that would be better off spearheaded by the Trust as one of the stigma campaigns and maybe targeting to leverage whatever documentation is created to help address that issue in the Seward Peninsula. It could be something that the Trust could replicate statewide.

MS. PHELPS stated that they are very invested in and have been working on it for a number of years. They see this as their community and want to be responsive to community needs.

TRUSTEE HALTERMAN asked if there was the potential to garner whatever they create in that, if it works, to use for Trust efforts.

MS. BIASTOCK replied absolutely, especially if they find that there are certain aspects of that campaign that have been remarkably successful. This is someone local creating messages they think will resonate in their community. It is \$50,000. The Trust does statewide media buys for the anti-stigma campaign. \$50,000 of that would not be directed to any single community in the state because they are really targeting statewide. There is a benefit in it being complementary to our anti-stigma efforts, but not repetitive because it would be localized.

MR. HICKEY stated the inclusion within the grant agreement is a requirement that they cooperate and permit the Trust to use whatever information they gather. He continued, that can be made a condition of the grant agreement and that information becomes usable by the Trust.

MS. PHELPS added that in looking at the proposal, it talks about once the campaign has been completed, implemented, and assessed, they plan to provide it as a resource for other communities in Alaska who are facing the same barriers to utilize.

TRUSTEE HALTERMAN wanted the Trust to use it as part of the media campaign and thanked Ms. Phelps for the clarification.

MS. PHELPS stated that they are working with Montana State University's Center for Health and Safety Culture, and there may be some proprietary information that may need to be negotiated. They do want to share what they learn and see this as being groundbreaking and could really help with decreasing stigma for parents of youth that access mental health services.

CHAIR FISHER stated that he was uncomfortable with the grant for Juneau Housing First in that it was too cloudy as to what it was supporting. He was uncomfortable leaving this motion without more discussion and information.

COO BALDWIN-JOHNSON suggested separating it from the consent agenda and revisiting it after getting through the consent agenda. She moved to the Alaska Native Heritage Center and stated that Emily Edenshaw, the president and CEO, Gregory Stewart, the director of grants,



and Crystalyn Lemieux, senior manager of the programs at Alaska Native Heritage Center were happy to answer any questions.

MS. EDENSHAW introduced herself and stated that she has served as the President and CEO for the last six years and was honored to be there with her team. She stated that they work with a variety of funding sources all across Alaska and the nation. Their Elders Program was borne out of their community and the feedback not only from youth was they wanted more elders at the heritage center and that the elders want us to meet them where they are. The cultural center building is an Elders Program because they are more than a museum and more than a cultural center. She continued that they provide 25 free carving stations for men who struggle with homelessness and substance abuse in Anchorage. They have been doing that for six years, and it is completely funded by the Mellon Foundation. They also have direct relief funding now.

CHAIR FISHER asked who the funding partners were, and why there were no Alaska Native funding partners.

MR. STEWART replied that they partnered with Providence Alaska Foundation to secure funding, as well as the Alaska State Council on the Arts. They have a pending ask with GCI. They use their partners within the Alaska Native community for a variety of resources, and they tend to have an interest in seeing their funds go directly to supporting youth programs. Most of the resources from their indigenous partners throughout the corporate and other resources that exist in that space tend to go to those programs first. The Elders Program is the first time they were doing this particular line of service and this model they developed. It is modeling after the core efforts of the Heritage Center where they bring culture to people throughout the state. They have a variety of partners from within the Alaska Native community. They work with Cook Inlet Housing Authority, Southcentral Foundation, and would likely engage Cook Inlet Tribal Council and a variety of other people within the Southcentral region.

MS. LEMIEUX shared that she had been doing suicide prevention the last seven years and is very familiar with prevention. The people know what she does in the community, and they come to her and ask why they were not focusing on the elders. The real issue is that the elders have experienced so much from boarding schools, and it is just compounded. They need to heal, and part of that healing is for elders and youth to come together. The reason to do this pilot project is to prove why this works. There is research, but until someone sees it, they are just talking. She needs to pitch this to her indigenous community. It is an exciting time to be at the Alaska Native Heritage Center because our president and CEO and director of grants can accomplish in five years things that take 10 to 20 years. In her vision, she sees culture as prevention.

CHAIR FISHER stated appreciation for the explanation. He asked about the Nikiski shelter and if they are beneficiary families.

MS. BARSTAD stated that they identified a total of up to 22 people, potentially, with co-occurring disorders, Trust beneficiaries, using the shelter. They identified as serving people with mental illness and substance use, the two most common beneficiary groups served by shelters in general. Given the amount of the investment and the total amount of the project overall, this is a multi-year deferred maintenance project. She feels that the investment is within proportion of the number of Trust beneficiaries served.



COO BALDWIN-JOHNSON clarified that the only one removed from the consent agenda was No. 5, the Juneau Housing First Collaborative.

MR. HICKEY stated that a motion is needed that the maker amends to remove that one from the consent motion.

**MOTION:** A motion to amend the motion to remove Item No. 5, and to update the number of FY25 partnerships from 14 to 13, and to update the total dollar amount of the motion from \$530,510 down to \$480, 510. The motion was made by TRUSTEE FIMON; seconded by TRUSTEE MORAN.

*After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Fimon, yes; Trustee Halterman, yes; Trustee Moran, yes; Chair Fisher, yes.)*

MS. BIASTOCK stated that the amendment was adopted, and that the vote on the main motion was needed.

CHAIR FISHER called the vote on the motion, as amended.

*After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Fimon, yes; Trustee Halterman, yes; Trustee Moran, yes; Chair Fisher, yes.)*

MS. BIASTOCK asked for the motion for the grant removed from the consent agenda.

**MOTION:** The Board of Trustees approve the \$50,000 FY25 partnership grant to the Juneau Housing First Collaborative with the development support project. These funds will come from the partnership/designated grant line of the FY25 budget. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE FIMON.

CHAIR FISHER stated that he was not comfortable with understanding what the grant was used for, what the consulting project is going to encompass.

MS. BARSTAD stated that this funding is to fund a position for development support partially with a partnership with the Juneau Community Foundation so they have additional expertise to help with applications for funding, developing a funding stack, organizing predevelopment activities, as well as developing operations, plans, and other components that are necessary to apply for both State and Federal funding for a variety of projects that will be targeted for Trust beneficiaries. She continued that it could include and would focus on affordable housing and permanent supportive housing, which is also affordable housing. It is a bit redundant, but there are some specialty niche projects that are within the affordable housing category and new types of projects like the recovery permanent supportive housing. Those are three different types of housing. The regional housing authorities have very limited funding and focus on broad population interventions. To target Trust beneficiaries, there is additional expertise needed to connect that affordable housing to supportive services.

MS. LOVISHCHUK added that the specific projects that are in the pipeline right now is the Gastineau Human Services recovery housing project and then a transitional housing project for youth. The reason why these projects are so difficult to get off the ground is because it takes a lot to educate the Board, to outline the program, to line out the funding sources. These projects are billed in other communities as for-profit, and they charge a substantial developer fee. She



was able to develop this and wants to be able to lend a hand to other organizations to do this. They were able to rehab their old shelter building called Glory Hall.

MS. BARSTAD stated that this project was identified for funding in the FY26 and FY27 budget that had been approved.

CHAIR FISHER stated that he is not in support of a housing-first concept. He asked for any other comments or questions. There being none, he called the question.

*After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Fimon, yes; Trustee Halterman, yes; Trustee Moran, yes; Chair Fisher, no.)*

**MOTION:** A motion that the Alaska Mental Health Trust Authority's Board of Trustees move into Executive Session to discuss issues pertaining to the new CEO's onboarding, including the 2024 legislative audit, commercial real estate, the Palmer mine project request for purchase by the Trust. The Executive Session is permitted by AS 44.62.310(c)(1) and (3) as the matters to be discussed would clearly have an adverse effect upon the finances of the Trust and involve matters which by law, municipal charter, or ordinance are required to be confidential. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE FIMON.

*After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Fimon, yes; Trustee Halterman, yes; Trustee Moran, yes; Chair Fisher, yes.)*

(Executive Session from 3:12 p.m. until 4:31 p.m.)

TRUSTEE HALTERMAN stated, for the record, that she, her fellow trustees, members of the Trust Authority are returning to the Full Board of Trustees meeting from the Executive Session. During the Executive Session, the Board of Trustees only discussed the items identified on the motion to move into the Executive Session. The Board of Trustees did not take any action, except to give counsel direction while in Executive Session.

CHAIR FISHER stated that during the Executive Session, an offer from Constantine Mining, LLC, was discussed. They offered the Trust to purchase their mining claim for the Palmer Project. The trustees consulted with TLO and counsel. The trustees directed counsel to notify Constantine Mining that the Trust was not interested in pursuing the purchase of that claim. The Palmer claim means the claim owned by Merrill Palmer. He asked for any comments from the trustees before adjourning.

### **TRUSTEE COMMENTS**

TRUSTEE FIMON thanked staff for all the support they give. He was happy to get to see some of the local people come in and give input, advocate, and give feedback on programs and funding that we have done. It was good to get some face time with the legislators and to make some points and answer some questions. He appreciated that and his fellow trustees for a lot of hard work.

CHAIR FISHER asked for any other comments. He thanked all who participated, both staff and the guests that came to speak to us. We really appreciate all the participation and especially the organization that went into making this trip to Juneau and with the legislators successful. He asked for a motion to adjourn.



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

*After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Fimon, yes; Trustee Halterman, yes; Trustee Moran, yes; Chair Fisher, yes.)*

(Alaska Mental Health Trust Authority Full Board meeting adjourned at 4:34 p.m.)



**ALASKA MENTAL HEALTH TRUST AUTHORITY  
SPECIAL FULL BOARD MEETING  
March 28, 2025  
3:00 p.m.**

**Virtual Meeting:  
Originating at:  
Alaska Mental Health Trust Authority  
3745 Community Park Loop, Suite 200  
Anchorage, Alaska 99508**

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**Trustees Present:**

Brent Fisher, Chair  
Kevin Fimon  
Corri Feige  
John Morris  
Rhonda Boyles  
Anita Halterman

**Trust Staff Present:**

Mary Wilson  
Allison Biastock  
Katie Baldwin-Johnson  
Shannon Cochran  
Valette Keller  
Julee Farley  
Michael Baldwin

**Trust Land Office staff present:**

Jusdi Warner  
Sarah Morrison  
Blaine Alfonso  
Cole Hendrickson

**Department of Law:**

Gene Hickey

**Also participating:**

Representative Julie Coulombe; Lee Cruise; Marty Lange; Stephanie Wheeler.



## PROCEEDINGS

### CALL TO ORDER

CHAIR FISHER called the special meeting to order and began with a roll call. He asked for any announcements. There being none, he asked for a motion to approve the agenda.

### APPROVAL OF AGENDA

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

*After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Feige, yes; Trustee Fimon, yes; Trustee Halterman, yes; Trustee Morris, yes; Trustee Moran; Chair Fisher, yes.)*

### ETHICS DISCLOSURE

CHAIR FISHER asked for any ethics disclosures. Hearing none, he moved to the Commercial Real Estate Investment Management discussion.

### COMMERCIAL REAL ESTATE INVESTMENT MANAGEMENT DISCUSSION

CEO WILSON stated that she would read Memo No. 1, which is the requested motion.

TRUSTEE HALTERMAN stated that a trustee should make the motion, and then have a discussion.

TRUSTEE FIMON agreed and read the motion.

**MOTION:** The Board of Trustees appoint Trust CEO Mary Wilson, M.D., as manager of 2618 Commercial Drive Investment Group, LLC., and authorizes Board of Trustees Chair Brent Fisher to sign the amendment to the operating agreement reflecting the change in manager, and to provide an effective date for the change. The Trust Land Office will continue to serve as manager until the effective date of the change. The motion was made by TRUSTEE FIMON; seconded by TRUSTEE HALTERMAN.

CHAIR FISHER asked for any discussion.

TRUSTEE MORRIS asked for the purpose of making this change.

CEO WILSON replied that there were six separate limited liability companies that purchased the six real estate investments. When formed, the Trust Land Office was named as a manager of each limited liability company, and continued serving in that capacity. When the Board decided to divest of the real estate properties, two sales have closed, and there are still four properties remaining. Staff was instructed to prepare procurement documents to move the management of that from the TLO and to have a commercial real estate investment manager lined up. That contract has not yet been signed, and there is a need to make sure there is a manager in place for that. Since the CRE portfolio is being liquidated, there is a need to have a manager on the Trust side.

TRUSTEE MORRIS asked what the advantage is to having Dr. Wilson manage this new contractor rather than the TLO.



MR. HICKEY replied that the issue on the remaining four real estate investment managers is the TLO has lost one position, and it has not been filled. Given the fact that the other properties are going to be sold, there is a substantial likelihood that they could lose the investment advisor at the TLO to handle the others. It has become prudent to move the management over to the Trust side and then hire the real estate investment management firm to handle the investment advice on these properties. He clarified that the management of the properties by the TLO is currently being performed through a position at the TLO. Once the determination is made to liquidate those properties, the chances of that position remaining at the TLO is less likely. As a result, there is a need to get someone in to manage those investments from a real estate management perspective.

TRUSTEE MORRIS asked for clarification as to why the person should report to Dr. Wilson, as opposed to Jusdi Warner.

MR. HICKEY replied that the determination was made that management would be simpler, rather than leaving it with TLO.

TRUSTEE BOYLES stated that she was also curious and asked Dr. Wilson's opinion and thoughts on how comfortable she is in hiring a commercial real estate investment manager.

CEO WILSON replied that she believes this is a solid idea and the right way to go. It will be cleaner in the long run to manage that contract than to leave it with the TLO because the CFO will be working with the contractor around how the finances are reported, and it omits a middleman situation. She continued that she has no experience in this, and would bring questions regarding the real estate to the table, and will report any issues.

TRUSTEE HALTERMAN stated that one of the things important to remember is that during this governance change, one of the big things done was transferring the TLO executive director's supervision to CEO Wilson, which supports the move of this nature through this memo and motion. It allows for greater financial transparency over this commercial real estate project and the portfolio, and will allow some direct reporting. She continued that she would be fully supporting this moving forward and would be supporting the motion. She thanked the trustees for the great dialogue.

TRUSTEE FEIGE pointed out that the commercial real estate portfolio is a Trust Authority asset which sits under the investment portfolio and directly managed by the CFO and the CEO on the Trust side. She applauded the action to place that activity under the Trust Authority, giving a direct line of sight. It is better contract management, and is more transparent. The nuance is that they reside organizationally under different parts of the organization.

TRUSTEE FIMON asked if there was a downside.

TRUSTEE MORRIS stated that he thought the downside is that the remaining properties have a lower probability of a successful result. While it may increase the transparency of the internal reporting, it decreases the transparency to the external observers, the constituents in the state, in terms of the successes and the less-than successes. He continued that he thought that taking Trust money and investing it under the management of the TLO, or any other component, should remain with the Trust Authority to begin with. The Trust Land Office should manage, to



the best of their ability and for the greatest benefit possible to the beneficiaries, the lands they were given during the settlement.

CHAIR FISHER commented that the TLO, in the past, has notified the Board of the fact that they are losing the expertise that qualified them to manage the commercial real estate, and that the bulk of their personnel are all focused on resource development. He continued that there is other real estate being used by beneficiary organizations that will need to be addressed, as well. This special board meeting is focused on dealing with these particular six properties and making sure there is the right kind of expertise for these decisions. He called the vote.

*After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Feige, yes; Trustee Fimon, yes; Trustee Halterman, yes; Trustee Morris, no; Chair Fisher, yes.)*

CHAIR FISHER moved to the next motion, TLO TX1, and recognized Trustee Fimon.

**MOTION:** The Board of Trustees appoint the Trust's CEO, Mary Wilson, M.D., as manager of TLO TX1 Investments, LLC, and authorizes the Board of Trustees Chair Brent Fisher to sign the amendment to the operating agreement reflecting the change in manager, and to provide an effective date for the change. The Trust Land Office will continue to serve as manager until the effective date of the change. The motion was made by TRUSTEE FIMON; seconded by TRUSTEE HALTERMAN.

CHAIR FISHER stated that this is another corporation for one of the properties and is being made consistent with the first motion as far as the reporting relationship goes. He called the vote.

*After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Feige, yes; Trustee Fimon, yes; Trustee Halterman, yes; Trustee Morris, no; Chair Fisher, yes.)*

**MOTION:** The Board of Trustees appoint the Trust CEO, Mary Wilson, M.D., as manager of TLO TX3 Investments, LLC, and authorizes Board of Trustees Chair Brent Fisher to sign the amendment to the operating agreement reflecting the change in manager and to provide an effective date for the change. The Trust Land Office will continue to serve as manager until the effective date of the change. The motion was made by TRUSTEE FIMON; seconded by TRUSTEE HALTERMAN.

*After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Feige, yes; Trustee Fimon, yes; Trustee Halterman, yes; Trustee Morris, no; Chair Fisher, yes.)*

CHAIR FISHER stated that was the business they had to take care of and asked for any comments.

TRUSTEE HALTERMAN thanked Trustee Boyles for her service. She was not sure if they would see her again in a meeting. She acknowledged that she felt like she was standing on the shoulders of giants when she is serving on this Board and added that they are all amazing. She added that she would miss Trustee Boyles and her wisdom and wit deeply.



TRUSTEE BOYLES replied thank you.

CHAIR FISHER echoed the same sentiments and stated appreciation for Trustee Boyles and her service given to the Board, the Trust, and the beneficiaries of the Trust. Seeing no other comments, he asked for a motion for adjournment.

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

*After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles, yes; Trustee Feige, yes; Trustee Fimon, yes; Trustee Halterman, yes; Trustee Morris, yes; Chair Fisher, yes.)*

CHAIR FISHER adjourned the meeting.

(The Alaska Mental Health Trust Special Full Board meeting was adjourned at 3:37 p.m.)



# **Current Trust Bylaws**



ALASKA MENTAL HEALTH TRUST AUTHORITY  
BYLAWS

ARTICLE I  
NAME

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

ARTICLE II  
PURPOSE OF THE AUTHORITY

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

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

ARTICLE III  
BOARD OF TRUSTEE MEMBERSHIP AND TERMS OF OFFICE

Section 1. Trust Authority board of trustees composition:

- (a) The Trust Authority shall be governed by its board of trustees.
- (b) The Trust Authority board of trustees, hereafter referred to as the board, consists of seven members appointed by the governor in accordance with AS 44.25.210 and confirmed by the legislature.

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

- (a) The members of the board serve staggered five-year terms. A member shall continue to serve until the member's successor is appointed and confirmed by the legislature.
- (b) A vacancy occurring in the membership of the board shall be filled within 60 days by appointment of the governor for the unexpired portion of the vacated term.
- (c) The governor may remove a member of the board only for cause per AS 44.25.220.
- (d) Except for a trustee who has served two consecutive five-year terms, a member of the



board may be reappointed. A member of the board who has served two consecutive five-year terms is not eligible for reappointment to the board until one year has intervened as per AS 44.25.220(d).

#### ARTICLE IV BOARD OF TRUSTEE DUTIES

Section 1. The role of the board is to:

- (a) Set the vision for the organization;
- (b) Set policies for the organization, including adoption of regulations as appropriate under AS 44.25.240;
- (c) Adopt charters that define the role, authority, operating procedures, duties, and responsibilities of the board and standing committees; and
- (d) Approve contractual agreements with advisors as defined in statute and the settlement agreement, specifically Alaska Permanent Fund Corporation (APFC), Department of Natural Resources (DNR), and Statutory Advisory Boards.
- (e) Fulfill the duties listed in AS 37.14.007(b)(1)-(12).

Section 2. The board will conduct business in accordance with AS 44.25.250.

#### ARTICLE V OFFICERS AND DUTIES

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

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

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

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



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

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

(a) Chair

1. Call all meetings. Preside at all meetings.
2. Appoint chairs of committees and appoint members of ad hoc committees.
3. Serve as ex-officio non-voting member of all committees, but may not concurrently serve as board Chair and chair of any standing committee, with the exception of the Executive Committee.
4. Act as primary spokesperson for the board.
5. Act as one of the official spokespersons for the Trust Authority, together with the Chief Executive Officer (CEO) and others as directed by the Board. The Chair of the Board shall have the authority to designate another Trustee to act as the official spokesperson for the Trust Authority in the Chair's discretion.

(b) Vice Chair

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

(c) Secretary

Assume duties of the Chair when Chair and Vice Chair are unavailable. Perform other duties as assigned by the board.

Assure that the records of board proceedings are maintained in accordance with these bylaws and in accordance with AS 37.14.007(b)(2) and the Records Management Act (AS 40.21).

## ARTICLE VI MEETINGS

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



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

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

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

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

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

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

## ARTICLE VII COMMITTEES OF THE BOARD

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

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

(a) Ensure development of policies for governing the Trust Authority for approval by the board.

(b) Oversee implementation of governance policies at the direction of and on behalf of the board in accordance with law and the committee charter adopted by the board.

(c) The Executive Committee will meet only as needed.

Section 2. The Resource Management Committee will, in consultation with the CEO and the TLO ED:



(a) Ensure development of policies for protecting, enhancing, and managing the trust's non-cash resources in the best interests of the beneficiaries for approval by the board.

(b) Oversee implementation of plans at the direction of and on behalf of the board in accordance with law and the committee charter adopted by the board.

Section 3. The Program and Planning Committee will, in consultation with the CEO and Chief Operating Officer.:

(a) Ensure development of policies to meet needs and improve the circumstances of beneficiaries; and recommends to the board for approval.

(b) Oversee implementation of plans at the direction of and on behalf of the board in accordance with Trust Authority statutes and regulations and the committee charter adopted by the board.

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

(a) Ensure development of policies for investment and fiscal management for approval by the board.

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

Section 5. The Audit and Risk Committee will, in consultation with the CEO and CFO:

(a) Ensure development of policies for managing the annual audit process and identifying and addressing organizational risk for approval by the board.

(b) Oversee implementation of approved audit and risk management policies on behalf of the board in accordance with Trust Authority statutes and regulations and the committee charter adopted by the board.

## ARTICLE VIII CHIEF EXECUTIVE OFFICER

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

Section 2. The Chief Executive Officer is responsible for day-to-day operations of the Trust Authority including planning, organizing, coordinating, and directing all activities necessary to enable the Trust Authority to exercise its powers and duties, and fulfill the purpose of the Trust Authority. The CEO will operate and conduct the business and affairs of the Trust Authority according to the statutes, regulations, bylaws, policies, and charters adopted by the board. The



CEO duties and responsibilities shall be set forth in a CEO Job description to be adopted by the board.

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

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

Section 5. The CEO serves at the pleasure of the Board. Termination of employment of the Chief Executive Officer is by majority vote of the board.

## ARTICLE IX PARLIAMENTARY AUTHORITY

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

## ARTICLE X ETHICS

Board members are required to comply with the Alaska Executive Branch Ethics Act (AS 39.52) and AS 44.25.210(c)(2).

## ARTICLE XI AMENDMENT OF BYLAWS

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

## ARTICLE XII DEFINITIONS

In these bylaws,

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



**The Alaska Mental Health Trust Authority (the Trust Authority)** means the entity charged with administering the trust, as trustee, is governed by a seven-member board. (AS 37.14.007, AS 44.25.200, AS 44.25.210)

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

**Regular Meeting** means each of the four board meetings required to be held each year.

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

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

Approved by the Board of Trustees of the Alaska Mental Health Trust Authority on November 13, 2024 and by motion of the Board effective on January 1, 2025.

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Brent Fisher, Chair

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Rhonda Boyles, Secretary



# CEO Update



# Trust

## Alaska Mental Health Trust Authority

### PUBLIC COMMENT GUIDELINES

<b>PURPOSE</b>	The public comment period allows individuals to inform and advise the Alaska Mental Health Trust Board of Trustees about issues relating to Trust beneficiaries, grants, lands, assets, or other Trust business. It is not a hearing.
<b>WHEN</b>	<ul style="list-style-type: none"> <li>Public comment periods are provided during all regular meetings of the full board of trustees. Full board meetings usually are held in late January, May, September, and November.</li> <li>A public comment period may be available during other trustee meetings based upon recommendations by staff or trustees.</li> <li>Meeting schedules, agenda, materials, and participation information are posted on the Trust's website: <a href="https://alaskamentalhealthtrust.org">https://alaskamentalhealthtrust.org</a>.</li> </ul>
<b>PROTOCOL</b>	<ul style="list-style-type: none"> <li>Individuals wishing to provide public comment are encouraged to sign up in advance.</li> <li>Individuals are invited to speak for up to three minutes.</li> <li>A speaker may be granted the latitude to speak longer than the 3-minute time limit only by the Chair or by a motion adopted by the Full Board of Trustees.</li> <li>Speakers must be respectful of the board of trustees and all meeting attendees and are not permitted to criticize or attack others. The Chair maintains the right to stop public comments that contain inappropriate or inflammatory language or behavior.</li> <li>If after 10 minutes no one has called in to provide public comment, the meeting will resume.</li> </ul>

### FREQUENTLY ASKED QUESTIONS

<b>How can I provide comments during the meeting?</b>	<ul style="list-style-type: none"> <li><b>Sign up in advance</b> by emailing <a href="mailto:public.comment@mhtrust.org">public.comment@mhtrust.org</a> by <b>5 p.m.</b> the night before the meeting.</li> <li>Indicate if you will be commenting <b>in-person or remotely</b> and include your <b>full name, telephone number, organization</b> (if applicable), and the <b>topic of your public comment</b>.</li> <li>While pre-registration is not required, public comment will begin with those who have pre-registered.</li> <li>If you are participating remotely, please ensure you are connected to the meeting at the beginning of the public comment period and ready to speak when the Chair calls your name.</li> </ul>
<b>What if I cannot provide comment during the meeting?</b>	<ul style="list-style-type: none"> <li>If you are unable to attend the public comment period, or if public comment concludes before you have a chance to provide public comment, written comments may be sent at any time via email or mail:</li> <li>Email: <a href="mailto:public.comment@mhtrust.org">public.comment@mhtrust.org</a></li> <li>Mail: 3745 Community Park Loop Suite 200, Anchorage AK 99508</li> </ul>
<b>What is the process for commenting on Trust land projects?</b>	Trust land is managed by the Trust Land Office (TLO) on behalf of the Trust Authority, and written public comment is sought on a per-project basis. Public notices with instructions for submitting public comment are posted on the <a href="#">Trust Land Office website</a> , through the <a href="#">State of Alaska Online Public Notices</a> , and in local newspapers. Following the comment period, the TLO may affirm, revise or rescind the best interest decision regarding the project.
<b>For additional information:</b>	Allison Biastock, Chief Communications Officer 907-334-2531 or <a href="mailto:allison.biastock@alaska.gov">allison.biastock@alaska.gov</a>



# **Resource Management Committee Report / Update**



# Memorandum

**To:** Brent Fisher, Chair of the Board of Trustees  
**Through:** Corri Feige, Resource Management Committee Chair  
**From:** Jusdi Warner, Executive Director  
**Date:** April 23, 2025  
**Subject:** Resource Management Committee Meeting Summary



The Resource Management Committee met on April 23, 2025, and received an update of key TLO activities from the Executive Director Report; as well as current updates on the following: Icy Cape project including an Executive Session, the Commercial Real Estate portfolio, and the Carbon Offset Program from the TLO's carbon evaluation consultant. The committee was also presented with additional information by the Trust Authority as requested at the April 9, 2025, Special Resource Management Committee to answer questions regarding the potential Alaska Behavioral Health less than fair market lease in Fairbanks. Following a public notice by the Trust Authority, the Alaska Behavioral Health less than fair market lease request in Fairbanks will be heard by the full board at the next regularly scheduled meeting in August 2025. Finally, the committee received eight (8) consultations presented by TLO staff. All consultations require full board concurrence and move to the board of trustees for a vote.

**Board Action Required:** *The following proposed actions requiring full board of trustees' concurrence were recommended to the full board of trustees at the April 23, 2025, RMC Meeting:*

## Meeting Summary:

### 1. Consultation – Parcel Inventory for Statewide Land Sale Programs

**MOTION:** *"The Alaska Mental Health Trust Authority Board of Trustees concur with creating a pool of approximately 28 subdivision lots and small to large tract parcels to be subdivided that may be disposed of through the TLO's Statewide Land Sale Programs."*

**Anticipated Revenues/Benefits:** By having an inventory of parcels to select from that has been through the TLO's administrative process, the TLO can consolidate costs such as appraisals and parcel inspections over multiple land sale years, have more flexibility to respond timely to public interest, market trends, and more effectively sell the parcels, thereby increasing overall land sales revenue generated through the TLO land sale programs. The TLO's goal is to generate up to \$6 million during the five-year sale period.

There was a technical error in the parcel list attached to the RMC consultation where parcel CRM-2556 had the acreage listed as 232.33. The accurate acreage for parcel CRM-2556 is 64.138 acres.

### 2. Consultation – Negotiated Sale – MHT 9101408

**MOTION:** *"The Alaska Mental Health Trust Authority board of trustees concur with the disposal of Trust parcel C20931, approximately 14 acres, through a negotiated sale or subsequent disposal."*



**Anticipated Revenues/Benefits:** This proposal provides the Executive Director with an opportunity to dispose of the parcel for \$419,300.00. This is 52.47% above the appraised fair market value of the property. In addition, the applicant intends to enter a Contract for the Sale of Real Property, generating additional revenue through the interest and term up to 20 years, producing further returns to the Trust.

### 3. Consultation – Utility Easement – MHT 9201031

**MOTION:** “The Alaska Mental Health Trust Authority board of trustees concur with the disposal of a portion of Trust parcels SM-1523 and SM-1524 through a term nonexclusive easement to Chugach Electric Association.”

**Anticipated Revenues/Benefits:** The current CEA easement bisects both Trust parcels resulting in encumbered land without adequate area for development. Inherent value is gained by the Trust granting a new perimeter easement and CEA’s relinquishment of the current easement creating prime developable areas on urban parcels.

### 4. Consultation – Utility Easement – MHT 9201032

**MOTION:** “The Alaska Mental Health Trust Authority board of trustees concur with the disposal of a portion of Trust parcels S20524, S20554, S20556, S20560, and S20562 through a 30-year term non-exclusive easement to Matanuska Electric Association.”

**Anticipated Revenues/Benefits:** Total revenue over 30-year term non-exclusive easement estimated at \$226,102.50. The transmission line will be outfitted with a distribution line below the higher voltage transmission lines, allowing the adjacent proposed Longview Subdivision parcels to benefit in appraisal value from this electrical distribution since there is no electricity in the area currently.

### 5. Consultation – Utility Easement – MHT 9400899

**MOTION:** “The Alaska Mental Health Trust Authority board of trustees concur with the disposal of a portion of Trust parcels F20286, F20288, F20289, F20298, F20299, F20309.001, F20309.002, F70015 and F70536 as depicted in exhibits, through a 30-year term non-exclusive easement to Doyon Limited, Inc..”

**Anticipated Revenues/Benefits:** Total revenue over 30-year terms non-exclusive easement estimated at \$866,160.00. The fee may be adjusted per the postconstruction as-built survey that will be used to legally define the easement.

### 6. Consultation – Negotiated Oil & Gas Lease – MHT 9300102

**MOTION:** “The Alaska Mental Health Trust Authority board of trustees concur with the negotiated lease of Trust land, parcels S50560, S50561, SM-2434, SM-2435, SM-2436, SM-2437, SM-2438, SM-2439, SM-2440-01, SM-2441, SM-2442, SM-2443, SM-2445-B, SM-2450 near Houston for the exploration and development of oil and gas resources.”

**Anticipated Revenues/Benefits:** Revenue to the Trust includes an annual rental fee starting at \$3/acre/year and escalating to \$7/acre/year for lease year 5, and increasing annually should production continue the agreement past the 5-year term. Rental fees are a credit against the royalty due on production for that lease year. Any production that occurs will be subject to a 12.5 percent royalty.



There was a technical error in the RMC consultation motion which incorrectly listed parcel SM-2436 as “SM2-2436”, this has been corrected in the Board of Trustees motion.

#### **7. Consultation – Mineral Lease – MHT 9400921**

**MOTION:** *“The Alaska Mental Health Trust Authority board of trustees concur with the negotiated lease of Trust mineral estate on F20410 on Dome Creek for the processing of placer gold as proposed.”*

**Anticipated Revenues/Benefits:** Revenues will consist of an annual rental fee of \$2,500, which can be credited against production royalty as it accrues for that year. Any production that occurs is subject to a 10% net royalty. In addition, the areas that are mined will be reclaimed. Upon the completion of processing the stockpiled tailings and all placer gold is deemed to be extracted, a separate material sale of the washed tailings will take place at a price of \$5.00/cubic yard.

#### **8. Consultation – Ground Lease – MHT 9400917**

**MOTION:** *“The Alaska Mental Health Trust Authority board of trustees concur with the negotiated surface lease for waste rock storage of a portion of MH Parcel F70015 to Fairbanks Gold Mining, Inc. to facilitate the continued operations at the Fort Knox Mine.”*

**Anticipated Revenues/Benefits:** The Trust will receive an annual rental of 12% of the appraised land value until reclamation is complete, expected within 10 years.

cc: Board of Trustees  
Mary Wilson, CEO Alaska Mental Health Trust Authority



# **Promontory Point Discussion**



# **Real Estate Property Budgets**





**To:** Brent Fisher, Board Chair  
**From:** David MacDonald  
**Thru:** Mary Wilson  
**Date:** May 21, 2025  
**Re:** FY26 Budgets – Program-Related Real Estate Portfolio  
**Fiscal Year:** 2026  
**Amount:** \$1,004,521

Approval

**Proposed Motion:**

**Proposed Motion:** “The Alaska Mental Health Trust Authority Board of Trustees approve the incremental building expenditures for the Program-Related Real Estate Portfolio, totaling \$1,004,521, budgeted for Fiscal Year 2026. The expenditures are to be paid by the property managers from rents, cash reserves and other income collected from the properties and the Central Facility Fund.”

**Background:**

**Introduction:**

Each year the TLO presents budgets for managing program-related real estate properties. These are based on the TLO’s projections for occupancy and the related operating and capital expenses for each property in the fiscal year. If approved, this budget allows the TLO to manage these properties within the constraints of the approved budget but with the flexibility to manage cash flows and obligations to maintain the facilities in good working order, attractive to tenants, and for appropriate revenue production. At each property throughout the year, cash reserves and distributions are determined based on projected needs.

In addition to this budget approval, the board may approve additional funding from the Central Facility Fund for specific operating or capital improvements that could not be covered by property cash flows. These funds do not lapse and, along with cash reserves, may carry forward and cross into other fiscal years.

Many of the associated expenses including tenant improvement allowances and commissions will be paid/realized in fiscal year 2026. Depending on the amount of space leased, timing, and terms, the revenues may be greater than the projections in the proposed budget. The proposed budget includes operating and capital expenses for the properties that include significant one-time expenses



associated with recruiting new tenants as required by local market conditions. If revenues exceed expectations and/or expenses prove less than expected, then the use of property reserves or CFF funds may be reduced.

**Property Descriptions:**

- 2600 Cordova Street, Anchorage
- 3745 Community Park Loop, Anchorage
- 2330 Nichols Street, Anchorage
- 1300 Moore Street, Fairbanks
- 1423 Peger Road, Fairbanks

**General Background:** We have established a system to adequately plan, manage, audit, and report activity in the real estate portfolio. Asset Managers oversee and direct professional management services, and the property information is accounted for by:

- 1) matching income to expenses.
- 2) comprehensive reporting and budgeting for each property; and
- 3) capital expense forecasting.

Anticipated revenues within FY26 equal \$965,644 for the program-related real estate properties. This projection accounts for known revenue sources with current occupancy levels, expected expiration of leases, and conservative filling of vacancies. The revenues can be affected by the timing of obtaining new tenants and the negotiated lease rental amounts.

**Consistency with the Resource Management Strategy:** The proposal is consistent with the “Resource Management Strategy for Trust Land” (RMS), which was adopted October 2021 in consultation with the Trust and provides for assuring that the real estate needs of mental health programs sponsored by the Alaska Mental Health Trust Authority are met as appropriate. In addition, 11 AAC 99.020(c)(3) cites protection and enhancement of the long-term productivity of Trust land.

**FY26 Real Estate Budget from Rent and Other Property Income (Proposed Motion)**

**Transaction/Resource:** Budgets are presented to seek approval from the board of trustees for the expenditures necessary to service the properties. For the sake of clarity, the expenditures include operating expenses, owner expenses, lease-up costs and capital expenditures; they do not include revenues. The proposed property expenditures are funded by the rents generated by the properties, as well as cash reserves and other income collected from the properties, and the Central Facility Fund. The anticipated expenditures for FY26 equal \$1,004,521 for the Program-Related Real Estate Portfolio.

Reflecting a 7.6% increase over the distributions projected for FY25, the anticipated distributions from the Program-Related Real Estate portfolio total \$327,000 for FY26.



Worthy of note, the Trust is in the process of pursuing approvals for a below-market lease allowing a beneficiary-serving use on the combined Sobering Center and Fahrenkamp properties. Should this lease get a) approved and b) fully executed, those portions of the \$1,004,521 expenditure budget specifically related to the Sobering Center and Fahrenkamp properties for the prorated portion of the fiscal year subsequent to the effective date of the lease will not be expended. To be clear, the approvals sought in this motion include both the Sobering Center and Fahrenkamp as the fiscal year will start off with the properties still in the portfolio and requiring expenditures by the TLO; however, once the lease commences and after the current level of management falls off (please note that there will be a short wind-down while closing out the books), the remaining expenditures associated with these properties will be removed from the budget.

**Trust Land Office Recommendation:** The TLO recommends that it is in the Trust's best interest to approve the incremental building expenditures for FY26 to be funded by tenant rents, cash reserves, other income collected from the properties, and the Central Facility Fund.

**Applicable Authority:** AS 37.14.009(a), AS 38.05.801, 20 AAC 40.710-720 and 11 AAC 99.

**Trust Authority Approval:** The motions presented in this briefing document fulfill the approval requirements that are applicable to the transaction.

**Exhibit:**

**FY26 Budget – Program-Related Real Estate**



***FY26 Budget - Program-Related Real Estate***

	Cordova	TAB	Assets, Inc.	Sobering Ctr	Fahrenkamp	Total	Expenditures
Income	\$578,992	\$0	\$72,613	\$165,130	\$148,909	\$965,644	n/a
Operating Expenses	\$342,459	\$321,622	\$45,600	\$15,271	\$17,813	\$742,765	\$742,765
Net Operating Income	\$236,533	-\$321,622	\$27,013	\$149,859	\$131,096	\$222,879	n/a
Owner Expenses	\$42,330	\$7,144	\$10,000	\$10,000	\$10,000	\$79,474	\$79,474
Lease-Up Costs	\$92,282	\$0	\$0	\$0	\$0	\$92,282	\$92,282
Capital Expenditures	\$50,000	\$40,000	\$0	\$0	\$0	\$90,000	\$90,000
Debt Service	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Net Cash Flow</b>	<b>\$51,921</b>	<b>-\$368,766</b>	<b>\$17,013</b>	<b>\$139,859</b>	<b>\$121,096</b>	<b>-\$38,877</b>	<b>\$1,004,521</b>
<b>Distributions</b>	<b>\$50,000</b>	<b>\$0</b>	<b>\$17,000</b>	<b>\$139,000</b>	<b>\$121,000</b>	<b>\$327,000</b>	
CFF Draws*	\$0	\$365,000	\$0	\$0	\$0	\$365,000	

\* TAB renovation/building systems repair may necessitate CFF draws; full analysis/evaluation in process.

***FY25 Budget - Program-Related Real Estate***

	Cordova	TAB	Assets, Inc.	Sobering Ctr	Fahrenkamp	Total	Expenditures
Income	\$584,596	\$348,724	\$72,613	\$90,465	\$147,111	\$1,243,509	n/a
Operating Expenses	\$321,879	\$313,018	\$0	\$4,659	\$7,201	\$646,757	\$646,757
Net Operating Income	\$262,717	\$35,706	\$72,613	\$85,806	\$139,910	\$596,752	n/a
Owner Expenses	\$29,345	\$35,142	\$55,600	\$19,612	\$19,612	\$159,311	\$159,311
Lease-Up Costs	\$17,000	\$0	\$0	\$0	\$0	\$17,000	\$17,000
Capital Expenditures	\$115,000	\$0	\$0	\$0	\$0	\$115,000	\$115,000
Debt Service	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Net Cash Flow</b>	<b>\$101,372</b>	<b>\$564</b>	<b>\$17,013</b>	<b>\$66,194</b>	<b>\$120,298</b>	<b>\$305,441</b>	<b>\$938,068</b>
<b>Distributions</b>	<b>\$101,000</b>	<b>\$0</b>	<b>\$17,000</b>	<b>\$66,000</b>	<b>\$120,000</b>	<b>\$304,000</b>	
CFF Draws	\$0	\$0	\$0	\$0	\$0	\$0	





**To:** Brent Fisher, Board Chair  
**From:** David MacDonald  
**Thru:** Mary Wilson  
**Date:** May 21, 2025  
**Re:** FY26 Budget – 2618 Commercial Drive, Anchorage  
**Fiscal Year:** 2026  
**Amount:** \$836,004

Approval

**Proposed Motion:**

**Proposed Motion:** “The Alaska Mental Health Trust Authority Board of Trustees approves the incremental building expenditures for 2618 Commercial Drive, totaling \$836,004, budgeted for Fiscal Year 2026. The expenditures are to be paid by the property manager from rents, cash reserves and other income collected from the property and the Central Facility Fund.”

**Background:**

**Introduction:** Each year the TLO has presented budgets for managing commercial real estate properties. These are based on the TLO’s projections for occupancy and the related operating and capital expenses for each property in the fiscal year. With the transfer of management of the Texas based assets to RCLCO, the TLO is requesting approval for only the Commercial Drive property budget. If approved, this budget allows the TLO to manage this property within the constraints of the approved budget but with the flexibility to manage cash flows and obligations to maintain the facility in good working order, attractive to tenants, and for appropriate revenue production. At the property throughout the year, cash reserves and distributions are determined based on projected needs.

In addition to this budget approval, the board may approve additional funding from the Central Facility Fund for specific operating or capital improvements that could not be covered by property cash flows. These funds do not lapse and, along with cash reserves, may carry forward and cross into other fiscal years.

Many of the associated expenses including tenant improvement allowances and commissions will be paid/realized in fiscal year 2026. Depending on the amount of space leased, timing, and terms, the revenues may be greater than the projections in the proposed budget. The proposed budget includes operating and capital expenses for the property that include significant one-time expenses associated



with recruiting new tenants as required by local market conditions. If revenues exceed expectations and/or expenses prove less than expected, then the use of property reserves or CFF funds may be reduced.

**Property Description:** A 15,120 square-foot industrial building located at 2618 Commercial Drive, Anchorage.

**General Background:** We have established a system to adequately plan, manage, audit, and report activity in the real estate portfolios. Asset Managers oversee and direct professional management services, and the property information is accounted for by:

- 1) matching income to expenses.
- 2) comprehensive reporting and budgeting for each property; and
- 3) capital expense forecasting.

Anticipated revenues within FY26 equal \$272,538 for 2618 Commercial Drive. This projection accounts for known revenue sources with current occupancy levels, expected expiration of leases, and conservative filling of vacancies. The revenues can be affected by the timing of obtaining new tenants and the negotiated lease rental amounts.

**Consistency with the Resource Management Strategy:** The proposal is consistent with the “Resource Management Strategy for Trust Land” (RMS), which was adopted October 2021 in consultation with the Trust and provides for assuring that the real estate needs of mental health programs sponsored by the Alaska Mental Health Trust Authority are met as appropriate. In addition, 11 AAC 99.020(c)(3) cites protection and enhancement of the long-term productivity of Trust land.

### **FY26 Real Estate Budget from Rent and Other Property Income (Proposed Motion)**

**Transaction/Resource:** Budgets are presented to seek approval from the Board of Trustees for the expenditures necessary to service the properties. For the sake of clarity, the expenditures include operating expenses, owner expenses, lease-up costs and capital expenditures; they do not include revenues. The proposed property expenditures are funded by the rents generated by the properties, as well as cash reserves and other income collected from the properties, and the Central Facility Fund. The anticipated expenditures for FY26 equal \$836,004 for 2618 Commercial Drive.

Included within the \$836,004 expenditure projection shown above are lease commissions and a tenant improvement allowance, totaling \$210,237. Additionally, the \$836,004 expenditure projection includes capital expenditures estimated at \$500,000 to replace the roof, install new mechanical units, and other such items. In combination, these items are needed to secure a new long-term lease after the June 30, 2026, expiration of the existing lease.



In order to fund the expenditures shortfall projected for the fiscal year stemming from the leasing and roof replacement in a manner minimizing the need for withdrawals from the Central Facility Fund, no distributions are projected this fiscal year from 2618 Commercial Drive. Moreover, it is our intent to sell the property and cover the shortfall in escrow through sale proceeds.

**Trust Land Office Recommendation:** The TLO recommends that it is in the Trust's best interest to approve the incremental building expenditures for FY26 to be funded by tenant rents, cash reserves, other income collected from the property, and the Central Facility Fund.

**Applicable Authority:** AS 37.14.009(a), AS 38.05.801, 20 AAC 40.710-720 and 11 AAC 99.

**Trust Authority Approval:** The motions presented in this briefing document fulfill the approval requirements that are applicable to the transaction.

**Exhibit:**

**FY26 Budget – 2618 Commercial Drive**



### ***FY26 Budget - Commercial Drive***

Commercial Drive		Total*	Expenditures
Income	\$272,538	\$272,538	n/a
Operating Expenses	<i>Paid Directly</i>	\$0	\$0
Net Operating Income	\$272,538	\$272,538	n/a
Owner Expenses	\$61,862	\$61,862	\$61,862
Lease-Up Costs	\$210,237	\$210,237	\$210,237
Capital Expenditures	\$500,000	\$500,000	\$500,000
Debt Service	\$63,905	\$63,905	\$63,905
<b>Net Cash Flow</b>	<b>-\$563,466</b>	<b>-\$563,466</b>	<b>\$836,004</b>
<b>Distributions</b>	<b>\$0</b>	<b>\$0</b>	

CFF Draws**	\$0	\$0
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\* Promontory Point, North Park and Amber Oaks Budgets presented separately by RCLCO.

\*\* Roof and future lease may necessitate CFF draws depending on terms and timing of sale.

### ***Prior Year (FY25) Budget - Commercial Drive***

Commercial		Total	Expenditures
Income	\$264,600	\$264,600	n/a
Operating Expenses	<i>Paid Directly</i>	\$0	\$0
Net Operating Income	\$264,600	\$264,600	n/a
Owner Expenses	\$27,262	\$27,262	\$27,262
Lease-Up Costs	\$0	\$0	\$0
Capital Expenditures	\$0	\$0	\$0
Debt Service	\$63,905	\$63,905	\$63,905
<b>Net Cash Flow</b>	<b>\$173,433</b>	<b>\$173,433</b>	<b>\$91,167</b>
<b>Distributions</b>	<b>\$173,000</b>	<b>\$173,000</b>	

CFF Draws	\$0	\$0
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# **Finance Committee Report / Update**



**To:** Brent Fisher, Chair  
**Through:** Mary Wilson, Chief Executive Officer  
**From:** Julee Farley, Chief Financial Officer  
**Date:** April 23, 2025  
**Re:** Finance Committee Report

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### **Meeting Summary**

The Finance Committee met on April 23, 2025. The meeting was attended in person by trustees John Morris (chair), and Committee members Anita Halterman, Kevin Fimon, and Brent Fisher (ex-officio.) Other Trustees in attendance included Rhonda Boyles and Corrie Feige.

### **Financial Update**

CFO Julee Farley presented the FY25 financial dashboard through February 2025 in an expanded format. At this point in the year, Trust Authority operation expenditures were slightly below expectations with a projected full-year lapse of \$387k. Year-to-date expenditures on Program Activities is \$11.6M which includes \$4.4M of MHTAAR and \$7.3M of Authority Grants, with a projected full-year lapse of \$1M.

Continuing, CFO Farley reported the TLO had expended and encumbered 55% of their FY26 budget. Year-to-date income is \$3.7M and principal earnings are \$4.7M. It was noted that the sale of Commercial Real Estate properties does not generate income to the Trust and, as such, is not reported as income in the Trust Dashboard. Investment accounting of real estate requires that changes in CRE value be reported as income in the year the value increases and not in the year of the sale.

Continuing, CFO Farley reported expanded TLO capital project data to include project expenditures, and principal and income revenues by project. Some projects are still in the development phase and are not yet earning revenues. The Trust Land Exchange with the USFS was funded for \$5M by the Trust and has generated \$8.4M in principal and \$1.5M in income through February 2025. Future earnings associated with capital projects will be reported as it is earned and will be separate from other principal and income generated by the TLO.



### **FY25 Year-to-date Performance Review**

CFO Farley reported APFC investment earnings of \$38M, DOR earnings of \$5M, and \$425k of CRE distributions to the Trust through February 2025. Total invested Trust assets at the end of February, excluding CRE, was \$803.5M.

The Budget Reserves coverage ratio has increased to 351% largely due to the proceeds of two sold CRE properties that was transferred to Budget Reserves.

CFO Farley reported that the full FY25 payout of \$32,398,600 authorized by Trustees in November 13, 2024, has been taken.

### **Callan Report on Spending Rate Analysis**

Since the January Finance Committee, Callan has lowered their proposed spending rate to 4.25% to 4.5% due to changes in the capital market environment and recommended lower equity allocation for the DOR managed Budget Reserves.

Callan reaffirmed the Budget Reserve target coverage ratio of 400%, noting that this level provides 99% assurance that the Trust will be able to fund beneficiary programs over the next 10 years even in the event of a market downturn.

Callan will present information on inflation proofing and proposed Asset Management Policy updates at the next meeting of the Finance Committee, including the allocation of the Budget Reserves between APFC and DOR. Additionally, Callan will propose performance metrics to evaluate investment performance of Trust funded TLO capital projects including IRR, total value of paid in capital, and multiple on invested capital.

### **Board Action Required. *The Finance Committee approved the following motion:***

*The Finance Committee recommends that the Board of Trustees authorize an annual withdrawal rate of 4.5%. The CFO shall update the Asset Management Policy Statement with this rate and present an updated Asset Management Policy for approval at the next meeting of the Finance Committee. This payout of 4.5% shall first become effective for the development of the FY27 Budget.*

### **Department of Revenue (DOR) Budget Reserve Asset Allocation**

Steve Sikes, Investment Officer with DOR, presented Trustees with the asset allocation that aligns with the Callan recommendation, noting this updated allocation reduces expected return by .20% but also reduces expected volatility.



**Board Action Required. *The Finance Committee approved the following motion:***

*The Finance Committee recommends the full board of trustees approve the following asset allocation for budget reserves managed by the State of Alaska Department of Revenue effective July 1, 2025:*

<u>Asset Allocation</u>	<u>Target Holding</u>	<u>Target Range</u>
<i>Broad U.S. Equity</i>	<i>28%</i>	<i>± 5%</i>
<i>International Equity</i>	<i>22%</i>	<i>± 5%</i>
<i>Core U.S. Fixed Income*</i>	<i>49%</i>	<i>± 5%</i>
<i>Cash Equivalents</i>	<i>1%</i>	<i>-1% / +2%</i>

*\* may include up to 12% in tactical fixed income*

**Callan Report on CRE Investment Performance**

The TLO has sold two CRE properties in FY25, Rulon White and Washington Parks, which together represents 37% of the Trust's CRE portfolio on June 30, 2024.

Covering the period of acquisition through the sale, Callan reported Rulon White had an annualized return of 13.74% which was well ahead of the NCREIF Office Index return of 2.5%, and ahead of the APFC return of 8.3% over the same time period.

Covering the period of acquisition through the sale, Callan reported the Washington Parks property had an annualized investment return of 6.3% which was well ahead of the NCREIF Office Index return of 2.2%, and slightly behind the APFC return of 7.8% over the same time period.

Performance will be calculated for remaining properties as they are sold and reported to Trustees.

The next scheduled meeting of the Finance Committee is ***July 31, 2025.***



April 23, 2025



**Alaska Mental Health Trust  
Authority**

Asset-Spending Study – Phase 2

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**Steve Center, CFA**  
Fund Sponsor Consulting

**Julia Moriarty, CFA**  
Capital Markets Research

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# Introduction

## Presenters



### **Steve Center, CFA**

- 15<sup>th</sup> year with Callan, 27<sup>th</sup> Year in the industry
- Senior Vice President, West Coast Consulting Team
- Callan Shareholder
- Manager Search Committee Member
- MBA, University of Washington



### **Julia Moriarty, CFA**

- 35<sup>th</sup> year with Callan, 35<sup>th</sup> Year in the industry
- Senior Vice President, Co-Manager of Capital Markets Research
- Callan Shareholder
- MBA, UC Berkeley



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# Agenda

- Executive summary
- Background
- Asset Management Policy Statement review
  - Trust Land Office Development Account performance measurement metrics
  - Investment guideline monitoring process
  - Cash management strategy
- Asset Allocation and Rebalancing
  - DOR Budget Reserve asset allocation and rebalancing
- Allocation of Budget Reserve between APFC and DOR
- Phase 1 Review
  - Spend rate
- Conclusions and recommendations



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## Executive Summary

- The Alaska Mental Health Trust Authority (the Trust) had approximately \$1.0 billion in assets at June 30, 2024 (starting point for the analysis) with assets segregated into five main buckets managed by three different entities
  - Alaska Permanent Fund Corporation (APFC)
  - Department of Revenue (DOR)
  - General Fund and Other Non-Segregated Funds (GeFONSI) – managed by the DOR
  - Trust Land Office (TLO) – manages both lands and Commercial Real Estate (CRE) investments
- The current structure of the Trust is complicated with multiple portfolios managed by different entities, an intricate flow of funds between the various accounts and accounting items within the funds, and a complex spending policy
- The study is broken into two phases
  - Phase 1 analyzed the Trust’s investment program from a number of different angles with recommendations made with respect to the spend rate, reserve level, inflation proofing, and cash management, along with a review of the Investment performance and realized risk of the APFC, DOR, and the Commercial Real Estate (CRE) investments managed by the TLO
  - Phase 2, presented here, will address the Asset Management Policy Statement (AMPS), asset allocation and rebalancing, investment guidelines and monitoring criteria for internal and external managers, and performance measurement for TLO capital projects

### Phase 2 recommendations

- Review proposed revisions to the Asset Management Policy Statement
  - Guideline and monitoring criteria for internal and external managers, performance monitoring criteria for projects funded by the TLODA, cash management best practices
- Consider a revised optimized asset allocation for the DOR Budget Reserves of 50% equities/50% fixed income
- Review Callan’s proposal from Phase 1: Even split of 400% annual payout reserve policy between APFC & DOR
  - Consider updating the split from 50%/50% to 75% DOR/25% APFC as a diversification and derisking measure
- Review Callan’s spend rate proposal from Phase 1: Consider a payout between 4.25% and 4.50%



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## **Asset Management Policy Statement**

### Recommended Revisions/Additions



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# Asset Management Policy Statement

## Recommended “Best Practices” for Structure

- An investment policy statement should reflect each organization’s legal requirements and their particular approach to the investment program
- Length can vary greatly; it should say what your Board/Committee wants to communicate to its intended audience
- Avoid “thou shalt” statements to give the committee flexibility to apply a set of beliefs to changing circumstances
- Multiple intended audiences
  - Managers
  - Consultants
  - Trustees
  - Staff
  - Beneficiaries
  - Regulatory authorities
- Qualified legal counsel should review the investment policy statement



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# Recommendations for Investment Policy Statement Sections

## What to Define and Include

- The asset pool
- The relevant parties (board, investment committee, staff, managers, consultants, custodians, etc.) and their respective responsibilities
- The risk/return/target allocation goals and objectives, as well as the process and timing for reviewing those objectives
- General investment guidelines where applicable
- Oversight/monitoring process
- Hire/fire process
- Special sections—spending policies, permitted or prohibited investments, etc.
- Review/oversight/approval process for investment policy statement changes
- **Most important:** Recognize that the investment policy statement should be an honest appraisal of what is required to effectively manage the asset pool of YOUR organization
- The worst thing to do is to build an overly complex, aspirational investment policy statement that doesn't reflect your process and then **NOT** follow it



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# Proposed Revisions to the Asset Management Policy Statement

## High-Level Formatting and Structure

Callan recommends the following high-level structural revisions to the AMPS:

- Capitalizing all entities that are treated as proper nouns in the AMPS (such as “Board of Trustees,” “Executive Committee” and “Finance Committee”)
- Defining all acronyms used in the AMPS
- Updating some benchmark naming conventions
- Correcting footnote formatting to simplify any future revisions



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## Proposed Additions to the Asset Management Policy Statement

### Trust Land Office Development Account Investment Review

Callan recommends adding language to the AMPS regarding the evaluation of potential projects funded through the Trust Land Office Development Account (TLODA), per the fiduciary responsibility of the Board of Trustees:

- When evaluating potential TLODA projects, the proposals should be expected to generate increased value for the Trust and should compare favorably with the projected long-term total rate of return of the Alaska Permanent Fund Corporation.
- The overall risk of potential TLODA projects should be considered, including a thorough due diligence assessment of each proposed project. This includes legal, operational, and macroeconomic risk factors. Such reviews may involve engaging a third-party expert.
  - Legal reviews should focus on any regulatory or compliance constraints.
  - Operational risk factors may include a review of management quality, process efficiency, and overall market expertise.
  - Macroeconomic factors may include interest rate fluctuations, commodity price risk factors, market cycle positioning, and a review of any geopolitical risks.
  - Additional risks to consider include overall use of leverage, concerns around potential liquidity/exit strategies, and reputational risk factors for the Trust.



# Proposed Additions to the Asset Management Policy Statement

## Trust Land Office Development Account Investment Performance Metrics

Callan recommends adding language to the AMPS regarding ongoing performance measurement for the projects funded through the Trust Land Office Development Account (TLODA), per the fiduciary responsibility of the Board of Trustees:

- Regarding ongoing performance measurement and review, the use of private equity-style investment metrics such as internal rate of return (IRR), total value to paid-in capital (TVPI), and multiple on invested capital (MOIC) should be employed to evaluate TLODA projects on an ongoing basis. While different from the time-weighted rate of return calculations used by APFC, DOR, GeFONSI and the CRE portfolio, these metrics are better suited for the evaluation of illiquid investments.

Illustration of performance metrics for a project with a \$100 outlay, year one payout of \$5, year two payout of \$6, year three payout of \$8 and a \$95 valuation at end of year three:

- IRR: 4.7% - Calculates in Excel, goal is for this to exceed the required rate of return (APFC)
- TVPI:  $(\text{Gross Distributions} + \text{Residual Value}) / \text{Capital Invested} = (\$5 + \$6 + \$8 + \$95) / \$100 = 1.14$ 
  - TVPI > 1.0 represents a project has thus far yielded a positive return on invested capital
- MOIC:  $\text{Gross distributions} / \text{Capital Invested} = (\$5 + \$6 + \$8) / \$100 = 0.19$ 
  - Anticipation is for a project to have a MOIC > 1.0 once it has been sold



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# Proposed Revisions to the Asset Management Policy Statement

## Investment Guideline Monitoring

Callan recommends adding language to the AMPS regarding ongoing investment guideline monitoring for both internal and external mandates, including:

- Investment guideline and performance reviews conducted at least annually
- Any material deviations noted and monitored until corrected – no requirement to immediately correct a deviation caused by sudden market movements
- AMPS includes internet links for external mandate guidelines (APFC and GeFONSI)
- DOR Budget Reserve guidelines are summarized
- TLODA funded projects and CRE portfolio guidelines are fluid and based upon each project/investment, but require the TLO to present to the Board at least annually



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# Proposed Revisions to the Asset Management Policy Statement

## Cash Management Procedures

Callan recommends adding language to the AMPS regarding formalizing a cash management process within the Trust in an effort to minimize “cash drag” on performance:

- Limits established for the various accounts utilizing GeFONSI:
  - Trust Authority Development Account (TADA) capped at \$2 million
  - Trust Land Office Development Account/Central Facility Fund (TLODA/CFF) capped at \$2 million
  - Settlement Income Account (SIA) capped at the current year’s withdrawal plus \$1 million
- Additional language should be added to permit excess cash from the annual withdrawal to be moved from SIA to the DOR Budget Reserve account in order to improve potential performance and risk metrics



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## **Asset Allocation and Rebalancing**

Focused Solely on the DOR Budget Reserves



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# Asset Allocation – DOR Budget Reserves Portfolio

## Observations and Recommendation

The Alaska Mental Health Trust Authority (the Trust) had approximately \$1.0 billion in assets at June 30, 2024 (starting point for the analysis) with assets segregated into five main buckets managed by three different entities

- Alaska Permanent Fund Corporation (APFC)
- Department of Revenue (DOR) Budget Reserves
- General Fund and Other Non-Segregated Funds (GeFONSI) – managed by the DOR
- Trust Land Office (TLO) – manages both lands, land improvement projects and Commercial Real Estate (CRE) investments

The Board does not have control over how the APFC and GeFONSI portfolios are invested, though the Board is responsible for reviewing each portfolio on at least an annual basis. However, the Board does dictate the asset allocation of the DOR Budget Reserves portfolio and controls the CRE and TLODA project investments managed by the TLO.

This review focuses on the overall asset allocation and rebalancing methodology of the DOR Budget Reserves portfolio

### **Recommendation: Consider lowering the public equity allocation of the DOR Budget Reserves portfolio to 50%**

The DOR Budget Reserves portfolio currently invests approximately 57% in public equity. Reducing this allocation to 50% will:

- Slightly lower the median expected return of the DOR Budget Reserves portfolio (7.15% to 6.98%) but greatly reduce the risk (standard deviation drops from 10.7% to 9.5%)
- Downside risk of performance in poor market environments is improved with a lower equity allocation
- This results in a higher Sharpe ratio (improved implementation of risk within the portfolio)
- Alongside a proposal to increase the amount invested in the DOR Budget Reserves portfolio relative to APFC and the GeFONSI Assets, this lower risk profile is prudent (less in cash, more in DOR Budget Reserves)



## DOR Budget Reserves – Asset Mix Alternatives

### Four Alternative Asset Mixes

#### Asset Mix Alternatives - DOR Budget Reserves Portfolio

Portfolio Component	Current DOR Portfolio	50% EQ	55% EQ	60% EQ	65% EQ
Broad US Equity	32.0	28.1	30.9	33.7	36.5
Global ex-US Equity	25.0	21.9	24.1	26.3	28.5
Core US Fixed	40.7	47.5	42.7	37.8	33.0
High Yield	1.3	1.5	1.3	1.2	1.0
Cash Equivalents	1.0	1.0	1.0	1.0	1.0
Totals	100.0	100.0	100.0	100.0	100.0
10 Yr. Geometric Mean Return	7.15%	6.98%	7.11%	7.22%	7.33%
Projected Standard Deviation	10.69%	9.54%	10.36%	11.19%	12.03%
10 Yr. Simulated Sharpe Ratio	0.38%	0.41%	0.38%	0.37%	0.35%

Four potential asset allocation mixes are examined alongside the current DOR Budget Reserve allocation, shown at the leftmost column

The current DOR Budget Reserve portfolio has a 57% allocation to public equity

While increasing the allocation to public equity results in slightly higher projected outcomes over the next ten years, it does so with an uptick in risk (standard deviation)

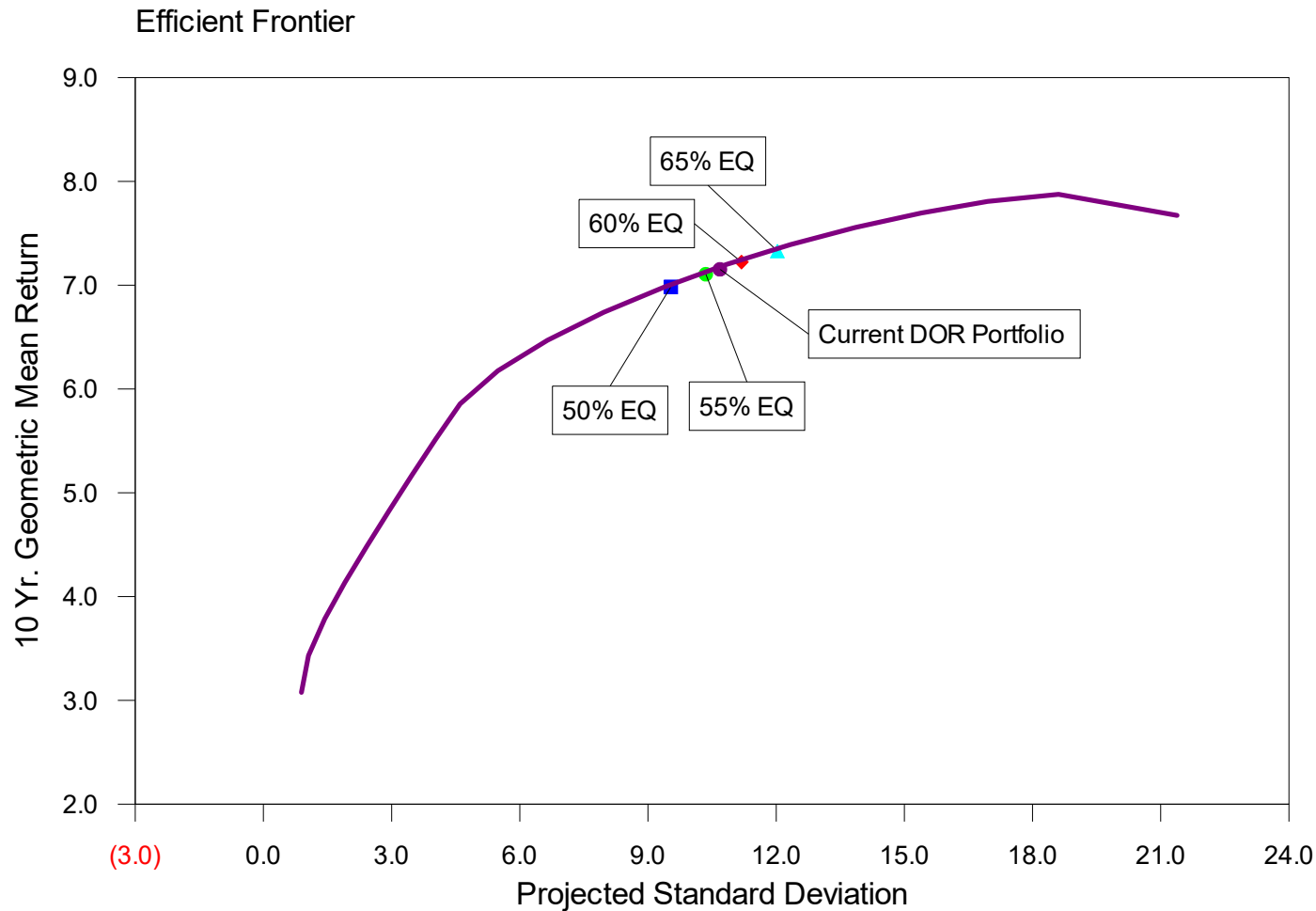
A 50% equity/50% bond allocation results in the highest projected Sharpe ratio

The “High Yield” allocation represents the DOR Budget Reserve portfolio allocating 20% of fixed income to the Fidelity Tactical Bond strategy, of which 15% is considered “High Yield”

For reference: APFC has a 10-year projected mean return of 7.7%, projected standard deviation of 13.0%, and a projected Sharpe Ratio of 0.35%



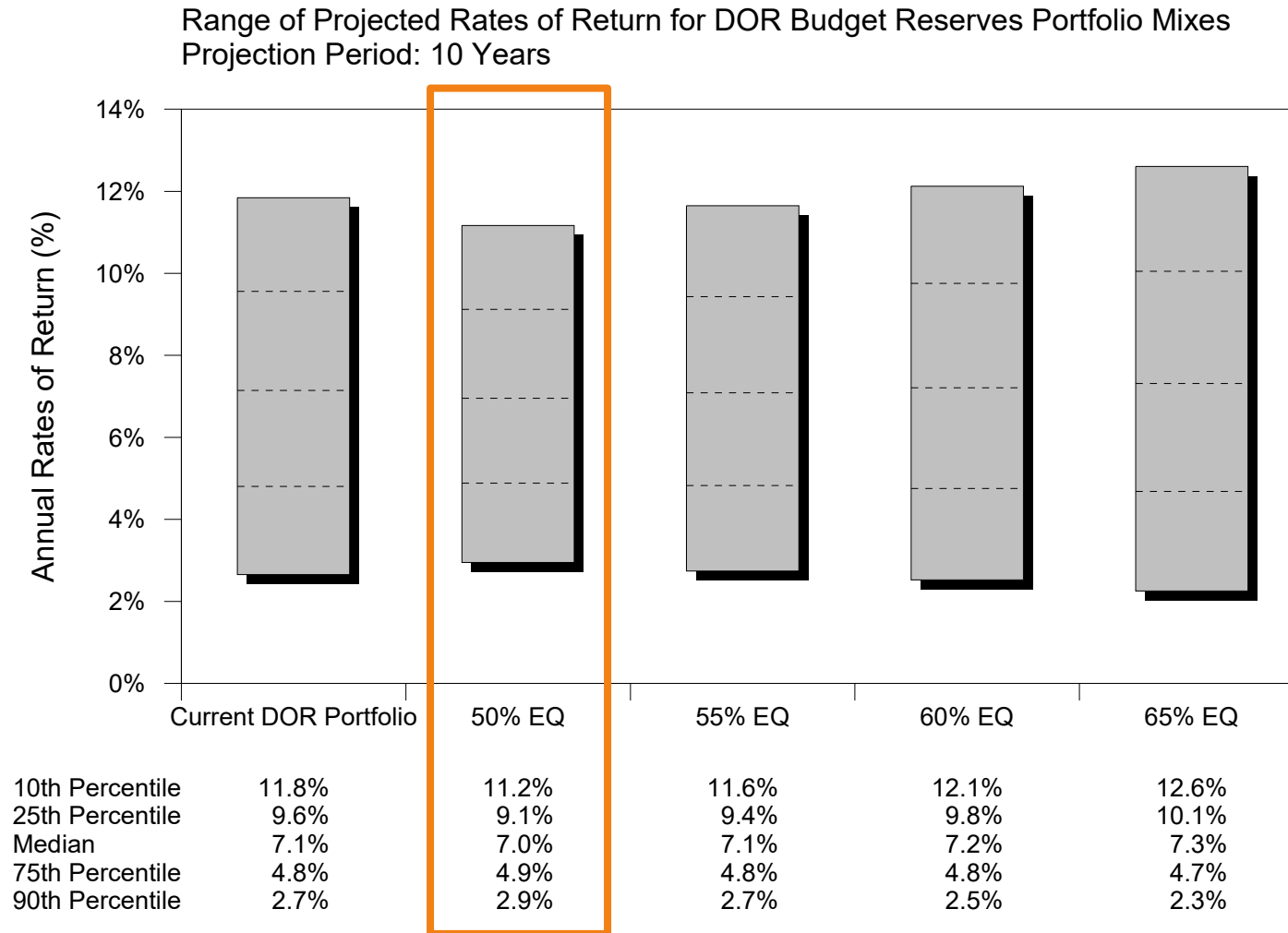
## DOR Budget Reserves – Efficient Frontier Analysis



Slightly altering the split between public equity and public fixed income can result in substantially more risk (standard deviation) with only a slight enhancement on projected returns



## DOR Budget Reserves – Range of Projected Rates of Return

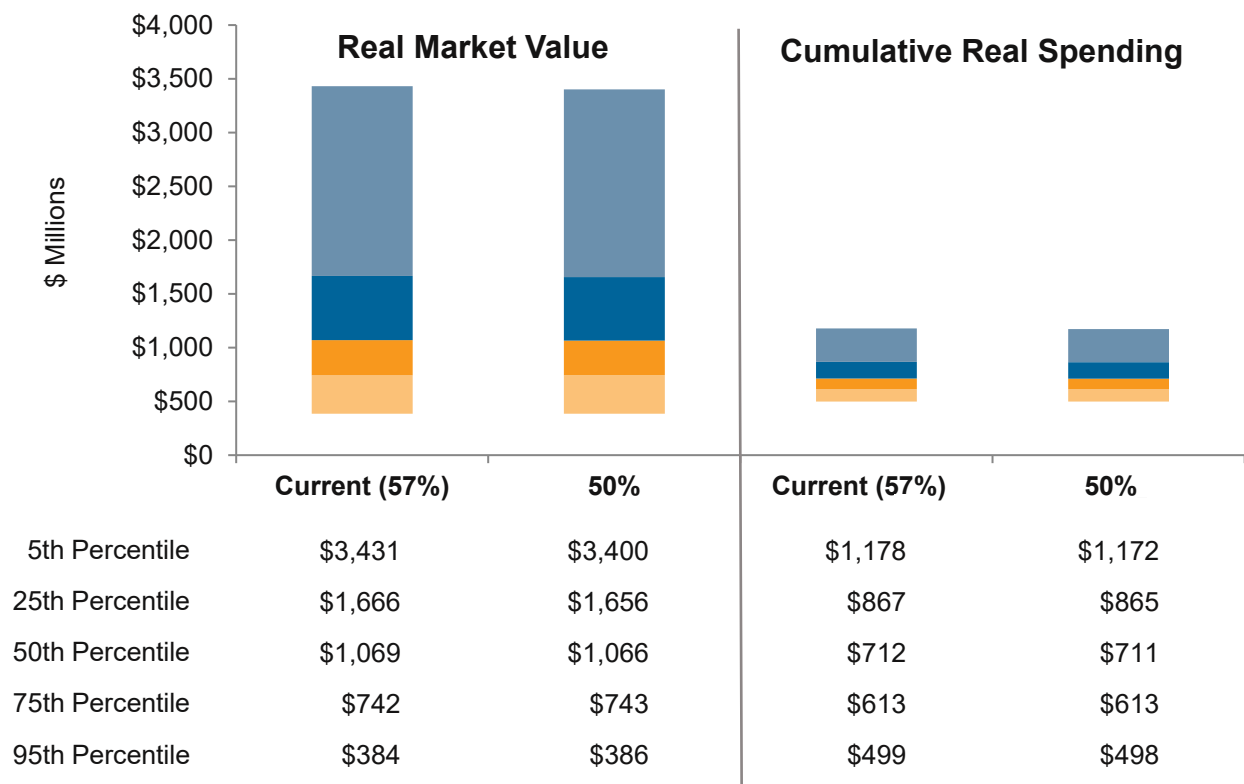


A 50% public equity allocation only reduces the projected 10-year median outcome by 0.1% while also lowering projected volatility



# DOR Current (57% Equity) vs DOR 50% Equity

## Real Market Values and Cumulative Real Spending through FY44



Note: Market values do not include lands or the commercial real estate holdings valued at \$115 million and \$60 million at June 30, 2024, respectively

- The above chart shows the projected value of the Trust and cumulative spending in today’s dollars at the end of FY44 (20 years)
- Reducing the DOR’s equity allocation results in lower expected and better-case asset values but higher worse-case values
- Spending is marginally lower under a 50% equity allocation at the DOR



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# Rebalancing – DOR Budget Reserves Portfolio

## Observations and Recommendation

Rebalancing investment portfolios around a target asset allocation enforces the strategic asset allocation by avoiding policy drift. The most common rebalancing techniques are range-based (asset allocation targets with permissible ranges or bands), calendar-based (monthly, quarterly, or annually), and tactical.

The Board does not have control over how the APFC and GeFONSI portfolios are rebalanced.

- APFC uses a range-based asset allocation process where the portfolio is rebalanced back to targets when permissible ranges are breached, though it can be tactically rebalanced within stated guideline ranges
- GeFONSI portfolio is rebalanced on a calendar basis (at least quarterly).

Callan tends to favor range-based rebalancing as best practice, and we recommended the DOR Budget Reserves portfolio adopt a range-based rebalancing practice in our 2022 study. The Department of Revenue currently rebalances the DOR Budget Reserves portfolio on a calendar basis (at least quarterly, but often monthly).

### **Recommendation: Continue to permit the DOR Budget Reserves portfolio to rebalance on a calendar basis (at least quarterly)**

The DOR Budget Reserves portfolio currently rebalances its investments on a calendar basis (at least quarterly):

- The underlying investments in the DOR Budget Reserves portfolio are fully liquid, permitting low-cost transactions as needed
- Cash flows in and out of the DOR Budget Reserves are often sufficient for funding rebalancing transactions in normal markets
- DOR strives to minimize tracking error relative to its performance benchmark, and monthly rebalancing aids in this practice



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## **Reserve Balances**

Review of Size and Split Between APFC & DOR



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## Reserve Level and Balances

### Observations and Recommendation

This analysis reviews the recommendation of maintaining a reserve balance equal to 400% of the annual spending rate by first reviewing the impact of either raising or lowering the overall size of the reserve balance. The overall size of the reserve balance has little impact – as long as it is maintained between 300% and 500%, the probability of being able to meet spending always remains above 95%. A reserve balance equal to 400% of the annual spending rate remains prudent.

Additionally, we explore altering the allocation of the reserve balance from an equal split between APFC and the DOR Budget Reserves account by examining various alternate mixes. Again, there is little difference overall spending assurance with a variation in allocation between APFC and the DOR Budget Reserves. However:

- The DOR Budget Reserves account is highly liquid and can easily handle potential cash needs
- There are potential limitations inherent in the APFC Earnings Reserve Account (ERA) calculations which could result in APFC balances being unable to be drawn

These two factors support moving from an equal split to one where  $\frac{1}{4}$  is held at APFC and  $\frac{3}{4}$  is held in the DOR Budget Reserves account.

**Recommendation:** Maintain a 400% reserve balance, and alter the allocation from an equal split to 100% invested in APFC and 300% invested in the DOR Budget Reserves



## Reserve Level

- Focusing on the ten and twenty-year time horizons, the table below indicates reserve policies between 300-500% of spending are sufficient to ensure spending is met with a greater than 95% probability
  - The higher the reserve level the greater the probability that actual spending equals the targeted amount
  - In the scenarios where actual spending falls short of the targeted amount, it often occurs more than once over the projection period

Probability Actual Spending = Target Amount			
Projection Period	300% Reserve Level	400% Reserve Level	500% Reserve Level
10 Years	98.80%	98.80%	98.85%
20 Years	97.65%	98.20%	98.25%

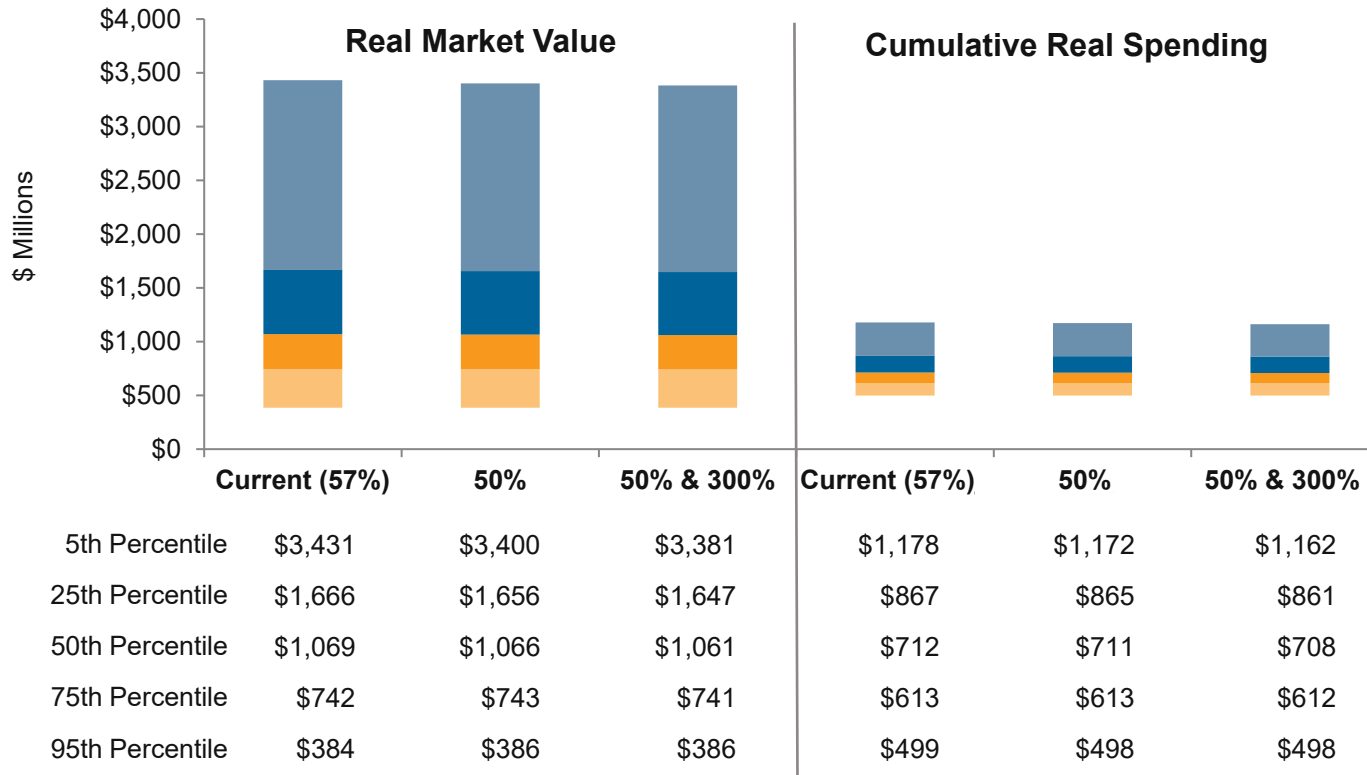
- Focusing on the same time periods as above and a 400% total reserve level, the table below indicates there is little difference in spending assurance depending on where reserves are held
  - Moving reserves from the APFC to the DOR leads to a greater the probability that actual spending equals the targeted amount

Probability Actual Spending = Target Amount			
Projection Period	300% APFC / 100% DOR	200% APFC / 200% DOR	100% APFC / 300% DOR
10 Years	98.65%	98.80%	99.05%
20 Years	97.50%	98.20%	98.30%



# DOR Current (57% Eq.), DOR 50% Eq., and DOR 50% Eq. & 300% Reserves

## Real Market Values and Cumulative Real Spending through FY44



Note: Market values do not include lands or the commercial real estate holdings valued at \$115 million and \$60 million at June 30, 2024, respectively

- The above chart shows the projected value of the Trust and cumulative spending in today's dollars at the end of FY44 (20 years)
- Reducing the DOR's equity allocation and moving a majority of reserves to the DOR leads to lower spending and lower ending asset values except in a worse-case scenario



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## Phase 1 Review: Spend Rate



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## Spend Rate – Phase 1 Recommendation

### Observations and Recommendation

Phase 1 of Callan's Asset Allocation and Spending Study recommended the Trust consider raising the spend rate from the current 4.25% rate to a range of 4.75% to 5.00%. This recommendation was driven by multiple factors, including:

- The current spending rate is expected to result in rising real (inflation adjusted) market values and spending levels over time
- Even under a poor TLO contribution scenario with \$5 million in annual TLO capital project requests into perpetuity plus the \$12 million Trust Authority Building (TAB) capital project funded over the first three years of the projection, a 4.25% spend rate is expected to result in modestly higher spending over the 20-year projection period in today's dollars
- If long-term inflation expectations rise above 2.5% and/or return expectations fall below 7.7%, a lower spend rate would be recommended

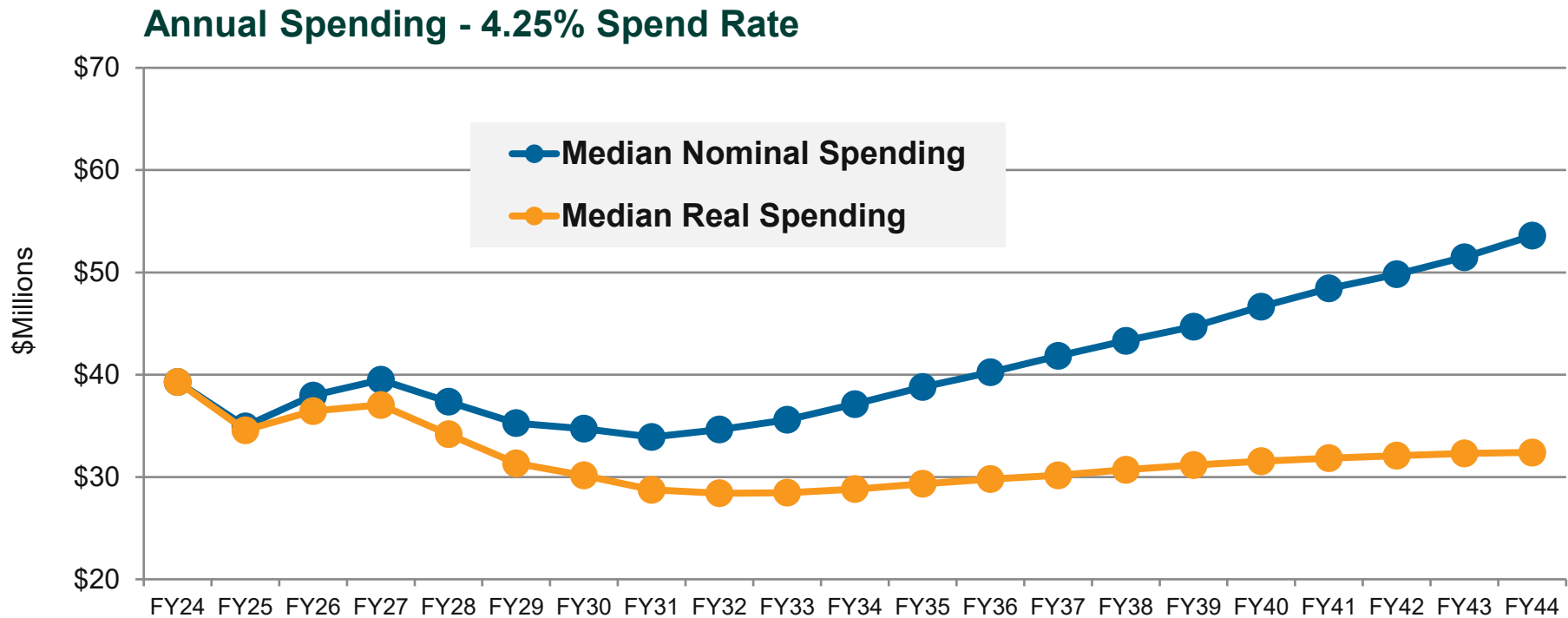
#### **Recommendation: Consider maintaining the current 4.25% spend rate or raising the rate to 4.50%**

While Callan believes the Trust can easily continue to grow with a 0.25% increase in spend rate given the current capital markets, we are reducing our Phase 1 recommendation for multiple reasons, including:

- Expected returns for 2025 are slightly lower than 2024 expectations, which were used in the Phase 1 study
- Callan is recommending a slightly lower return/risk profile for the DOR Budget Reserves account, marginally lowering expected returns for the Trust
- Inflation-proofing needs are still under review
- Uncertainty regarding the Commercial Real Estate portfolio exit values and cash needs



## 4.25% Spending: Poor TLO Outcome + \$5m Annual Cap Projects + \$12m TAB

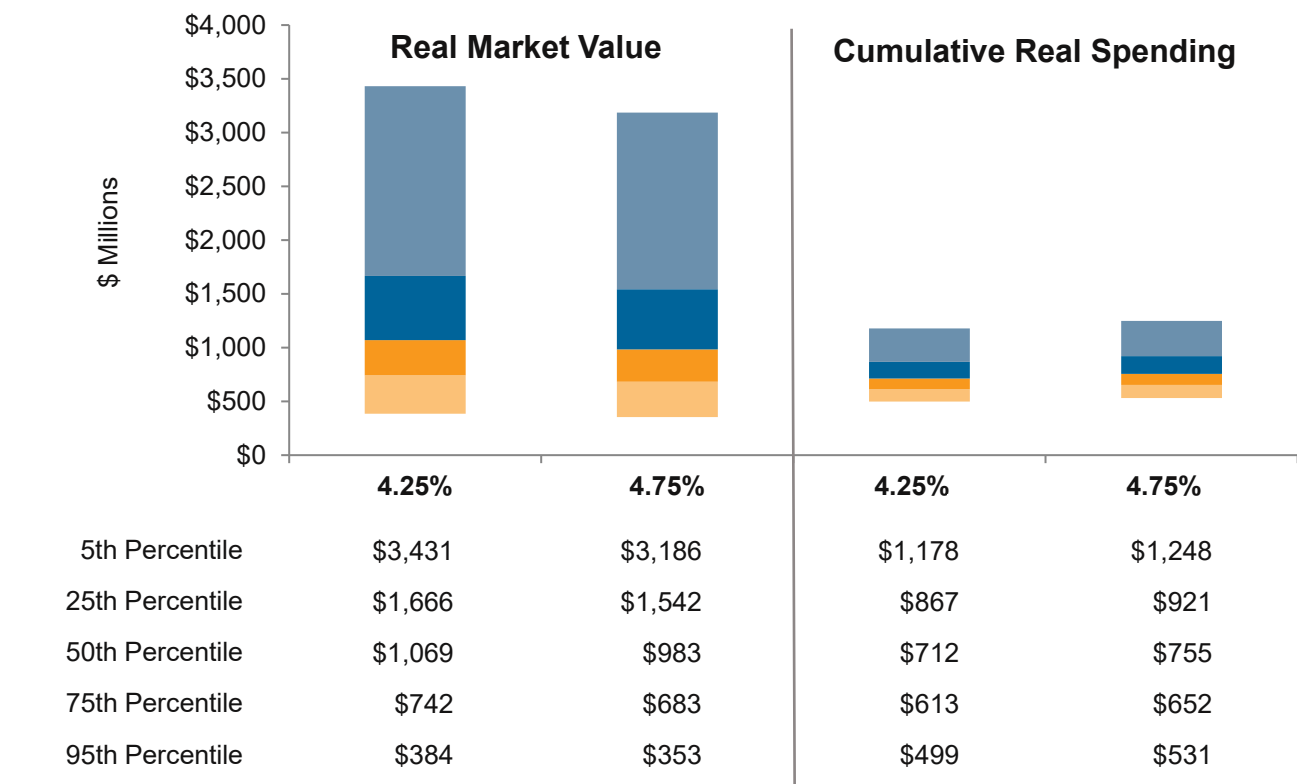


- The chart above examines spending under the same 4.25% spend rate assuming a poor TLO outcome, \$5 million in annual TLO capital project requests into perpetuity, plus the \$12 million Trust Authority Building (TAB) capital project funded over the first three years of the projection
- While the spending levels are necessarily lower than those shown on the previous pages, inflation-adjusted spending is still rises slowly over time



# 4.25% and 4.75% Spend Rates

## Real Market Values and Cumulative Real Spending through FY44



Note: Market values do not include lands or the commercial real estate holdings valued at \$115 million and \$60 million at June 30, 2024, respectively

- The above chart shows the projected value of the Trust and cumulative spending in today’s dollars at the end of FY44 (20 years)
- Not surprisingly, a lower spend rate results in greater asset values and lower spending
  - The lower spend rate is expected (50<sup>th</sup> percentile) to have \$86 million more in assets at the end of FY44 and \$44 million less in cumulative spending



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Past performance is no guarantee of future results.



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# About Callan

Callan was founded as an employee-owned investment consulting firm in 1973. Ever since, we have empowered institutional investor with creative, customized investment solutions backed by proprietary research, exclusive data, and ongoing education. Today, Callan provides advisory services to institutional investor clients with more than \$3 trillion in total assets, which makes it among the largest independently owned investment consulting firms in the U.S. Callan uses a client-focused consulting model to serve pension and defined contribution plan sponsors, endowments, foundations, independent investment advisers, investment managers, and other asset owners. Callan has six offices throughout the U.S. For more information, please visit [www.callan.com](http://www.callan.com).



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## Corporate Headquarters

One Bush Street  
Suite 800  
San Francisco, CA 94104  
  
[www.callan.com](http://www.callan.com)

## Regional Offices

Atlanta  
Chicago  
Denver  
New Jersey  
Portland



Callan



# **FY 26 Budget Amendments**



## MEMO

**To:** Brent Fisher, Chair, Board of Trustee  
**Through:** Mary Wilson, Chief Executive Officer  
**From:** Katie Baldwin Johnson, Chief Operating Officer  
**Date:** May 21, 2025  
**Re:** FY26 Budget Amendment

### REQUESTED MOTION:

*The board of trustees approves amending the FY26 budget to update the following budget area:*

*Non-Focus Area Allocations: Allocate the FY26 Mini Grants for Beneficiaries Experiencing Mental Illness, Chronic Alcoholism, Substance Use Disorder & Intellectual and Developmental Disabilities to Information Insights.*

*This modification does not alter the total amount of the FY26 budget.*

### STAFF ANALYSIS

Staff typically recommend necessary technical changes to a Trustee-approved budget in the spring before the actual start of a fiscal year, in this instance, FY26. Trustees will also need to approve a revised budget after the governor has released a signed FY26 budget. These proposed amendments will be prepared for the upcoming August 2025 trustee meeting.

Below is one technical amendment staff is proposing to the FY26 budget. This change designates an assigned recipient to administer the FY26 mini grants programs. The total amount of the FY26 budget does not change. Staff recommends that trustees approve the FY26 budget with the outlined amendment.

#### **Designate the Mini-Grant Administrator in Non-Focus Area Allocations (pg. 2, line #17):**

Amendments to the FY26 Mini-Grant budget line reflects the designation of **Information Insights** the program administrators after contracts were awarded via a competitive state procurement process.



Current budget section:

15	Mini Grants						
16	Mini Grants for ADRD	Alzheimer Resource Agency	AG	400.0	-	400.0	-
17	Mini Grants for beneficiaries experiencing mental illness, chronic alcoholism, substance use disorders & Intellectual and Developmental Disabilities.		AG	1,500.0	-	1,500.0	-
18	Subtotal			1,900.0	-	1,900.0	-

Proposed budget section with Information Insights named as the designated grant administrators:

15	Mini Grants						
16	Mini Grants for ADRD	Alzheimer Resource Agency	AG	400.0	-	400.0	-
17	Mini Grants for beneficiaries experiencing mental illness, chronic alcoholism, substance use disorders & Intellectual and Developmental Disabilities.	Information Insights - Grant Funds and Contract	AG	1,500.0	-	1,500.0	-
18	Subtotal			1,900.0	-	1,900.0	-



# **FY 27 Budget Process**



# **Mayor's Welcome and Community Panel**



# **Statutory Advisor Update**

- **Alaska Mental Health Board /  
Advisory Board on Alcoholism &  
Drug Abuse**
- **Alaska Commission on Aging**
- **Governor's Council on Disabilities  
and Special Education**



# **Consent Agenda Items**



## MEMO

**To:** Board of Trustees  
**Date:** May 21, 2025  
**Re:** Consent Agenda –Partnership requests, \$50,000 and less  
**Amount:** \$312,013  
**Fund Source:** Partnership Grants (Page 2, Line 13 of both the FY25 & FY26 budgets)

### REQUESTED MOTION:

*The Board of Trustees approves the following 9 Partnership grants totaling \$312,013 as outlined in the table below to include:*

1. Battle Dawgs, “Operation Arctic Renewal: Outdoor-Based Suicide Prevention for Veterans”, \$50,000
2. Anchorage School District, “Pop Up Playgroups”, \$50,000
3. Interior Community Health Center, “Dental Grant”, \$50,000
4. Mat-Su Health Services, “Dental Grant”, \$50,000
5. Cook Inlet Counseling, “Sage/Saltbox Implementation”, \$30,750
6. Native Village of Afognak, “Recovery Camp”, \$29,000
7. Alaska Association on Developmental Disabilities, “Complex Care - Providers United to Create Options”, \$27,500
8. FOCUS, Inc., “Phone Replacement System”, \$14,763
9. Wrangell Mountain Center, “Saghamni ggaay (Young Raven) Alaska Native Youth Project”, \$10,000

*These funds will come from the Partnerships/Designated Grants line of the FY25 and FY26 budgets.*

There are 9 Partnership grant requests of \$50,000 or less for consideration at the May full Board of Trustee meeting. Individual grant memos with staff analysis, project descriptions, project budgets, grant performance measures and the requested start and end dates are included with this memo.

Each memo also has a motion if the Trustees elect to remove one or more grant request from the consent agenda for individual consideration.



#	Grantee Organization	Project Title	Requested Amount	Approval Motion
1	Battle Dawgs	Operation Arctic Renewal: Outdoor-Based Suicide Prevention for Veterans	\$50,000	The Board of Trustees approve a \$50,000 FY26 Partnership grant to Battle Dawgs for the Operation Arctic Renewal: Outdoor-Based Suicide Prevention for Veterans grant.
2	Anchorage School District	Pop Up Playgroups	\$50,000	The Board of Trustees approve a \$50,000 FY25 Partnership grant to the Anchorage School District for the Pop Up Playgroups project.
3	Interior Community Health Center	Interior Community Health Center Dental Grant	\$50,000	The Board of Trustees approve a \$50,000 FY26 Partnership grant to the Interior Community Health Center for the FY26 Interior Community Health Center Dental Grant.
4	Mat-Su Health Services, Inc.	Dental Grant	\$50,000	The Board of Trustees approve a \$50,000 FY26 Partnership grant to Mat-Su Health Services, Inc. for the Mental health Trust Dental Grant.
5	Cook Inlet Counseling, Inc.	Sage/Saltbox Implementation	\$32,575	The Board of Trustees approve a \$32,575.00 FY25 Partnership grant to Cook Inlet Counseling, Inc. for the Sage/Saltbox Implementation grant.
6	Native Village of Afognak	Sobriety Camp	\$29,000	The Board of Trustees approve a \$29,000 FY25 Partnership grant to the Native Village of Afognak for the Sobriety Camp project.
7	Alaska Association on Developmental Disabilities	Complex Care - Providers United to Create Options	\$27,500	The Board of Trustees approve a \$27,500 FY26 Partnership grant to the Alaska Association on Developmental Disabilities for the Complex Care - Providers United to Create Options project.
8	FOCUS, Inc.	Phone Replacement System	\$14,763	The Board of Trustees approve a \$14,763 FY25Partnership grant to FOCUS, Inc. for the Phone System Replacement grant.
9	Wrangell Mountains Center	Saghani ggaay (Young Raven) Alaska Native Youth Project	\$10,000	The Board of Trustees approve a \$10,000 FY26Partnership grant to the Wrangell Mountains Center for the Saghani ggaay (Young Raven) Alaska Native Youth Project grant.



# Grant Approval Memo



**Grantee:** Battle Dawgs  
**Request Amount:** \$50,000.00  
**Project Title:** Operation Arctic Renewal: Outdoor-Based Suicide Prevention for Veterans  
**Grant Term:** July 1, 2025 to June 30, 2026  
**Fund Source:** FY26 Partnerships/Designated Grants (Page 2, Line 13)  
**Trust Staff:** Kelda Barstad

## Requested Motion:

*The Board of Trustees approve a \$50,000 Partnership grant to Battle Dawgs for the Operation Arctic Renewal: Outdoor-Based Suicide Prevention for Veterans grant. These funds will come from the Partnerships/Designated Grants line of the FY26 budget.*

## Staff Analysis:

- What does this project do?

Trust funds will pay for outdoor recreation experiences for Trust beneficiaries who are combat veterans such as camping, hiking, fishing, and glacier tours, as well as therapeutic activities like skeet shooting, archery, and access to a newly established Wellness Clinic offering naturopathic treatments for Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injuries (TBI). Grant funds will support facility, supply, equipment, and travel costs for the program.

- Who is receiving the funds?

Battle Dawgs is a 501(c)3 non-profit organization that offers free programs for veterans struggling with combat-related injuries. Battle Dawgs focuses on serving veterans experiencing post-traumatic stress disorder, traumatic brain injury, service-related separation anxiety, and other mental health challenges. Programs include outdoor rehabilitation in Talkeetna, a wellness center, mentorship, pre-employment services, and leadership development. ([www.battledawgs.org](http://www.battledawgs.org))

- Why is staff recommending this project?

The focus of this program is to encourage veterans struggling with combat-related injuries, and associated impacts, to experience the Alaskan outdoors and restore camaraderie and connection. Goals of the program include reducing the frequency and severity of mental health condition symptoms, fostering a supportive environment to improve overall well-being, and ultimately reducing the risk and completion of suicide for this population. The target population for Operation Arctic Renewal is Alaska-based combat veterans struggling with post-traumatic stress disorder, traumatic brain injury, service-related separation anxiety, and other mental health challenges. The geographic area served is the entire state of Alaska, with travel assistance provided to ensure accessibility for veterans from remote communities.

- Will this be a multi-year project?



# Grant Approval Memo



The funding request is expected to be a one-time request.

## **Trust Five Year Funding History**

No previous Trust grants FY21 to FY25

## **Comp Plan Identification**

Area of Focus	Objective	Comments
Area of Focus 5: Suicide Prevention	5.1 Coordinate prevention efforts to ensure that Alaskans have access to a comprehensive suicide prevention system	

## **Project Description (from grant application)**

Operation Arctic Renewal addresses the critical need for effective suicide prevention and mental health support for Alaska-based combat veterans. Recognizing veterans' unique challenges in transitioning to civilian life, this project provides a comprehensive, nature-based, peer-supported program at Camp Battle Dawgs, a 640-acre wilderness sanctuary in Talkeetna, Alaska.

The project will offer a range of activities tailored to the Alaskan environment and designed to promote healing and well-being. These include immersive Alaskan experiences such as camping, hiking, fishing, and glacier tours, as well as therapeutic activities like skeet shooting, archery, and access to a newly established Wellness Clinic offering naturopathic treatments for PTSD and TBIs.

The target population for Operation Arctic Renewal is Alaska-based combat veterans struggling with PTSD, TBIs, and other mental health challenges. The geographic area served is the entire state of Alaska, with travel assistance provided to ensure accessibility for veterans from remote communities.

Expected outcomes of the project include:

- Reduced PTSD symptoms and decreased suicide risk among participating veterans.
- Increased social connectivity and a stronger sense of community support.
- Improved mental well-being and overall quality of life.
- Enhanced access to mental health resources and support services for veterans in Alaska.

Community support for Operation Arctic Renewal is strong, with established partnerships with Veterans Service Organizations (VSOs), mental health providers, and local businesses. These partnerships will ensure a comprehensive and coordinated approach to serving the needs of Alaska's veterans.

The primary beneficiary group for this project is Alaska-based combat veterans, with a focus on those experiencing mental health challenges such as PTSD, TBIs, and suicidal ideation. The project also aims to indirectly benefit the families and communities of these veterans by promoting healing and resilience.



# Grant Approval Memo



## **Performance Measures (developed by the Trust)**

How much did you do?

- a) Total number (#) of unduplicated participants served during the project reporting period.
- b) Number (#) of Trust beneficiaries served during the project reporting period, broken down by primary beneficiary category.
- c) Number (#) of secondary Trust beneficiaries (family members or caregivers) served during the project reporting period.
- d) Number (#) of Trust beneficiaries served, broken down by community.
- e) Number (#) of Trust beneficiaries who received travel assistance.
- f) Number (#) of staff members involved in the project.
- g) Provide a summary of participant demographic data collected during the grant reporting period.
- h) Provide a summary of participation rates for each of the programs and services offered during the grant reporting period.

How well did you do it?

- a) Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the project. Additionally, please provide a list of discussion/educational topics covered during the program and a comprehensive list of programs (outdoor rehabilitation, mentorship, pre-employment activities, etc.) that occurred during the grant reporting period.
- b) Number (#) and percentage (%) of participants who felt respected and encouraged to participate in the programming.
- c) Number (#) and percentage (%) of participants who were satisfied with the programs they participated in and the services they received during the project reporting period.
- d) Number (#) and percentage (%) of participants who achieved one or more of their individualized goals or desired outcomes. This could include improvements in mental health symptoms, substance use, relationships, or overall well-being.

Is anyone better off?

- a) Number (#) and percentage (%) of participants demonstrating improved quality of life (e.g., improvements in physical health, mental health, social relationships, financial stability, etc.).
- b) Two statements from participants describing how the program has impacted their quality of life.

## **Sustainability (from grant application)**

Battle Dawgs is committed to ensuring the long-term sustainability of Operation Arctic Renewal and its vital services for Alaska's veterans. The sustainability strategy is built on a diversified funding



## Grant Approval Memo



model and a commitment to building strong community partnerships, with a significant emphasis on local fundraising efforts.

Following the Trust's funding, Operation Arctic Renewal will be sustained through the following mechanisms:

**Diversified Funding Streams:** Battle Dawgs actively pursues various funding sources, including Alaska Charitable Gaming permits, individual donations, corporate sponsorships, and grants from other foundations and government agencies. A long-standing partnership with Moore's True Value provides significant in-kind donations and cost savings.

**Fundraising Events:** Several fundraising events are held annually to engage the community and generate revenue for the program. These include our annual Clay Shoot and Golf Tournament, which have proven to be successful in raising funds and awareness.

**Volunteer Engagement:** A dedicated team of volunteers to support program operations and reduce personnel costs.

**Strong Community Partnerships:** Battle Dawgs cultivates strong relationships with VSOs, mental health providers, and local businesses to leverage resources and expertise.

By implementing this comprehensive sustainability strategy, with a strong focus on Alaska Charitable Gaming, private donations, and successful fundraising events, Battle Dawgs is confident that Operation Arctic Renewal will continue to provide vital support and healing opportunities for Alaska's veterans long after the Trust's funding has ended.

### **Who We Serve (from grant application)**

This project is laser-focused on serving the unique needs of our "Battle Dawgs" – the brave veterans who have returned from service carrying the invisible wounds of PTSD, TBI, separation anxiety, and other combat-related injuries. We recognize the profound challenges these individuals face as they transition back to civilian life, and this project is designed to provide them with the specialized support they deserve.

The expected benefits for our Battle Dawg beneficiaries are tailored to address their specific needs:

**Targeted Trauma-Informed Care:** The project will provide access to evidence-based therapies specifically designed to address combat-related trauma, such as Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and Eye Movement Desensitization and Reprocessing (EMDR). These therapies will help Battle Dawgs process their traumatic experiences, reduce the severity of their PTSD symptoms, and regain a sense of control over their lives.

**TBI Rehabilitation and Support:** Recognizing the prevalence of TBI among veterans, the project will offer comprehensive rehabilitation services, including cognitive therapy, speech therapy, and occupational therapy. These services will help Battle Dawgs improve their cognitive function, communication skills, and ability to perform daily tasks.



## Grant Approval Memo



**Addressing Separation Anxiety and Reintegration Challenges:** The project will provide support groups and counseling services specifically designed to address separation anxiety and the challenges of reintegrating into civilian life. These services will help Battle Dawgs reconnect with their families, build supportive relationships, and find a sense of purpose and belonging in their communities.

**Peer Support and Veteran-to-Veteran Connections:** The project will facilitate peer support groups led by fellow veterans who understand the unique challenges of combat-related injuries. These groups will provide a safe and supportive space for Battle Dawgs to share their experiences, connect with others who have been through similar situations, and build a sense of camaraderie.

**Culturally Sensitive and Veteran-Centric Approach:** All services will be delivered by providers who are trained in culturally sensitive and veteran-centric care. This ensures that Battle Dawgs feel understood, respected, and supported throughout their treatment journey.

By providing these specialized services, this project will empower our Battle Dawgs to heal from their wounds, reclaim their lives, and thrive in their communities. We are committed to honoring their service by providing them with the resources they need to overcome the challenges they face and live fulfilling and meaningful lives.

### **Estimated Numbers of Beneficiaries Served Experiencing (from grant application)**

Mental Illness:	80
Substance Abuse	20
Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries):	200
Number of people to be trained	2

### **Project Budget (from grant application)**

Personnel Services Costs	\$0.00
Personnel Services Costs (Other Sources)	\$140,000.00
Personnel Services Narrative	All personnel costs are currently covered through existing funding sources, in-kind donations, and volunteer efforts. We are not requesting funding for personnel at this time

Travel Costs	\$5,000.00
Travel Costs (Other Sources)	\$2,500.00
Travel Costs Narrative	Veteran Transportation (Local Activities): This covers the cost of providing transportation assistance to veterans attending local therapy sessions, support groups, and workshops. This includes bus passes, taxi/ride-share vouchers, and mileage reimbursement for personal vehicle use. Budget Amount: \$2,500 Veteran Transportation (Retreats & Special Events): This covers the cost of transporting veterans to and from retreats



# Grant Approval Memo



	and special events held outside the immediate area. This includes bus rentals, van rentals, and mileage reimbursement for personal vehicle use. Budget Amount: \$2,500
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Space or Facilities Costs	\$30,000.00
Space or Facilities Costs (Other Sources)	\$15,000.00
Space or Facilities Narrative	<p>Camp Rental (Summer Retreats): This covers the cost of renting a suitable camp facility for our summer retreats, providing a natural and restorative environment for veterans to engage in therapeutic activities and connect with nature. This includes lodging, meeting spaces, and recreational facilities. Budget Amount: \$20,000</p> <p>Meeting Space Rental (Weekly Groups): This covers the cost of renting meeting rooms for weekly support groups and workshops throughout the year. These spaces will be located in accessible locations and provide a comfortable and confidential setting for veterans to connect and share their experiences. Budget Amount: \$8,000</p> <p>Storage Unit Rental (Equipment &amp; Supplies): This covers the cost of renting a storage unit to securely store program equipment, supplies, and materials used for retreats, workshops, and other activities. Budget Amount: \$2,000</p>

Supplies Costs	\$6,000.00
Supplies Costs (Other Sources)	\$6,000.00
Supplies Narrative	<p>This section outlines the costs associated with purchasing consumable supplies for the project, including items that are used once or have a limited lifespan.</p> <p>Meals &amp; Food Provisions: This covers the cost of providing nutritious meals and food provisions for veterans during retreats, workshops, and other project activities. This includes purchasing groceries, snacks, and beverages. Budget Amount: \$3,000</p> <p>Toiletries &amp; Personal Hygiene Items: This covers the cost of providing essential toiletries and personal hygiene items for veterans participating in retreats and other overnight activities. Budget Amount: \$1,500</p> <p>First Aid Supplies: This covers the cost of replenishing first aid supplies for retreats and other activities. Budget Amount: \$1,500</p>

Equipment Costs	\$7,000.00
Equipment Costs (Other Sources)	\$2,500.00



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Equipment Narrative	<p>This section covers the costs associated with purchasing durable equipment that will be used repeatedly over the course of the project.</p> <p>Tents &amp; Sleeping Bags: This covers the cost of purchasing durable, weather-resistant tents and comfortable sleeping bags for veterans participating in outdoor retreats and camping activities.</p> <p>Budget Amount: \$3,000</p> <p>Cooking Equipment (Stoves, Cookware): This covers the cost of purchasing cooking equipment, such as stoves, cookware, and utensils, to prepare meals for veterans during retreats and other events.</p> <p>Budget Amount: \$2,000</p> <p>Recreational Equipment (Fishing, Hiking, etc.): This covers the cost of purchasing recreational equipment for veterans to use during outdoor activities, such as fishing rods, hiking boots, and camping gear.</p> <p>Budget Amount: \$2,000</p>
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Other Costs	\$2,000.00
Other Costs (Other Sources)	\$2,500.00
Other Costs Narrative	<p>This section covers miscellaneous costs associated with the project that do not fall into the other budget categories.</p> <p>Administrative Costs (Printing, Postage, etc.): This covers the cost of printing, postage, and other administrative expenses necessary to support the project.</p> <p>Budget Amount: \$1,000</p> <p>Data Collection &amp; Evaluation: This covers the cost of data collection, analysis, and evaluation activities to measure the project's impact and effectiveness.</p> <p>Budget Amount: \$1,000</p>

## **Other Funding Sources (from grant application)**

Matsu Health Foundation, Secured	\$25,000.00
Golf Tournament	\$15,000.00
Shotgun shoot	\$10,000.00
In-kind (volunteer hours and materials donations)	\$118,500.00
<b>Total Leveraged Funds</b>	<b>\$168,500.00</b>



# Grant Approval Memo



**Grantee:** Anchorage School District  
**Request Amount:** \$50,000.00  
**Project Title:** Pop Up Playgroups  
**Grant Term:** June 1, 2025 to June 30, 2026  
**Fund Source:** FY25 Partnerships/Designated Grants (Page 2, Line 13)  
**Trust Staff:** Tina Voelker-Ross

## **Requested Motion:**

*The Board of Trustees approve a \$50,000 Partnership grant to the Anchorage School District for the Pop Up Playgroups project. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.*

## **Staff Analysis:**

- **What does this project do?**  
Trust funds will expand the Anchorage School District's Early Learning Program "Play to Learn" playgroups to include two additional weekly pop-up play groups for 40 weeks. The goal is to be easily accessible to high-risk families throughout the community of Anchorage. These pop-up playgroups provide a free, engaging opportunity for children (ages 0-8) and their families to participate in structured social-emotional activities facilitated by certified professionals. Trust funds will go towards staffing, travel (to and from the play groups for staff and families), and supplies for the play groups.
- **Who is receiving the funds?**  
The Anchorage School District's Early Learning Program offers a variety of services from the Early Intervention Services Center, which provides a comprehensive and community-based approach to supporting young learners with diverse needs. Services are delivered in various settings, including specialized Special Education Preschool Developmental Classrooms, Listening & Spoken Language Preschool Classrooms, and inclusive General Education Preschool Classrooms. With a total of over 90 classrooms, ASD's Early Learning serves over 1,100 students annually, in addition to all those whom we serve through play groups.
- **Why is staff recommending this project?**  
This project will reach at-risk children and parents who may be Trust beneficiaries. Providing the playgroups in shelters or other conveniently located community organizations decreases the barriers and makes them more accessible for these hard-to-reach families. This project will increase protective factors through building parent resilience and healthy social-emotional development of young learners, which mitigates the long-term impacts of toxic stress that leads to adverse health outcomes. With 1 in 3 Alaskan children experiencing an Office of Children's Services report before the age of 7, outreach to high-risk families is critical. This project creates an accessible, safe, structured play and learn environment that engages these children and families.



# Grant Approval Memo



- Will this be a multi-year project?

This proposal is for a single 13-month grant project. If future funding were to be considered, an additional year of funding would require a new application by the Anchorage School District and Board of Trustees approval.

## **Trust Five Year Funding History**

<b><u>Fiscal Year</u></b>	<b><u>Project Title</u></b>	<b><u>Amount</u></b>	<b><u>Status</u></b>	<b><u>Final Expended</u></b>
FY24	Early Childhood Mental Health Consultation Continuation	\$25,000	Closed	\$25,000
FY23	ASD Mental Health Consultative Model – Pilot Expansion	\$50,000	Closed	\$47,500

## **Comp Plan Identification**

<b><u>Area of Focus</u></b>	<b><u>Objective</u></b>	<b><u>Comments</u></b>
Area of Focus 1: Early Childhood & Youth	1.3 Improve social determinants of health and strengthen family resiliency through a comprehensive framework to promote consideration of shared protection and risk factors	

## **Project Description (from grant application)**

This project will prevent child abuse by expanding access to parent-child learning environments that help children achieve success in school and life, and improve children's environments of relationships and experiences early in life by directly supporting children during their “building block” years. This project will increase access to high-quality, comprehensive early childhood education and wraparound services an additional two times per week in more accessible locations for high-risk families. The mission of the Play to Learn groups is to partner with families to support their children’s success by exposing children and their caregivers to community resources and social-emotional learning practices. Current Play to Learn play groups occur at Denali Montessori throughout the school year. This funding intends to operate pop-up groups that go above and beyond this by offering them in more accessible locations such as shelters (McKinnell House, Clare House, Emergency Cold Weather Shelter), Elementary Schools, Public Parks within the Municipality, and community organizations (Beans Café, King Tech Career Center).

Pop-Up play to learn groups (P2L) use the evidence-based Conscious Discipline curriculum, a trauma-informed social-emotional learning approach designed to foster self-regulation and positive relationships. Pop-up playgroups are facilitated by certified teachers and retired counselors with experience in early childhood education and social-emotional development. Each pop-up playgroup runs for two hours, once a week, for one month at each shelter or community location. Families who attend more than 1x will complete a survey indicating their comfort level in addressing parenting challenges, their ability to access resources, and whether they could make new connections to support positive growth and brain-building skills children need for healthy development. Groups will focus on



# Grant Approval Memo



skills that build the foundation for parent resilience and healthy social-emotional development of our youngest learners, which mitigates the long-term impacts of toxic stress that leads to negative health outcomes.

In alignment with Alaska Mental Health Trust Authority funding priorities, this program will create an innovative and safe learning environment that increases parents' confidence in their role as their child's first teacher. This project will build the foundation for parent resilience and healthy social-emotional development of our youngest learners, which mitigates the long-term impacts of toxic stress that leads to negative health outcomes. Specific activities that align with the plan include incorporating parent education on ACEs impact and prevention and inviting partners who provide behavioral and physical health services to participate in groups and provide information sessions to decrease stigma around getting help and increase parent knowledge based on available resources. ASD staff will focus on creating an environment where parents and children can cultivate safe, stable, and supportive relationships and build their academic, social, and emotional skills. This project will also provide access to community resources including mental health support, basic need items, and take-home activities at each session. By providing multiple services in a centralized location, we can eliminate common barriers to accessing needed services including transportation, time, and knowledge of resources available.

## **Performance Measures (developed by the Trust)**

How much did you do?

- a) Total number (#) of unduplicated children participating in the playgroups during the reporting period.
- b) Number (#) of Trust beneficiaries participating in the playgroups during the reporting period, broken down by primary Trust beneficiary category.
- c) Number (#) of playgroup sessions that occurred during the reporting period.
- d) For each pop-up playgroup session, provide the following information:
  - i. Date
  - ii. Location
  - iii. Number (#) of children in attendance
  - iv. Number (#) of parents or caregivers in attendance.

How well did you do it?

- a) Provide a narrative describing the timeline, activities, successes, challenges, and lessons learned during the project reporting period. Be sure to include an electronic copy of the survey results.
- b) Provide a narrative summarizing the survey results, including common themes of the needs identified by parents.
- c) Number (#) and percentage (%) of families who felt they could better access community resources through their participation in the project.



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Is anyone better off?

- a) Number (#) and percentage (%) of families who were connected to community resources through their participation in the project during the reporting period.
- b) Number (#) and percentage (%) of families who increased their level of comfort in addressing parenting challenges through methods learned through their participation in the project.
- c) Provide a narrative summarizing the types of resources and services that participating families were connected with during the project.
- d) Two statements from family members that describe how their participating in the pop-up playgroups has impacted their life and/or the life of their child.

### **Sustainability (from grant application)**

ASD Early Learning is primarily grant-funded. These playgroups are contingent on external funding opportunities, and we seek grants to continue offering them to our community.

### **Who We Serve (from grant application)**

These pop-up playgroups will reach high-risk families of young children who may not be connected to early learning opportunities. Using a multigenerational approach, parents and children are connected to activities, information, and resources to increase protective factors. Alaska currently has one of the highest rates of child abuse and neglect in the United States, with 1 in 3 children born in Alaska experiencing an Office of Children's Services report before the age of seven. This project will prevent child abuse by expanding access to parent-child learning environments that help children achieve success in school and life and improve children's environments of relationships and experiences early in life by directly supporting children during their "building block" years. Access to early learning programming and wraparound services can mitigate risk factors and increase protective factors for families in our community. This project will reach at-risk children and parents who may be Trust beneficiaries. It will reach families in shelters or other underserved areas who may also struggle with other barriers to attending, such as a lack of transportation or resources.

In alignment with Alaska Mental Health Trust Authority funding priorities, this program will create an innovative and safe learning environment that increases parents' confidence in their role as their child's first teacher. This project will build the foundation for parent resilience and healthy social-emotional development of our youngest learners, which mitigates the long-term impacts of toxic stress that leads to negative health outcomes. Specific activities that align with the plan include incorporating parent education on ACEs impact and prevention and inviting partners who provide behavioral and physical health services to participate in groups and provide information sessions to decrease stigma around getting help and increase parent knowledge based on available resources. ASD staff will focus on creating an environment where parents and children can cultivate safe, stable, and supportive relationships and build their academic, social, and emotional skills. This project will also provide access to community resources including mental health support, basic need items, and take-home activities at each session. By providing multiple services in a centralized location, we can eliminate common barriers to accessing needed services including transportation, time, and knowledge of resources available.



# Grant Approval Memo



## **Estimated Numbers of Beneficiaries Served Experiencing (from grant application)**

Mental Illness:	100
Developmental Disabilities:	25
Substance Abuse	75
Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries):	500
Number of people to be trained	5

## **Project Budget (from grant application)**

Personnel Services Costs	\$34,922.00
Personnel Services Costs (Other Sources)	\$0.00
Personnel Services Narrative	Certificated staff \$50/hour Special Contracted Preschool staff (qualified teachers and counselors) to run 2 pop-up groups with 2 adults, plus planning, 2x/week for 40 weeks, + fringe Total Contract Cost= \$34,922

Travel Costs	\$3,674.00
Travel Costs (Other Sources)	\$0.00
Travel Costs Narrative	Travel to and from the pop-up sites for staff and families (bus passes or taxis to help get families to specific play groups).

Supplies Costs	\$9,000.00
Supplies Costs (Other Sources)	
Supplies Narrative	Materials and Supplies (activity books, parent resources, toys, manipulatives, mobile sets)

Other Costs	\$2,404.00
Other Costs (Other Sources)	\$0.00
Other Costs Narrative	Indirect cost

## **Other Funding Sources (from grant application)**

N/A	\$0.00
<b>Total Leveraged Funds</b>	<b>\$0.00</b>



## Grant Approval Memo



**Grantee:** Interior Community Health Center  
**Request Amount:** \$50,000.00  
**Project Title:** FY26 Interior Community Health Center Dental Grant  
**Grant Term:** July 1, 2025 to June 30, 2026  
**Fund Source:** FY26 Partnerships/Designated Grants (Page 2, Line 13)  
**Trust Staff:** Heather Phelps

### **Requested Motion:**

*The Board of Trustees approve a \$50,000 FY26 Partnership grant to the Interior Community Health Center for the FY26 Interior Community Health Center Dental Grant. These funds will come from the Partnerships/Designated Grants line of the FY26 budget.*

### **Staff Analysis:**

- What does this project do?

Trust funds will pay for on-site general dentistry services for Trust beneficiaries. These funds help supplement ongoing oral health care, including fluoride, sealants, oral hygiene, comprehensive and limited exams, films, fillings, and extractions. This grant will support dental care for beneficiaries who are Medicaid ineligible and do not have insurance to receive dental care or whose course of treatment exceeds what Medicaid benefits will cover.

- Who is receiving the funds?

Interior Community Health Center will receive the funds. This mission-driven health center has locations in Fairbanks and Healy, Alaska. It provides medical, integrated behavioral health, and dental services to all community members.

- Why is staff recommending this project?

This project will serve 60 Trust beneficiaries, the majority of whom experience mental illness, developmental disabilities, substance use disorders, Alzheimer's disease, and related dementias. Potential concerns with this project include workforce issues. According to the Health Resources and Services Administration website, there is a shortage of dental professionals in Alaska. While there is a shortage of dental health care professionals, this project is recommended because it targets Trust beneficiaries.

Will this be a multi-year project?



## Grant Approval Memo



Yes, the Trust has supported this project since fiscal year 2009. Outside of state grants, this project has little sustainability. Approval from the board of trustees will be required for each year of funding.

### **Trust Five Year Funding History**

<b><u>Fiscal Year</u></b>	<b><u>Project Title</u></b>	<b><u>Amount</u></b>	<b><u>Status</u></b>	<b><u>Final Expended</u></b>
FY24	Dental Grant	\$100,000	Closed	\$51,453
FY23	Dental Grant	\$100,000	Closed	\$100,000
FY22	Dental Grant	\$100,000	Closed	\$10,727
FY21	Dental Grant	\$100,000	Closed	\$56,733

### **Comp Plan Identification**

<b><u>Area of Focus</u></b>	<b><u>Objective</u></b>	<b><u>Comments</u></b>
Area of Focus 2: Healthcare	2.1 Alaskans have access to and receive quality integrated healthcare services	

### **Project Description (from grant application)**

The interior of Alaska has many beneficiaries who have oral decay and gum inflammation. Interior Community Health Center (ICHC) knows this because they have served as an Alaska Mental Health Trust pilot since FY09. ICHC will address this problem by performing on-site general dentistry services for Trust beneficiaries. General dentistry services will consist of fluoride (pregnant women), sealants (children), oral hygiene, comprehensive and limited exams, films, fillings and extractions. Additionally, health promotion coaching, including toothbrushing, will occur. If the funding is consistent with past years, ICHC will also provide referrals to specialists in the community for other services including third molar extractions. ICHC has a well-established collaborative relationships with Interior behavioral health agencies to connect beneficiaries to its general dentistry program. The outcomes of the program are to establish/maintain an oral health home so that patients reach and maintain Phase 1 treatment complete. Phase 1 treatment complete is when the patient is cavity and periodontal disease free, as well as sealants on children ages 6-9 years at moderate to high risk of caries. ICHC has been in the top 10 percent of Federally Qualified Health Centers (FQHC) for 6 years in a row for its clinical outcomes. ICHC has broad based community support as evidenced by memorandums of agreement or letters of support with its Interior behavioral health agencies (Alaska Behavioral Health, Family Centered Services of Alaska, Presbyterian Hospitality House and Railbelt Mental Health Addictions). In summary, Trust beneficiaries served will include those with mental illness, intellectual and developmental disabilities, substance use disorders, and patients with Alzheimer's disease and related dementia, and traumatic brain injuries. The only caveat is ICHC does not provide conscious sedation on site but, if it's needed, will refer out to a specialist. Serving as an oral health home is more comprehensive care at less cost over time than multiple individuals getting mini grants.



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## **Performance Measures**

How much did you do?

- a) Number (#) of unduplicated Trust beneficiaries served during the reporting period, broken down by primary Trust beneficiary category.
- b) The quantity and rate for each dental service provided.
- c) Average dollar (\$) amount for dental services per beneficiary served.
- d) Number (#) and percentage (%) of individuals referred to outside providers during the reporting period.

How well did you do it?

- a) Provide a narrative describing the activities, timeline, successes, challenges, and any lessons learned during the grant reporting period. Be sure to address outreach efforts, as well as how beneficiaries were identified for services.
- b) Number (#) and percentage (%) of individuals served who felt they were treated with dignity and respect while receiving dental services.
- c) Number (#) and percentage (%) of individuals served who were satisfied with the dental services they received.
- d) Number (#) and percentage (%) of individuals served who would recommend dental services through the program to others in need of such services.

Is anyone better off?

- a) Number (#) and percentage (%) of individuals served whose quality of life improved since receiving dental services through the program.
- b) Two statements from participants of the program on how their quality of life has improved since receiving dental services through the program.

## **Sustainability (from grant application)**

As an FQHC, ICHC has HRSA funding to provide a schedule of discounts to its dental patients based on household size and income up to 200% of poverty. ICHC also files insurance, including Medicaid, for its patients. Over half of ICHC's dental patients are adults on Medicaid. The Trust's funds help supplement ongoing oral health care. As adult beneficiaries run out of Medicaid, they will sometimes discontinue their ongoing care.

## **Who We Serve (from grant application)**

ICHC has broad based community support as evidenced by memorandums of agreement or letters of support with its Interior behavioral health agencies (Alaska Behavioral Health, Family Centered Services of Alaska, Presbyterian Hospitality House and Railbelt Mental Health Addictions). Trust beneficiaries served will include those with mental illness, intellectual and developmental disabilities, substance use disorders, and patients with Alzheimer's disease and related dementia, and traumatic brain injuries. The only caveat is ICHC does not provide conscious sedation on site but, if it's needed,



## Grant Approval Memo



will refer out to a specialist. The impact of Phase 1 treatment complete is that beneficiaries are in better overall oral health. When beneficiaries are in good overall health they feel better. The impact of dental sealants in 6 to 9 year olds at moderate to high risk of caries is that they prevent future decay and periodontal disease.

### **Estimated Numbers of Beneficiaries Served Experiencing (from grant application)**

Developmental Disabilities:	5
Alzheimer's Disease & Related Dementias:	2
Substance Abuse:	5
Mental Illness:	48

### **Project Budget (from grant application)**

Other Costs	\$50,000.00
Other Costs (Other Sources)	\$0.00
Other Costs Narrative	ICHC will bill The Trust fund source at a rate of 85% of the schedule rate for services provided. ICHC will see 60 beneficiaries with the \$50,000 AMHTA funds.

### **Other Funding Sources (from grant application)**

n/a	\$0.00
<b>Total Leveraged Funds</b>	<b>\$0.00</b>



# Grant Approval Memo



**Grantee:** Mat-Su Health Services, Inc.  
**Request Amount:** \$50,000.00  
**Project Title:** Dental Grant  
**Grant Term:** July 1, 2025 to June 30, 2026  
**Fund Source:** FY26 Partnerships/Designated Grants (Page 2, Line 13)  
**Trust Staff:** Eric Boyer

## Requested Motion:

*The Board of Trustees approve a \$50,000 Partnership grant to Mat-Su Health Services, Inc. for the Mental health Trust Dental Grant. These funds will come from the Partnerships/Designated Grants line of the FY26 budget.*

## Staff Analysis:

- What does this project do?

The Trust funds will support Mat-Su Health Services in providing dental care to Trust beneficiaries who cannot access other funding sources. This grant supports beneficiaries for whom the course of treatment exceeds what Medicaid benefits will cover, or who are Medicaid ineligible.

- Who is receiving the funds?

Mat-Su Health Services, Inc. (MSHS) began as a community mental health center in 1977. MSHS has provided community health services continuously for the last 30+ years. MSHS grew to become a Federally Qualified Health Center to provide primary health care in October 2005.

- Why is staff recommending this project?

Mat-Su Health Services estimates this will help 42 Trust beneficiaries with their dental needs. This is a critical service to beneficiaries' health and quality of life when no other funding streams are available.

- Will this be a multi-year project?

This grant funding has reoccurred over the last four years, and MSHS has utilized the grant funds to improve the lives of Trust beneficiaries.



# Grant Approval Memo



## **Trust Five Year Funding History**

<b><u>Fiscal Year</u></b>	<b><u>Project Title</u></b>	<b><u>Amount</u></b>	<b><u>Status</u></b>	<b><u>Final Expended</u></b>
FY24	Mat-Su Health Services Beneficiary Dental Services Grant	\$50,000	Closed	\$49,356
FY23	Mat Su Health Services Beneficiary Dental Services Grant	\$50,000	Closed	\$50,000
FY21	Mat Su Health Services Beneficiary Dental Services Grant	\$50,000	Closed	\$50,000

## **Comp Plan Identification**

<b><u>Area of Focus</u></b>	<b><u>Objective</u></b>	<b><u>Comments</u></b>
Area of Focus 2: Healthcare	2.1 Alaskans have access to and receive quality integrated healthcare services	

## **Project Description (from grant application)**

Provision of in-house dental services for Trust beneficiaries. This includes exams x-rays, extractions, dentures and partials, and fillings. Where we are unable to provide the service directly we work with community providers and reimburse them for services provided based on our referral.

## **Performance Measures (developed by the Trust)**

How much did you do?

- Number (#) of unduplicated Trust beneficiaries served during the reporting period, broken down by primary Trust beneficiary category.
- The quantity and rate for each dental service provided.
- Average dollar (\$) amount for dental services per beneficiary served.
- Number (#) and percentage (%) of individuals referred to outside providers during the reporting period.

How well did you do it?

- Provide a narrative describing the activities, timeline, successes, challenges, and any lessons learned during the grant reporting period. Be sure to address outreach efforts, as well as how beneficiaries were identified for services.
- Number (#) and percentage (%) of individuals served who felt they were treated with dignity and respect while receiving dental services.
- Number (#) and percentage (%) of individuals served who were satisfied with the dental services they received.



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- d) Number (#) and percentage (%) of individuals served who would recommend dental services through the program to others in need of such services.

Is anyone better off?

- a) Number (#) and percentage (%) of individuals served whose quality of life improved since receiving dental services through the program.
- b) Two statements from participants of the program on how their quality of life has been impacted since receiving dental services through the program.

## **Sustainability (from grant application)**

This grant provides services to Trust beneficiaries that have no other resources for these dental services. Without this grant, we would have no further funder to help support the dental needs of Trust Beneficiaries.

## **Who We Serve (from grant application)**

MSHS serves the underserved. There are often needs that are not covered by insurance, Medicare and/or are over Medicaid caps. Funding support is sought through available resources first. If a dental patient still has needs that interfere with health and a healthy life style such as dentures, we screen for eligibility for trust funds and if eligible, we use trust funds to put toward costs, either for in house services or denture supplies, after a sliding fee is applied. There are also times that funds are used with a partnering dental provider that provides needed services we do not provide, i.e. oral surgery. Patients that have put off dentures for years because of costs they could not meet, are excited and overjoyed when they are finally able to smile, chew their food, and return to a normal life style. The careful use of funds enhances quality and health of the recipients we serve.

## **Estimated Numbers of Beneficiaries Served Experiencing (from grant application)**

Mental Illness:	30
Developmental Disabilities:	3
Substance Abuse	10
Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries):	2

## **Project Budget (from grant application)**

Supplies Costs	\$30,000.00
Supplies Costs (Other Sources)	\$30,000.00
Supplies Narrative	This cost is for dental supplies including denture material at actual cost.
Other Costs	\$20,000.00
Other Costs (Other Sources)	\$0.00



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Other Costs Narrative	Dental services not covered by other funding sources applied after extensive review of funding. To be carefully distributed for only qualified patients.
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### **Other Funding Sources (from grant application)**

NA	\$0.00
<b>Total Leveraged Funds</b>	<b>\$0.00</b>



# Grant Approval Memo



**Grantee:** Cook Inlet Counseling, Inc.  
**Request Amount:** \$32,575.00  
**Project Title:** Sage/Saltbox Implementation  
**Grant Term:** May 2, 2025 to October 31, 2025  
**Fund Source:** FY25 Partnerships/Designated Grants (Page 2, Line 13)  
**Trust Staff:** Heather Phelps

## **Requested Motion:**

*The Board of Trustees approve a \$32,575.00 FY25 Partnership grant to Cook Inlet Counseling, Inc. for the Sage/Saltbox Implementation grant. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.*

## **Staff Analysis:**

- What does this project do?

Trust funds will pay for software and software implementation costs that will allow the agency to use an updated billing system that can interface with Alaska's Automated Information Management System (AKAIMS), Medicaid, and electronic medical record connection. 100% of the funds go towards the software, software implementation, initial subscription, and web developer license. It is anticipated that funding this project will allow Cook Inlet Counseling Inc. to decrease administrative burden, improve billing and communication with Trust beneficiaries, and improve client experience.

- Who is receiving the funds?

Cook Inlet Counseling Inc. will receive the funds. For over 40 years, Cook Inlet Counseling has supported Trust beneficiaries on the Kenai Peninsula. They serve approximately 350 individuals annually and provide services such as adult and youth outpatient treatment, case management, substance use and integrated assessments, and alcohol and drug information school (ADIS).

- Why is staff recommending this project?

Currently, Cook Inlet Counseling uses an antiquated system (pencil and paper) for billing and payroll. This results in redundancy, lost staff hours, and increased potential rates of data entry error. An upgrade to their software billing system will decrease the administrative burden and increase the time staff can spend providing services to Trust beneficiaries.

- Will this be a multi-year project?

This is a one-time funding request.



# Grant Approval Memo



## **Trust Five Year Funding History**

No Trust grants FY21 – FY25

## **Comp Plan Identification**

Area of Focus	Objective	Comments
Area of Focus 10: Data	10.1 Optimize information technology investments to improve process	

## **Project Description (from grant application)**

Cook Inlet Counseling has served the entire Kenai Peninsula for over 40 years. We serve people experiencing substance use disorders and mental health conditions. We serve approximately 350 individuals annually.

Cook Inlet Counseling has not updated billing or budgeting software in many decades. This lack of upgrade has put us in a position that results in redundancy, lost man hours, and increased potential rates of data entry error. The Cook Inlet Counseling board of directors has chosen to utilize Sage software to update these processes. The initial cost for this software is \$16,450.20. In addition to the core software covered in this price, an additional software component is required to interface with other systems effectively tying our software needs together and reducing the administrative burden outlined above. That is the cost that we are seeking funding for. This software is quoted at a price of \$30,750 for software purchase and implementation.

## **Performance Measures (developed by the Trust)**

Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the purchase and implementation of the Saltbox Platform. Be sure to include a brief explanation on how staff were trained to use the new platform.

## **Sustainability (from grant application)**

The project cost includes staff training and ongoing support. This agency will cover any training or support costs that may arise outside of this.

## **Who We Serve (from grant application)**

Cook Inlet Counseling has served the entire Kenai Peninsula for over 40 years. We serve people experiencing substance use disorders and mental health conditions. We serve approximately 350 individuals annually.

This software upgrade will allow this agency to provide a more streamlined public facing administration with improved billing and communication processes with trust beneficiaries as well as



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improved employee relationships as current payroll processes that are clumsy will also be updated. Man hours can be better allocated with this upgrade, improving client service and experience, with these hours spent supporting trust beneficiaries rather than in admin tasks.

### **Estimated Numbers of Beneficiaries Served Experiencing (from grant application)**

Mental Illness:	30
Substance Abuse	320
Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries):	30
Number of people to be trained	13

### **Project Budget (from grant application)**

Equipment Costs	\$32,575.00
Equipment Costs (Other Sources)	\$16,450.20
Equipment Narrative	Software and implementation costs. Implementation is outlined in the attached statement of work provided by Vision 33 who will do this work. This cost also includes initial subscription and web developer license as outlined in the second attachment.

### **Other Funding Sources (from grant application)**

Cook Inlet Counseling - secured	\$16,450.20
<b>Total Leveraged Funds</b>	<b>\$16,450.20</b>



# Grant Approval Memo



**Grantee:** Native Village of Afognak  
**Request Amount:** \$29,000.00  
**Project Title:** Sobriety Camp  
**Grant Term:** May 22, 2025 to July 31, 2026  
**Fund Source:** FY25 Partnerships/Designated Grants (Page 2, Line 13)  
**Trust Staff:** Samantha Ponts

## Requested Motion:

*The Board of Trustees approve a \$29,000 FY25 Partnership grant to the Native Village of Afognak for the Sobriety Camp project. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.*

## Staff Analysis:

- What does this project do?

Trust funds will support personnel, travel, and supply costs associated with a 5-day Sobriety Camp hosted by the Native Village of Afognak (NVA). The camp will provide culturally grounded recovery support through traditional Aluttiq activities- such as carving, weaving, and drumming – as well as evidence-based tools like SMART recovery, peer support and NARCAN training. Trust funding will ensure delivery of the camp in a remote setting by supporting travel logistics, meals, facilitation, and cultural activity supplies. The program is open to all, but priority will be given to Alaska Native individuals and Tribal members who are in early recovery from substance use.

- Who is receiving the funds?

The grantee is the Native Village of Afognak (NVA), a federally recognized Tribe located near Kodiak, Alaska. NVA has hosted cultural immersion programs at Dig Afognak for over 25 years. Trust funds will be used by NVA to support:

- Cultural leaders and artists who facilitate traditional activities
- Peer support facilitators, including individuals with lived experience who lead recovery and wellness circles;
- Licensed behavioral health providers, likely subcontracted through regional partners such as Kodiak Area Native Association (KANA), to offer onsite support and counseling.

- Why is staff recommending this project?

This project supports Trust beneficiaries in recovery from alcoholism and drug addiction. The camp integrates traditional healing, cultural identity building, and recovery tools in a remote, immersive environment. These supports reduce risk of relapse and promote community connection. Outcomes include:



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- 40 individuals will build community with peers in recovery;
  - All participants will deepen their connection to cultural values;
  - Participants will gain coping skills and receive a personalized resource kit;
  - 20 secondary beneficiaries (family members/caregivers) will receive support tools for engaging loved ones in recovery
- Will this be a multi-year project?

This is a one-time funding request.

### **Trust Five Year Funding History**

No Trust grants FY21 – FY25

### **Comp Plan Identification**

Area of Focus	Objective	Comments
Area of Focus 4: Substance Use Disorder Prevention	4.3 Improve treatment and recovery support services to promote wellness and reduce the impact of mental health and substance use disorders	

### **Project Description (from grant application)**

The Native Village of Afognak will host a 5-day Sobriety Camp at our established culture camp, Dig Afognak, to build community and support for those in the early stages of recovery from substance abuse. This prevention program will be open to all, with preference given to Alaska Natives and Tribal members. Sobriety Camp will uplift Alutiiq cultural values through a variety of cultural activities including carving, sewing, weaving, sweat sessions, subsistence activities, dance ceremonies, preparing & cooking traditional foods, drumming, talking circles, and basic life skills training.

### **Performance Measures (developed by the Trust)**

How much did you do?

- a) Number (#) of unduplicated individuals participating in the 5-day Sobriety Camp during the reporting period.
- b) Number (#) of staff members involved in the 5-day Sobriety Camp during the reporting period.
- c) Number (#) of NARCAN kits distributed during the reporting period.

How well did you do it?



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- a) Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the project. Additionally, please provide a list of discussion/educational topics covered during the camp.
- b) Number (#) and percentage (%) of participants who felt supported and encouraged by staff members to participate in camp activities during the 5-day program.
- c) Number (#) and percentage (%) of participants who felt they were treated with dignity and respect while participating in the 5-day Sobriety camp.

Is anyone better off?

- a) Number (#) and percentage (%) of participants who felt their participation in the camp helped to establish a deeper connection to Alutiiq values.
- b) Number (#) and percentage (%) of participants who felt their participation in the camp helped to deepen their connection with other members of their community.
- c) Number (#) and percentage (%) of participants who feel confident in their ability to safely administer NARCAN during an emergency.
- d) Number (#) and percentage (%) of participants who, through participation in the Camp, acquired coping skills and supportive strategies to help family members and friends struggling with active addiction.
- e) Two statements from participants that describe how the 5-day Sobriety Camp impacted their quality of life.

## **Sustainability (from grant application)**

The prevention aspect of Sobriety Camp will be maintained through funding from NVA's Department of Health and Human Services Family Violence grant. This funding will allow us to continue offering ongoing support and resources to Sobriety Camp participants to help prevent relapse. Throughout the year, we will provide a variety of educational and cultural activities in the city of Kodiak. These activities aim to engage the community and support participants by reinforcing the skills and coping mechanisms learned during the camp, ensuring a holistic approach to sobriety and wellness. NVA will continue to actively seek prevention funding to offer additional support and work toward hosting Sobriety Camp, annually.

## **Who We Serve (from grant application)**

Alcoholism and substance abuse has profound and far-reaching effects on both individuals and communities, often leading to tragic outcomes such as death and violence. Addressing and treating the disease, even in those who are already abstinent, proves to be an effective preventative measure against these dire consequences.

To foster a supportive environment for those in recovery, the Native Village of Afognak will host a Sobriety Camp aimed at building a sense of community among individuals who are sober and recovering from alcohol and drug addiction. This initiative is rooted in the understanding that a loss of cultural connection is a significant underlying cause or contributing factor to addiction. By addressing these cultural issues, we aspire to strengthen the participants' sense of identity and community. The recovery camp will focus on activities and training related to historical and intergenerational trauma, Indigenous values, and ancestral traditions. By grounding participants in their cultural



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heritage, we aim to promote healing and resilience. Additional wellness activities will include in-depth discussions on substance abuse within families, the importance of helping others, and self-care strategies.

To further support the healing journey, the camp will offer individual sessions with traditional healers, massage therapists, and various other approaches to healing. These activities are designed to provide a holistic approach to recovery, addressing the physical, emotional, and spiritual well-being of each participant. Through these efforts, we hope to create a nurturing environment where individuals can rebuild their lives, reconnect with their cultural roots, and foster a stronger, more resilient community.

## **Estimated Numbers of Beneficiaries Served Experiencing (from grant application)**

Substance Abuse	40
Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries):	20

## **Project Budget (from grant application)**

Personnel Services Costs	\$11,300.00
Personnel Services Costs (Other Sources)	\$7,975.00
Personnel Services Narrative	Regular camp personnel will include Camp Manager, Camp Coordinator, Activities Coordinator, Facilities Coordinator, Facilities Assistant, Cook, Assistant Cook, and Camp Assistants.

Travel Costs	\$5,000.00
Travel Costs (Other Sources)	\$1,400.00
Travel Costs Narrative	Dig Afognak camp is located on the remote island of Afognak approximately 3 miles from Kodiak Island. Marine and air (floats) are the only means to access our camp. We generally only use marine transport. Boat charters to transport staff & participants average at \$500 one way for up to six (6) passengers. We anticipate five (5) round trips for all participants and staff.

Space or Facilities Costs	\$500.00
Space or Facilities Costs (Other Sources)	\$200.00
Space or Facilities Narrative	Heating fuel for cabins and generator are estimated at \$200 and gasoline for subsistence activities is estimated at \$300 for the entirety of this camp. General facilities costs are not included in this application.

Supplies Costs	\$8,000.00
Supplies Costs (Other Sources)	\$8,000.00



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Supplies Narrative	Three (3) meals per day for each participant are estimated at \$200/day x 30 people totaling \$6,000 charged to this budget. Hands-on activity supplies are estimated at \$2,000 charged to this budget. Supplies would include but not be limited to furs, leather, weaving & carving supplies.
Other Costs	\$4,200.00
Other Costs (Other Sources)	\$9,300.00
Other Costs Narrative	Contractual services are estimated at \$1,050 per Culture Bearer. We anticipate 4 Culture Bearers to lead cultural activities including: weaving, carving, traditional cooking, dance ceremonies, skin/fur sewing totaling \$4,200 for this 5-day camp.

### **Other Funding Sources (from grant application)**

Tribal Opioid Abatement Funds - Secured	\$13,829.83
Department of Health & Human Services Family Violence - Secured	\$6,175.00
Alaska State Council on the Arts - Secured	\$2,000.00
Native Village of Afognak - Pending	\$3,370.17
Koniag, Inc. - Secured	\$5,000.00
<b>Total Leveraged Funds</b>	<b>\$30,375.00</b>



# Grant Approval Memo



**Grantee:** Alaska Association on Developmental Disabilities  
**Request Amount:** \$27,500.00  
**Project Title:** Complex Care - Providers United to Create Options  
**Grant Term:** May 21, 2025 to September 30, 2025  
**Fund Source:** FY26 Partnerships/Designated Grants (Page 2, Line 13)  
**Trust Staff:** Eric Boyer

## **Requested Motion:**

*The Board of Trustees approve a \$27,500 FY26 Partnership grant to the Alaska Association on Developmental Disabilities for the Complex Care - Providers United to Create Options project. These funds will come from the Partnerships/Designated Grants line of the FY26 budget.*

## **Staff Analysis:**

- What does this project do?

The Trust funds will enable Alaska Association on Developmental Disabilities (AADD) and behavior analysis expert contractors to work with the current complex behavior network of stakeholders to examine the system of care and see how youth and adults with complex behavior are being served. This analysis will provide information on the system's assets and deficits. The team will use this to set up pilot projects to expand the array of behavior analysis services for complex needs beneficiaries at two DD/BH serving agencies.

- Who is receiving the funds?

The AADD was founded over 30 years ago to unify the voice of providers to share, develop, and advocate for individualized community-based services for people who experience developmental disabilities. AADD is the largest network of agencies serving community members who experience developmental disabilities in Alaska. AADD has formed strategic alliances between providers, national associations, the State of Alaska, the Governor's Council on Disabilities and Special Education, and the people we serve and their communities.

- Why is staff recommending this project?

Youth and adult beneficiaries with complex needs cannot access care and services within the current system. This grant will build on current support for people with complex needs and equip the care system to deal more therapeutically and at the community level so that more restrictive measures are not utilized.

- Will this be a multi-year project?

Yes, this is Phase I. Phase II will follow after the pilot results are evaluated and a systems enhancement approach is determined and detailed. Results of the planning Phase I will be considered prior to the development of a Phase II approval for trustee consideration.



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### **Trust Five Year Funding History**

<b><u>Fiscal Year</u></b>	<b><u>Project Title</u></b>	<b><u>Amount</u></b>	<b><u>Status</u></b>	<b><u>Final Expended</u></b>
FY25	Strengthening Services by Sharing Stories of Lived Experience	\$25,000	Active	n/a
FY25	Cost of Care: Collaborating on Solutions	\$8,250	Active	n/a
FY25	IDD System Capacity Development	\$65,000	Active	n/a
FY25	Building a System to Achieve Employment First for All	\$135,000	Active	n/a
FY24	Alaska Alliance of Direct Support Professionals Organizational Development	\$11,050	Closed	\$11,050
FY24	Reigniting Alaska's Employment First Movement	\$5,000	Closed	\$5,000
FY24	IDD System Capacity Development	\$65,000	Closed	\$65,000
FY23	DD System Capacity Development	\$65,000	Closed	\$65,000
FY22	DD System Capacity Development	\$65,000	Closed	\$65,000
FY22	Study on Care Coordination Services in Alaska	\$90,000	Closed	\$90,000
FY21	Marketing for DSP Recruitment	\$21,500	Closed	\$21,500
FY21	DD System Capacity Development	\$65,000	Closed	\$65,000

### **Comp Plan Identification**

<b><u>Area of Focus</u></b>	<b><u>Objective</u></b>	<b><u>Comments</u></b>
Area of Focus 7: Services in the Least Restrictive Environment	7.2 Increase access to effective and flexible, person-centered, long-term services and supports in urban and rural areas to avoid institutional placement where inappropriate	

### **Project Description (from grant application)**

This request is to support developing a plan for a multi-year pilot focused on developing providers with the capacity and resources to serve beneficiaries with complex needs. This aligns directly with the Alaska Comprehensive Integrated Mental Health Program Plan Focus Area 7: Least Restrictive Environment, Objective 7.2: Increase access to effective and flexible, person-centered, long-term services and supports in urban and rural areas to avoid institutional placement where inappropriate.

The problem addressed: Our system is struggling to provide services to children and adults with complex behaviors. The State of Alaska has recognized this and is working diligently to expand the



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options for people who are difficult to serve, typically because of co-occurring behaviors. Changes within the DD service system over the past decade - a plethora of small providers, workforce shortages and depressed rates – have led to a destructive cycle. A person with difficult behaviors (i.e. aggression, self-harm) loses their service provider, typically abruptly after an incident. The State of Alaska seeks out another placement for the person, often in an emergency capacity. Small, inexperienced providers who are enticed by the offer of a higher acuity-based rate agree to provide support. But the placement is short-lived because the organization does not have the depth of staff or experience to work through the challenging moments. This cycle is traumatic for both the beneficiary and the providers. The trauma of the current lack of resources and difficult situations is increasing the reluctance of more established providers from accepting referrals for beneficiaries who are more challenging. The Complex Behavior Collaborative (CBC), a resource initially developed to assist providers supporting people with complex needs, has not evolved with the changes in the system - the funding has generally been flat, the eligibility and referral process has not changed and there has been a waitlist for situations that needed an immediate response. In addition, there's a lack of coordinated transition planning for children and adults who are moving from one setting to another. In addition to children and adults with developmental disabilities, the state is also grappling to serve people who don't qualify for a 1915c Medicaid waiver but do need long-term care or a structured residential setting but again, are complex because of co-occurring disabilities. This planning phase will evaluate the inclusion of these beneficiaries (in addition to beneficiaries with IDD as their primary diagnoses) in the proposed pilot project. Both Hope Community Resources and The Arc of Anchorage have committed to participating (letters of support included with this request) and are enrolled both in the DD service system and the behavioral health system so it's possible they could provide services to a non-waiver recipient, depending on the other funding options available.

What we will be doing: We envision a multi-year project; this request is for the initial planning phase (May-July 2025) with the goal of informing a pilot project (to start in the Fall 2025). The pilot project will involve partnering with established providers and building on the previous success of the CBC model of providing coaching and support to teams supporting complex individuals. These providers and care coordinators will collaborate (in a structured, facilitated process) to reflect on the challenges, problem solve them collectively and develop recommendations based on these actual situations. While the details of the pilot will be determined by an advisory group to be developed during the planning phase, it will include providing access to behavior consultants and other experts while evaluating what is working and identifying the gaps and challenges. An important facet will be rebuilding trust with service providers who may have had negative past experiences with the system related to complex care. AADD will partner with two behavior consultants who have been providing intensive intervention services through the Complex Behavior Collaborative since its inception in 2012. Chris Sturm with the Center for Human Development and Phil Tafs with MethodWorks have been on the frontlines with literally hundreds of the most behavior-challenged beneficiaries in the state. AADD, in partnership with Chris and Phil, will create a workgroup of experienced service providers, care coordinators and other key stakeholders to develop recommendations to break this cycle. These recommendations can then be evaluated through a pilot involving providers with a long-term commitment to supporting beneficiaries with complex needs. More specifically, this planning phase will involve the following steps:

1. Review efforts to date to address complex care gaps, especially success stories. What are the key factors to successfully providing support? This will include targeted interviews with providers, care coordinators, State of Alaska key team members, and possibly families of beneficiaries.



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2. Create an advisory group of providers, care coordinators, behavior consultants, partners and possibly other subject matter experts who have been directly involved with individuals requiring complex care. This group will commit to advising the project ongoing and will provide input into designing the pilot project. Design a pilot that will include providing services to a cohort of complex individuals and evaluating what is effective, resulting in recommendations on long-term system change.

Target Population and geographic area served: This project will serve beneficiaries with complex behaviors statewide. There are two project priorities: 1) beneficiaries who are currently in a more restrictive setting (example - API) and 2) beneficiaries at risk of losing their placement due to escalating behaviors. The target population will include beneficiaries with intellectual and developmental disabilities, mental illness or traumatic brain injuries who may also have co-occurring diagnoses.

### Expected Outcomes:

Long-Term Outcome: To build the capacity of a network of community-based DD service providers to support children and adults with complex behaviors. This will include expanding resources such as access to behavior consultants, partnering with the state on its complex care initiatives including operationalizing the new proposed license type, and building a workforce development program targeting skills needed to provide this type of support. The expected impacts on beneficiaries include more opportunities to live in the least restrictive environment, more stability, and better quality of life. This project proposes to enhance the State's work by evaluating what works, where the gaps are and what resources are needed.

### Short Term Outcomes:

- 1) Develop a comprehensive plan for a multi-year pilot project that will include engagement of care coordinators, service providers and key partners. The pilot will involve supporting the delivery of direct services to complex individuals and evaluating what works and doesn't work.
- 2) Create a provider-based working group committed to supporting implementation and ongoing evaluation of the pilot.
- 3) Increase the effectiveness and success of the State's complex care initiatives by providing qualitative and quantitative data collected from beneficiaries' service teams involved with the pilot.

Community Support: AADD members – both care coordinators and provider organizations – support this project. At AADD's Fall Meeting, providers in the room shared story after story of their frustrations with the lack of options for Alaskans with complex needs. This inspired AADD's work to develop this proposal. Attached to this request are letters of support from the two largest DD providers in the state – Hope Community Resources and The Arc of Anchorage – who have committed to participating and applaud this effort. In addition, AADD has the support of the Alaska Behavioral Health Association as well as a letter from the Department of Health deputy commissioner Emily Ricci, thanking AADD for this project and committing their support as well.

### **Performance Measures (developed by the Trust)**



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Provide a narrative that describes the overall project timeline, activities, successes, challenges, and lessons learned during the planning and pilot project. Be sure to include information regarding the selection of the contractor and their scope of work.

Provide a list of the stakeholders/advisory group (name, organization, job title) who were engaged to assist the contractors in analyzing the current system of care for individuals with complex behaviors. Additionally, please provide a brief overview of how the stakeholders were identified and how they contributed to the project overall (e.g., interviews, workgroups, etc.). Be sure to provide the number (#) of professionals involved in the stakeholder/advisory group.

Provide a synopsis of the recommendations developed by the contractors in conjunction with the stakeholder group for providing complex care in Alaska. Be sure to include an electronic copy of the final list of recommendations.

Provide a narrative that describes, in detail, the timeline, activities, successes, challenges, and lessons learned during the pilot phase of the project. Include information regarding the implementation and ongoing evaluation plan for the pilot phase. Please include any documents developed that outline the pilot's design. Additionally, be sure to include the number (#) of Trust beneficiaries involved in the pilot, broken down by primary beneficiary category.

Provide qualitative and quantitative data collected from the pilot's ongoing evaluation, to include:

- a) Quantitative data specific to the cost of providing services.
- b) Qualitative data such as:
  - i. Support needs of the agency.
  - ii. Ways in which agencies are accessing additional supports.
  - iii. Barriers that agencies face in getting adequate supports for their clients.

### **Sustainability (from grant application)**

The intent is to pilot an approach that can be embedded within the State of Alaska's community-based service system. It is anticipated that services will be developed that will fit within the 1915(c) and 1115 waiver programs.

### **Who We Serve (from grant application)**

This project is 100% focused on Trust beneficiaries. The goal is to increase the capacity of community-based provider organizations to provide services to children and adults with complex behaviors. The primary beneficiary groups will be individuals with intellectual and developmental disabilities and/or severe mental illness; most will likely have a co-occurring diagnosis. The pilot may include beneficiaries with Alzheimer's or Related Disorders or Traumatic Brain Injuries but these groups are not the focus of this project. Expected impacts on beneficiaries include more opportunities to live in the least restrictive environment, more stability, and better quality of life. After more than a decade of system changes which have eroded the capacity of providers to deliver more intensive supports, this project intends to build a foundation of providers who are engaged and committed to this group of beneficiaries.



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### **Estimated Numbers of Beneficiaries Served Experiencing (from grant application)**

Developmental Disabilities:	100
Alzheimer's Disease & Related Dementias:	100
Mental Illness:	300
Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries):	600

### **Project Budget (from grant application)**

Personnel Services Costs	\$27,500.00
Personnel Services Costs (Other Sources)	\$6,000.00
Personnel Services Narrative	<p>Project management, facilitation: 50 hours X \$150 MethodWorks participation, consultation, expertise: \$10,000 Center for Human Development participation, consultation, expertise: \$10,000</p> <p>Other funding sources: 12 hours of stakeholder meetings X 10 stakeholder representatives @ \$50/hour = \$6,000</p>

### **Other Funding Sources (from grant application)**

TBD (10 stakeholder organizations to be determined)	\$6,000.00
<b>Total Leveraged Funds</b>	<b>\$6,000.00</b>



# Grant Approval Memo



**Grantee:** FOCUS, Inc.  
**Request Amount:** \$14,763.00  
**Project Title:** Phone System Replacement  
**Grant Term:** May 22, 2025 to July 31, 2025  
**Fund Source:** FY25 Partnerships/Designated Grants (Page 2, Line 13)  
**Trust Staff:** Kelda Barstad

## Requested Motion:

*The Board of Trustees approve a \$14,763 FY25 Partnership grant to FOCUS, Inc. for the Phone System Replacement grant. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.*

## Staff Analysis:

- What does this project do?

Trust funds will support installing a new phone system for FOCUS, a non-profit organization that provides services for people with Intellectual and Developmental Disabilities (IDD). The replacement phone system cost will include hardware, software, and app-based phone lines, turnkey installation, set-up of SIM controller, configuration, testing, and end-user training.

- Who is receiving the funds?

FOCUS is a non-profit 501(c) (3) agency serving individuals with special needs and their families in the communities of Eagle River/ Chugiak/JBER, and Anchorage. They also provide early intervention services to families in Cordova, Tatitlek, Chenega Bay, and Valdez. FOCUS offers a wide range of support services to individuals with special needs from birth through adulthood, including early intervention/infant learning services, home and community-based services, a 'next steps' adult program, a pediatric and adult therapy clinic, and a group home. (<https://www.focusoutreach.org/about-focus-outreach/>)

- Why is staff recommending this project?

FOCUS serves 126 Trust beneficiaries with Intellectual or Developmental Disabilities. The agency was planning to update the current phone system to resolve recent problems, but upon additional evaluation, it learned that the system has reached end-of-life and must be replaced. A working phone system is critical to maintaining daily operations and timely communications. This project will contribute to the agency's financial stability by funding an unanticipated expense necessary to maintain core operations.

- Will this be a multi-year project?

This is a one-time request.



# Grant Approval Memo



## **Trust Five Year Funding History**

<b><u>Fiscal Year</u></b>	<b><u>Project Title</u></b>	<b><u>Amount</u></b>	<b><u>Status</u></b>	<b><u>Final Expended</u></b>
FY23	Executive Director Leadership Transition	\$40,000	Closed	\$24,849
FY23	Summer Camp for Youth and Adults	\$6,000	Closed	\$6,000
FY21	Summer Camp 2021	\$4,000	Closed	\$4,000

## **Comp Plan Identification**

<b><u>Area of Focus</u></b>	<b><u>Objective</u></b>	<b><u>Comments</u></b>
Area of Focus 7: Services in the Least Restrictive Environment	7.2 Increase access to effective and flexible, person-centered, long-term services and supports in urban and rural areas to avoid institutional placement where inappropriate	

## **Project Description (from grant application)**

FOCUS main office phone system is over 10 years old. Updates and supports for the current phone system are no longer available as the product is outdated and no longer supported. The phone system no longer consistently supports call transferring, maintaining calls, and voice mail. Problems will increase over time. The old technology needs to be replaced with a new system supported by MTA and ALCAN Electrical. FOCUS has obtained a proposal which will include hardware, software, and app based phone lines utilizing our current CAT 5 internet wiring.

The replacement phone system is Mitel MiVoice Business Small Business Controller (SMBC) Solution to be installed by ALCAN Electrical who will work with our phone carrier MTA. The replacement phone system cost will cover turnkey installation, set up of SIM controller, configuration, testing, and end user training.

## **Performance Measures (developed by the Trust)**

Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the purchase and implementation of the new phone system.

## **Sustainability (from grant application)**

This new phone system is anticipated to last well over five years. Operating maintenance costs with ALCAN Electrical will be \$150 monthly for all maintenance and technical support to keep the system working well. This fee will come out of FOCUS funds.



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### **Who We Serve (from grant application)**

A working phone system is integral to FOCUS' day-to-day operations and providing services to Trust beneficiaries. All of the beneficiaries listed above who experience developmental disabilities need to be able to communicate with FOCUS and providers through multiple means, including phones. Most calls go through a front desk receptionist who makes appointments and transfers calls to individual employees. Employees have extensions that can be called directly.

The expected outcome is a functioning phone system that continues calls in/out as our beneficiaries use it now. What our beneficiaries will see as an improvement is that calls will not be dropped and forwarded calls will go through consistently.

### **Estimated Numbers of Beneficiaries Served Experiencing (from grant application)**

Developmental Disabilities:	126
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### **Project Budget (from grant application)**

Equipment Costs	\$14,763.00
Equipment Costs (Other Sources)	\$0.00
Equipment Narrative	The replacement phone system is Mitel MiVoice Business Small Business Controller (SMBC) Solution to be installed by ALCAN Electric who will work with our phone carrier MTA. The cost for the equipment and system has been quoted to FOCUS at \$14,763 and the Trust funds being requested will cover this cost.

### **Other Funding Sources (from grant application)**

Total Leveraged Funds	\$0
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# Grant Approval Memo



**Grantee:** Wrangell Mountains Center  
**Request Amount:** \$10,000.00  
**Project Title:** Saghani ggaay (Young Raven) Alaska Native Youth Project  
**Grant Term:** July 1, 2025 to May 31, 2026  
**Fund Source:** FY26 Partnerships/Designated Grants  
**Trust Staff:** Heather Phelps

## Requested Motion:

*The Board of Trustees approve a \$10,000 Partnership grant to the Wrangell Mountains Center for the Saghani ggaay (Young Raven) Alaska Native Youth Project grant. These funds will come from the Partnerships/Designated Grants line of the FY26 budget.*

## Staff Analysis:

- What does this project do?

Trust funds will pay for the operational costs of the Saghani ggaay project, which provides educational outdoor programming to Alaska Native Youth in the Copper River area who are at risk of becoming Trust beneficiaries. Operational costs include a local shuttle service to provide transportation, facility costs, including catered meals and other costs for contracted services, and administrative costs. Outcomes of the prevention project include an increased sense of self and cultural competence and increased support networks.

- Who is receiving the funds?

The Wrangell Mountains Center is an education nonprofit located in McCarthy, Alaska. Since the 1970s, the Center has provided experiential education programming that fosters discovery through direct contact with diverse environments. The funds will support a recently piloted curriculum through UAA called the Cultural Identity Project.

- Why is staff recommending this project?

The Saghani ggaay Alaska Native Youth project will serve up to 16 Alaska Native students ages 16-20 who are identified by the Copper River School District as at a higher risk of non-completion. The six day Indigenous led educational prevention program is intended to improve mental wellbeing and cultural connection and increase protective factors.

- Will this be a multi-year project?

This is a one-time funding request.



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## **Trust Five Year Funding History**

No Trust grants FY21 to FY25

## **Comp Plan Identification**

Area of Focus	Objective	Comments
Area of Focus 1: Early Childhood & Youth	1.2 Ensure accurate identification and support of social-emotional needs for children and their families, congruent with their cultural identification	

## **Project Description (from grant application)**

The 2023 Key Issues Impacting Alaska Mental Health Trust Beneficiaries: Alaska Scorecard states, “Tribal communities, which carry a greater burden of negative health outcomes, experience social connections as interwoven with other protective factors through the sharing of resources, responsibilities, cultural knowledge, and connections to ancestors and the land.”

The Saghani ggaay project will provide educational, outdoor, and hands-on programming for Alaska Native youth in the Copper River area in the interventional efforts of helping local youth, at-risk of becoming Trust beneficiaries, establish a more secure relationship with their cultural identity through methods of Indigenous mentorship, traditional healing practices, and place-based learning on traditional Ahtna Athabascan lands.

Our project’s culturally informed programming, led by Indigenous Elders Sonia Vent and Wilson Justin, will create an opportunity for students to connect with their cultural identity, promote intergenerational learning, share stories, and enhance mental and emotional well-being. By participating in this program, students will grow stronger community ties, develop coping skills, and reinforce a sense of purpose—key elements in preventing and addressing behavioral health concerns.

The Saghani ggaay (Young Raven) Alaska Native Youth Project invites up to 16 Alaska Native students ages 16-20 to the Wrangell Mountains Center (WMC) educational nonprofit in McCarthy Alaska (within the Wrangell- St.Elias National Park) for a 6-day, Indigenous-led educational program in the outdoors. Four Indigenous Instructors, contracted with the WMC, two volunteer chaperones and one volunteer Licensed Professional Counselor will lead the group of youths through a curriculum based on the Cultural Identity Project (CIP). CIP was developed in part by Sonia Vent through the University of Alaska Anchorage’s Psychology Department in partnership with Native Student Services with the purpose of providing Alaska Native youth with a sense of purpose, grounded in their cultural identity. Successfully piloted through UAA in 2022 and with all 44 Alaska Native student participants reporting positive impacts, the curriculum was approved for public use and adaptations based on regional relevance. It includes topics on Tribal and/or Regional Identity, Historical Identity, Impacts of Colonization (Past and Present), Traditional Healing and Healing Justice, Gifts and Cultural Strengths, and Life Paths.



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Our team of Indigenous Elders, practitioners and artists will offer mentorship, education and hands-on practice in traditional healing arts. Based on the interest from local Elders to contribute to the project, we anticipate that our additional instructors will be Faye and Jaysen Ewan and that instructor-led activities will include song and dance, storytelling, plant identification and harvesting, medicine making, beading and sewing, ceremony, and drum making. Additionally, students will take part in a full-day glacier hike offered by Kennicott Wilderness Guides. Other potential activities include a 2-hr Field Sketching Workshop offered by biologist, artist, and 2023 Rasmuson Individual Artist Awardee Kristin Link and a career-oriented presentation offered by the National Park Service – all in service of providing experiential opportunities to explore future career paths in the outdoors informed by Indigenous traditional values.

## **Performance Measures (developed by the Trust)**

How much did you do?

- a) Number (#) of unduplicated youth participating in the 6-day outdoor educational program.
- b) Number (#) of staff members involved in the project.

How well did you do it?

- a) Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the project. Additionally, please provide a list of discussion/educational topics covered during the program.
- b) Number (#) and percentage (%) of participants who felt respected and encouraged to participate during the program.

Is anyone better off?

- a) Number (#) and percentage (%) of youth participants who felt their participation in the program helped to establish a more secure relationship with their cultural identity.
- b) Two statements from participants describing how the program impacted them personally.

## **Sustainability (from grant application)**

The long-term goals of a program such as this are expansive and interwoven: The integration of Alaska Native stories into the conventional and exclusionary history that is currently shared in the region; the healing of the relationship between Indigenous culture and a landscape with a painful and exploitative history on culturally significant lands; the reconnection of Alaska Native youth to traditional Indigenous practices and arts; creating greater access for underserved populations to educational programs within the Wrangell-St. Elias National Park; ensuring healthy futures and wellbeing for Alaska Native youth; the integration of Alaska Native populations and narratives in the local tourist economy. Yet the essence of these goals may be boiled down into: Building thriving Alaska Native communities that uphold their cultural identity.



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Taking a holistic approach is a key factor in the prevention of mental illness and substance related disorders for at-risk beneficiaries.

We aim to expand this project year after year, elongating the program duration and adding more curriculum. We expect to partner with local nonprofit and for-profit organizations and institutions such as Ahtna Inc., Copper River Native Association, and Alaska Pacific University who may financially and academically support the continuation of this program. The Wrangell Mountains Center has extensive experience operating programming such as the pilot project. Since our inception in the 1980s, we have executed a 7-week, six-credit course historically accredited through institutions like University of California Santa Cruz and Evergreen State College, and is currently accredited through the University of Maine, with collaborators like Juneau Icefield Research Program. Our decades-long work in place-based sciences and academic programming makes us well positioned to plan for the expansion of this pilot project. We trust that local and state-wide support for the project will increase based on the collection of healthy networks between the WMC, Wilson Justin (former APU professor and environmental activist), and Sonia Vent (contributor to the development of the Cultural Identity Project) following the successful execution of this pilot project.

## **Who We Serve (from grant application)**

We understand the strong correlation between Alaska Native students struggling in high school and a higher risk of developing mental health disorders or substance abuse disorders. In our area, recent shows that residents in the region are not meeting baseline targets for a variety of key health indicators, including the “percentage of adolescents who felt so sad or hopeless every day for 2 weeks or more in a row that they stopped doing some usual activities during the past 12 months” with a current score of 34.6% and a statewide target of less than 25.7% (Healthy Alaskans 2020 Interior Scorecard).

Based on the unique geographical location and institutional positionality of the Wrangell Mountains Center along with the vision for thriving Alaska Native communities held by Elders Wilson Justin and Sonia Vent, we identified that the greatest opportunity for our project to have a positive impact on local populations is to implement preventative and interventional measures of cultural care and connection, with a focus on youth who are at-risk of becoming Trust beneficiaries.

Cultural competence is paramount to serving the mental health needs of Indigenous populations. In a recent review in the Journal of Cross-Cultural Psychology implemented a strength-based approach examining to what extent care and connection within Indigenous cultural engagement contributes to the positive psychological well-being of Indigenous youth by including 25 studies with a sample size of 19,231 participants. 72% of the studies reported a significant positive relationship between cultural engagement and psychological well-being. A specific qualitative result found that the “development of cultural identity through positive relationships, opportunities to participate in activities, cultural learning, affirmation of cultural background was associated with increased personal growth, self-confidence” (Crooks et al. 2016).

After our post-program surveys, we anticipate finding qualitative data that reports an increased sense of self-confidence, cultural competence and engagement, a sense of belonging and identity, and an



# Grant Approval Memo



increased support network for the program participants. We hope to find qualitative data of improved participation and performance in high school for the program participants.

## Journal Articles:

1. Crooks C. V., Exner-Corten D., Burm S., Lapointe A., Chiodo D. (2016). Two years of relationship-focused mentoring for First Nations, Metis, and Inuit adolescents: Promoting positive mental health. *Journal of Primary Prevention*, 38(1-2), 87–104.
2. Doery, E., Satyen, L., Paradies, Y., & Toumbourou, J. W. (2022). The Relationship Between Cultural Engagement and Psychological Well-being Among Indigenous Adolescents: A Systematic Review. *Journal of Cross-Cultural Psychology*, 54(1), 90-113. <https://doi.org/10.1177/00220221221128215> (Original work published 2023)

## Data Publication:

1. [https://www.healthyalaskans.org/wp-content/uploads/2020/04/HA2020\\_Scorecard\\_Interior.pdf](https://www.healthyalaskans.org/wp-content/uploads/2020/04/HA2020_Scorecard_Interior.pdf)

## **Estimated Numbers of Beneficiaries Served Experiencing (from grant application)**

This project is a prevention project. We intend to recruit students from our regional area, the Copper Basin with the help of The Copper River School District and The Copper River Native Association. The Copper River School District has recently worked on an initiative to engage students with a high likelihood of high school non-completion, increasing their likelihood of becoming Trust beneficiaries. We aim to work with the District in recruiting these students for the program to increase the possibilities of prevention and intervention.

To understand the impact of the program on participants, each participant will be asked to complete a pre-and post-program assessment, administered by behavioral health volunteer Sally Caldwell LPC-S, MAC, SEP. The assessment will ask questions about overall mental well-being, cultural connections, resilience, and coping skills. It will also invite input on the program itself, including the most meaningful components, and what activities, lessons, or skills the participants plan to continue practicing after they return home. By comparing responses from the pre and post assessments, we will be able to evaluate whether the program led to improvements in mental wellbeing, cultural connection, and other protective factors. We would also like to conduct a follow up survey with participants six months after their time in the program to understand what lasting impact resulted from their participation. These results will also inform further improvements to future program years.

## **Project Budget (from grant application)**

Personnel Services Costs	\$0.00
Personnel Services Costs (Other Sources)	\$9,600.00



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Personnel Services Narrative	We will hire four Indigenous instructors at the rate of \$2400 for the duration of the program. Position description included in supporting documents.
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Travel Costs	\$2,980.00
Travel Costs (Other Sources)	\$0.00
Travel Costs Narrative	Although the Copper River School District plans to provide transportation from Copper Center to Chitina, the road from Chitina to McCarthy is 60 miles of gravel road. We plan to hire a local shuttle service to finish the last leg of transportation. They have given us a quote of \$149 roundtrip per person.

Space or Facilities Costs	\$5,700.00
Space or Facilities Costs (Other Sources)	\$6,400.00
Space or Facilities Narrative	The Wrangell Mountains Center off-grid and historic campus facilities consist of several cabins for bunk-house style and private accommodations for students and instructors/chaperones along with classroom space, an industrial kitchen, several offices, and a dining hall all on an off-grid. The program will have sole access to the entire campus, fully catered meals accommodating necessary diets, and a 7 person team of employees and volunteers to support the program.

Other Costs	\$1,320.00
Other Costs (Other Sources)	\$4,772.00
Other Costs Narrative	Other costs consist of the remaining cost for the Glacier Hike contracted service along with the administrative cost of the entire project.

## **Other Funding Sources (from grant application)**

Alaska State Council on the Arts SECURED	\$16,000.00
Kennicott Wilderness Guides SECURED	\$1,620.00
Rural Cap Foundation PENDING	\$4,000.00
<b>Total Leveraged Funds</b>	<b>\$21,620.00</b>



# Grant Approvals



**To:** Brent Fisher, Chair of the Board of Trustees  
**Date:** May 21, 2025  
**Re:** Authority Grant Approval Memos – Partnerships over \$50,000, Focus Area Allocations & Authority Grant Amendments

On an ongoing basis, the Trust receives grant requests from organizations around the state that serve Trust beneficiaries. Trust program staff reviews these requests to assess their fit with the Trust's mission and current funding priorities. Following this review, this memo lists 21 items that are recommended by Trust staff for approval by the Board of Trustees.

These requests have been evaluated by Trust program staff and a memo has been prepared that contains the information provided by the applicant, an analysis explaining the program staff's recommendation, the request's connection to the Comprehensive Integrated Mental Health Plan, and the proposed performance measures that will be assigned to assess each grant's outcomes.

The individual requests follow this memo in the packet.

	<b>Proposed Motion</b>	<b>Budget Fund Source</b>	<b>Project Title</b>	<b>Organization</b>	<b>Page #</b>
1.	<i>The Board of Trustees approve a \$38,003 Mental Health &amp; Addiction Intervention focus area allocation to the Mat-Su Health Foundation for the Crisis Now Implementation Coordinator for Mat-Su grant. These funds will come from the Child &amp; Youth Crisis Response System line of the FY25 budget.</i>	Focus Area – Mental Health & Addiction Intervention	Crisis Now Implementation Coordinator for Mat-Su	Mat-Su Health Foundation	172
2.	<i>The Board of Trustees approve a \$75,000 Authority Grant to the Presbyterian Hospitality House, Inc. for the "The Extra Mile" Strengthening Alaskan Families grant. \$50,000 of these funds will come from the Keep the Kids Home line and the \$25,000 will come from the Partnerships/Designated Grants lines of the FY25 budget.</i>	Focus Area/Priority Area– Early Childhood Intervention & Prevention/ Partnership Grant	"The Extra Mile" Strengthening Alaskan Families	Presbyterian Hospitality House	176
3.	<i>The Board of Trustees approve a \$91,734 Partnership grant to the Alaska</i>	Partnership Grant	Re-Envisioned: Alaska's New	Alaska Safety Alliance	183



	<i>Safety Alliance for the Re-Envisioned: Alaska's New Statewide Health Workforce Coalition project. These funds will come from the Partnerships/Designated Grants line of the FY26 budget.</i>		Statewide Health Workforce Coalition		
4.	<i>The Board of Trustees approve a \$80,000 Mental Health &amp; Addiction Intervention focus area allocation to the North Star Community Foundation for the NSCF/Fairbanks Reentry Coalition Housing Assistance grant. These funds will come from the Child &amp; Youth Crisis Response System of Care and Technical Assistance line of the FY25 budget.</i>	Focus Area – Mental Health & Addiction Intervention	NSCF/Fairbanks Reentry Coalition Housing Assistance	North Star Community Foundation	188
5.	<i>The Board of Trustees approve a \$80,000 Mental Health &amp; Addiction Intervention focus area allocation to Valley Charities, Inc. for the Mat-Su Reentry Coalition Housing Project. These funds will come from the Child &amp; Youth Crisis Response System of Care and Technical Assistance line of the FY25 budget.</i>	Focus Area – Mental Health & Addiction Intervention	Mat-Su Reentry Coalition Housing Project	Valley Charities	192
6.	<i>The Board of Trustees approve a \$398,200.00 FY26 Authority Grant to CHOICES INC for the SMI/SUD Adults Recovery &amp; Housing Program grant. These funds will come from the Clubhouse Support for Rehabilitation and Recovery line of the FY26 budget.</i>	Focus Area – Mental Health & Addiction Intervention	SMI/SUD Adults Recovery & Housing Program	CHOICES, Inc.	196
7.	<i>The Board of Trustees approve a \$333,600 FY26 Beneficiary Employment &amp; Engagement grant to the Alaska Mental Health Consumer Web for the Alaska Mental Health Consumer Web Grant project. These funds will come from the Clubhouse Support for Rehabilitation and Recovery line of the FY26 budget.</i>	Focus Area – Beneficiary Employment & Engagement	Alaska Mental Health Consumer Web Grant	Alaska Mental Health Consumer Web	202
8.	<i>The Board of Trustees approve a \$213,000 FY26 Beneficiary Employment &amp; Engagement grant to Polaris House for the Clubhouse Support for Rehabilitation and Recovery project. These funds will come from the Clubhouse Support for Rehabilitation and Recovery line of the FY26 budget.</i>	Focus Area – Beneficiary Employment & Engagement	Clubhouse Support for Rehabilitation and Recovery	Polaris House	210
9.	<i>The Board of Trustees approve a \$175,000 FY26 Beneficiary Employment &amp; Engagement grant to NAMI Juneau for the Peer Support in</i>	Focus Area – Beneficiary Employment	Peer Support in Juneau & Southeast Alaska	NAMI Juneau	218



	<i>Juneau &amp; Southeast Alaska project. These funds will come from the Mental Health Advocacy, Support, Education, and Public Awareness line of the FY26 budget.</i>	& Engagement			
10.	<i>The Board of Trustees approve a \$168,790 FY26 Beneficiary Employment &amp; Engagement grant to NAMI Anchorage for the NAMI Anchorage FY26 Operating grant. These funds will come from the Mental Health Advocacy, Support, Education, and Public Awareness line of the FY26 budget.</i>	Focus Area – Beneficiary Employment & Engagement	NAMI Anchorage FY26 Operating Grant	NAMI Anchorage	225
11.	<i>The Board of Trustees approve a \$160,000 FY26 Beneficiary Employment &amp; Engagement grant to the Northern Hope Center for the Northern Hope Center Mental Health Drop-In Center project. These funds will come from the Clubhouse Support for Rehabilitation and Recovery line of the FY26 budget.</i>	Focus Area – Beneficiary Employment & Engagement	Northern Hope Center Mental Health Drop-In Center	Northern Hope Center	232
12.	<i>The Board of Trustees approve a \$50,000 FY26 Authority Grant to NAMI Alaska, Inc. for the Lifeline for Alaskans grant. These funds will come from the Mental Health Advocacy, Support, Education and Public Awareness line of the FY26 budget.</i>	Focus Area – Beneficiary Employment & Engagement	A Lifeline for Alaskans	NAMI Alaska	244
13.	<i>The Board of Trustees approve a \$750,000 FY25 focus area allocation to Alaska Addiction Rehabilitation Services for the AARS Expansion Project. \$500,000 will come from the Crisis Continuum of Care grant line of the FY25 budget, and \$250,000 will come from the IPS Supported Employment Implementation line of the FY25 budget. These funds will be contingent upon Alaska Addiction Rehabilitation Services securing the pending funding sources outlined in this memo.</i>	Focus Area – Mental Health & Addiction Intervention	AARS Expansion Project	Alaska Addiction Rehabilitation Services	251
14.	<i>The Board of Trustees approve a \$220,500 FY25 Early Childhood Intervention and Prevention grant to the All Alaska Pediatric Partnership for the Infant and Early Childhood Mental Health (IECMH) Line Pilot Project. These funds will come from the Infant &amp; Early Childhood Mental Health</i>	Focus Area/Priority Area– Early Childhood Intervention & Prevention	Infant and Early Childhood Mental Health (IECMH) Line Pilot Project	All Alaska Pediatric Partnership	317



	<i>Capacity Building line of the FY25 budget.</i>				
15.	<i>The Board of Trustees approve a \$134,400 FY26 Housing and Home &amp; Community Based Services focus area allocation to the Alaska AIDS Assistance Association for the Housing Gap Funding for Trust Beneficiaries Living with HIV grant. These funds will come from the Beneficiary Housing Projects and Related Services line of the FY26 budget.</i>	Focus Area – Housing & Home and Community Based Services	Housing Gap Funding for Trust Beneficiaries Living with HIV	Alaska AIDS Assistance Association	325
16.	<i>The Board of Trustees approve a \$113,620 FY25 Early Childhood Intervention and Prevention grant to the Alaska Association for Infant and Early Childhood Mental Health for the Infant and Early Childhood Mental Health Consultation Project. These funds will come from the Infant &amp; Early Childhood Mental Health Capacity Building line of the FY25 budget.</i>	Focus Area/Priority Area– Early Childhood Intervention & Prevention	Infant and Early Childhood Mental Health Consultation Project	Alaska Association for Infant and Early Childhood Mental Health	329
17.	<i>The Board of Trustees approve a \$100,000 Early Childhood Intervention and Prevention grant to the Association for the Education of Young Children, Southeast Alaska for the 4th Trimester Project - Parents as Teachers and Circles of Security for Classrooms grant. These funds will come from the Improve Social Determinants of Health line of the FY25 budget.</i>	Focus Area/Priority Area– Early Childhood Intervention & Prevention	4th Trimester Project - Parents as Teachers and Circles of Security for Classrooms	Association for the Education on Young Children - SE Alaska	340
18.	<i>The Board of Trustees approve a \$75,000 Partnership grant to OpiAID, Inc. for the Compassionate Technology Pilot for OUD grant. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.</i>	Partnership Grant	Compassionate Technology Pilot for OUD	OpiAID	345

#### Authority Grant Contract Approval

	<b>Proposed Motion</b>	<b>Budget Fund Source</b>	<b>Project Title</b>	<b>Organization</b>	<b>Page #</b>
19.	The Board of Trustees approves \$60,000 for the Mental Health Supports in Schools Community of Practice Facilitator contract. These funds will	Partnership Grant	Mental Health Supports in Schools Community of	Stellar Group, LLC.	349



	come from the Partnerships/Designated Grants line of the FY25 budget.		Practice Facilitator		
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Authority Grant Amendment Approvals					
	Proposed Motion	Amendment Type	Project Title	Organization	Page #
20.	<i>The Board of Trustees approve a budget amendment for the FY25 Project Transform/Mental Health Consultation in Schools grant with the Association of Alaska School Boards.</i>	Grant Budget Amendment	Project Transform/Mental Health Consultation in Schools	Association of Alaska School Boards	354



# Grant Approval Memo



**Grantee:** Mat-Su Health Foundation  
**Request Amount:** \$38,003.00  
**Project Title:** Crisis Now Implementation Coordinator for Mat-Su  
**Grant Term:** April 1, 2025 to June 30, 2026  
**Fund Source:** FY25 Mental Health & Addiction Intervention - Child & Youth Crisis Response System (Page 5, Line 26)  
**Trust Staff:** Eric Boyer

## Requested Motion:

*The Board of Trustees approve a \$38,003 Mental Health & Addiction Intervention focus area allocation to the Mat-Su Health Foundation for the Crisis Now Implementation Coordinator for Mat-Su grant. These funds will come from the Child & Youth Crisis Response System line of the FY25 budget.*

## Staff Analysis:

- What does this project do?

The Trust funds would pay for the Crisis Now Coordinator (CNC) in the Mat-Su region. The Crisis Now Coordinator works with the provider agencies, who operate the call center for 988/911, mobile crisis teams, and the crisis stabilization centers to ensure a high-functioning crisis response system of care. The CNC is working to fill gaps in the response system, establish a functional referral network among available service providers and evaluate outcomes of services that have been implemented.

- Who is receiving the funds?

The Mat-Su Health Foundation (MSHF) would receive the funds for the Crisis Now Coordinator and contract with Melissa Toffolon with Actionable Data, who is currently fulfilling the valley's Crisis Now coordination role. The MSHF is a regional philanthropic entity that supports healthcare for all residents of the Mat-Su region. The MSHF has been a partner with the Trust on the implementation of improved local crisis response design since the beginning of the Trust's behavioral health crisis response initiative.

- Why is staff recommending this project?

The Crisis Now Coordinator is working to support the planning and operationalization of the Crisis Now Framework, as well as setting up the Crisis Care Team in the Valley. The post-crisis care team consists of providers who work together with dispatch, mobile crisis teams, and emergency services to ensure a "warm handoff" between providers. This also ensures that Trust beneficiaries receive services on the day they need them. This system has been launched and is working to strengthen the system of care.



## Grant Approval Memo



- Will this be a multi-year project?

This proposal is for a single 12-month grant project term with an anticipated need for future investment to maintain the localized project management and support continued progress on implementing the envisioned improved crisis response. The MSHF would likely contribute to future support of this effort. If future Trust funding were to be considered, an additional year of funding would require a new application from MSHF and the Board of Trustees' approval.

### **Trust Five Year Funding History**

<b><u>Fiscal Year</u></b>	<b><u>Project Title</u></b>	<b><u>Amount</u></b>	<b><u>Status</u></b>	<b><u>Final Expended</u></b>
2024	Crisis Now Implementation Coordinator for Mat-Su	\$100,000	Closed	\$61,997
2023	Mat-Su Multi-Disciplinary Team Cloud9 Implementation and Pilot Project	\$50,000	Closed	\$0
2023	2022 Mat-Su Community Health Needs Assessment	\$10,000	Closed	\$10,000
2022	Marketing & Integrated Fund Management Plan For Alaska's SHARP	\$21,550	Closed	\$21,550
2021	Mat-Su Community Development Coordinator	\$100,000	Closed	\$100,000
2021	Palmer Families with Infants and Toddlers (FIT) Court	\$75,000	Closed	\$75,000

### **Comp Plan Identification**

<b><u>Area of Focus</u></b>	<b><u>Objective</u></b>	<b><u>Comments</u></b>
Area of Focus 5: Suicide Prevention	5.2 Support and improve the system to assist individuals in crisis	

### **Project Description (from grant application)**

The Mat-Su Health Foundation requests previously awarded funds continue supporting the year-three contract for the Crisis Now Implementation Coordinator for Mat-Su. This contract supports year three planning and implementation of the Crisis Now framework in the Mat-Su region. The Implementation Coordinator for this project continues to build out and maintain the local crisis call system including the incorporation of 988 and the dispatch of the mobile crisis teams. Other initiatives under this contract include the preparation of the post-crisis service array to easily transition crisis clients from the MCT on to supported interventions and support in the local community. This includes the continued need for 23-hr crisis stabilization.



# Grant Approval Memo



## **Performance Measures (developed by the Trust)**

1. Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the strategic planning phase of the Mat-Su Crisis Now project.
2. Attend, facilitate and assist local leaders, providers and community stakeholders in helping to operationalize the Crisis Now framework and adaptations needed for Mat-Su.
3. Collect data that is pertinent to the operationalization of Crisis Now services in the region and report the information out to stakeholders.
4. Continue efforts to develop and update the activities and outputs for the Mat-Su Crisis Now Strategic Plan.
5. Continue to develop a stable and sustainable funding source for the Crisis Now system of care.

## **Sustainability (from grant application)**

This application intends to use the existing unspent funds granted in award #15986 for the same purpose, totaling \$38,003.

If there are continued Crisis Now implementation needs for this project after the grant has been expended and the Trust support has ended, the MSHF would consider supporting a year-four contract.

## **Who We Serve (from grant application)**

The MCT in this project is supported and equipped to become a link to community-based resources for those Mat-Su residents experiencing a behavioral health crisis. By providing a mental health clinician and a peer to the scene of the crisis it lessens the likelihood that persons in BH crisis will be transported to jail or the emergency department. This intervention also enhances the potential for that client to get connected to the appropriate help, assessment, social support, treatment, etc. This service is available to all MHT beneficiaries who are subject to a 911 or even a 988 call in Mat-Su.

## **Estimated Numbers of Beneficiaries Served Experiencing (from grant application)**

Mental Illness:	75
Developmental Disabilities:	50
Alzheimer's Disease & Related Dementias:	30
Substance Abuse	300
Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries):	1,000
Number of people to be trained	50

## **Project Budget (from grant application)**

Personnel Services Costs	\$38,003.00
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## Grant Approval Memo



Personnel Services Costs (Other Sources)	\$0.00
Personnel Services Narrative	Contractor costs are \$160/hr

### **Other Funding Sources (from grant application)**

n/a	\$0.00
<b>Total Leveraged Funds</b>	



# Grant Approval Memo



**Grantee:** Presbyterian Hospitality House, Inc.  
**Request Amount:** \$75,000.00  
**Project Title:** "The Extra Mile" Strengthening Alaskan Families  
**Grant Term:** May 25, 2025 to June 30, 2026  
**Fund Source:** \$50,000 FY25 Early Childhood Intervention & Prevention Priority Area: Keep the Kids Home (Page 14, Line 26)  
\$25,000 FY25 Partnerships/Designated Grants (Page 2, Line 13)  
**Trust Staff:** Tina Voelker-Ross

## Requested Motion:

*The Board of Trustees approve a \$75,000 Authority Grant to the Presbyterian Hospitality House, Inc. for the "The Extra Mile" Strengthening Alaskan Families grant. \$50,000 of these funds will come from the Keep the Kids Home line and the \$25,000 will come from the Partnerships/Designated Grants lines of the FY25 budget.*

## Staff Analysis:

- What does this project do?  
This project will ensure frequent and meaningful family contact for residents participating in the Presbyterian Hospitality House (PHH) residential group homes, with a focus on the treatment of male youth who have engaged in problematic sexual behavior. The project aims to increase in-person family contact for rural youth and support safe reunification through structured visitation and therapeutic sessions. Trust funds will support travel and accommodations for family visits and benefit 10-15 families (approximately 40-60) individuals across rural Alaska.
- Who is receiving the funds?  
PHH is a nonprofit organization in Alaska that has been in operation since 1957. PHH operates group homes and therapeutic treatment homes for youth in Fairbanks, Wasilla, the Kenai Peninsula, and Seward. This grant will be implemented with the youth in 2 residential group homes in Fairbanks called the Chena and Bias homes.
- Why is staff recommending this project?  
The youth participating in the PHH residential treatment program are all Trust beneficiaries. Children who act out sexually are at severe risk of never reunifying with their family and spending their entire adolescence in residential treatment or foster care settings. In those situations, youth remain in treatment settings until they are 18 rather than returning home. Research shows that when children and families receive intervention for problematic sexual behaviors, the rates of recidivism are between three and six percent; there is substantial evidence to show that families can reunify safely in many circumstances. This project seeks to enhance family contact and support safe reunification through structured visitation and therapeutic sessions.
- Will this be a multi-year project?



# Grant Approval Memo



This proposal is for a single 13-month grant project. If future funding were to be considered, an additional year of funding would require a new application by PHH and Board of Trustees approval.

## **Trust Five Year Funding History**

No Trust grants FY21 to FY25

## **Comp Plan Identification**

Area of Focus	Objective	Comments
Area of Focus 1: Early Childhood & Youth	1.4 Behavioral health services are easily accessible, timely, and include care navigation and wraparound services	d. Strategy: Use a two-generational approach to services that includes youth and caregivers.

## **Project Description (from grant application)**

This grant will be implemented with the youth in 2 PHH residential group homes in Fairbanks called the Chena and Bias homes. Each home has a 5-bed capacity. Youth usually stay in the group home for 12-18 months before progressing to either their natural home or, in some circumstances, a therapeutic treatment home. Outside of the 10 beds in the residential program that are dedicated to serving male youth who have acted out sexually, PHH also has approximately five therapeutic foster families that are licensed and trained to be able to serve that population as well.

This is a project designed to strengthen family bonds among rural Alaskan families facing a specific challenge: healing & reunifying their family after a child has acted out sexually. Presbyterian Hospitality House (PHH) serves this population, and the need for this project is supported by the following:

1. Children who act out sexually are at severe risk of never reunifying with their family and spending their entire adolescence in residential treatment or foster care settings.
2. Research shows that when children and families receive intervention for problematic sexual behaviors the rates of recidivism are between three and six percent; there is substantial evidence to show that families can reunify safely in many circumstances.

This initiative seeks to enhance family contact and support safe reunification through structured visitation and therapeutic sessions.

This project will ensure frequent and meaningful family contact for residents enrolled in PHH's program who have engaged in problematic sexual behavior. For youth and families in these situations, regular family therapy and consistent contact are essential when aiming for safe reunification & restored relationships within the family. Medicaid travel covers one parent's quarterly visit – however, single parents may be unable to leave their children behind, and other families are unable to afford travel costs for the additional parent, and siblings. A safe reunification plan often requires additional family therapy sessions or sibling visitations.



# Grant Approval Memo



This project will facilitate visits from both parents and siblings whether during Medicaid-covered quarterly visits, or in between these intervals to increase the amount of family contact for rural youth and improve the likelihood of successful reunification. Assuming an average family size of four, the project is expected to benefit 10–15 families, impacting approximately 40–60 individuals across rural Alaska.

It is important to note that challenges related to travel in Alaska, as well as potential issues arising from perpetrator–victim dynamics, may occur when lodging visiting family members. For example, consider a situation where a family visits to see a teenage child who has exhibited harmful behavior toward a younger sibling. Because travel arrangements may require the entire family to travel together, it could be challenging if early treatment indicates that direct contact between the victim and the perpetrator is unsafe, or not legally allowed. In such cases, providing two separate lodging rooms may be necessary until safety protocols and treatment progress allow for appropriate interaction. This project will meet the unique needs of children and families in these circumstances, with more Alaskan families healing and restoring the family relationships that will sustain and support them through life.

## **Performance Measures (developed by the Trust)**

How much did you do?

- a) Number (#) of unduplicated Trust beneficiaries served during the reporting period, broken down by primary Trust beneficiary category.
- b) Number (#) of unduplicated secondary (family members and caregivers) Trust beneficiaries served during the reporting period.
- c) Number (#) of family units served during the reporting period, broken down by parents, siblings or “other” (e.g., grandparents, aunts, or uncles).
- d) Total number (#) of travel episodes facilitated during the reporting period, broken down by Medicaid travel supplementation vs. additional travel outside of Medicaid parameters).

How well did you do it?

- a) Provide a narrative describing the timeline, activities, successes, challenges, and lessons learned during the reporting period.
- b) For each youth resident participant during the reporting period, provide the following information:
  - i. Number (#) of travel episodes.
  - ii. Number (#) of family members participating per travel episode, broken down by family member type (parents, siblings, other).
  - iii. Number (#) of hours of facilitated therapeutic activity per travel episode, broken down by type of activity.
  - iv. Reunification status (i.e., reunified during the reporting period, on track to successfully reunify outside of the reporting period, not on track to reunify).



## Grant Approval Memo



Is anyone better off?

- a) Number (#) and percentage (%) of youth on track to successfully reunify with their family (but will unify outside of the reporting period).
- b) Number (#) and percentage (%) of youth who successfully reunified with their family during the reporting period.
- c) Two statements from youth participants describing the impact that family visitations have had on their quality of life during their time in residential treatment.
- d) Two statements from family members describing the impact that family visitations have had on their family's quality of life while a member of their family is in residential treatment.

### **Sustainability (from grant application)**

After Trust funding ends for this project, funds for additional family members or additional visits will be intermittently available at best. When purchasing travel that Alaska Medicaid will not, the agency itself, families, Tribes, and Individual Service Agreement (ISA) funding through the State of Alaska would all be avenues PHH would evaluate in continuing to meet this need.

### **Who We Serve (from grant application)**

Children in treatment until they turn 18, never able to go home. Families feeling forced to choose between the permanent fracture of their family unit, or potential OCS involvement.

This project focuses on a specific issue that affects families across Alaska - those affected by a child acting out sexually. These families often must balance meeting the needs of the child who acted out, and the needs of the child who was victimized by the behavior. In these cases, both victim and offender require significant interventions to help them heal, and the family requires support in leading their children through this process.

For children who act out, the only resources in Alaska are in Anchorage, Wasilla, and Fairbanks. When the child is in a treatment setting, regular family contact, therapy, and interventions such as victim clarification and victim impact statements are key components of the treatment and healing process for both victim and offender. Without these, the chances of the family feeling like they may never be able to have their family reunified are increased.

### **Estimated Numbers of Beneficiaries Served Experiencing (from grant application)**

Mental Illness:	10
Developmental Disabilities:	2
Substance Abuse	2
Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries):	40
Number of people to be trained	1



## Grant Approval Memo



### **Project Budget (from grant application)**

Travel Costs	\$75,000.00
Travel Costs (Other Sources)	\$0.00
Travel Costs Narrative	Roughly 50,000 in Travel costs for additional parents and/or siblings, and roughly 25,000 for lodging arrangements.

### **Other Funding Sources (from grant application)**

n/a	\$0.00
<b>Total Leveraged Funds</b>	<b>\$0.00</b>





## Presbyterian Hospitality House

Administrative Center  
209 Forty Mile Avenue, Suite 100  
Fairbanks, Alaska 99701  
907-456-6445 – 907-456-6402 (FAX)

Mat-Su Regional Office  
1365 Parks Highway, Suite 101  
Wasilla, Alaska 99654  
907-357-6445 – 907-376-6402 (FAX)

**February 25, 2025**

### **Alaska Mental Health Trust Partnership Grant Letter of Interest**

#### **Contact Information**

Ty Tigner, Executive Director – 907-378-9918  
Naomi Tigner, Director of Community Programs – 907-354-7900  
Addison Turnbough, Program Director – 907-590-4466

**Title:** “The Extra Mile”: Strengthening Alaskan Families

**Proposed Start and End Dates:** 7/1/25 – 6/30/26

**Amount Requested:** \$75,000

#### **Introduction:**

This letter of interest outlines a proposed project designed to strengthen family bonds among rural Alaskan families facing a specific challenge: healing & reunifying their family after a child has acted out sexually. Presbyterian Hospitality House (PHH) serves this population, and the need for this project is supported by the following:

1. Children who act out sexually are at severe risk of never reunifying with their family, and spending their entire adolescence in residential treatment or foster care settings.
2. Research shows that when children and families receive intervention for problematic sexual behaviors the rates of recidivism are between three and six percent; there is substantial evidence to believe that families can reunify safely in many circumstances.

The initiative seeks to enhance family contact and support safe reunification through structured visitation and therapeutic sessions.

#### **General Project Description:**

This project will ensure frequent and meaningful family contact for residents enrolled in PHH’s program who have engaged in problematic sexual behavior. For youth and families in these situations, regular family therapy and consistent contact are essential when aiming for safe reunification & restored relationships within the family. Medicaid travel covers one parent's quarterly visit – however, single parents may be unable to leave their children behind, and other families are unable to afford travel costs for the additional parent, and siblings. A safe reunification plan often requires additional family therapy sessions or sibling visitations.





## Presbyterian Hospitality House

Administrative Center  
209 Forty Mile Avenue, Suite 100  
Fairbanks, Alaska 99701  
907-456-6445 – 907-456-6402 (FAX)

Mat-Su Regional Office  
1365 Parks Highway, Suite 101  
Wasilla, Alaska 99654  
907-357-6445 – 907-376-6402 (FAX)

This project will facilitate visits from both parents and siblings whether during Medicaid-covered quarterly visits, or in between these intervals to increase the amount of family contact for rural youth and improve the likelihood of successful reunification. Assuming an average family size of four, the project is expected to benefit 10–15 families, impacting approximately 40–60 individuals across rural Alaska.

It is important to note that challenges related to travel in Alaska, as well as potential issues arising from perpetrator–victim dynamics, may occur when lodging visiting family members. For example, consider a situation where a family visits to see a teenage child who has exhibited harmful behavior toward a younger sibling. Because travel arrangements may require the entire family to travel together, it could be challenging if early treatment indicates that direct contact between the victim and the perpetrator is unsafe, or not legally allowed. In such cases, providing two separate lodging rooms may be necessary until safety protocols and treatment progress allow for appropriate interaction. This project will meet the unique needs of children and families in these circumstances, with more Alaskan families healing and restoring the family relationships that will sustain and support them through life.



# Grant Approval Memo



**Grantee:** Alaska Safety Alliance  
**Request Amount:** \$120,000.00  
**Project Title:** Re-Envisioned: Alaska's New Statewide Health Workforce Coalition  
**Grant Term:** July 1, 2025 to June 30, 2026  
**Fund Source:** FY26 Partnerships/Designated Grants (Page 2, Line 13)  
**Trust Staff:** Eric Boyer

## **Requested Motion:**

*The Board of Trustees approve a \$120,000 partnership grant to the Alaska Safety Alliance for the Re-Envisioned: Alaska's New Statewide Health Workforce Coalition project. These funds will come from the Partnerships/Designated Grants line of the FY26 budget.*

## **Staff Analysis:**

- What does this project do?

Trust funds will pay the Alaska Workforce Alliance (AWA) to hire and support staff who will oversee the Alaska Healthcare Workforce Coalition. This will involve outreach and forming a coalition of health care providers, agencies, educators, and associations. The staff-led coalition will develop and implement a work plan by engaging the various key stakeholders who are currently doing some workforce efforts - although nothing is currently aligned and coordinated at a statewide level. The AWA staff would collaborate with the many disconnected efforts and bring alignment.

- Who is receiving the funds?

The Alaska Workforce Alliance (AWA) is a 501(c)(3) non-profit organization committed to strengthening workforce development across all of Alaska's industries through collaboration, education, and targeted initiatives. AWA operates as a subsidiary of the Alaska Safety Alliance, building on 25 years of experience and leadership in workforce development. Guided by Alaska's Workforce Future, AWA focuses on shared statewide goals such as expanding career awareness and pathways, developing a skilled and adaptable workforce, and ensuring ALL Alaskans can contribute their talents.

- Why is staff recommending this project?

Workforce recruitment, engagement, training, and retention continue to be among the top needs expressed by beneficiary-serving partners to our Trust program staff in surveys or group stakeholder feedback forums. The current health workforce landscape is disjointed and uncoordinated due to the lack of an oversight body or leadership. Resurrecting the healthcare workforce coalition will provide the infrastructure needed to lead partners in enhancing the state's workforce recruitment and retention efforts. The last iteration of the AK Healthcare Workforce Coalition was successful but lost traction during the early days of COVID-19. Prior to that, the coalition was led by the Department of Health, UAA, the Department of Labor and Workforce Development (DOLWD), and the Trust. By the pandemic's end, no one was willing to



## Grant Approval Memo



lead in restarting the coalition. The Trust Authority staff do not have the capacity to take on the function and role of staffing the coalition. That is where the AWA has stepped up and offered to be that entity. The AWA also aligns with the DOL's AK Workforce Investment Board (AWIB).

- Will this be a multi-year project?

This proposal is for a single 12-month grant project. If future funding were to be considered, an additional year of funding would require a new application from AWA and the Board of Trustees' approval.

### **Trust Five Year Funding History**

No Trust Grants FY21 -FY25

### **Comp Plan Identification**

Area of Focus	Objective	Comments
Area of Focus 9: Workforce	9.1 Strengthen workforce capacity with improved recruitment and retention to obtain and maintain knowledge, support innovation, and modernization	

### **Project Description (from grant application)**

Building on the leadership and goals identified through the Mat-Su Health Foundation Workforce Development Network, the Alaska Workforce Alliance proposes to launch a new Statewide Health Workforce Coalition. Its placement within the Alaska Workforce Alliance (AWA) will provide stability and coordination with other statewide industries including Maritime, Construction, Process Technology, Mining, Telecommunication, and Energy. AWA, with its statewide mission, will also align the coalition with other adjacent industries such as education, technology, and social services to foster a more integrated approach to health workforce development.

The discontinuation of the previous Alaska Health Workforce Coalition has left a significant gap and now Alaska's healthcare industry's complex network of state, federal, nonprofit, for-profit, public, and private entities lack a statewide coordinating entity. While various organizations address the ongoing need to grow an available Alaska health workforce, efforts remain siloed, disjointed, and poorly aligned.

The previous Alaska Health Workforce Coalition demonstrated significant impact during its operation from 2010 to 2022, with participants crediting it for major improvements in Alaska's health workforce development. Operating as a neutral entity, it provided structure, leadership, and accountability for key healthcare workforce initiatives.



# Grant Approval Memo



With an established record of leading industry-driven workforce development in multiple industries, the Alaska Workforce Alliance brings both experience and a stabilizing foundation, allowing for a successful and long-term relaunch of the Alaska Health Workforce Coalition.

## **Performance Measures (developed by the Trust)**

How much did you do?

- a) Number (#) of outreach activities conducted during the grant reporting period. Please include a list of the activities, the date the activity was held, as well as a description of the event.
- b) Number (#) of unduplicated professionals engaged in the coalition during the grant reporting period. Provide a list of the organizations that were represented.
- c) Number (#) of unduplicated stakeholders engaged in the coalition during the grant reporting period. Provide a list of the organizations that were represented.
- d) Number (#) of participating organizations involved in the coalition.

How well did you do it?

- a) Provide a narrative describing the activities, timeline, successes, challenges, and any lessons learned during the grant reporting period.
- b) Provide a summary of the results from the program effectiveness survey.
- c) Number (#) and percentage (%) of coalition members reporting satisfaction with the level of progress the coalition has made over the grant reporting period.

Is anyone better off?

- a) Number (#) and percentage (%) of coalition organizations that actively participate in at least two coalition activities during the grant reporting period.
- b) Two statements from coalition members that describe, in their opinion, how the Alaska Health Workforce Coalition has impacted the health workforce industry in Alaska during the grant reporting period.

## **Sustainability (from grant application)**

Sustainability planning will be an early initiative of this project. Our organization is a non-profit that provides fee-for-service programming for industry members. We will explore ways we can leverage established services of the Alaska Safety Alliance, such as Learning Management Systems, Trainings, and Professional Services to our health care partners so revenue generated can be re-invested into sustaining the Health Workforce Coalition.

## **Who We Serve (from grant application)**

This initiative intends to impact Trust beneficiaries, including individuals experiencing mental illness, developmental disabilities, Alzheimer's disease and related dementias, chronic alcohol or drug



# Grant Approval Memo



addiction, and traumatic brain injuries by improving the workforce needed to provide care to all populations. By establishing a statewide coalition focused on improving coordination of the Alaska health workforce system, we intent to address systemic gaps that impede access to services for Trust beneficiaries.

## **Estimated Numbers of Beneficiaries Served Experiencing (from grant application)**

Mental Illness:	20
Developmental Disabilities:	20
Alzheimer's Disease & Related Dementias:	20
Substance Abuse	20
Number of people to be trained	100

## **Project Budget (from grant application)**

Personnel Services Costs	\$100,000
Personnel Services Costs (Other Sources)	\$48,350
Personnel Services Narrative	Salary ED: \$18,00.00 AHWC Coordinator: \$90,000.00 Admin Support: \$10,000.00  Fringe ED: \$5220.00 AHWC Coordinator: \$22,500.00 Admin Support: \$2,900.00
Travel Costs	\$5,000.0
Travel Costs (Other Sources)	\$2,090.0
Travel Costs Narrative	Airfare: \$2,540.00 Lodging: \$2,500.00 Per Diem - Travel Day: \$450.00 Per Diem - Full Day: \$600.00 Ground Transportation: \$1,000.00
Supplies Costs	\$1,000.0
Supplies Costs (Other Sources)	\$500.0
Supplies Narrative	Computing supplies, work station, office furniture, general supplies
Other Costs	\$9,000.0



## Grant Approval Memo



Other Costs (Other Sources)	\$4,060.0
Other Costs Narrative	Catering \$2,000.00 Subscriptions and Tech Tools \$1,000.00 Webpages build-out \$5,810.00 Conference Fees \$1,000.00 Membership (CAEL) \$2,000.00 Shipping \$250.00 Office Space \$1,000.00

### **Other Funding Sources (from grant application)**

Matsu Health Foundation (pending)	\$50,000.00
<b>Total Leveraged Funds</b>	<b>\$50,000</b>



# Grant Approval Memo



**Grantee:** North Star Community Foundation  
**Request Amount:** \$80,000.00  
**Project Title:** NSCF/Fairbanks Reentry Coalition Housing Assistance  
**Grant Term:** July 1, 2025 to June 30, 2026  
**Fund Source:** Mental Health & Addiction Intervention Focus Area - FY25 Child & Youth Crisis Response System of Care and Technical (Page 5, Line 26)  
**Trust Staff:** Heather Phelps

## Requested Motion:

*The Board of Trustees approve a \$80,000 Mental Health & Addiction Intervention focus area allocation to the North Star Community Foundation for the NSCF/Fairbanks Reentry Coalition Housing Assistance grant. These funds will come from the Child & Youth Crisis Response System of Care and Technical Assistance line of the FY25 budget.*

## Staff Analysis:

- What does this project do?

Trust funds will provide rent and utilities and associated supplies (union dues, licensing fees, household items) for Trust beneficiaries reentering society after being incarcerated at least once in the three preceding years. It is anticipated that approximately 41 Trust beneficiaries will be served during a twelve-month period. The expected outcomes for this project are for Trust beneficiaries to report an increase in their quality of life, an increase in successful community reintegration, and a decrease in participant recidivism.

- Who is receiving the funds?

The Fairbanks Reentry Coalition, through its fiscal agent, North Star Community Foundation, is receiving the funds to use for its Fairbanks Reentry Coalition Housing Assistance Program. The area served is Fairbanks and North Star Borough. The Fairbanks Reentry Coalition creates a community where returning citizens have the keys to achieve their personal goals successfully.

- Why is staff recommending this project?

This project will support Trust beneficiaries reentering their community after incarceration. The majority of the Trust beneficiaries experience a substance use disorder and mental illness, but some also experience Alzheimer's and related dementia and developmental disabilities. The project will provide housing assistance to help Trust beneficiaries to avoid housing insecurity and provide support for successful community reintegration.

- Will this be a multi-year project?

While this is a one-time funding request, it should be noted that the Trust has funded this project for fiscal year 2024 and 2025. The Fairbanks Reentry Coalition is anticipated to request funds for the next fiscal year and will require the board of trustee approval each year of funding.



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### **Trust Five Year Funding History**

<b><u>Fiscal Year</u></b>	<b><u>Project Title</u></b>	<b><u>Amount</u></b>	<b><u>Status</u></b>	<b><u>Final Expended</u></b>
FY25	Fairbanks Reentry Coalition Housing Project	\$71,500	Active	n/a
FY25	Fairbanks Hopelink Warming Center	\$50,000	Active	n/a
FY24	Fairbanks Reentry Coalition Housing Project	\$50,000	Closed	\$49,893

### **Comp Plan Identification**

<b><u>Area of Focus</u></b>	<b><u>Objective</u></b>	<b><u>Comments</u></b>
Area of Focus 8: Services in Institutional Settings	8.4 Ensure Alaskans who are transitioning out of institutional settings have essential supports	

### **Project Description (from grant application)**

The Fairbanks Reentry Coalition Housing Assistance program would allow the Fairbanks Reentry Coalition and partners, through its Fiscal Agent, North Star Community Foundation, to provide rent or deposits and/or funds to support turning on utilities (electricity or fuel oil) for qualified beneficiaries. This is an ongoing project that the NSCF and the Fairbanks Reentry Coalition have done over the past two Fiscal Years. The Coordinator will be working with Fairbanks Probation Officers and AKDOC Officers (to include Electronic Monitor PO) who will be available to identify recipients and assist them with completing the lease and understanding the landlord's requirements. The Coordinator will also collaborate with our community partners (such as employment and job training services, mental and substance abuse treatment providers, etc.) to help make certain the Trust beneficiaries participating in this program have services wrapped around them to become self-sufficient through comprehensive referrals and coalition partnerships. The expected outcome of this project is that Trust beneficiaries would have a better chance at remaining out of a correctional facility, Beneficiaries would be able to internalize the belief that the community does support their return, and may want to join the Coalitions to help others.

Fairbanks sees individuals being released from jail and prison daily who fall through the cracks in obtaining short-term emergency housing and long-term permanent housing. Beneficiaries who do not qualify for Reentry Case Management are living in the encampments or they have been in treatment that does not have Sober Living step-down programs.

The need for housing assistance continues to increase. The funding would allow us to continue assisting the Trust beneficiaries who are currently released from AKDOC facilities or are already released and in housing limbo. This funding will allow us to assist a minimum of 41 Trust beneficiaries over 12 months.



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According to the authority grant report submitted by the agency on 4/22/25 for FY 24, a total of 60 Trust beneficiaries have received services through this project. Out of the sixty beneficiaries, only one individual relapsed, and two individuals were remanded back into custody.

## **Performance Measures (developed by the Trust)**

How much did you do?

- (a) Number (#) of unduplicated Trust beneficiaries served during the reporting period, broken down by Trust beneficiary category.
- (b) Dollar (\$) amount spent per beneficiary while enrolled in the program during the reporting period.

How well did you do it?

- (a) Provide a narrative that describes the timeline, activities, successes, challenges, and any lessons learned during the reporting period.
- (b) Number (#) and percentage (%) of participants who felt the services they received were rendered in a non-judgement, respectful, and comfortable manner.

Is anyone better off?

- (a) Number (#) and percentage (%) of participants who were able to sustain their housing situation for > 6 months post-release.
- (b) Number (#) and percentage (%) of participants who recidivated during the reporting period. Provide a comparison to how this number compares to the recidivism rate in Alaska as a whole.
- (c) Number (#) and percentage (%) of participants who reported an increase in their quality of life during the reporting period.
- (d) Two or more statements from participants describing (in their own words) how their quality of life has improved since participating in the project.

## **Sustainability (from grant application)**

Yes the project will continue. Funds to sustain the Housing project will be allocated through AFHC through Discharge Incentive Grant (DIG).

## **Who We Serve (from grant application)**

The Trust Beneficiary groups that will be the focus of this project are those experiencing chronic alcoholism and/or substance abuse, mental illness, TBIs, or developmental disabilities, who have also been incarcerated at least once in the preceding three years. The geographic area served by this project is the Fairbanks North Star Borough. The Fairbanks Reentry Coalition consists of a collaboration of individuals,



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community stakeholders, public and non-profit agencies, faith-based and business partners who are united and committed to supporting projects that help to reduce recidivism among returning citizens to the Fairbanks community.

When working with identified Beneficiaries, we often discover co-factors and are able to refer to other supportive agencies to address needs and barriers to success. In doing so, the Beneficiary has a higher chance of reintegration and connection in the community.

## **Estimated Numbers of Beneficiaries Served Experiencing (from grant application)**

Mental Illness:	15
Developmental Disabilities:	10
Alzheimer's Disease & Related Dementias:	1
Substance Abuse	15
Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries):	10

## **Project Budget (from grant application)**

Space or Facilities Costs	\$47,000.00
Space or Facilities Costs (Other Sources)	\$0.00
Space or Facilities Narrative	Facilities costs will include Rent, Deposit, and/or Utilities for moving into an apartment or house. We work directly with landlords to supply the funding to have clients placed to avoid housing insecurity. Those costs would not exceed \$47,000

Supplies Costs	\$25,000.00
Supplies Costs (Other Sources)	\$25,000.00
Supplies Narrative	Supplies covers licensing fees, union dues, training fees, securing a state driver's license or state identification cards. It also includes vehicle insurance, and other household supplies, up to \$25,000.

Other Costs	\$8,000.00
Other Costs (Other Sources)	\$0.00
Other Costs Narrative	Other costs are the 10% indirect admin fee for grant management, activity reports and infrastructure support for internet and social media presence, up to \$8,000.

## **Other Funding Sources (from grant application)**

FY-26 AHFC (pending)	\$31,500.00
<b>Total Leveraged Funds</b>	<b>\$31,500.00</b>



# Grant Approval Memo



**Grantee:** Valley Charities, Inc.  
**Request Amount:** \$80,000.00  
**Project Title:** Mat-Su Reentry Coalition Housing Project  
**Grant Term:** July 1, 2025 to June 30, 2026  
**Fund Source:** Mental Health & Addiction Intervention Focus Area - FY25 Child & Youth Crisis Response System of Care and Technical (Page 5, Line 26)  
**Trust Staff:** Heather Phelps

## Requested Motion:

*The Board of Trustees approve a \$80,000 Mental Health & Addiction Intervention focus area allocation to Valley Charities, Inc. for the Mat-Su Reentry Coalition Housing Project. These funds will come from the Child & Youth Crisis Response System of Care and Technical Assistance line of the FY25 budget.*

## Staff Analysis:

- What does this project do?

Trust funds will provide rent and utilities for up to three months for Trust beneficiaries reentering society after being incarcerated at least once in the preceding three years. It is anticipated that approximately 55 Trust beneficiaries will be served. 90% of the budget is dedicated to paying housing and utility costs for trust beneficiaries, and 10% of the budget is for an administrative fee. The expected outcomes for this project are for Trust beneficiaries to report an increase in their quality of life, an increase in successful community reintegration, and a decrease in participant recidivism.

- Who is receiving the funds?

The Mat-Su Reentry Coalition, through its fiscal agent, Valley Charities, is receiving the funds. The Mat-Su Reentry Coalition is a collaboration of individuals, community stakeholders, public and non-profit agencies, faith-based services, and business partners who are united and committed to reducing recidivism and returning citizens to the Mat-Su community.

- Why is staff recommending this project?

This project will support Trust beneficiaries reentering their community after incarceration. The majority of the Trust beneficiaries experience a substance use disorder, but some also experience mental illness and developmental disabilities. The project will provide housing assistance to help Trust beneficiaries obtain transitional or permanent housing and provide support for successful community reintegration.

- Will this be a multi-year project?

While this is a one-time funding request, it should be noted that the Trust has funded this project for the last five fiscal years. The Mat-Su Reentry Coalition is anticipated to request funds for the next fiscal year and will require the board of trustee approval each year of funding.



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## Trust Five Year Funding History

<u>Fiscal Year</u>	<u>Project Title</u>	<u>Amount</u>	<u>Status</u>	<u>Final Expended</u>
FY25	Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development - Mat-Su	\$120,000	Active	n/a
FY25	Durable Medical Equipment Lending Program New Location	\$49,945	Active	n/a
FY25	Mat-Su Reentry Coalition Housing Project	\$80,000	Closed	\$79,998
FY24	Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development - Mat-Su	\$120,000	Closed	\$119,936
FY24	Mat-Su Reentry Housing Project	\$80,000	Closed	\$80,000
FY24	2023 Mat-Su Reentry Summit	\$15,000	Closed	\$13,688
FY23	Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development - Mat-Su	\$100,000	Closed	\$99,847
FY23	Medical Equipment Lending Program	\$15,500	Closed	\$15,500
FY23	Mat-Su Reentry Housing Project	\$50,000	Closed	\$49,999
FY22	Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development - Mat-Su	\$100,000	Closed	\$92,758
FY22	2022 Mat-Su Virtual Reentry Summit	\$10,000	Closed	\$10,000
FY22	Mat-Su Reentry Housing Project	\$50,000	Closed	\$50,000
FY21	Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development - Mat-Su	\$100,000	Closed	\$100,000
FY21	2021 Mat-Su Virtual Reentry Summit	\$5,000	Closed	\$5,000
FY21	Mat-Su Reentry Housing	\$80,000	Closed	\$79,679

## Comp Plan Identification

Area of Focus	Objective	Comments
Area of Focus 8: Services in Institutional Settings	8.4 Ensure Alaskans who are transitioning out of institutional settings have essential supports	

## Project Description (from grant application)

We see individuals being released from prison every day who fall through the cracks in obtaining short term emergency housing and long term permanent housing. Especially individuals who did not qualify



## Grant Approval Memo



for Reentry Case Management, are living in the encampments, have been in treatment. Housing assistance impacts everything including accessing employment, mental health services, outpatient treatment and staying alive during the winter months.

The Mat-Su Reentry Coalition Housing Project would allow the Mat-Su Reentry Coalition, through its Fiscal Agent, to provide rent for up to three months or on a case-by-case basis until sustainable, and funds to support utilities to meet the same timelines as rent. To qualify for this housing assistance participants must be a Trust Beneficiary and have been incarcerated at least once in the preceding three years. The project may provide emergency short-term/transitional housing (hotel) for some participants prior to securing long-term housing.

A Mat-Su Reentry Case Manager will assist them with completing the lease and understanding the landlord's requirements. We will also work with our community partners (resources) to help make participants self-sufficient.

Continued funding will be contingent upon the participant showing the initiative towards securing employment within 30 days and saving money so that they can assume rent payments at the conclusion of the project. We may exit participants from the project by increasing their rent payment participation based on their ability to pay.

The expected outcomes of this project is that the participants would have a better chance at a successful reentry and this would help to decrease recidivism. The Mat-Su Reentry Coalition consists of a collaboration of individuals, community stakeholders, public and non-profit agencies, faith-based and business partners who are united and committed to supporting projects that help to reduce recidivism among returning citizens to the Mat-Su community.

According to the authority grant report submitted by the agency on 4/22/25 for fiscal year 2024, a total of 62 Trust beneficiaries received services through this project. Out of the 62 beneficiaries, only four recidivated (6%).

### **Performance Measures (developed by the Trust)**

How much did you do?

- (a) Number (#) of unduplicated Trust beneficiaries served during the reporting period, broken down by Trust beneficiary category.
- (b) Dollar (\$) amount spent per beneficiary while enrolled in the program during the reporting period.

How well did you do it?

- (a) Provide a narrative that describes the timeline, activities, successes, challenges, and any lessons learned during the reporting period.
- (b) Number (#) and percentage (%) of participants who felt the services they received were rendered in a non-judgement, respectful, and comfortable manner.

Is anyone better off?



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- (a) Number (#) and percentage (%) of participants who were able to sustain their housing situation for > 6 months post-release.
- (b) Number (#) and percentage (%) of participants who recidivated during the reporting period. Provide a comparison to how this number compares to the recidivism rate in Alaska as a whole.
- (c) Number (#) and percentage (%) of participants who reported an increase in their quality of life during the reporting period.
- (d) Two or more statements from participants describing (in their own words) how their quality of life has improved since participating in the project.

### **Sustainability (from grant application)**

We will try to continue the Mat-Su Reentry Coalition Housing Project after the Trust's funding ends through other grants and community support.

### **Who We Serve (from grant application)**

The Trust Beneficiary groups that will be the focus of this project is of beneficiaries experiencing chronic alcoholism or substance abuse, mental illness, traumatic brain injury, and those experiencing developmental disabilities and have been incarcerated at least once in the preceding three years. Through this project we will provide housing assistance to justice involved Trust Beneficiaries in order to help them obtain transitional or permanent housing.

### **Estimated Numbers of Beneficiaries Served Experiencing (from grant application)**

Mental Illness:	10
Developmental Disabilities:	5
Substance Abuse	40

### **Project Budget (from grant application)**

Supplies Costs	\$72,000.00
Supplies Costs (Other Sources)	\$72,000.00
Supplies Narrative	Housing and Utilities for participants in the Mat-Su Reentry Coalition Housing Project.
Other Costs	\$8,000.00
Other Costs (Other Sources)	\$0.00
Other Costs Narrative	10% Administrative Fee

### **Other Funding Sources (from grant application)**

None	\$0.00
<b>Total Leveraged Funds</b>	<b>\$0.00</b>



# Grant Approval Memo



**Grantee:** CHOICES, Inc.  
**Request Amount:** \$398,200.00  
**Project Title:** SMI/SUD Adults Recovery & Housing Program  
**Grant Term:** July 1, 2025 to June 30, 2026  
**Fund Source:** Clubhouse Support for Rehabilitation and Recovery (Page 8, Line 10)  
**Trust Staff:** Eric Boyer

## **Requested Motion:**

*The Board of Trustees approve a \$398,200 FY26 Authority Grant to CHOICES INC for the SMI/SUD Adults Recovery & Housing Program grant. These funds will come from the Clubhouse Support for Rehabilitation and Recovery line of the FY26 budget.*

## **Staff Analysis:**

- What does this project do?

This grant will fund operational and contractual staffing, supplies, and office rent for Choices to deliver behavioral health treatment for beneficiaries with complex care needs. Choices' staff work with beneficiaries experiencing severe mental illness (SMI) that co-occurs with substance misuse and who are homeless. Choices staff engage, assess, treat, and support people in Anchorage with SMI and help them find housing.

- Who is receiving the funds?

CHOICES, Inc., is a Commission on Accreditation of Rehabilitation Facilities, or CARF, accredited (2016), non-for-profit agency established in 2003 to offer a wide range of programs and services to meet the community's needs including but not limited to outpatient mental health and substance use disorder services, homeless outreach, community-based programs, educational and vocational supports, and more. Choices staff works with law enforcement and medical, mental health, and adult protection professionals to assist individuals in gaining timely access to much-needed supports.

- Why is staff recommending this project?

Choices Inc. serves some of the more complex behavioral health beneficiaries with SMI, filling a needed part of the crisis system of care in the Anchorage region. The Trust has been funding Choices for almost 20 years as a named grantee in the Beneficiary Employment and Engagement Focus Area as part of the Trust's legacy Beneficiary Project's Initiative. The Trust worked with Choices on the implementation of Medicaid billing with the intent of diversifying from sole reliance upon state and Trust operating grants. That has not happened for various reasons, primarily staffing issues. The plan, as we advance, is for Choices to redouble their efforts to address agency capacity, services and compliance to incorporate insurance reimbursement into the agency's revenue cycle. The agency will report quarterly to the Trust on the status of this action item..



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- Will this be a multi-year project?

This proposal is for a single 12-month grant project. If future funding were to be considered, an additional year of funding would require a new application from Choices and the Board of Trustees' approval.

### **Trust Five Year Funding History**

<b><u>Fiscal Year</u></b>	<b><u>Project Title</u></b>	<b><u>Amount</u></b>	<b><u>Status</u></b>	<b><u>Final Expended</u></b>
FY25	CHOICES BPI Operating Grant	\$410,000	Active	n/a
FY24	CHOICES BPI Operating Grant	\$410,000	Closed	\$409,943
FY23	CHOICES BPI Operating Grant	\$404,170	Closed	\$404,170
FY22	CHOICES BPI Operating Grant	\$404,170	Closed	\$402,498
FY21	CHOICES BPI Operating Grant	\$404,170	Closed	\$370,125

### **Comp Plan Identification**

<b><u>Area of Focus</u></b>	<b><u>Objective</u></b>	<b><u>Comments</u></b>
Choose a Goal.	Choose an Objective.	

### **Project Description (from grant application)**

CHOICES, a behavioral health, and substance use disorder treatment provider, requests a capacity building grant in the amount of \$398,200. The project is a paradigmatic shift within behavioral health services available in the Municipality that will create a long-term, comprehensive recovery network. The project focuses on establishing an accessible, no-wrong-door, wraparound, zero-rejection, culturally responsive system of continuous community support for Anchorage's most vulnerable residents. An investment by the Trust would synergize with CHOICES' 2024 SAMHSA 3-year award to establish the state's first Community of Recovery network. Trust funding will complement Medicaid, Medicare, and SAMHSA resources that support the expansion of practical support for those at the highest risk of negative outcomes. The Anchorage Community of Recovery (ACOR) will mobilize the city's strengths, assets, and resources to expand recovery opportunities for participants.

Trust support would also advance CHOICES' core clinical services as recovery support personnel interface with clinical staff to provide housing stability, vocational development, work experience, education, positive social/emotional interactions experiences, and productive activity resulting in increases in self-efficacy, well-being, quality of life, and sustained recovery.

Housing support is a central component of the ACOR, because CHOICES' priority population of Seriously Mentally Ill adults and those with co-occurring substance disorders experience housing insecurity and homelessness disproportionately. CHOICES will work with existing/new partner organizations to deliver robust community supports that achieve meaningful outcomes at the individual, group, and social levels for ACOR's beneficiaries and network partners. The project seeks positive outcomes that advance the Municipality's capacity to help its most vulnerable citizens.



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In Alaska, homelessness, mental health issues, and substance abuse combine to create a population of unhoused people who present with complex needs and challenging behaviors. Homelessness in Anchorage has increased by 40% since 2018, and 24.9% of individuals without stable housing report trauma and/or mental health issues (ADN). Alcohol is the substance of greatest misuse in Anchorage, although methamphetamine use is also increasing (MOA). Stigma surrounding homelessness and addiction is high in the community, and the lack of adequate behavioral health/psychiatric services exacerbates the substance abuse crisis.

CHOICES staff members are highly qualified and eager to serve SMI/SUD clients who exhibit the most acute needs with the fewest resources, although they present with challenging behaviors. These beneficiaries are often homeless and may have been terminated by other local providers due to noncompliance. Although CHOICES has successfully served this unique population for many years, the lack of adequate revenue to cover the cost of delivering services is an ongoing problem for the agency and the community.

CHOICES' services fulfill Goal #3 of the Municipality of Anchorage's Complex Behavioral Health Needs Task Force (2023) by providing a no-wrong-door, zero-rejection, and culturally responsive approach to serving the most vulnerable residents who represent a disproportionate share of the growing homeless population. With many years of experience providing housing and treatment services to SMI/SUD adults, CHOICES' expertise continues to be recognized by the Municipality of Anchorage. The agency demonstrates a high success rate in securing long-term housing for the men, women, seniors, and veterans whom other local providers have turned away due to their complex behaviors, inability to bill and/or gain revenue, and lack of resources.

### **Performance Measures (developed by the Trust)**

How much did you do?

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

How well did you do it?

- a) Provide a brief narrative describing the timeline, activities, successes, challenges, and any lessons learned during the reporting period.
- b) Describe any community networking activities that occurred during the reporting period. This may include interactions with state or local non-profit organizations, governmental entities, or Trust advisory boards and/or partners.
- c) Number (#) and percentage (%) of individuals reporting satisfaction with the program, service, event and/or activity in which they participated.



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- d) For the final report, provide the BPI Organizational Capacity Worksheet (form will be provided via email in June).

Is anyone better off?

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

### **Sustainability (from grant application)**

The most obvious challenge to project sustainability is the uncertainty surrounding continuation of federal SAMHSA grant funding. However, CHOICES is actively seeking new funding sources and is submitting proposals to the Rasmuson Foundation, ConocoPhillips, and AK Community Foundation, as well as other private foundations and funding sources outside Alaska. Meetings with corporate funders are also being scheduled. CHOICES leadership anticipates that leveraging the SAMHSA funding will dramatically improve results in grant seeking.

Post-pandemic workforce shortages continue, although all agencies in Anchorage are impacted. CHOICES is continuously working to recruit new employees. Another challenge that has been resolved was the agency's prohibitively expensive office space on Gambell Street. In January, CHOICES moved to the Midtown Business Center located at 3330 Arctic Blvd. The 4-year lease has a monthly payment of \$4,200, which includes utilities.

### **Who We Serve (from grant application)**

CHOICES' priority population is Seriously Mentally Ill adults and those with co-occurring substance disorders, who experience disproportionate levels of housing insecurity and homelessness. CHOICES will work with existing/new partner organizations to deliver robust community supports that achieve meaningful outcomes at the individual, group, and social levels for ACOR's beneficiaries and network



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partners. The project seeks positive outcomes that advance the Municipality's capacity to help its most vulnerable citizens.

### **Estimated Numbers of Beneficiaries Served Experiencing (from grant application)**

Mental Illness:	60
Developmental Disabilities:	50
Alzheimer's Disease & Related Dementias:	5
Substance Abuse	40
Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries):	25
Number of people to be trained	5

### **Project Budget (from grant application)**

Personnel Services Costs	\$297,400.00
Personnel Services Costs (Other Sources)	\$0.00
Personnel Services Narrative	<p>A total of \$60,000 is requested from the grant for a .55 FTE Director of Integrative Behavioral Health with a total annual salary of \$110,000 and fringe of 18% paid by the grantee.</p> <p>A total of \$55,000 is requested from the grant for a .7 FTE Mental Health Clinician with a total annual salary of \$80,000 and fringe of 18% paid by the grantee from Medicaid reimbursements.</p> <p>A total of \$41,000 is requested from the grant for a .63 FTE Rehabilitation Counselor with a total annual salary of \$65,000 and fringe of 18% paid by the grantee from Medicaid reimbursements.</p> <p>A total of \$40,000 is requested from the grant for a .85 FTE Empowerment &amp; Recovery Advocate with a total annual salary of \$48,800 and fringe of 18% paid by the grantee from Medicaid reimbursements.</p> <p>A total of \$41,400 is requested from the grant for a .74 FTE Client Services Navigator at a total annual salary of \$56,000 and fringe of 18% paid by the grantee from Medicaid reimbursements.</p> <p>A total of \$60,000 is requested from the grant for a .7FTE Director of Compliance &amp; Medicaid Billing at an annual salary of \$95,000 and fringe of 18% paid by the grantee from Medicaid reimbursements.</p>
Space or Facilities Costs	\$50,400.00
Space or Facilities Costs (Other Sources)	\$0.00



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Space or Facilities Narrative	\$4200 per month payment on 4-year lease for office space at 3330 Arctic Bl #206, Anchorage, which includes utilities.
Supplies Costs	\$8,200.00
Supplies Costs (Other Sources)	\$8,200.00
Supplies Narrative	Office supplies (\$3000), outreach supplies (\$4000), and training/resource materials (\$1200)
Equipment Costs	\$2,000.00
Equipment Costs (Other Sources)	\$0.00
Equipment Narrative	Microsoft licenses, software, and Relias, Quickbooks and Watchguard mobile security.
Other Costs	\$40,200.00
Other Costs (Other Sources)	\$0.00
Other Costs Narrative	Clinical Director contract (\$3,500), IT support contract (\$8,000), Psychiatrist consulting contract (\$9,000), advertising/recruitment (\$500), background checks (\$200), emergency consumer funds (\$10,000), liability insurance (\$4,000), Relias training (\$3,000), certification/licensing (\$2,000), Workers Comp (\$4,000), memberships (\$1,000)

### **Other Funding Sources (from grant application)**

HHS SAMHSA	\$300,000.00
<b>Total Leveraged Funds</b>	<b>\$300,000.00</b>



# Grant Approval Memo



**Grantee:** Alaska Mental Health Consumer Web  
**Request Amount:** \$333,600.00  
**Project Title:** Alaska Mental Health Consumer Web Grant  
**Grant Term:** July 1, 2025 to June 30, 2026  
**Fund Source:** Beneficiary Employment & Engagement Focus Area – Clubhouse Support for Rehabilitation and Recovery (Page 8, Line 10)  
**Trust Staff:** Samantha Ponts

## **Requested Motion:**

*The Board of Trustees approve a \$333,600 FY26 Beneficiary Employment & Engagement grant to the Alaska Mental Health Consumer Web for the Alaska Mental Health Consumer Web Grant project. These funds will come from the Clubhouse Support for Rehabilitation and Recovery line of the FY26 budget.*

## **Staff Analysis:**

- What does this project do?

This project supports the Alaska Mental Health Consumer Web (“The Web”), a peer-run, recovery-focused drop-in and engagement center in Anchorage. The Web provides peer support, essential services, and connection for individuals facing mental illness, substance use disorders, traumatic brain injuries, developmental disabilities, and homelessness.

Trust funds will support:

- Peer navigation and support groups led by individuals with lived experience.
- Daily engagement, basic needs assistance, resource referrals, and job-readiness support.
- Community activities, recovery workshops, and wellness education
- Maintenance and operation of a safe, welcoming drop-in center

- Who is receiving the funds?

The Alaska Mental Health Consumer Web, a nonprofit based in Anchorage, is the grantee. The Web serves individuals with behavioral health needs through peer-led, recovery-focused support.

- Why is staff recommending this project?

The project directly benefits Trust beneficiaries who face multiple barriers to care. The Alaska Mental Health Consumer Web’s peer-driven model provides meaningful connection, reduces stigma, and promotes independence and recovery in a low-barrier setting.



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- Will this be a multi-year project?

Yes, this project has been supported by the Trust for the past 20 years and is included annually in the approved budget under the Beneficiary Employment and Engagement Focus Area. It was one of the original projects launched through the Beneficiary Project's Initiative, a core Trust strategy since 2006. There is little sustainability for this project outside of state and philanthropic grants, however its impact on Trust beneficiaries in Anchorage has been consistently demonstrated year after year. Future funding considerations will follow the Trust's application process and are subject to Trustee approval.

### **Trust Five Year Funding History**

<b><u>Fiscal Year</u></b>	<b><u>Project Title</u></b>	<b><u>Amount</u></b>	<b><u>Status</u></b>	<b><u>Final Expended</u></b>
FY25	Alaska Mental Health Consumer Web BPI Grant	\$333,600	Active	n/a
FY24	Alaska Mental Health Consumer Web BPI Grant	\$333,600	Closed	\$309,489
FY23	Alaska Mental Health Consumer Web BPI Grant	\$333,600	Closed	\$276,968
FY22	Alaska Mental Health Consumer Web BPI Grant	\$333,600	Closed	\$333,600
FY21	Alaska Mental Health Consumer Web BPI Grant	\$333,600	Closed	\$333,600

### **Comp Plan Identification**

<b><u>Area of Focus</u></b>	<b><u>Objective</u></b>	<b><u>Comments</u></b>
Area of Focus 4: Substance Use Disorder Prevention	4.4 Ensure ongoing recovery support services to strengthen whole person wellness	

### **Project Description (from grant application)**

The Alaska Mental Health Consumer Web (The Web) is Anchorage's established peer-run, recovery-focused drop-in and engagement center, dedicated to supporting members facing challenges with mental illness, traumatic brain injury, developmental disabilities, substance abuse, homelessness, and other difficult life circumstances. The Web's core philosophy centers around building relationships through peer mentors who bring their own lived experience with mental health issues, substance abuse, homelessness, and more. This peer support approach breaks down stigma and isolation, forging meaningful connections that foster understanding and recovery.

At The Web, we believe that sharing stories is fundamental to relationship-building, and those connections are key to successful recovery. We focus on meeting members' unique needs, understanding that a one-size-fits-all model doesn't work for everyone. Many members, particularly



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those dealing with chronic homelessness and co-occurring substance use disorders, often find it challenging to engage with traditional behavioral health support because they lack a physical address, reliable transportation, a place to store important documents (ID, birth certificates and social security cards, etc.) that many service providers require to establish services. For some, The Web becomes their last resort after experiencing difficulties within conventional social services.

The Web serves as an experienced agency in Peer Support. Peer Mentors offer a wide range of services such as: One-on-one Peer Mentoring, health services coordination and referrals, benefits application assistance, housing support, AA and NA recovery groups, life skills training (WRAP, Mind, Body & Spirit, Women's Groups), access to computers, clothing vouchers, outreach, employment assistance, resume building, resource referrals, cooking classes, and opportunities for community engagement and social inclusion.

### **Performance Measures (developed by the Trust)**

How much did you do?

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

How well did you do it?

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

Is anyone better off?

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



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

### **Sustainability (from grant application)**

The Web actively participates in several fundraising programs, including Pick.Click.Give through the State of Alaska Permanent Fund. The FY25 Pick.Click.Give application has been submitted. We also solicit donations on our website for direct giving, engage the community through our annual appeal letter, and utilize social media (primarily Facebook) for giving opportunities. Requests for unrestricted funds to foundations help to round out our fundraising program. The Web is also preparing to provide service support as a Medicaid approved service delivery program.

### **Who We Serve (from grant application)**

The Mental Health Consumer Web has been a partner of the Trust and serves individuals who experience mental illness, intellectual and developmental disabilities, substance abuse disorders, Alzheimer's disease, and related dementia, as well as beneficiaries who have traumatic brain injuries. Our current member population we serve relies on The Web for Peer Support services to offer help with no strings attached. We take a holistic approach to wellness and recovery and encourage our members to practice self-sufficiency through problem-solving, asking one another for help, and sharing their stories of challenge and recovery. The Web's overall service rate from 7/1/2024 thru 3/27/25 serves an average of 35 beneficiaries daily with an overall attendance count of both duplicated and unduplicated numbers (all beneficiaries) totaling 6,539 visits.

### **Estimated Numbers of Beneficiaries Served Experiencing (from grant application)**

Mental Illness:	200
Number of people to be trained	4



# Grant Approval Memo



## Project Budget (from grant application)

Personnel Services Costs	\$263,523.00
Personnel Services Costs (Other Sources)	\$151,172.63
Personnel Services Narrative	<p>Executive Director 1.0 FTE: The Executive Director provides vision, leadership, and motivation to further the Web's mission, implements its strategic plan, develops program and organizational operation plans, acts as a point of contact and liaison between The Web and community groups, coalitions, businesses, and other organizations, and maintains the organizational directions and voice of The Web. \$99,927.48 salary, taxes, and fringe benefits is requested from this grant.</p> <p>Peer Mentor 6.0 FTE: Peer Mentors provide Web participants with peer support, mentoring, community referrals, employment search assistance, service fund requests, assistance with benefit paperwork, facilitation of life skills groups, etc. Peer Mentors utilize multiple skills and knowledge about the community, recovery coping skills and services, community integration support, and recreation/connection opportunities to assist others in moving forward in their lives. Peer Mentors work directly with the Executive Director to ensure that beneficiary needs are met. 3.5 FTEs are allocated to this grant. \$163,595.52 salary, taxes, and fringe benefits is requested from this grant.</p> <p>Taxes and Fringe Benefits: Taxes are based on the amounts required by law, including FICA (6.2%), Medicare (1.45%), and State Unemployment (1.00%). Workers' Compensation Insurance is 2.3%. Fringe benefits include paid leave and paid holidays.</p>
Travel Costs	\$25.00
Travel Costs (Other Sources)	\$25.00
Travel Costs Narrative	<p>Mileage and Parking: Mileage and parking are essential for the staff to perform the functions outlined in this grant proposal. \$25 is requested from this grant.</p> <p>** The Web will use amounts that do not exceed the federal mileage rate**</p>
Space or Facilities Costs	\$37,822.00
Space or Facilities Costs (Other Sources)	\$37,822.00



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Space or Facilities Narrative	<p>Rent: Facility rental to operate the Web's program. \$23,370 is requested from this grant.</p> <p>Utilities: Utilities include electricity, gas, refuse, water and sewer, cable, internet, snow plowing, alarm monitoring, telephone, and communications, etc. \$13,952 is requested from this grant.</p> <p>Building Repairs &amp; Maintenance: Facility repairs, upkeep, and maintenance are necessary to preserve a safe and clean environment at The Web. The Web strives to create a clean, safe, and productive environment for our staff and beneficiaries by regularly maintaining and repairing any known issues with the building or its assets. \$500 is requested from this grant.</p>
Supplies Costs	\$2,000.00
Supplies Costs (Other Sources)	\$2,000.00
Supplies Narrative	<p>Office/Program Supplies: Include general office supplies, computer ink and toner, cleaning supplies, paper products, postage, first aid supplies, personal protective equipment, and other items used to support The Web staff and participants. \$2,000 is requested from this grant.</p>
Equipment Costs	\$1,225.00
Equipment Costs (Other Sources)	\$2,475.00
Equipment Narrative	<p>Equipment &amp; Software Purchases: Purchase, or replacement, of computers, monitors, printers, software, small office equipment, and office furniture. \$150 is requested from this grant.</p> <p>Equipment Repairs, Maintenance, and Support: Repairs, maintenance, and support for equipment and software, including computers, network systems, copiers, printers, telephones, and our security system. A specialized computer hardware support company troubleshoots computer problems on the network system and computers. \$875 is requested from this grant.</p> <p>Vehicle Expenses: Vehicle expenses include fuel and maintenance on the Web-owned van. The van is critical to our ability to enable beneficiaries to access the Food Bank and the DMV to obtain IDs, as well as participate in Web-sponsored enrichment activities, such as transportation to fishing trips, berry picking, bowling, the State Fair, and numerous other outings that the Web seeks to be a part of. \$200 is requested from this grant.</p>



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Other Costs	\$29,005.00
Other Costs (Other Sources)	\$56,530.00
Other Costs Narrative	<p>Bookkeeping, CPA, and Other Professional Services: Professional services include contract bookkeeping (payroll preparation, internal audit controls, accounts payable, budgeting, grant reporting and management, etc), professional CPA services from Stevens, Reppel &amp; Saur, APC (990 tax preparation, annual financial statement preparation) and other professional services as necessary to support grant activities. \$17,500 is requested from this grant.</p> <p>Numerous professional hours are volunteered to The Web participants. These include housing, behavioral health, legal, health care, and member assessments and assistance.</p> <p>Bank Fees: Fees charged to maintain bank accounts and electronically deposit employee payroll. \$325 is requested from this grant.</p> <p>Board/Meeting Expenses: Expenses required to support the Board and Web development. These include, but are not limited to, meeting supplies, board training, and development tools, etc. \$750 is requested from this grant.</p> <p>Dues, Subscriptions, Memberships, and Licenses: Dues, subscriptions, and memberships necessary to support The Web and its participants include annual payroll subscription, Costco membership, state networking groups, annual licensing, etc. \$1,330 is requested from this grant.</p> <p>Individual Service Funds (ISFs) are used for a wide range of expenses for beneficiaries, enabling them to move forward in their lives. The requests are usually small in dollar amounts but can have a significant benefit for the Web participants. ISFs include State identification cards, birth certificates, second-hand clothing from Bishop's Attic, bus passes for employment, etc. \$1,250 is requested from this grant.</p> <p>Insurance: Coverage includes Directors &amp; Officers, auto insurance for The Web's 12-passenger van, general property, and commercial liability. \$2,500 is requested from this grant.</p> <p>Participant Integration/Quality of Life funds are utilized for a wide variety of activities that benefit Web participants. These activities include cooking classes, holiday events and celebrations, outings, barbecues, gardening, and other activities</p>



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that encourage, teach, and celebrate the Web participants. \$2,150 is requested from this grant.

Training and Conferences: The Web recognizes the benefits of continued educational opportunities for its staff and is therefore supportive of allowing staff to participate in these opportunities when possible. \$600 is requested from this grant.

The Web staff is certified in First Aid/CPR annually and participates in various relevant trainings through professional organizations and trainers. Opportunities include Trauma-Informed Care, Ethics and Confidentiality, Core Competencies, etc.

Volunteer Incentives: The Web is fortunate to have a wide variety of volunteers who aid the program in various ways, including providing professional services, performing daily tasks at the Web (such as cleaning), and facilitating group activities. An incentive program is important for supporting the volunteer workforce. \$400 is requested from this grant.

Website/Database Expenses: Website and database support, as well as an annual service plan. The annual website service plan includes managed WordPress hosting, essential content maintenance, domain management, Google Analytics reporting, and upkeep of the Web's website. \$2,200 is requested from this grant.

### **Other Funding Sources (from grant application)**

Alaska Department of Health - Pending	\$137,638.00
Alaska Housing Finance Corporation - Pending	\$97,723.00
Unrestricted fundraising/foundation support	\$14,843.63
<b>Total Leveraged Funds</b>	<b>\$250,204.63</b>



# Grant Approval Memo



**Grantee:** Polaris House  
**Request Amount:** \$213,000.00  
**Project Title:** Clubhouse Support for Rehabilitation and Recovery  
**Grant Term:** July 1, 2025 to June 30, 2026  
**Fund Source:** Beneficiary Employment & Engagement Focus Area – Clubhouse Support for Rehabilitation and Recovery (Page 8, Line 10)  
**Trust Staff:** Heather Phelps

## Requested Motion:

*The Board of Trustees approve a \$213,000 FY26 Beneficiary Employment & Engagement grant to Polaris House for the Clubhouse Support for Rehabilitation and Recovery project. These funds will come from the Clubhouse Support for Rehabilitation and Recovery line of the FY26 budget.*

## Staff Analysis:

- What does this project do?

Trust funds will pay for operational costs to run Polaris House, a community-based service dedicated to supporting and empowering Trust beneficiaries living with mental illness. Operational costs are outlined in detail in the budget and cover personnel services, rent and utilities, supply and equipment costs, and other costs. Through Trust beneficiary participation at Polaris House, their lives will improve in the areas of stability and independence, improved mental health and social engagement, and enhanced employee readiness.

- Who is receiving the funds?

Polaris House will receive the funds. Polaris House is a clubhouse located in Juneau. Members of Polaris House have access to a variety of programs that assist with rehabilitation and recovery.

- Why is staff recommending this project?

Polaris House has served 95 unique individuals and plans to expand to serve an additional 15 new Trust beneficiaries to FY 26. Polaris House serves adult beneficiaries in the Juneau City and Borough in the least restrictive environment who experience mental illness, developmental disabilities, chronic substance use-related disorders, Alzheimer's disease and related dementia, and those with traumatic or acquired brain injuries. Funding this project will result in Trust beneficiaries engaging in meaningful activities, developing life and vocational skills, and building social connections, which are key factors in long-term recovery.

- Will this be a multi-year project?

Yes, this is a project that has been supported by the Trust for the last 20 years and named in the annually approved budget in the Beneficiary Employment and Engagement Focus Area. This is



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one of the original projects supported under the Beneficiary Project's Initiative, which was established as a key Trust strategy in 2006. There is little sustainability for this project outside of state and philanthropic grants. However, the impact of this program for Trust beneficiaries in the Juneau community has been demonstrated year after year. Any future funding consideration will follow the Trust's application process and is contingent on Trustee approval.

### **Trust Five Year Funding History**

<b><u>Fiscal Year</u></b>	<b><u>Project Title</u></b>	<b><u>Amount</u></b>	<b><u>Status</u></b>	<b><u>Final Expended</u></b>
FY25	BPI Grant	\$213,000	Active	n/a
FY24	BPI Grant	\$213,000	Closed	\$211,392
FY23	BPI Grant	\$213,000	Closed	\$213,000
FY22	BPI Grant	\$213,000	Closed	\$213,000
FY21	BPI Grant	\$189,959	Closed	\$189,959
FY21	Individual Placement Supports	\$50,000	Closed	\$50,000

### **Comp Plan Identification**

<b><u>Area of Focus</u></b>	<b><u>Objective</u></b>	<b><u>Comments</u></b>
Area of Focus 3: Economic & Social Well-being	3.3 Expand resources that promote successful, long-term employment for Trust beneficiaries	

### **Project Description (from grant application)**

Polaris House is a Clubhouse community that supports mental well-being by providing fellowship and access to resources that empower members to live, learn, and work with dignity and respect. Staffed by certified Peer Support Associates, we serve adult beneficiaries in the Juneau City & Borough in a least-restrictive environment who experience mental illness, developmental disabilities, chronic alcoholism and other substance-related disorders, Alzheimer's disease and related dementia, and those with traumatic or acquired brain injuries. Our values reflect the outcomes that we continually strive to achieve, and consist of Dignity: We believe in the intrinsic worth of every individual and promote an environment free of judgment. We support and respect each member's unique journey. Belonging: Everyone should feel welcome, accepted, supported, and included. We foster a sense of belonging for our members at the Clubhouse and within the broader community. Compassion: We approach each individual with love and sympathetic understanding, maintaining appropriate boundaries to protect and nurture all members and staff. We promote an environment of care and kindness for each other within the Clubhouse and community. Self-Determination: We believe that people have the right to control their own lives. We work alongside our members to help them pursue their own goals. Member-Driven: The Clubhouse exists for members, and their voices matter. Members have ownership and influence over how the clubhouse is run, fostering dignity, growth, and empowerment. Community: Community is central to our work. The Clubhouse builds community and serves the community. By collaborating and connecting with others, we strengthen our impact.



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We engage in near-daily interactions with Juneau agencies such as NAMI Juneau, St. Vincent De Paul, Four A's, Zach Gordon Youth Center, JAMHI, Southeast Alaska Independent Living (SAIL), Alaska Housing Finance Corporation, and Gastineau Human Services. We maintain strong working relationships with the Alaska Behavioral Health Association, Tlingit & Haida Indian Tribes, Juneau Re-entry Coalition, Juneau Coalition on Housing and Homelessness, Juneau Coalition on Suicide Prevention, Juneau Collaborative Efforts, and Juneau Police Department.

Polaris House has engaged in local and statewide discussions regarding the Crisis Now model, including partnering with the recently established Mobile Crisis Team, local emergency response, and law enforcement when appropriate. Polaris House serves on the Continuum of Care as part of Community-Based Support. We routinely refer individuals with mental health struggles to contact 988 to aid them during after-hours episodes. The overall satisfaction rate per member self-reporting is above 90%.

"A Clubhouse is a community-based service dedicated to supporting and empowering people living with mental illness, known as Clubhouse members. Based on the Clubhouse Model of psychosocial rehabilitation, each Clubhouse offers a collaborative, restorative environment where Clubhouse members can recover by gaining access to opportunities for employment, socialization, education, skill development, housing and improved wellness. Organized around the belief that every individual has something valuable to contribute to society, Clubhouses effectively help people build self-confidence and end the social and economic isolation so often associated with mental illness." (<https://clubhouse-intl.org/what-we-do/what-clubhouses-do/>).

We continue to use a streamlined membership process. Our community partners are adept at completing our simple verification form, and new member orientation can be completed in as little as an hour. We advocate for beneficiaries in securing and maintaining benefits such as Medicaid, Social Security, Food Stamps, housing vouchers, Trust mini-grants, APA, PFDs, etc. We will continue to use the mini-grants allowed to Polaris House through The Alaska Mental Health Trust Authority and ensure they are maximized to improve the beneficiary's quality of life and support for "turning the corner" in recovery.

Those we serve can experience challenges in finding and maintaining employment. Our employment programs are unique and successful in assisting members to secure employment. All beneficiaries served by Polaris House are in an employment-oriented environment that supports those who choose paid work. We see members struggling to balance earned income with government support. Polaris House will continue to support beneficiaries for integration into local education opportunities such as GED classes, obtaining Food Worker Cards, participation in Food Safety Manager Training, Peer support Training opportunities and the Southeast Regional Resource Center/The Learning Center. Polaris House strives to ensure that no beneficiaries/members are homeless. We provide a complete array of support to beneficiaries to secure, maintain, or improve their housing circumstances. Paid employment can often lead to sustainable housing situations. We are in daily contact with members during which we evaluate their housing needs. We are focused on a small number of members who have, throughout their histories, been precluded from natural housing support, assisted living, or other housing. This is a focus of daily conversations among staff to continue to find housing for this group. The Polaris House Executive Director is Co-Chair for the Juneau Coalition on Housing and



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Homelessness. This enables us to provide housing for beneficiaries/members through community collaborations and partnerships.

### **Performance Measures (developed by the Trust)**

How much did you do?

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

How well did you do it?

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

Is anyone better off?

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



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## **Sustainability (from grant application)**

Yes, this project will continue if and when the Trust's funding ends. Support from the Alaska Mental Health Trust Authority recognizes the essential role Polaris House plays in serving a unique and underserved population within our community. Our total projected funding for FY26 will consist of AMHTA (41.32%), State of Alaska DOH (50.92%), and Juneau Community Foundation (7.76%). To ensure long-term sustainability, we are actively seeking additional funding sources, including grants, partnerships, and community support. We remain committed to identifying sustainable revenue streams while continuing to provide critical support to those who rely on our services.

## **Who We Serve (from grant application)**

Polaris House serves a critical role in supporting Trust beneficiaries, specifically individuals experiencing mental illness, substance use disorders, traumatic brain injuries, and other cognitive impairments. As a Clubhouse Model program, we provide a person-centered, structured, supportive environment where members can engage in meaningful activities, develop life and vocational skills, and build social connections—key factors in long-term recovery and stability. Through this project, Trust beneficiaries will experience tangible improvements in their quality of life. Expected benefits include:

- Increased Stability & Independence – By offering consistent support, skill-building opportunities, and access to resources, members can work toward self-sufficiency, including securing employment and stable housing.
- Improved Mental Health & Social Engagement – We help increase awareness, improve knowledge, and change behaviors including harm reduction. Regular participation in the clubhouse fosters a sense of belonging, reducing isolation and improving overall well-being.
- Enhanced Employment Readiness – Through vocational training and transitional employment opportunities, members gain confidence and experience that lead to long-term job placement.

This project directly aligns with The Trust's mission by addressing the unique needs of beneficiaries and providing them with the tools and community support necessary for long-term success.

## **Estimated Numbers of Beneficiaries Served Experiencing (from grant application)**

Mental Illness:	95
Number of people to be trained	5

## **Project Budget (from grant application)**

Personnel Services Costs	\$139,871.70
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Personnel Services Costs (Other Sources)	\$202,272.77
Personnel Services Narrative	<p>Executive Director 1.0 FTE — The Executive Director is primarily responsible for directing Polaris House within the clubhouse model, including overseeing clubhouse operations, monitoring adherence to clubhouse standards, training staff, providing beneficiary guidance, etc. The Executive Director is also responsible for administrative functions, including compliance with laws and regulations, fiscal management, agency collaboration, budget preparation and monitoring, and contracting with and developing vocational opportunities. .41 FTE of this position \$44,040.54) is allocated to this grant</p> <p>Clubhouse Generalist 3.75 FTE – Clubhouse Generalists serve as peer mentors, coaches, benefits specialists, beneficiary support, etc. They also assist beneficiaries with all aspects of the Work Ordered Day, including the food services unit, clerical unit, resume writing, interviewing skills, employment accommodations, job procurement, and education enrollment. Clubhouse Generalists perform other case management duties as assigned and are supervised by the Polaris House Executive Director. 1.55 FTEs (\$95,831.16) are allocated to this grant.</p> <p>Clubhouse Beneficiaries - Clubhouse beneficiaries perform volunteer duties necessary to keep the Clubhouse running. Many of these duties are the same ones they would perform in the workplace. They gain skills while genuinely keeping the Clubhouse running. Work Ordered Day hours are the building block of the Clubhouse philosophy. Each day is structured to mirror the expectations and relationships of a workplace, preparing beneficiaries for future employment.</p>
Space or Facilities Costs	\$47,478.30
Space or Facilities Costs (Other Sources)	\$58,254.23
Space or Facilities Narrative	<p>Rent – Facility rental to operate the Clubhouse program. \$42,468.30 is allocated to this grant.</p> <p>Communications – Clubhouse communication expenses include telephone, fax, long-distance, internet, email, conference calls, etc. \$2,990 is allocated to this grant.</p> <p>Utilities - Utilities include electricity, waste, and other related services. \$1,770 is allocated to this grant.</p>



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	Repairs & Maintenance – Facility repairs and maintenance are necessary to maintain a safe and functional Clubhouse environment. \$250 is allocated to this grant.
Supplies Costs	\$2,400.00
Supplies Costs (Other Sources)	\$2,400.00
Supplies Narrative	<p>General Supplies &amp; Postage - General office, cleaning, computer supplies, and postage used in daily operations. \$750 is allocated to this grant.</p> <p>Program Expenses - Supplies to support the Clubhouse program, including activity supplies, staff fingerprinting, background checks, and other related expenses. Food for beneficiaries to prepare and serve, allowing them to gain skills and experience, as well as support a small food pantry for beneficiary emergencies. \$1,000 is allocated to this grant.</p> <p>Transportation - Support beneficiary transportation to healthcare appointments, appointments to maintain entitlements, assistance with moving or relocating to new housing, etc. \$650 is allocated to this grant.</p>
Equipment Costs	\$200.00
Equipment Costs (Other Sources)	\$200.00
Equipment Narrative	<p>Equipment Maintenance &amp; Support – Equipment repairs, maintenance, and support necessary to maintain optimal equipment performance. \$100 is allocated to this grant.</p> <p>Purchase - Replace broken or obsolete equipment through natural attrition. \$100 is allocated to this grant.</p>
Other Costs	\$23,050.00
Other Costs (Other Sources)	\$36,955.00
Other Costs Narrative	<p>Accounting, CPA, and Other Professional Services – Professional services include contract bookkeeping (payroll preparation, internal audit controls, accounts payable, budgeting, grant reporting, etc.), professional CPA services from Stevens, Reppel, and Saur (990 tax and annual financial statement preparation) and other professional services necessary to support grant activities. \$14,000 is allocated to this grant</p> <p>Bank Fees – Fees charged to maintain bank accounts and electronically deposit employee payroll and vendor payments. \$310 is allocated to this grant.</p>



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Board/Meeting Expenses — Expenses required to support the Board and meetings, including, but not limited to, meeting supplies, light refreshments, board training/development tools, etc. \$50 is allocated to this grant.

Computer/Website/Database Support - On-going database, computer, and website support. \$320 is allocated to this grant.

Conference Registration/Training - Anticipated conferences and training include Clubhouse International Basics Training, staff CPR and First Aid, Crisis Intervention, etc. \$500 is allocated to this grant.

Dues, Subscriptions, Memberships & Licenses – Dues and memberships to state networking groups, including Alaska Behavioral Health Association. Subscriptions for QuickBooks online, annual payroll subscription, computer anti-virus protection, software programs, Clubhouse International annual dues, accreditation survey, etc. Memberships to Costco and Amazon Prime, etc. \$1,970 is allocated to this grant.

Beneficiary Integration, Training & Support – Polaris House works with a population that, for most of their adult lives, has been told they cannot work. Getting them into paid employment includes everything from job applications to employment success celebrations and stress management. Paid employment is the single most significant contributing factor to complete and successful long-term recovery. Integration funds provide beneficiaries with the opportunity to develop social skills in a supportive and supervised environment. Socialization is imperative to the success of beneficiaries in their paid jobs. Other expenses necessary to eliminate employment barriers and assist beneficiaries with needs not addressed by other services include clothing and shoes for work, bus passes, job-related tools, and other work-related expenses. \$600 is allocated to this grant.

Insurance – Insurance coverage includes General Commercial Liability, Directors & Officers, Auto, and Umbrella insurance. \$5,300 is allocated to this grant.

### **Other Funding Sources (from grant application)**

State of Alaska, DOH - Pending	\$262,432.00
Juneau Community Foundation - Pending	\$40,000.00
<b>Total Leveraged Funds</b>	<b>\$302,432.00</b>



# Grant Approval Memo



**Grantee:** NAMI Juneau  
**Request Amount:** \$175,000.00  
**Project Title:** Peer Support in Juneau & Southeast Alaska  
**Grant Term:** July 1, 2025 to June 30, 2026  
**Fund Source:** Beneficiary Employment & Engagement Focus Area – Mental Health Advocacy, Support, Education, and Public Awareness (Page 8, Line 9)  
**Trust Staff:** Samantha Ponts

## Requested Motion:

*The Board of Trustees approve a \$175,000 FY26 Beneficiary Employment & Engagement grant to NAMI Juneau for the Peer Support in Juneau & Southeast Alaska project. These funds will come from the Mental Health Advocacy, Support, Education, and Public Awareness line of the FY26 budget.*

## Staff Analysis:

- What does this project do?

This project expands peer support services across Juneau and Southeast Alaska for individuals experiencing mental illness and substance use disorders. Through the delivery of peer-led mental health navigation, Student Health and Educational Services (SEHE), ongoing support groups, and peer workforce training, the program provides accessible, low-barrier support to Trust beneficiaries. Trust funds will provide:

- Youth mental health education groups (SEHE) for grades 4-8
- Peer-led support group sessions and peer navigation services
- Peer Support Specialist and suicide intervention (TWRAS) trainings
- Workshops supporting the peer support workforce

- Who is receiving the funds?

NAMI Juneau (NAJ) is receiving the funds. NAJ has decades of experience delivering peer-led support services across Southeast Alaska and continues to be a regional leader in providing recovery-focused, community-based mental health support.

- Why is staff recommending this project?

This project directly supports Trust beneficiaries experiencing mental illness and substance use disorders. The project aligns with the Trust's mission by increasing access to community-based services, reducing reliance on emergency and institutional care, and building a trained peer workforce that reflects lived experience.



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- Will this be a multi-year project?

Yes, this project has been supported by the Trust for the past 20 years and is included annually in the approved budget under the Beneficiary Employment and Engagement Focus Area. It was one of the original projects launched through the Beneficiary Project's Initiative, a core Trust strategy since 2006. There is little sustainability for this project outside of state and philanthropic grants, however its impact on Trust beneficiaries in Anchorage has been consistently demonstrated year after year. Future funding considerations will follow the Trust's application process and are subject to Trustee approval.

## Trust Five Year Funding History

<u>Fiscal Year</u>	<u>Project Title</u>	<u>Amount</u>	<u>Status</u>	<u>Final Expended</u>
FY25	BPI Grant	\$100,550	Active	n/a
FY24	BPI Grant	\$100,550	Closed	\$100,550
FY23	BPI Grant	\$100,550	Closed	\$100,550
FY22	BPI Grant	\$100,550	Closed	\$100,550
FY21	BPI Grant	\$100,550	Closed	\$100,550

## Comp Plan Identification

<u>Area of Focus</u>	<u>Objective</u>	<u>Comments</u>
Area of Focus 3: Economic & Social Well-being	3.4 Enhance timely access to basic needs services	

## Project Description (from grant application)

### Background

Professional behavioral health treatment services in Southeast Alaska are insufficient. There are limited services and limited staff members working in these services. The result is a system of care rife with long waitlists and referrals to Outside services.

NAMI Juneau (NAJ) has been providing peer support services for decades. These peer-to-peer supports (for both people in recovery from mental illness as well as substance use) can supplement or supplant the insufficient system of care. These services include peer-led support groups, which are a lower-barrier, alternative version of treatment groups. NAJ also has suicide prevention and peer support trainings so individuals can support one another on an individual level. We believe these support services are a low cost, immediately available and person-centered approach to expanding the reach of behavioral health care in Southeast Alaska.

### Current Peer Support Services



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We have seen an increase in demand for peer-led services over the past five years. As a result, we have developed a suite of programming for people to benefit from, learn to provide and feel supported while providing peer support services. All of these services are currently provided

Our youth programming includes Student Health and Educational Services (SEHE), a small (4-8 students), six session mental health discussion group. SEHE groups, mostly for sixth and seventh grade students, allow them to discuss their thoughts and questions about common mental health issues for youth.

We also offer peer-led support services, such as our weekly support groups, mini grant application process (processed by a peer) and peer-lead service navigation (over 150 calls/emails each year asking questions about accessing mental health services in Southeast Alaska).

In addition to people accessing services that are led by a peer, we want to support individuals who would like to provide peer support services. To this end, we provide training for individuals to be certified as peer support specialists. We have also recently offered our new two-day Together We Are Strong training. Developed in partnership with Tlingit & Haida, this training helps individuals become more comfortable supporting someone who is suicidal to help them through a crisis. We also provide training for people to lead our support groups.

Finally, we have services that help individuals feel more supported as they are performing peer work in their community. To this end, we provide consultation with providers around managing workplace trauma and provide continuing education credits for credentialed Peer Support Specialists.

We perform this work in Juneau, but have increasingly offered these services in Southeast Alaska over the last three years.

## Proposed Peer Support Services

If our grant application is funded, we would be able to offer:

- Six SEHE groups (five in FY25)
- Peer-led mental health navigation services via website ([juneamentalhealth.org](http://juneamentalhealth.org)) and phone/email queries (estimated 150 in FY25)
- 65 peer support groups sessions, including a new monthly group with a specific topic (55 offered in FY25)
- Submit 30 Trust mini grants on behalf of Trust beneficiaries in the Juneau area (same as FY25)
- Three Peer Support Specialist classes (one in FY25), including one outside of Juneau
- Three Together We Are Strong classes (one in FY25), including one outside of Juneau
- Three workshops around supporting peer workforce (one in FY25), including one outside of Juneau

## Expected Outcomes



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We believe this suite of peer services will continue to grow the ability of Trust beneficiaries (in particular, those in recovery from mental illness or substance use) to better manage their own symptoms and better support other beneficiaries in managing their symptoms. Additionally, attendees will be exposed to employment opportunities as a result of the Peer Support Specialist training. We have a strong track record of people who attend our Peer Support Specialist classes being employed in human service roles as a result of their training.

### **Performance Measures (developed by the Trust)**

How much did you do?

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

How well did you do it?

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

Is anyone better off?

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



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- vii. Increased healthy behaviors (e.g., physical activity or eating healthfully).
  - viii. Reduction in number of days with poor physical or mental health.
  - ix. Became connected to benefits programs (e.g., Medicaid or Food Stamps).
- c) Provide two (or more) statements from individuals (in their own words) that describe how their quality of life has been impacted since participating in the program.

### **Sustainability (from grant application)**

NAMI Juneau has benefitted from stable funding for the past five years. During this time, we have developed most of the suite of services described above. We are grateful that our stability has allowed us to grow and provide new services.

We are currently working towards long-term financial goals. One concrete step in this process is hiring a full-time Deputy Director. This role will be responsible for creating and implementing a development plan for our organization. Our hope is that this new position will result in more individual donors, more grant funding and improved internal processes for performing consultation services. However, the first day for this role will be April 7, 2025 and our anticipated timeline for improved financial stability as a result of the development plan is three years.

One potential roadblock to successful implementation of the development plan is the flurry of local issues currently facing our community. The City & Borough of Juneau is spending many millions of dollars to mitigate flooding and rebuild damaged homes in our community. Issues with cut federal funding means more local organizations are competing for money from local donors.

As such, we believe only a very small portion of the work described in our plan would sustain past one year without continued grant funds.

### **Who We Serve (from grant application)**

We believe this suite of peer services will continue to grow the ability of Trust beneficiaries (in particular, those in recovery from mental illness or substance use) to better manage their own symptoms and better support other beneficiaries in managing their symptoms. Additionally, attendees will be exposed to employment opportunities as a result of the Peer Support Specialist training. We have a strong track record of people who attend our Peer Support Specialist classes being employed in human service roles as a result of their training.



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## **Estimated Numbers of Beneficiaries Served Experiencing (from grant application)**

Substance Abuse:	100
Mental Illness:	400
Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries):	150
Number of people to be trained	20

## **Project Budget (from grant application)**

Personnel Services Costs	\$100,000.00
Personnel Services Costs (Other Sources)	\$50,000.00
Personnel Services Narrative	<p>Executive Director (\$40,000) - NAJ's Executive Director will be responsible for:</p> <ul style="list-style-type: none"> <li>- Peer Support Specialist Training</li> <li>- Together We Are Strong Training</li> <li>- Some peer mental health navigation services</li> <li>- workshops about supporting a peer workforce</li> <li>- supervision of other staff involved in the project</li> </ul> <p>NAMI Juneau Project Coordinator (\$55,000) - NAJ's Project Coordinator will be responsible for:</p> <ul style="list-style-type: none"> <li>- Maintaining peer navigation resources (such as <a href="http://juneaumentalhealth.org">juneaumentalhealth.org</a>)</li> <li>- coordinating volunteers for support groups</li> <li>- processing mini grants</li> <li>- providing administrative support for Peer Support Specialist classes and supporting peer workforce workshops</li> </ul> <p>Youth Coordinator (\$5,000) - NAJ's Youth Coordinator is responsible for:</p> <ul style="list-style-type: none"> <li>- Facilitating SEHE groups</li> </ul>
Travel Costs	\$10,000.00
Travel Costs (Other Sources)	\$5,000.00
Travel Costs Narrative	<p>Travel costs are for travel to communities in SEAK for Peer Support Specialist class, Together We Are Strong presentation and Supporting the Peer Workforce workshop. Two individuals travel to each event. Travel expenses include flight, lodging and per diem for staff. The Peer Support specialist class is five days, TWAS is two days and the Peer Workforce workshop is one day.</p>
Space or Facilities Costs	\$10,000.00



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Space or Facilities Costs (Other Sources)	\$5,000.00
Space or Facilities Narrative	This expense is for the office space, internet service and phone service used by the staff involved in programming.

Supplies Costs	\$10,000.00
Supplies Costs (Other Sources)	\$10,000.00
Supplies Narrative	Supplies for these classes includes food and culturally-relevant craft items that are worked on during the presentations.

Other Costs	\$45,000.00
Other Costs (Other Sources)	\$15,000.00
Other Costs Narrative	Other costs are to pay for contractual facilitators (facilitation for presentations and groups is normally one staff person and one contractual facilitator) and stipends paid to attendees who are missing work, require childcare or have other costs related to attending presentations.

### **Other Funding Sources (from grant application)**

State of Alaska Department of Behavioral Health. Pending	\$60,000.00
Juneau Community Foundation. Secured.	\$20,000.00
<b>Total Leveraged Funds</b>	<b>\$80,000.00</b>



# Grant Approval Memo



**Grantee:** NAMI Anchorage  
**Request Amount:** \$169,790  
**Project Title:** NAMI Anchorage FY26 Operating Grant  
**Grant Term:** July 1, 2025 to June 30, 2026  
**Fund Source:** FY26 Mental Health Advocacy, Support, Education and Public Awareness  
**Trust Staff:** Samantha Ponts

## Requested Motion:

*The Board of Trustees approve a \$168,790 FY26 Beneficiary Employment & Engagement grant to NAMI Anchorage for the NAMI Anchorage FY26 Operating grant. These funds will come from the Mental Health Advocacy, Support, Education, and Public Awareness line of the FY26 budget.*

## Staff Analysis:

- What does this project do?

This project supports NAMI Anchorage's peer-led mental health services, focused on education, connection, and recovery support for Trust beneficiaries and families impacted by mental illness. Trust funds will support staffing, peer group coordination, outreach, educational programs, culturally responsive activities, and the development of a Midtown Resource Room to centralize navigation and referrals.

- Who is receiving the funds?

NAMI Anchorage, a long-standing nonprofit based in Anchorage, is the grantee. The organization has a well-established history of providing peer-led support services, advocacy and mental health education to Trust beneficiaries and their families.

- Why is staff recommending this project?

This project directly supports Trust beneficiaries – particularly those with mental illness – by providing low-barrier, culturally responsive services. This project aligns with the Trust's priorities by:

- promoting recovery and resilience through peer support and education
- addressing stigma through community engagement and cultural outreach
- expanding access to support resources through initiatives like the Midtown Resource Room

- Will this be a multi-year project?

Yes, this project has been supported by the Trust for the past 20 years and is included annually in the approved budget under the Beneficiary Employment and Engagement Focus Area. It was one of the original projects launched through the Beneficiary Project's



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Initiative, a core Trust strategy since 2008. There is little sustainability for this project outside of state and philanthropic grants, however its impact on Trust beneficiaries in Anchorage has been consistently demonstrated year after year. Future funding considerations will follow the Trust's application process and are subject to Trustee approval.

### **Trust Five Year Funding History**

<b><u>Fiscal Year</u></b>	<b><u>Project Title</u></b>	<b><u>Amount</u></b>	<b><u>Status</u></b>	<b><u>Final Expended</u></b>
2025	NAMI Anchorage BPI Operating Grant	\$154,100	Active	n/a
2024	NAMI Anchorage BPI Operating Grant	\$154,100	Closed	\$122,622
2023	NAMI Anchorage BPI Operating Grant	\$154,071	Closed	\$89,051
2022	NAMI Anchorage BPI Operating Grant	\$154,071	Closed	\$140,276
2021	NAMI Anchorage BPI Operating Grant	\$154,071	Closed	\$124,769

### **Comp Plan Identification**

<b>Area of Focus</b>	<b>Objective</b>	<b>Comments</b>
Area of Focus 4: Substance Use Disorder Prevention	4.4 Ensure ongoing recovery support services to strengthen whole person wellness	

### **Project Description (from grant application)**

Our project addresses the critical need for accessible peer support, culturally responsive education, and resources for individuals and families affected by mental health challenges in Anchorage. Through a variety of innovative programs, we foster community, connection, and empowerment for those we serve - especially Trust Beneficiaries who face additional barriers to support.

#### Peer Support Groups and Creative Engagement

We currently offer weekly Connections Peer Support Groups, where participants gather in a safe, supportive space to share experiences and build resilience. We're expanding these offerings to include:

- A second weekly Connections group to meet growing demand.
- A NAMI Family Support Group to support family members and caregivers.
- Targeted groups for underserved populations, including:
- Individuals with co-occurring physical disabilities



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- People in life transitions (e.g., reintegration after incarceration or treatment)
- Veterans, military families, and frontline professionals/caregivers

In addition, we offer Community Crafternoons, where participants engage in creative, meaningful activities that foster connection while contributing to the community. Through these gatherings, we create art and useful items that are donated to other charitable organizations or used in fundraising efforts to help sustain NAMI Anchorage programs.

## Educational Opportunities and Resource Expansion

Educational outreach is a key component of our work. We provide regular offerings such as our On The Menu lunchtime learning series and evidence-based programs like Family-to-Family and Peer-to-Peer classes. These programs equip individuals with knowledge and tools to better understand and manage their own mental health—or support loved ones through their journey.

To expand access, we are in the process of acquiring additional space and collaborating with community partners to establish a Midtown Resource Room. This centralized hub will serve as a place where community members can access resources, peer navigation, and referrals to support services across Anchorage.

## Reaching Underserved Communities Through Cultural Outreach

Mental health stigma remains a significant barrier in many communities, particularly within ethnic and immigrant populations where such topics are often discouraged or taboo. In response, we are increasing our community outreach at health fairs and cultural events throughout Anchorage to raise awareness, normalize mental health conversations, and build trust.

We are also strengthening connections with ethnic communities through intentional partnerships and board recruitment, while translating critical resources into additional languages, such as Samoan, Tagalog, and Korean. These efforts are helping us make mental health information more accessible and relevant to the people who need it most—particularly Trust beneficiaries who may otherwise face language or cultural barriers.

## Growing Demand for Behavioral Health Mini-Grants

We continue to administer the Behavioral Health Mini-Grants program, and we've seen a significant increase in demand. Applications have grown from one every other month last year, to approximately five applications per month in recent months. While the increased demand may be due to heightened community awareness, it underscores the ongoing and growing need for mental health support.

## Anticipated Outcomes and Future Impact

Given the current social and economic climate, we anticipate that the need for our services will continue to increase. We currently assist approximately 200 unique Trust beneficiaries per month, and with the successful opening of the Midtown Resource Room, we expect that number to grow substantially.

## Community Support and Collaboration



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Our work is strengthened by strong community partnerships and ongoing support from local stakeholders. These collaborative relationships are essential as we expand services and strive to meet the evolving needs of our community.

By expanding peer support, deepening cultural outreach, enhancing educational programs, and improving resource access, our project is building a more resilient, informed, and connected Anchorage—where every individual, regardless of background, has a pathway to healing.

## **Performance Measures (developed by the Trust)**

How much did you do?

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

How well did you do it?

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

Is anyone better off?

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



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- c) Provide two (or more) statements from individuals (in their own words) that describe how their quality of life has been impacted since participating in the program.

### **Sustainability (from grant application)**

While Trust funding has been instrumental in supporting our work thus far, we are actively developing a multi-pronged sustainability plan to ensure the long-term viability of our organization. Our approach focuses on:

**Diversifying Revenue Streams:** We're exploring additional funding opportunities, including corporate partnerships, individual donor campaigns, and recurring giving programs to create a more balanced funding portfolio.

**Building Strategic Partnerships:** We are collaborating with local organizations and community stakeholders to enhance program impact and share resources, which will help reduce costs and increase sustainability.

**Strengthening Earned Income Opportunities:** We're assessing ways to develop mission-aligned revenue streams that can provide unrestricted funding over time.

**Community-engaged Fundraising:** In the process of building relationships with several community-based organizations and many more community members, we are also preparing to strengthen our fundraising through NAMI-endorsed programming, including Do-It-Your-Way Fundraising and NAMI Walks, in the coming fiscal year to supplement other fundraising efforts.

Our goal is to reduce dependency on a single funding source and establish a resilient financial foundation that supports our mission for years to come.

### **Who We Serve (from grant application)**

NAMI Anchorage is dedicated to improving the lives of Trust beneficiaries and their families, with a special focus on providing early intervention services for individuals at risk of becoming beneficiaries. Through our peer support programs, educational initiatives, and community building and engagement, we aim to address key barriers that contribute to mental health challenges in Anchorage. Two of the largest obstacles facing community members with mental illness in Anchorage are the lack of available and affordable care and the tendency to experience isolation during mental health episodes. Peer support offers a critical opportunity for individuals to connect with others who understand their experiences, thereby reducing the sense of isolation. In cases where adequate therapeutic care is unavailable, research has shown that peer support is the next most effective intervention, providing emotional and social support that significantly improves mental health outcomes.

In addition to the lack of care and the isolating nature of mental health challenges, the stigma surrounding mental illness remains a significant barrier. NAMI Anchorage is committed to reducing this stigma through targeted educational programs aimed at youth, adults, individuals experiencing mental illness, their families, and the general public. By promoting understanding and reducing



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misconceptions, we hope to foster a more supportive and accepting community for those affected by mental health conditions.

Through these initiatives, NAMI Anchorage directly serves over two thousand Trust beneficiaries each year. Our services help beneficiaries gain access to vital peer support, create stronger connections within their communities, and build resilience in the face of mental health challenges. As a result, we expect improved mental health outcomes for the individuals we serve, including increased social engagement, improved emotional well-being, and reduced hospitalizations due to mental health crises. Furthermore, by reducing stigma and providing education, we hope to create a lasting impact on the attitudes and behaviors of the broader community, which will continue to benefit Trust beneficiaries for years to come.

### **Estimated Numbers of Beneficiaries Served Experiencing (from grant application)**

Mental Illness:	2,400
Developmental Disabilities:	600
Substance Abuse	1,200
Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries):	1,000
Number of people to be trained	50

### **Project Budget (from grant application)**

Personnel Services Costs	\$112,060										
Personnel Services Costs (Other Sources)	\$0.00										
Personnel Services Narrative	<table> <tr> <td>Executive Director</td><td>75000</td></tr> <tr> <td>Media &amp; Relations</td><td>26000 25/hour, 30hours/week</td></tr> <tr> <td>Intern</td><td>6760 12/hour, 20hours/week</td></tr> <tr> <td>Payroll Taxes</td><td>3100</td></tr> <tr> <td>Stipends</td><td>1200</td></tr> </table>	Executive Director	75000	Media & Relations	26000 25/hour, 30hours/week	Intern	6760 12/hour, 20hours/week	Payroll Taxes	3100	Stipends	1200
Executive Director	75000										
Media & Relations	26000 25/hour, 30hours/week										
Intern	6760 12/hour, 20hours/week										
Payroll Taxes	3100										
Stipends	1200										

Travel Costs	\$9,150.00														
Travel Costs (Other Sources)	\$0.00														
Travel Costs Narrative	<table> <tr> <td>Mileage Reimbursement</td><td>1500</td></tr> <tr> <td>Airfare</td><td>1500</td></tr> <tr> <td>Parking</td><td>150</td></tr> <tr> <td>Transportation costs (uber, cab, etc)</td><td>200</td></tr> <tr> <td>Registration/Course Fees</td><td>4000</td></tr> <tr> <td>Hotel</td><td>1200</td></tr> <tr> <td>Per Diem</td><td>600</td></tr> </table>	Mileage Reimbursement	1500	Airfare	1500	Parking	150	Transportation costs (uber, cab, etc)	200	Registration/Course Fees	4000	Hotel	1200	Per Diem	600
Mileage Reimbursement	1500														
Airfare	1500														
Parking	150														
Transportation costs (uber, cab, etc)	200														
Registration/Course Fees	4000														
Hotel	1200														
Per Diem	600														

Supplies Costs	\$2,250.00
Supplies Costs (Other Sources)	\$0.00
Supplies Narrative	Office Supplies 250



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	Tabling Supplies/SWAG	1500
	Library	2250
Other Costs	\$46,330	
Other Costs (Other Sources)	\$0.00	
Other Costs Narrative	IT/Database Management	500
	Accountant	10000
	Taxes & 990	2000
	Advertising	1500
	Rent	17500
	Board Expense	500
	Dues	400
	Insurance	5680
	Phone/Internet	2000
	Licenses & Fees	1000
	Memberships & Subscriptions	1000
	Postage/PO Box	1000
	Printing	2500
	Events/Refreshments	500
	Volunteer Recognition	250

### **Other Funding Sources (from grant application)**

None	\$0.00
<b>Total Leveraged Funds</b>	<b>\$0</b>



# Grant Approval Memo



**Grantee:** Northern Hope Center  
**Request Amount:** \$160,000.00  
**Project Title:** Northern Hope Center Mental Health Drop-In Center  
**Grant Term:** July 1, 2025 to June 30, 2026  
**Fund Source:** Beneficiary Employment & Engagement Focus Area – Clubhouse Support for Rehabilitation and Recovery (Page 8, Line 10)  
**Trust Staff:** Samantha Ponts

## **Requested Motion:**

*The Board of Trustees approve a \$160,000 FY26 Beneficiary Employment & Engagement grant to the Northern Hope Center for the Northern Hope Center Mental Health Drop-In Center project. These funds will come from the Clubhouse Support for Rehabilitation and Recovery line of the FY26 budget.*

## **Staff Analysis:**

- What does this project do?

This project supports the Northern Hope Center (NHC), a peer-supported, member-driven mental health drop-in center in downtown Fairbanks serving adults with serious mental illness and co-occurring conditions. Trust funds will support personnel costs, including salaries and benefits for the Program Manager and Peer Support Specialist, as well as facility expenses such as rent, utilities, phone and internet.

- Who is receiving the funds?

The Northern Hope Center, a Fairbanks-based nonprofit mental health drop-in center, is the grantee. NHS is recognized locally for its important role in serving adults with serious mental illness. This organization has demonstrated strong local partnerships and fiscal responsibility.

- Why is staff recommending this project?

This project provides low-barrier, recovery-focused support for individuals with serious mental illness who often face compounded challenges such as homelessness, poverty, and social isolation. The Northern Hope Center's peer-driven model promotes self-determination, social connectedness, and wellness. These services help prevent crises, reduce the need for emergency or institutional care, and support beneficiaries in achieving greater stability and independence.

- Will this be a multi-year project?

This proposal is for a single 13-month grant project. If future funding were to be considered, an additional year of funding would require a new application from Northern Hope Center and the Board of Trustees' approval.



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## **Trust Five Year Funding History**

<b><u>Fiscal Year</u></b>	<b><u>Project Title</u></b>	<b><u>Amount</u></b>	<b><u>Status</u></b>	<b><u>Final Expended</u></b>
FY25	Mental Health Drop-in Center BPI Grant	\$154,000	Active	n/a
FY24	Mental Health Drop-in Center BPI Grant	\$154,000	Closed	\$154,000
FY23	Northern Hope Center Mental Health Drop-in Center	\$100,000	Closed	\$100,000
FY22	Northern Hope Center Case Manager	\$50,062	Closed	\$50,062
FY21	Northern Hope Center Drop-in Center	\$80,000	Closed	\$80,000

## **Comp Plan Identification**

<b><u>Area of Focus</u></b>	<b><u>Objective</u></b>	<b><u>Comments</u></b>
Area of Focus 4: Substance Use Disorder Prevention	4.4 Ensure ongoing recovery support services to strengthen whole person wellness	

## **Project Description (from grant application)**

### Project Description

Northern Hope Center (NHC) is a peer-supported, member-driven mental health drop-in center in the heart of Fairbanks, Alaska. Our center was created in response to a deep and growing need in our community—adults living with serious mental illness and other cognitive or emotional challenges often struggle with isolation, stigma, and a lack of accessible, welcoming spaces where they can feel seen, supported, and valued. Many of these individuals fall through the cracks of traditional systems, navigating life without consistent support, meaningful connection, or a sense of purpose.

This project seeks to address those gaps by offering a consistent, safe, and stigma-free environment where adults aged 18 and older can find support, structure, and community. NHC operates Monday through Friday from 9 a.m. to 4 p.m., providing a warm meal, peer engagement, and various activities that promote wellness, recovery, and independent living. Our daily offerings are intentionally designed and shaped by our members and include sessions on relationship skills, wellness and recovery strategies, nutrition and cooking, financial literacy, and creative expression through art and music. These activities help build life skills and foster a deep sense of belonging and self-worth among participants.

The primary population served includes adults with serious mental illness, as well as individuals experiencing developmental disabilities, traumatic brain injuries, chronic substance use disorders, and, in some cases, Alzheimer's disease or related disorders. We estimate that over the project year, at least 151 unduplicated Trust beneficiaries with serious mental illness will be served, along with dozens of others across the additional beneficiary categories. The center also impacts family members and



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caregivers, providing them peace of mind and knowing their loved ones have a consistent and safe place to go.

The outcomes we aim to achieve are grounded in personal transformation and broader community impact. Participants will benefit from improved mental health, increased social connectedness, enhanced confidence and decision-making skills, and reduced crisis events such as hospitalizations or incarcerations. Just as importantly, members will build friendships, rediscover hope, and begin to see themselves as valuable contributors to the world.

NHC's role in the community is well recognized and supported. We receive funding from the Fairbanks North Star Borough, the State of Alaska, and other partner organizations. Local providers often refer clients to us, knowing that our peer-led environment offers a unique form of support that complements clinical services. We also engage with volunteers, local businesses, and donors who contribute in-kind resources and time to help us fulfill our mission.

At its core, this project is about dignity, connection, and healing. It is about offering a place where people can walk in just as they are—and find hope, community, and the support they need to move forward.

### **Performance Measures (developed by the Trust)**

How much did you do?

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

How well did you do it?

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



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Is anyone better off?

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

### **Sustainability (from grant application)**

Yes, the Northern Hope Center will continue to operate after the Trust's funding period ends. While we recognize that Partnership grants are typically one-time investments, this funding plays a crucial role in bridging the gap as we strengthen and diversify our long-term funding strategy.

We do not expect the Center to become entirely self-sustaining, as the population we serve—adults with serious mental illness and co-occurring conditions—will always require some level of community and philanthropic support. However, we are committed to maintaining and growing the Center's services through public, private, and community-based funding sources.

Currently, we receive support from the Fairbanks North Star Borough Community Matching and Match Assistance Grants, funding from the State of Alaska through the Community Behavioral Health Treatment and Recovery (CBHTR) grant, and case management support from the Alaska Mental Health Trust. These sources, in-kind donations, and volunteer contributions help ensure basic operations.

Looking ahead, we plan to:

Build a six-month operating reserve to ensure stability during funding transitions.  
Expand our donor base by launching a community giving campaign and annual membership program.  
Pursue new partnerships with local businesses and foundations.



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Apply for federal and state grants aligned with behavioral health, peer support, and housing-related services.

Establish an online giving platform to make it easier for supporters to contribute year-round.

Engage a consultant to assist with long-term development planning and donor cultivation.

The Trust's investment helps us sustain critical services in the near term while laying the foundation for long-term operational success. With strong community support, a passionate team, and a growing network of partners, we are confident that Northern Hope Center will continue to serve as a vital resource for individuals on their journey to recovery and empowerment.

### **Who We Serve (from grant application)**

#### Trust Beneficiaries Served

The primary focus of the Northern Hope Center is to serve Alaskans experiencing severe mental illness (SMI), a key beneficiary group of the Alaska Mental Health Trust. In addition to individuals with SMI, the Center also welcomes and supports those living with co-occurring conditions, including substance use disorders, traumatic brain injuries (TBI), developmental disabilities (DD), and Alzheimer's disease or related dementias (ADRD).

Many of our members face complex, overlapping barriers—such as homelessness, poverty, trauma, and limited access to care—that often prevent them from fully participating in community life. The Northern Hope Center addresses these challenges by providing a safe, low-barrier, peer-driven environment where individuals can find belonging, purpose, and support.

This project benefits Trust beneficiaries in the following specific ways:

- **Reduced Isolation and Increased Social Connection:** Members engage in daily activities with peers, participate in community meals, and form lasting friendships—significantly reducing the isolation that often accompanies mental illness and disability.
- **Improved Mental Health and Recovery Support:** Through consistent routines, peer engagement, and access to wellness activities, beneficiaries can better manage symptoms, build coping skills, and avoid crises such as hospitalization or incarceration.
- **Increased Empowerment and Self-Direction:** Members have a voice in the center's daily operations, including planning meals and activities. This fosters confidence, decision-making skills, and a greater sense of self-worth.
- **Access to Resources and Life Skills Development:** The Center connects beneficiaries to housing, healthcare, vocational support, and other resources. Activities focused on wellness, nutrition, budgeting, and job readiness help members become self-sufficient.
- **Support for Co-occurring Conditions:** For those with substance use disorders, TBI, or DD, the Center offers inclusive, trauma-informed support and individualized pathways to recovery, stability, and wellness.



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The Northern Hope Center helps Trust beneficiaries lead more stable, meaningful lives by centering dignity, choice, and peer connection. As a result of this project, members are better equipped to maintain housing, reduce reliance on emergency services, engage in their communities, and ultimately experience a higher quality of life.

### **Estimated Numbers of Beneficiaries Served Experiencing (from grant application)**

Developmental Disabilities:	32
Alzheimer's Disease & Related Dementias:	10
Substance Abuse:	45
Mental Illness:	64
Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries):	25
Number of people to be trained	10

### **Project Budget (from grant application)**

Personnel Services Costs	\$106,600.00
Personnel Services Costs (Other Sources)	\$205,546.10
Personnel Services Narrative	<p>Personnel Services Narrative</p> <p>This grant requests \$106,600.00 to support personnel services at the Northern Hope Center, including \$92,600.00 in wages and \$14,000.00 in benefits. This funding ensures that the Center remains staffed with a dedicated and qualified team to support operations, facilitate peer services, and provide meaningful activities for members.</p> <p>Personnel Positions (Updated)</p> <p>Executive Director (1.0 FTE)</p> <p>The Executive Director oversees day-to-day operations, supervising staff, managing funding documentation, and building community partnerships.</p> <p>Total Salary: \$89,395.80 (Base: \$78,000.00   Benefits: \$11,395.80)</p> <p>Updated Grant Request: \$27,000.00 in wages</p> <p>Program Director (1.0 FTE)</p> <p>Oversees meal preparation, activity facilitation, and general center operations; steps in as lead when the Executive Director is unavailable.</p>



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	<p>Total Salary: \$68,766.00 (Base: \$60,000.00   Benefits: \$8,766.00)  Grant Request: \$15,000.00 in wages  Program Coordinator/Driver (1.0 FTE)  Coordinates member transportation, supports day-to-day operations and facilitates meals and activities.</p> <p>Total Salary: \$63,387.00 (Base: \$55,306.70   Benefits: \$8,080.31)  Grant Request: \$18,000.00 in wages  Program Assistant / Case Manager (1.0 FTE)  Provides group facilitation, direct member support, and case coordination with the care team.</p> <p>Total Salary: \$59,597.20 (Base: \$52,000.00   Benefits: \$7,597.20)  Grant Request: \$25,000.00 in wages  Peer Support Workers (0.25 FTE x 2)  These part-time roles are filled by members who assist with center operations, peer support, and cleaning.</p> <p>Each Salary: \$17,191.50 (Base: \$15,000.00   Benefits: \$2,191.50)  Combined Total: \$34,383.00  Updated Grant Request: \$7,600.00 in wages  In-Kind Contribution: \$5,730.50  Benefits Package  Benefits are calculated using a 14.61% rate, which includes:</p> <p>Workers' Compensation: 5.71%  Alaska Unemployment Insurance: 1.25%  Medicare: 1.45%  Social Security: 6.2%  Total benefits requested from this grant remain at: \$14,000.00</p> <p>Final Totals  Category      Amount  Wages \$92,600.00  Benefits      \$14,000.00  Total \$106,600.00</p>
Travel Costs	\$0.00
Travel Costs (Other Sources)	\$670.00
Travel Costs Narrative	No travel is requested from this grant.
Space or Facilities Costs	\$29,400.00



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Space or Facilities Costs (Other Sources)	\$41,864.00
Space or Facilities Narrative	<p><b>Facilities Costs Narrative</b></p> <p>The Northern Hope Center operates a member-driven mental health drop-in center in downtown Fairbanks. Maintaining a safe, welcoming, and fully functional physical space is critical to our program's success and our members' well-being. The Center serves as a consistent and comforting hub where individuals experiencing serious mental illness and co-occurring conditions can access support, meals, structured activities, and social connections.</p> <p>The total estimated cost for facility-related expenses for the year is \$71,264.00. This includes rent, utilities, communication services, essential maintenance, and technology for daily operations and member engagement.</p> <p>The Northern Hope Center is requesting \$29,400.00 in facility support from the Trust, which will be used to cover the following expenses:</p> <p><b>A. Rent &amp; Storage – \$22,000.00 (of \$47,612.00 total)</b> The Center leases a centrally located facility that is ADA accessible and configured to accommodate individual and group activities, meal service, and administrative functions. Rent includes secure on-site storage for supplies, equipment, and member belongings. The Trust's support will cover approximately half our rent and storage costs.</p> <p><b>B. Facilities Utilities – \$3,000.00 (of \$7,425.00 total)</b> Utilities include heat, electricity, water, and waste services, essential to keeping the facility operational year-round. The Center is open five days a week and serves members during Fairbanks' coldest months, making reliable utilities especially critical for comfort and safety.</p> <p><b>C. Phone / Cell / Internet – \$4,000.00 (of \$5,077.00 total)</b> Reliable communication is necessary for internal coordination, member check-ins, telehealth support, and virtual group activities. This category includes landline service for the center, mobile phones for key staff, and high-speed internet to support administrative needs and member access to online resources.</p> <p><b>D. Postage &amp; Delivery – \$400.00 (of \$650.00 total)</b> Postage and delivery services are used for mailing outreach materials, submitting reports, and ensuring timely</p>



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	<p>communication with funders, partners, and members who may not have digital access.</p> <p>The remaining \$41,864.00 of facility costs will be supported through other funding sources (including secured grants and operational support) and \$750.00 in cash donations from individual and community donors.</p> <p>By contributing to these core facility expenses, the Trust helps ensure that the Northern Hope Center remains accessible, operational, and able to offer some of Fairbanks' most vulnerable residents a warm, safe, and stigma-free space. The total requested from this grant for facility support is \$29,400.00.</p>
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Supplies Costs	\$15,000.00
Supplies Costs (Other Sources)	\$15,000.00
Supplies Narrative	<p>The Northern Hope Center depends on many supplies to create a safe, engaging, and supportive environment where members can focus on their mental wellness, recovery, and personal growth. Because we serve adults with serious mental illness and co-occurring conditions, the Center must remain not only clean and functional but also stimulating and welcoming. Our supplies directly support daily activities, wellness programming, food service, and administrative functions that keep the center running smoothly.</p> <p>With funding from this grant, we will purchase essential supplies across the following categories:</p> <p>1. Program Supplies These materials are used for structured and informal activities that support socialization, cognitive stimulation, and emotional expression. Supplies will include: Arts and crafts items (paint, canvas, beads, glue, colored pencils, adult coloring books) Recreational materials (board games, card games, puzzles, journals) Learning tools for wellness, recovery, and life skills workshops (whiteboards, workbooks, printed materials) allow members to engage in therapeutic and leisure activities that promote creativity, build communication skills, and reduce isolation.</p> <p>2. Food and Kitchen Supplies Providing breakfast, lunch, and snacks is a core part of our programming, as many of our members face food insecurity. Supplies in this category will include:</p>



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Bulk pantry items (rice, beans, canned goods, pasta)  
Fresh produce, protein, and dairy for balanced meals  
Disposable items such as plates, utensils, napkins, and food prep gloves  
Kitchen equipment and restocking needs (cutting boards, utensils, food storage containers) support nutritional stability, improve health outcomes, and create a communal environment that fosters connection.

### 3. Office Supplies

To support administrative tasks, member documentation, and communication with funders and partners, we will purchase:  
Printer ink, paper, folders, clipboards, binders, and pens  
Sign-in sheets and materials for program tracking  
Materials for outreach, flyers, and bulletin board displays:  
These supplies ensure smooth internal operations and allow us to collect the data required for performance evaluation and reporting.

### 4. Housekeeping and Sanitation Supplies

Maintaining a clean and hygienic space is essential for health and safety, particularly as we continue to support members with compromised immune systems or chronic health conditions. This includes:  
Cleaning products (disinfectants, all-purpose cleaners, bleach)  
Paper towels, hand soap, sanitizer, trash bags, toilet paper  
Brooms, mops, buckets, and cleaning gloves  
These supplies ensure the center remains a safe and welcoming space for all.

### 5. Storage and Organization Supplies

To keep our multi-use space functional and accessible, we require:  
Storage bins, racks, and labeled containers  
Shelving units and organizational tools to maintain a clutter-free and calming environment. These investments help us make the most of our space and allow members to find and use materials easily.

These supplies are critical to supporting daily programming, reducing operational disruptions, and maintaining a high-quality experience for members. Every item purchased will contribute to a more stable, engaging, and dignified environment for individuals navigating serious mental illness and recovery. The total amount requested for supplies from this grant is \$15,000.00.

Other Costs	\$9,000.00
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Other Costs (Other Sources)	\$17,853.00
Other Costs Narrative	<p><b>Professional Services and Operating Expenses</b>  The Northern Hope Center relies on various professional services and administrative support to ensure effective, compliant, and sustainable operations. While often hidden, these costs are essential to maintaining the center's organizational integrity, financial accountability, and public visibility. This grant will contribute \$9,000.00 toward essential "Other Costs" that support program stability, risk management, and compliance.</p> <p><b>1. Audit and Tax Preparation Services – \$4,950.00</b>  As a nonprofit organization receiving multiple public funding sources, NHC must complete an annual independent audit and submit IRS Form 990. These services are legally required and necessary to demonstrate transparency, maintain good standing with funders, and inform financial planning. The audit also strengthens our capacity to apply for future grants and partnerships. This line item covers fees for a certified public accounting firm to conduct the annual audit and prepare federal tax filings.</p> <p><b>2. Liability and Property Insurance – \$1,200.00</b>  Insurance coverage is critical to protect the Center, its staff, and its members. This includes:  General Liability Insurance to cover accidents or injuries occurring on the premises.  Professional Liability Insurance for staff providing support services.  Commercial Property Insurance for the protection of equipment, furnishings, and supplies.  Directors and Officers (D&amp;O) Insurance to protect board members and leadership from legal claims. This grant will support annual premiums and surcharges to maintain this comprehensive coverage.</p> <p><b>3. Accounting Services – \$2,500.00</b>  In addition to annual audit services, the Center utilizes professional bookkeeping and accounting services for routine financial management. This includes:  Monthly reconciliation of accounts  Preparation of financial reports for the board and funders  Payroll support and tax compliance  Assistance with budget tracking across multiple funding streams  These services help ensure fiscal responsibility, accuracy in reporting, and clean audits.</p>



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4. Advertising – \$200.00  
Outreach and visibility are essential to engage both potential members and community partners. Advertising costs may include social media boosts, event flyers, printing of outreach materials, and radio PSAs. These efforts increase awareness of the Center and its services, especially among underserved populations who may not know where to seek support.
5. Dues, Licenses, and Permits – \$150.00  
To maintain legal and professional compliance, the organization must annually renew various licenses and permits required to operate a nonprofit and serve food on-site. This category also covers membership dues for participation in relevant professional associations and advocacy networks that provide access to training, resources, and collaborative opportunities.

### **Other Funding Sources (from grant application)**

State of Alaska CBHTR Grant- Secured	\$222,486.50
Fairbanks North Star Borough Match Assistance Grant- Secured	\$30,000.00
Fairbanks North Star Borough Community Matching Grant- Secured	\$25,000.00
Cash Donations- Pending	\$1,800.00
In Kind Donations- Pending	\$6,925.64
<b>Total Leveraged Funds</b>	<b>\$286,212.14</b>



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**Grantee:** NAMI Alaska, Inc.  
**Request Amount:** \$50,000.00  
**Project Title:** A Lifeline for Alaskans  
**Grant Term:** July 1, 2025 to June 30, 2026  
**Fund Source:** FY26 Mental Health Advocacy, Support, Education and Public Awareness (Page 8, Line 9)  
**Trust Staff:** Kelda Barstad

## Requested Motion:

*The Board of Trustees approve a \$50,000 FY26 Authority Grant to NAMI Alaska, Inc. for the Lifeline for Alaskans grant. These funds will come from the Mental Health Advocacy, Support, Education and Public Awareness line of the FY26 budget.*

## Staff Analysis:

- What does this project do?

Trust funds will expand peer-led mental health support across the state. NAMI Alaska provides training for the Anchorage, Fairbanks, and Juneau affiliates and offers online support groups and referrals to services in Alaska locations without affiliates.

- Who is receiving the funds?

NAMI, National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for millions of Americans affected by mental illness. NAMI advocates for access to mental health services, treatment, support, and research, and is committed to raising awareness and building hope. NAMI's mission is to end the stigma of mental illness. NAMI Alaska is a 501(c)3 non-profit organization that provides support to local affiliate organizations and offers education, support, advocacy, and public awareness for individuals, their families, friends, and community members whose lives are affected by a mental health condition statewide.

- Why is staff recommending this project?

NAMI Alaska provides services not typically offered through a treatment program. The organization provides peer-led support groups and referrals for Trust beneficiaries with a mental health condition and family members supporting a beneficiary. These services target helping the individual and their family members learn about what it means to have a mental health condition and how to cope with the diagnosis and symptoms associated with it.

- Will this be a multi-year project?

This request is expected to be for a multi-year period as part of the Beneficiary Program Initiatives Focus Area. Each year of funding will require approval from the board of trustees.



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## **Trust Five Year Funding History**

<b><u>Fiscal Year</u></b>	<b><u>Project Title</u></b>	<b><u>Amount</u></b>	<b><u>Status</u></b>	<b><u>Final Expended</u></b>
FY24	NAMI Provider Education Program	\$7,000	Closed	\$7,000
FY23	NAMI Alaska/AFSP-Alaska Chapter Together for Mental Health Symposium	\$2,500	Closed	\$2,500
FY21	Peer to Peer Support	\$36,000	Closed	\$36,000

## **Comp Plan Identification**

<b><u>Area of Focus</u></b>	<b><u>Objective</u></b>	<b><u>Comments</u></b>
Area of Focus 4: Substance Use Disorder Prevention	4.4 Ensure ongoing recovery support services to strengthen whole person wellness	

## **Project Description (from grant application)**

Across Alaska, behavioral health support in many communities is either severely limited or entirely unavailable. NAMI Alaska is stepping up to bridge the gap in services available to rural Alaskans by expanding peer-led mental health support across the state. NAMI Alaska is building sustainable, community-driven solutions that bring hope, healing, and connection where they are needed most. This grant is more than an investment in mental health—it's a lifeline for Alaskans who have nowhere else to turn and rely on their own communities for support.

NAMI Alaska is the statewide organization under NAMI, the National Alliance on Mental Illness. NAMI Alaska serves the entire state, providing oversight and program leader training and materials for the community-based Affiliates in Anchorage, Fairbanks, and Juneau. Affiliates are separate 501 (c)(3) organizations from NAMI Alaska with their own governing boards and budgets. NAMI Alaska provides Affiliates training for program leadership, in-person support groups, and classes.

NAMI Alaska provides confidential support groups at no charge to participants. Populations served include individuals with mental health challenges and family members looking for help and hope to support their loved ones. NAMI Alaska offers education and a positive pathway forward for those battling stigma and searching for answers using a peer-led, evidence-based approach. Our programs are facilitated by trained peers who have lived through similar experiences—people who understand the struggles firsthand. These connections foster trust, resilience, and real change, empowering individuals and families to take charge of their mental health in a positive and productive way.

With every call for help we answer, the demand for support grows. NAMI Alaska bridges critical gaps in behavioral health care, amplifies voices advocating for change, and empowers individuals to reclaim their well-being. The ultimate goal is to train and equip Alaskans to lead NAMI Signature Programs within their own communities—creating sustainable, local networks of support that transform lives. Outreach will continue statewide, with targeted focus in regions that have been asking for an Affiliate



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in their own communities, including the Mat-Su region, Kenai Peninsula, Western Alaska, Nome and Kotzebue, and the North Slope.

NAMI Alaska is more than a resource—it's a lifeline. In many communities, we are the only organization providing peer-led mental health support programs at no cost to the participants. Through this work, we are not just offering services—we are transforming lives. Our vision is a future where every Alaskan, no matter where they live, has access to the mental health care and community support they deserve. Together, we can break barriers, end stigma, and create lasting change for generations to come.

## **Performance Measures (developed by the Trust)**

How much did you do?

- a) Number (#) of unduplicated beneficiaries served, broken down by primary Trust beneficiary category during the reporting period.
- b) Number (#) of unduplicated secondary (family members and caregivers) beneficiaries served during the reporting period.
- c) Total number (#) of activities and events held during the reporting period. For each activity or event, please include the date(s), location(s) and number (#) of attendees.
- d) Number (#) of communities served during the reporting period. Please list the names of communities served.

How well did you do it?

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

Is anyone better off?

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



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- v. Decreased substance use.
  - vi. Decreased legal involvement.
  - vii. Increased healthy behaviors (e.g., physical activity or eating healthfully).
  - viii. Reduction in number of days with poor physical or mental health.
  - ix. Became connected to benefits programs (e.g., Medicaid or Food Stamps).
- c) Provide two (or more) statements from participants that describe how their participation in the program has impacted their quality of life.

### **Sustainability (from grant application)**

This project is part of the long-term commitment to expanding NAMI Alaska programs and support groups statewide. NAMI Alaska has historically operated without substantial state or federal funding. The organization has sustained the work through a diverse portfolio of individual donations, corporate and foundation grants, and philanthropic gifts. With expansion into new communities, NAMI Alaska prioritizes relationship-building with local leaders and organizations, fostering a foundation of local investment and long-term support.

### **Who We Serve (from grant application)**

NAMI Alaska's Signature Programs provide life-changing support, education, and resources to individuals and families affected by mental health challenges. Programs offer safe, supportive spaces for participants to focus on their well-being and the well-being of their loved ones.

Programs include:

- NAMI Connection Recovery Support Group – A peer-led support group for individuals (18+) living with mental health conditions.
- NAMI Family Support Group – A peer-led group for family members navigating the challenges of supporting loved ones with mental health conditions.
- NAMI Family-to-Family – An 8-week course providing families with in-depth education on mental health conditions and coping strategies.
- NAMI Peer-to-Peer – An 8-week course designed to empower individuals with mental health conditions.
- NAMI Homefront – A 6-week program supporting veterans, service members, and their families in coping with mental health challenges.

To strengthen Alaska's behavioral health workforce, NAMI Alaska launched the NAMI Provider Program, equipping medical and behavioral health professionals with tools to identify and address mental health challenges in patients while incorporating family caregivers into treatment planning. In 2024, 77 providers were trained across Anchorage, Fairbanks, and the Mat-Su region, expanding our reach through a "train-the-trainer" model.



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In FY25, we reached over 1,000 Alaskans through conference participation, organizational partnerships, and community outreach. Corporate organizations are increasingly requesting mental health awareness presentations, signaling a growing demand for workplace mental health education.

### FY26 Activities:

- Train at least 15 new facilitators and program leaders to expand our classes and support groups.
- Increase outreach efforts to ensure more Alaskans have access to mental health resources.
- Continue expanding the Provider training initiative, strengthening the behavioral health workforce across the state.

NAMI Alaska is committed to bridging the behavioral health resource gap and ensuring accessible, community-driven mental health support.

### **Estimated Numbers of Beneficiaries Served Experiencing (from the grant application)**

Mental Illness:	300
Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries):	750
Number of people to be trained	15

### **Project Budget (from grant application)**

Personnel Services Costs	\$23,824.00
Personnel Services Costs (Other Sources)	\$122,021.00
Personnel Services Narrative	<p>Program/Communication Manager, .875 FTE (.4375 allocated to this grant): The Program/Communication Manager provides online outreach, including social media, eNewsletters, and website management. She manages the NAMI Alaska online support program, coordination and scheduling, data collection, and reporting requirements. \$23,824 salary, taxes, and fringe benefits is requested from this grant.</p> <p>Executive Director, 1.0 FTE (0 FTE allocated to this grant): The Executive Director provides vision, leadership, and motivation to further NAMI Alaska's mission, implements its strategic plan, develop programs, acts as a point of contact and liaison between NAMI Alaska, NAMI affiliates in Alaska, NAMI National, community groups, businesses and other organizations. \$0 is requested from this grant.</p> <p>Taxes and Fringe Benefits: Taxes are based on the amounts required by law, including FICA (6.2%), Medicare (1.45%), and State Unemployment (1.00%). Workers' Compensation</p>



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	Insurance is .492%. Fringe benefits include paid leave and paid holidays.
Travel Costs	\$3,000.00
Travel Costs (Other Sources)	\$8,510.00
Travel Costs Narrative	<p>Outreach/Affiliate Development Travel: Airfare and lodging to Utqiagvik and Kenai for outreach to leadership and organizations collaborating with NAMI Alaska to support our 'Model B' affiliates. Lodging is based on double occupancy. \$2,700 is requested from this grant.</p> <p>Mileage and Parking: Mileage to the Mat-Su for our work to establish a new 'Model B' affiliate in the Valley and development of collaborative relationships with leaders and organizations in the region. \$300 is requested from this grant.</p> <p>** NAMI Alaska will use amounts that do not exceed the federal mileage rate**</p>
Supplies Costs	\$9,210.00
Supplies Costs (Other Sources)	\$9,210.00
Supplies Narrative	<p>Program Supplies: Facilitator and teacher manuals, participant manuals, and "Meeting Owls" for NAMI Signature support groups and trainings. Class materials and resources for participants. \$8,250 is requested from this grant.</p> <p>Postage: Postage to mail manuals and program supplies to facilitators, teachers, and class participants in outlying areas. \$960 is requested from this grant.</p> <p>General Supplies: Office supplies, including printer ink, paper, and other items used to support NAMI Alaska staff. \$0 is requested from this grant.</p>
Other Costs	\$13,966.00
Other Costs (Other Sources)	\$28,292.00
Other Costs Narrative	<p>Advertising/Marketing/Outreach: Social media boosts to facilitate outreach efforts on various social media platforms. Promotional materials. Communications software to create/deploy/track eNewsletters, outreach messages, and program information. \$6,325 is requested from this grant.</p> <p>Bookkeeping and Professional Services: Contract bookkeeping (payroll preparation, internal audit controls, accounts payable, budgeting, grant reporting and management, etc.) services</p>



## Grant Approval Memo



necessary to support grant activities. \$1,710 is requested from this grant.

Training / Conference Registration: Tabling fees for state conferences. Fee to train State Trainers to train NAMI Signature program teachers and facilitators. \$3,525 is requested from this grant.

Dues and Subscriptions: Dues and subscriptions to support NAMI Alaska, including annual payroll subscriptions and state networking groups. \$750 is requested from this grant.

Professional Services: A small stipend is paid to the NAMI Alaska State volunteer trainers who train facilitators and teachers to lead the NAMI Signature programs. \$1,000 is requested from this grant.

Website: Website support and annual service plan for website. \$656 is requested from this grant.

Miscellaneous: Other expenses that are not requested from this grant include bank/processing fees, board expenses, 990 tax and year-end financial statement preparation, communications, insurance, meeting expenses, licenses and fees.

### **Other Funding Sources (from grant application)**

Sisters of St. Francis of Philadelphia - Pending	\$30,000.00
Ben & Jerry's Foundation - Secured	\$25,000.00
Unrestricted - Secured	\$113,033.00
<b>Total Leveraged Funds</b>	<b>\$168,033.00</b>



# Grant Approval Memo



**Grantee:** Alaska Addiction Rehabilitation Services (AARS)  
**Request Amount:** \$750,000.00  
**Project Title:** AARS Expansion Project  
**Grant Term:** May 22, 2025 to July 31, 2026  
**Fund Source:** \$500,000: FY25 Mental Health & Addiction Intervention – Crisis Continuum of Care (Page 5, Line 19)  
\$250,000: FY25 Beneficiary Employment & Engagement – IPS Supported Employment Implementation (Page 10, Line 12)  
**Trust Staff:** Eric Boyer

## Requested Motion:

*The Board of Trustees approve a \$750,000 FY25 focus area allocation to Alaska Addiction Rehabilitation Services for the AARS Expansion Project. \$500,000 will come from the Crisis Continuum of Care grant line of the FY25 budget, and \$250,000 will come from the IPS Supported Employment Implementation line of the FY25 budget. These funds will be contingent upon Alaska Addiction Rehabilitation Services securing the pending funding sources outlined in this memo.*

## Staff Analysis:

- What does this project do?

AARS will use the Trust funds to support capital funding to expand their substance use disorder treatment beds from 26 to 52. AARS' assessment of the current system of care demonstrates a need to expand beds to meet this need. They can fiscally support the operational expansion by billing the Medicaid 1115 Waiver.

Phase 1 of this project involved design and site preparation, which is complete. The expansion of 26 residential beds for adults, Phase 2 of the project, is scheduled to be completed by the summer of 2026.

- Who is receiving the funds?

Alaska Addiction Rehabilitation Services, Inc. (AARS) was established in 1982 (formerly Nugen's Ranch), making it one of Alaska's oldest adult residential substance abuse treatment programs. AARS has been serving adults with substance use disorder (SUD) and co-occurring disorders for over 40 years.

AARS combines twelve-step recovery, group and individual counseling, life skills training, and work therapy in a supportive environment. During their recovery at AARS, clients learn about farming and gain a sense of self-worth through work therapy and life skills training. Clients also learn occupational skills through AARS' vocational education program. Before 2012, AARS was located on the Palmer-Wasilla Highway in Wasilla. AARS relocated its treatment program to Point Mackenzie in Wasilla, Alaska.



## Grant Approval Memo



- Why is staff recommending this project?

Trust program staff recommend this project as it meets a critical need within the Mental Health and Addiction Intervention Focus Area for access to care. By doubling the number of residential SUD beds at AARS, Trust beneficiaries can be assessed and moved into treatment more immediately.

Capital funding for this project has been secured from the State of Alaska (FY25 Capital Budget) and through Federal HRSA funds. In addition, Mat-Su Health Foundation, Rasmuson Foundation, and Murdock Charitable Trust grants are pending.

- Will this be a multi-year project?

This is a one-time funding request for treatment bed expansion and is contingent upon the agency securing the remaining capital to complete the project.

### **Trust Five Year Funding History**

No Trust grants FY21 – FY25

### **Comp Plan Identification**

Area of Focus	Objective	Comments
Area of Focus 4: Substance Use Disorder Prevention	4.3 Improve treatment and recovery support services to promote wellness and reduce the impact of mental health and substance use disorders	

### **Project Description (from grant application)**

In FY23, Alaska Addiction Rehabilitation Services, Inc. (AARS) received 320 referrals from adults looking for help with substance use disorder (SUD). This trend has continued through the last two fiscal years, with an average of more than 270 referrals. These referrals came from a broad range of sources statewide, including corrections, medical providers, public defenders, and self-referrals. Referrals are statewide with more than 15% coming from rural Alaska. Furthermore, AARS has maintained a waiting list at any given time of 25. AARS currently has 26 beds at its Point Mackenzie facility, serving adults diagnosed at 3.1 and 3.5 residential levels of care. There are just under 450 treatment beds available statewide for these clients, but it's still not enough. AARS' leadership team and board of directors made the decision in January of 2022 to begin expansion efforts at its facility to add 26 more beds, for a total of 52, in order to accommodate the number of adults requesting high-quality care.

### **Performance Measures (developed by the Trust)**



## Grant Approval Memo



Provide a final narrative report describing the timeline, activities, successes, challenges, and any lessons learned during the phase II campus expansion project. Be sure to provide electronic copies of work status reports submitted by the project's contractor, as well as electronic photographs of the campus areas involved in the expansion (residential wing and reception area) throughout the construction period.

### **Sustainability (from grant application)**

With this funding, AARS anticipates its expansion project will be completed in the fall of 2026. Total cost from start to finish has been estimated at \$13 million and AARS has secured \$5.8 million thus far. Future funding is expected from Mat-Su Health Foundation (\$3 million), Rasmuson Foundation (\$1 million), Murdock Foundation (\$650,000), private donors (\$200,000), and additional State and Federal funding through the appropriation processes.

The completion of phase 2 would add 26 residential client beds, generating an estimated \$4 million increase in treatment fees annually. Assuming not all beds would be filled in the first fiscal year, this cost has been distributed across FY27/28. By the end of FY29, AARS will operate at full capacity with a net operating income of \$1,819,771.

### **Who We Serve (from grant application)**

Since 1982, AARS has been one of Alaska's leading adult residential substance abuse treatment facilities, helping more than 3,300 adults living with substance use disorder (SUD) find sobriety. This project will enable AARS to further its mission in providing client-centered quality residential treatment services to adults living with SUD and co-occurring disorders statewide. By expanding its capacity, AARS will be able to serve 52 residential clients at any given time, up from 26. With its referral data showing Alaskans are requesting treatment from AARS, expansion will benefit those looking for high-quality care in a safe and client-centered environment. For the below data, AARS will use 70, the total number of clients served each year.

### **Estimated Numbers of Beneficiaries Served Experiencing (from grant application)**

Mental Illness:	45
Developmental Disabilities:	35
Substance Abuse	70
Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries):	25
Number of people to be trained	40

### **Project Budget (from grant application)**

Other Costs	\$750,000.00
Other Costs (Other Sources)	\$0.00



## Grant Approval Memo



Other Costs Narrative	Funds will go towards the completion of Phase II construction costs.
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### **Other Funding Sources (from grant application)**

U.S. Health Resources and Services Administration (Secured)	\$3,000,000.00
State of Alaska (Secured)	\$2,800,000.00
Murdock Foundation (Pending)	\$650,000.00
Rasmuson Foundation (Pending, June 2025)	\$1,000,000.00
Mat-Su Health Foundation (Pending, June 2025)	\$3,000,000.00
<b>Total Leveraged Funds</b>	<b>\$10,450,000.00</b>





**ALASKA ADDICTION REHABILITATION SERVICES, INC.  
(AARS)**

**BUSINESS PLAN**

February 2025



# Executive Summary

Alaska Addiction Rehabilitation Services, Inc. (AARS) is an Alaska-chartered, tax-exempt 501(c)(3) nonprofit organization operating in the Mat-Su Borough, with a core purpose that remains central to its beginning: sober living for people across Alaska. Since its founding in 1982, AARS has been dedicated to serving adults struggling with substance use disorder (SUD) and co-occurring mental health disorders. AARS offers a unique and vital long-term residential treatment program that combines substance abuse therapy with work therapy, helping Alaskans in need of intensive, ongoing care. This model is in high demand across Alaska, and AARS, located off Point Mackenzie Road in Wasilla, provides an ideal setting for long-term recovery.

The primary population served by AARS includes individuals whose substance use disorders have progressed beyond what can be effectively treated with less restrictive, short-term treatment options, such as outpatient services or brief residential programs. These individuals require a more intensive, customized treatment plan, typically spanning from six months to two years. During this time, clients not only address their addiction issues but also develop critical life and work skills at a slower, more deliberate pace.

At AARS, clients are immersed in a residential, family-like community conducive to developing the life skills necessary to maintain long-term sobriety. AARS operates its treatment program facility on a 116-acre agricultural property (referred to as Nugen's Ranch). AARS owns and operates Nugen's Ranch, utilizing it to provide clients with hands-on work therapy. This work therapy model serves multiple purposes: it provides essential food for the program, helps build clients' self-worth, and fosters a sense of accomplishment. The farm operations also serve as a potential revenue stream, increasing the program's sustainability and helping to garner support from the broader community. This holistic approach aims to empower individuals to maintain lifelong sobriety.

## Future Growth at AARS

To meet current demand and to expand the reach of AARS life-changing services to more Alaskans, the organization plans to expand its facilities from a 26-bed residential treatment facility to a 52-bed residential treatment facility. This business plan outlines the proposed expansion, details the current financial landscape, and presents AARS' strategy for sustainable financial management. Future growth will require the procurement of additional capital funds to ensure that this unique treatment approach remains available to the individuals who need it most.

The business plan is divided into the following three parts:

### **Part I-AARS: Non-Profit Business Model**

### **Part II-AARS: Expansion and Operations Plans**

### **Part III-AARS: Financials**

AARS plays a vital role in Alaska, providing services that transform individuals and strengthen communities. AARS is committed to expanding its impact and fostering a legacy of care and support.



This plan provides a framework for AARS to advance the mission of “Growing Sober” and creating a brighter future for all Alaskans.



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# Part I- AARS: Non-Profit Business Model

## The AARS Business Model

Alaska Addiction Rehabilitation Services, Inc. (AARS) is a mission-driven organization with a unique work therapy focus. The founding principle of “Growing Sober” embodies the fundamental philosophy of the organization.

### Mission

The Alaska Addiction Rehabilitation Services, Inc.'s mission is to provide client-centered quality residential treatment services to adults living with substance use disorder and co-occurring disorders from all regions of the State of Alaska.

### Core Purpose

Sober Living for all Alaskans.

### Core Values

**Community** – Loyalty and fellowship provide caring and familial support for growth and achievement.

**Compassion** – Unconditional positive regard for self, others, and the earth is the fabric that binds our healing community together.

**Empathy** – Opinions and judgments are destructive to a healthy community; empathy requires reflection, purpose, and insightful understanding.

**Accountability** – Practicing personal discipline and community responsibility is a loving commitment to recovery, growth, and autonomy.

**Authenticity** – Knowing and accepting our genuine self.

**Honesty** – Personal healing and community health require transparency and reality; enlightenment is unattainable in the absence of the truth.

### Strategic Plan

The Board of Directors and executive leadership have developed a strategic plan to ensure expansion and fiscal goals align with the mission of AARS. The strategic plan is a living document that outlines the goals, objectives, and action plans for each component of the organization. It identifies the material and financial resources needed to achieve these goals, the dates by which they should be completed, and the individuals responsible for their implementation.

The Strategic Plan for AARS does the following:

- Outlines the core values that express the energy and motivation woven into every decision, goal, and person within the organization.



- Defines both short- and long-term success for the goals that drive the mission of AARS.

A full copy of the strategic plan can be found in Appendix A



## Programs and Services

AARS is a licensed long-term residential treatment facility for substance use disorders, with or without a co-occurring disorder, serving individuals aged 18 and older statewide. Admission to the program is based on a bio-psychosocial assessment that identifies the level of treatment needed for recovery, allowing for the development of a personalized treatment plan. AARS does not admit individuals with criminal backgrounds that include sexual offenses and certain violent offenses.

Since 2022, AARS has offered its clients a "continuum of care" model—a structured, ongoing process that provides a range of services designed to address clients' evolving needs at different stages of their recovery journey. The model offers a spectrum of care options that progress from more intensive residential interventions to less intensive outpatient services, supporting long-term recovery. Unlike other residential programs in the State of Alaska, AARS offers transitional housing, on-site work therapy, life skills training, and has introduced vocational training programming in 2025.

The 24-hour, client-centered programs operate in a non-hospital setting, adhering to established policies, procedures, and clinical practices. The level of care aligns with ASAM (American Society of Addiction Medicine Patient Placement Criteria, 4th Edition) protocols. Client services are customized based on each client's specific needs and the severity of their substance use disorder (ASAM Patient Placement Criteria Supplement on Pharmacotherapies for Alcohol Use Disorders, Editor-in-Chief, Marc J. Fishman, p. 97). AARS's programs address functional deficits, providing a safe and stable environment where clients can build essential recovery skills. Treatment focuses on social and psychological challenges, promoting personal accountability and responsibility in leading a productive, socially engaged life.

The program structure incorporates the core principles of 12-step recovery (AA/NA), fostering personal spirituality, rebuilding relationships, reconnecting with meaningful activities, and cultivating a positive self-concept that supports lasting sobriety. AARS's residential treatment approach is client-centered, incorporating multidimensional and individualized care. Each client receives care and treatment tailored to their specific needs according to ASAM guidelines. Structured activities are designed to help clients explore, address, and overcome counterproductive beliefs, self-destructive behaviors, and ideas, enabling them to utilize their strengths and develop life skills that improve their overall quality of life. These components are integrated into each client's treatment plan, with on-site work therapy, life skills training, and vocational training programs that are available to all clients.

## Program Goals

The program goals of AARS include providing clients with:

- A safe, welcoming environment that encourages recovery.
- Meaningful recovery information and experiences that teach, model, and support changes in attitude, behavior, and beliefs.
- Acknowledgment and sensitivity to culturally diverse clients and staff.
- Sustained recovery support from initial treatment through transition.
- Development and maintenance of current, evidence-based, field-driven programming that enhances the value of services delivered to the clients, along with other life-enhancing experiences.
- Opportunities to strengthen interpersonal relationships through:



- 12-step recovery meetings,
- Individual and group sessions,
- Work therapy and life skills training,
- Sponsorship,
- Recovery-based activities from around the Mat-Su Valley, and
- Relational Trauma Repair and Psychodrama.

## New Skills for Sobriety

Recognizing the complex, long-term impacts of addiction, AARS offers comprehensive services to address a wide range of challenges, including the following:

- Maintaining sobriety,
- Preventing homelessness,
- Addressing medical and psychiatric needs,
- Providing transitional housing,
- Enhancing employment skills and work ethics,
- Achieving educational goals (such as GED and continuing education),
- Meeting legal obligations,
- Resolving family issues (such as parenting, child support, and healthy relationships),
- Managing transportation challenges, and
- Re-entry for justice-involved people.

## Expectations of Clients

AARS's expectations of clients are essential to motivate progress in addiction recovery. However, unrealistic expectations during the process do more harm than good. Setting realistic expectations during recovery helps lay a stable foundation for success. These expectations may focus on the treatment process, life after treatment, or both.

The expectations that AARS has of clients include:

1. Participating in community events under the leadership of trained, experienced staff.
2. Gaining skills in a variety of job-related areas.
3. Developing good work habits.
4. Experiencing positive feelings of contributing to the common good.
5. Having the chance to try out and develop new ways of behaving in different environments.

## Client Treatment Programs

### *Residential Treatment Program*

The current residential facility has 13 rooms with 26 beds. Clients share rooms with an assigned roommate, depending upon individual needs. This unique family-like atmosphere creates a supportive community that encourages recovery and fosters a sense of community. The pace of residential treatment is client-centered; however, clients typically graduate in 9 months to a year.

Residential treatment is categorized into three phases:



1. **Orientation:** Clients acclimate to treatment and their community setting. They learn to be accountable, honest, and dependable while developing an understanding of the addictive process and its effects on their lives.
2. **Stabilization:** Clients are given tools and training to focus on solutions, improve communication, and establish healthy boundaries. They reach out to members of the recovery community to become involved. They are given the opportunity to apply for work therapy, vocational, and GED programs. Throughout this phase, clients continue to work through the substance use disorders (SUD) programming.
3. **Transition:** Clients may assume leadership roles in the treatment community and learn the benefits of service. An aftercare plan is developed, incorporating educational and vocational opportunities, safe housing, and outpatient support services.

#### *Daily Schedule*

The treatment days begin at 7:00 am and conclude with dinner at 5:00 pm. Every client follows a personalized schedule, which may include individual or group therapy, chores, or work therapy. Weekly reviews of individual schedules are conducted, with adjustments made, as necessary. Clients can relax during their leisure time or engage in tasks and meetings in the evenings. On weekends, group therapy sessions and intervention meetings take place, allowing families to visit.

#### *Transitional Housing and Outpatient Treatment*

Upon graduating from residential treatment, AARS offers 10 on-site transitional beds to support clients in their recovery from substance use disorders (SUDs), with plans to add 16 more beds at the end of 2025. The absence of affordable housing in communities can create undue stress and increase pressure on individuals attempting to begin a new, sober life. Without a secure living environment, individuals with substance use disorders often revert to alcohol or drug use as a way of managing the perils and stresses of life on the streets.

AARS provides transitional housing and outpatient treatment options to create a safe and supportive environment for clients as they embark on their journey to sobriety. In 2022, AARS established two on-site homes at its Point Mackenzie Road location to facilitate this transition: Mallott House (for males) and Tuttle House (for females). Sixteen additional transitional housing beds have been secured and are in the process of being put in place, with plans to have the units operational by June/July 2025. AARS also plans to acquire an additional 16 units, which will increase the total number of outpatient units to 42 by 2026.

Transitional housing treatment is available not only for current clients but also through a pilot test program for eligible clients from the Department of Corrections (DOC) seeking furlough treatment. The facility will be available to DOC clients depending on availability and currently accommodates 5 DOC furlough treatment clients.

#### *Continuing Care*

Every client works alongside a counselor to create a personalized "continuing care" plan prior to their return home. This plan ensures ongoing support in their post-discharge environment and includes referrals to appropriate community agencies, as necessary.



Comprehensive follow-up and continuing care plans are essential in facilitating long-term recovery, providing an additional layer of support throughout the client's treatment journey. Following discharge, AARS conducts follow-ups at 6 and 12 months, and graduates are encouraged to maintain contact with ranch staff throughout their ongoing recovery journey. Graduates are also encouraged to attend recovery meetings and often maintain connections with staff members as they navigate their new sober life.

### On-Site Work Therapy and Life Skills Training, Vocational Training

The AARS on-site work therapy and life skills training program provides clients with hands-on experience in a structured, supportive environment. By employing clients as ranch hands or kitchen staff, the program helps them develop essential life skills, work ethic, and a sense of responsibility. Participants learn practical skills such as teamwork, time management, and problem-solving while gaining valuable job training that can help them transition to independent living and future employment opportunities. This immersive approach fosters personal growth, confidence, and a strong work foundation for long-term success.



## Personnel Experience

AARS is dedicated to delivering exceptional care to every client through skilled and compassionate professionals. Employees receive competitive pay rates along with a limited benefits package that includes a 401(k) plan, a reimbursable healthcare plan, a fuel stipend, 13 paid holidays, 80 hours of PTO per year, and 40 hours of sick leave per year for full-time employees with less than five years of service. Employees receive an additional 40 hours of PTO after completing five years of service. AARS is capable of retaining its talent and is expected to increase its workforce as the facility expands.

The success of today's staffing can largely be attributed to a compensation analysis conducted in 2017, which revealed that employees, including the Executive Director, were compensated at 84% of the market rate and lacked access to fringe benefits. The devotion of the Board of Directors to its mission and its vital role of providing qualified personnel to clients enables AARS to attract and retain talent, all while cultivating a positive work environment.

## Impact Plan

Substance abuse remains a significant challenge in Alaska, with addiction rates and associated issues exceeding national averages. AARS has consistently led the way in addressing this crisis, delivering essential services that support individuals, families, communities, and the state. The following are some examples of the social return on investment (SROI) that can support the facility expansion plan.

### Individual SROI

The primary focus of AARS is on the individual client. Clients are empowered to reconstruct their lives through the organization's programs after facing challenges with drug and alcohol addiction. They experience an increase in self-esteem, and a revitalized sense of purpose, and acquire the essential tools to maintain their recovery. Clients are empowered to reinforce or rebuild relationships with family members, improve life skills, and effectively reintegrate into their community. Enhancing the quality of life of clients allows them to become dynamic, productive, contributing, and valuable members of society. AARS clients participate in a follow-up program where they are assisted with the transition from residential treatment to outpatient care and reintegration into the community. Clients are required to respond to a follow-up survey after one year of living outside the treatment program.

Individual SROI	FY2022	FY2023	FY2024
AARS Completion Rate (National Average 42%*) * SAMHSA's 2020 TED Report	35%	47% (18 of 38)	39% (21 of 54) **
AARS Graduates who Remain Sober*	70%	70%	70%**

\*6 months to one year after treatment, \*\* data pending

### Community SROI

The wider community benefits significantly as clients graduate from AARS equipped with the tools and motivation to reintegrate into society. Employment retention among clients contributes to a strengthened tax base, and a decrease in substance dependency reduces the likelihood of criminal



behavior, resulting in safer communities. Businesses benefit from a more stable local workforce, driven by heightened individual productivity, improved job retention, and a reduction in workers' compensation claims. Clients frequently engage in civic activities, including volunteering and participating with schools, religious groups, and various community organizations, which helps to strengthen community ties. Moreover, it is important to note that the demand for emergency services—such as police, fire, and medical resources—decreases, resulting in reduced costs for the community as a whole.

## State of Alaska SROI

The state gains considerable advantages from AARS programs. A decrease in recidivism reduces the number of people passing through jails, and lower rates of homelessness lead to more stable communities. State agencies, including the Office of Children's Services, Alaska State Troopers, the Division of Public Assistance, and the criminal justice system, experience less strain as fewer individuals seek their assistance. AARS programs play a vital role in tackling the state's significant substance abuse issue, fostering healthier individuals and stronger, more resilient communities across Alaska.



## Market Analysis

The work of AARS is founded on evidence-based practices recognized by organizations such as the National Institute on Drug Abuse (NIDA). The integration of medically supported treatments, therapy, and community-building programs exemplifies the highest standards in the field. This comprehensive approach tackles not just substance dependency, but also the broader social and psychological factors that contribute to addiction, aligning with the industry's increasing focus on holistic, client-centered care.

Alaska faces significant challenges with some of the highest rates of illicit drug use in the country, and access to treatment is particularly constrained in rural regions. The current addiction crisis underscores an ongoing demand for accessible, long-term residential treatment options.

AARS stands out as one of two residential substance use disorder treatment facilities in the Mat-Su Valley providing long-term residential treatment for both men and women. Other treatment facilities in the Mat-Su Valley such as Valley Oaks target specific groups, including women and pregnant individuals. However, AARS's established model, which permits stays of up to two years, offers an unparalleled level of care. This long-term therapy and on-site work therapy program allow clients to address complex, multifaceted issues and build solid foundations for lasting recovery.

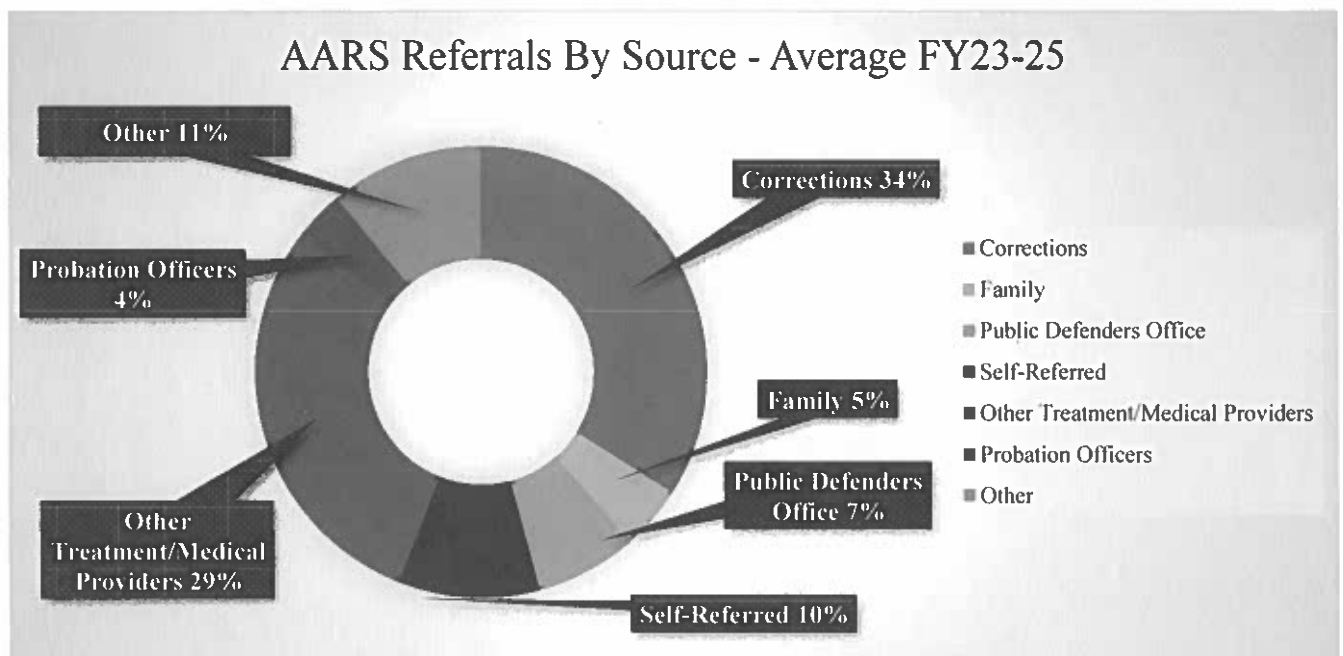
### **The Growing Demand for Treatment Services**

Many of AARS' clients have experienced life on the streets, incarceration, and constant inebriation. The progression of their disease often carries substantial physical debilitation, creating other health-related problems with the individuals. The treatment program at AARS works on slowly rebuilding their health and life skills while they work to break the bonds of addiction.

AARS has experienced a sustained increase in referrals for treatment services, indicating a growing demand for substance use disorder treatment across Alaska. Between FY23 and FY25, AARS has recorded an average of 273 referrals annually from a diverse array of sources across the state. Alaska's prisons and partner treatment or medical facilities demonstrate the highest rate of referrals highlighting the pressing need for expanded capacity.

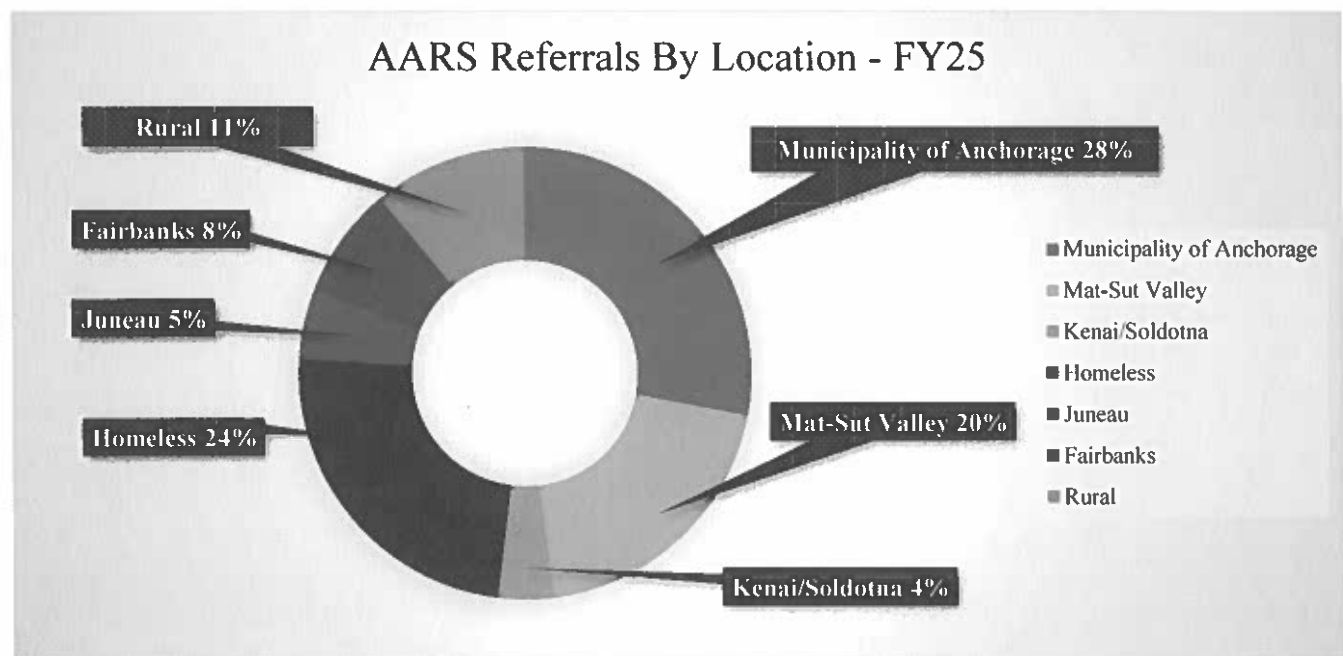
Given the fact that AARS is averaging 273 referrals annually combined with the current availability of 65 treatment beds in the Mat-Su Valley and a total of 461 statewide, clearly there is a need to increase bed capacity. In addition to AARS, the state has 24 residential treatment programs. If AARS averages 273 client referrals annually, what is the average number of client referrals received by the other agencies?





#### Statewide Reach and Necessity

AARS receives referrals from both metropolitan areas and rural hubs across Alaska. This widespread demand underscores the need for a robust statewide treatment infrastructure. The geographic diversity of AARS's referral base demonstrates that its services are not only necessary but also essential for ensuring equitable access to treatment regardless of location. By expanding capacity, AARS will better serve individuals from all corners of the state, reducing barriers to care and improving recovery outcomes.





## **Graduation and Retention Rates**

AARS maintains a high treatment completion rate, surpassing national averages for long-term programs. In FY23, 47% of admitted clients completed treatment, an increase from 35% in FY22. This is notably higher than the 42% national completion rate reported by SAMHSA's 2020 TED Report. In FY24, however, the completion rate saw a slight reduction due to capacity constraints, with only 21 out of 54 admitted clients successfully finishing their treatment programs. Expanding capacity will enable AARS to provide more clients with the opportunity to complete their treatment and achieve long-term recovery.

## **Addressing the Wait List Crisis**

AARS consistently faces a wait list challenge due to its limited 26-bed capacity. Many individuals accepted into the program do not become clients because of the unavailability of beds. As a result, they either seek alternative treatment options or, more concerningly, fall out of the care system entirely. Tracking these individuals has proven difficult, but the clear solution to mitigating this issue is to increase capacity by adding more treatment beds and expanding staffing resources.

From FY22 to FY24, the average monthly wait list number was 24 individuals seeking care. This is a significant number of individuals who remained on the wait list without access to treatment. With the proposed expansion of 26 additional beds, these individuals would be approved for admission, ensuring they receive the critical treatment services they need.

## **Need for Expansion**

Given the clear and growing demand for treatment services, AARS must expand its capacity to better serve Alaska's population. The proposed addition of 26 treatment beds and necessary staffing will:

1. **Reduce Wait Times and Increase Access** – Address the ongoing wait list issue, allowing more individuals to receive timely care and preventing them from falling out of the treatment system.
2. **Meet the Demand from Referral Sources** – Support the increasing number of referrals from correctional facilities, medical partners, and statewide agencies, ensuring that every referred individual has a fair chance at recovery.
3. **Improve Completion Rates** – By alleviating capacity constraints, AARS can improve client retention and treatment success, aligning with its historical success rates and surpassing national averages.
4. **Enhance Statewide Treatment Services** – Expand access to individuals from both urban and rural areas, ensuring equitable and effective treatment for all Alaskans.
5. **Strengthen Long-Term Recovery Outcomes** – Increased staffing will allow for more individualized care and support, leading to higher treatment completion rates and better long-term recovery success.

The data clearly supports the need for expansion. By increasing capacity, AARS will be better positioned to serve its mission of providing high-quality substance use treatment, ultimately improving public health outcomes across the state.



## Community Outreach and Marketing

AARS currently seeks to establish relationships and secure referral and continuity in services through multiple approaches including:

1. Membership and participation in the Alaska Behavioral Health Association.
2. Attendance and participation at various board meetings that help to inform state policy on behavioral health, such as the Alaska Mental Health Trust Authority, Advisory Board on Alcoholism and Drug Abuse, etc.
3. Attendance and participation in community groups such as the Behavioral Health Integration Team (BHIT), Re-Entry Coalition, Opioid Task Force, Mat-Su Agency Partnership (MAT), Mat-Su Coalition on Housing and Homelessness, etc.
4. Participation and engagement in special initiatives related to the treatment system and public policy, such as the project on Integrated Behavioral Health Regulations.
5. Liaison and collaboration with the Alaska Division of Behavioral Health – occasionally, the division forwards requests for specific types of to AARS.
6. Full engagement in the state's Medicaid reform work, including the development of the statewide ASO.
7. Maintaining CARF accreditation, which documents the credibility and quality of the program.

Considering the characteristics of the target population, the treatment system, and existing demand levels, there is a minimal need for formal advertising and promotion. AARS maintains a website that provides essential information for interested individuals and agencies, as well as brochures and printed materials readily available for walk-ins and referring agencies.

AARS emphasizes the importance of developing and maintaining strong funding connections with government agencies and private philanthropies, while also cultivating essential referral partnerships. Data from the Alaska Division of Behavioral Health indicates that the demand for long-term residential treatment services, such as those offered by AARS, surpasses the existing capacity. This suggests a high probability that AARS will sustain full-bed occupancy in the years ahead. Clients continue to have access to services via self-referral, as well as referrals from treatment and other agencies.



## Organizational Structure

### ***Board of Directors***

The AARS Board defines its responsibilities as long-range planning, policy development, and fiscal accountability. It collaborates closely with the executive director to uphold a stable and thriving mission. To achieve the goals outlined in this plan, the board must maintain a strong finance committee and ensure sufficient expertise to make timely, informed decisions in partnership with the executive director.

Given the uncertainty in the fiscal environment and the programmatic adjustments that may be required, the board must be prepared to adapt and navigate these changes alongside the Executive Director. This includes engaging strategically with key stakeholders to effectively support the organization's mission.

The AARS Board of Directors are:

- Randy Smith, President
- Andy Brennan, Vice President
- Jim Griffin, Secretary
- Karen Booth-Woods, Director
- Darlene Ahnassay, Director
- Ray DePriest, Director

### ***Executive Director***

The Executive Director is responsible for the overall administrative management of all therapeutic treatment programs and ranch functions that contribute to the overall operation of the facility, as established by the Board of Directors. This includes, but is not limited to:

- board and employee relations,
- financial oversight,
- fundraising,
- outreach and public relations, and
- programmatic oversight.

The Executive Director is responsible to the Board of Directors and serves under their direction. The Executive Director is responsible for successfully completing other duties as assigned.

### ***Director of Finance***

Responsible for managing an organization's financial operations, strategies, and planning to ensure financial health and sustainability. Their primary role is to oversee budgeting, forecasting, financial analysis, reporting, and compliance while aligning financial practices with the company's strategic goals.

### ***Bookkeeper***

Provides direct bookkeeping to the Executive Director. Assists the Executive Director in preparing budgets and financial reports to grant agencies.



### ***Director of Operations***

Oversees the Health, and Safety Coordinator, Cook, and Ranch Foreman. They oversee the day-to-day general operation of AARS, under the general supervision of the Executive Director. Responsible for the health and safety of participants as well as the facility and facility assets.

### ***Health, Safety, Security, and Maintenance Coordinator***

In charge of coordinating and overseeing the security and safety of the staff in a building or within a designated area. Devises strategies, appoints personnel, and implements protocols that ensure the safety of an establishment, goods, and the people inside. Completes maintenance of AARS structures, grounds, and AARS vehicles. Function as a security officer, work coach, group leader, and trainer.

### **Day, Evening, and Night Security Monitors**

Oversees client's safety. Responsible for the building maintenance during evening and nighttime hours and responds to emergencies as they arise. Responsible for cleaning the facility regularly.

### **Maintenance Hand**

Responsible for inspecting and maintaining the AARS structures, grounds, and AARS vehicles. Assisting clients with assigned AARS jobs and chores.

### ***Cook***

Manages and supervises the planning, preparation, serving, and cleaning related to feeding residents at AARS. Oversees client's assigned kitchen chores. Assists in supervising food processing at the facility.

### **Cook-Part-Time**

Manages and supervises the planning, preparation, serving, and cleaning related to feeding residents at AARS. Oversees client's assigned kitchen chores. Assists in supervising food processing at the facility.

### ***Ranch Foreman***

Responsible for complete maintenance and maintaining working order of fields, ranch vehicles (tractor), stock, and greenhouses. Oversees agricultural and livestock production. Oversees client's assigned ranch job and chores in progress. Supervises the use of AARS vehicles, drivers, and ranch hands.

### **Ranch Hand**

Assist with upkeep and maintenance of AARS structures, grounds, stock, and greenhouse. Functions as repair person, driver, and operator, security officer, work coach, group leader, and trainer. Oversees clients assigned jobs, chores, and maintenance work in progress.

### **Greenhouse Hand**

Oversees the daily operations of the greenhouses. Assists with project set-up, data collection, insect/disease management, and equipment maintenance. Assist clients assigned to AARS greenhouse jobs and chores in progress.

### ***Director of Development, Marketing, and Communication***

Works in collaboration with the Executive Director for the overall development, marketing, and communication of AARS as established by the Board of Directors including, but not limited to:

- develop and implement a cost-effective fund development program involving individuals, businesses, and private foundations, write grant proposals and manage grants,



- increase AARS revenues from both public and private sources, develop additional agency revenue streams,
- oversee AARS media, develop outreach and public relations, and oversee the creation and development of an online community.

### ***Director of Clinical Operations***

Oversees the clinical services and leadership staff within the program under the general direction of the Executive Director. Collaborates externally with referral sources to ensure a steady flow of eligible clients to the program. Oversee the services, education, and/or treatment plans of the clients and their families to ensure they are high quality and consistent with the goals of the program. Collects data required for the DBH funding grant and CARF. Oversee the implementation and review of agency policies and procedures.

The Director of Clinical Services is responsible to the AARS Executive Director and serves under the general direction of the AARS Executive Director. The Director of Clinical Services is responsible for completing other duties as assigned.

### ***Clinical Manager***

Provide administrative support and oversee the hiring and training of the case manager, intake coordinator, and quality control assurance specialist staff members through the design and development of specialized training and treatment resources. Responsible for overseeing the daily clinical operations of residential and/or outpatient facilities. Maintains data as required for the DBH funding grant and CARF and implements agency policy and procedures.

### **Case Manager**

Works to facilitate client care by assessing client needs, evaluating treatment options, coordinating care, and gauging progress. Works to improve clinical outcomes, increase client satisfaction, ensure adherence to Federal and State confidentiality laws, and promote cost-effectiveness. Assist clients in the discharge-referral process.

### **Intake Coordinator**

Under the close supervision of the Clinical Supervisor, learns fundamentals of substance abuse counseling, documentation, and filing of client records. Participates in educational and process groups. Provides staff coverage during assigned work hours, monitors facility security, supervises client activity groups and assists with recreational activities.

### **Quality Control Assurance Specialist**

Custodian of client treatment records and works collaboratively with staff to ensure the accuracy and quality of client documentation, client services, records, and documentation within AARS. When directed by the Clinical Manager, they provides corrective training and feedback to clinical staff. Maintains data as required for the DBH funding grant and CARF and implements agency policy and procedures.

### **Behavioral Health Aide**

Monitors and documents clinical behavioral aide services to clients in the residential treatment program following AARS and State requirements. Consistently promotes and supports clients' safety and helps guide clients through the treatment process. Assist clients in the discharge-referral process.



### *Clinical Supervisor*

Builds a team of professional clinical staff with strong clinical leadership, guidance, training, and supervision to ensure delivery of high-quality service and adherence to professional standards and regulations. Provides administrative support and supervision of clinical staff.

### **Peer Support Specialist**

Assists individuals throughout the pre- and post-recovery process to help clients gain skills, access resources, and regain the confidence to succeed in society. Provides lived experiences as a person engaged with surviving substance use disorder.

### **Lead Counselor**

Provides direct clinical services to clients in the residential treatment programs by performing assessment interviews (intake), collecting, and recording client data, providing direction and guidance through individual counseling sessions, maintaining client charts, developing individualized treatment plans, and guiding clients through the treatment process. Adheres to Federal and State confidentiality laws, provides case management for clients through the transitional phase of treatment, and provides leadership in Aftercare planning.

### **Counselor**

Provides direct clinical services to clients in the residential treatment program by performing assessment interviews (intake), collecting and recording client data, providing direction and guidance through individual counseling sessions, maintaining client charts, developing individualized treatment plans, guiding clients through the treatment process, and facilitating educational and process groups. Adheres to Federal and State confidentiality laws, provides case management for clients through the transitional phase of treatment, and provides leadership in Aftercare planning.

### **Counselor In Training**

Provides direct clinical services to clients in the residential treatment program by performing assessment interviews (intake), collecting and recording client data, providing direction and guidance through individual counseling sessions, maintaining client charts, developing individualized treatment plans, guiding clients through the treatment process, and facilitating educational and process groups. Adheres to Federal and State confidentiality laws, provides case management for clients through the transitional phase of treatment, and provides leadership in Aftercare planning.

### **Outpatient Counselor**

Provides direct clinical services to clients in the New Freedom outpatient treatment program by performing assessment interviews, collecting and recording client data, providing direction and guidance through individual counseling sessions, maintaining client charts, developing individualized treatment plans, guiding peer-support opportunities, and developing with clients recovery support, housing, and workforce readiness. Adheres to Federal and State confidentiality laws, provides case management for clients through the transitional phase of treatment, and provides leadership in Aftercare planning.

### **Nurse - 1**

Supervises Nurse – 2 and Certified Medical Aide and provides direct and/or indirect on-site nursing care to clients under the direction of the Consulting Physician. Maintains client medical records and medicinal supplies.



**Nurse – 2**

Provides direct and/or indirect on-site nursing care to clients under the direction of the Consulting Physician. Maintains client medical records and medicinal supplies.

***Administrative Assistant***

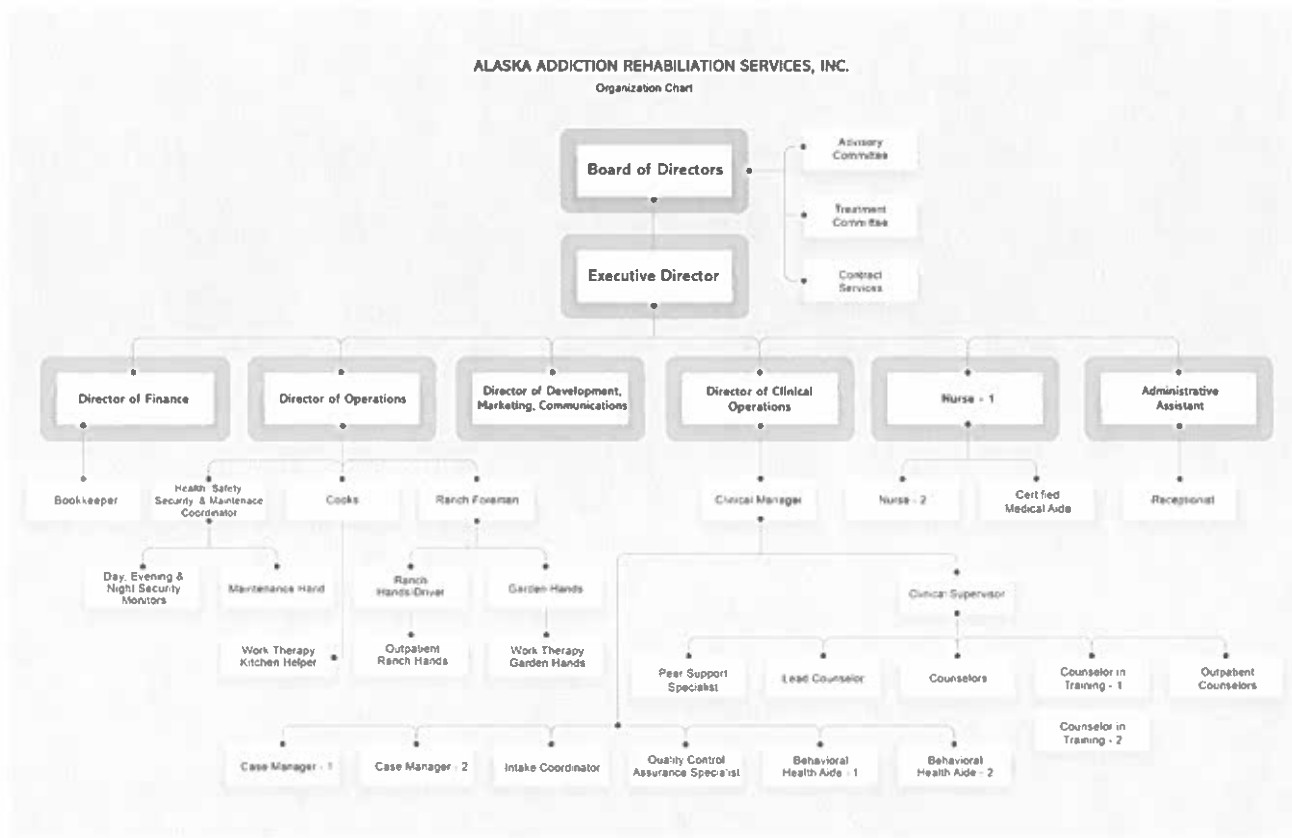
Provide direct administrative support to the Executive Director and additional support for other directors, as necessary. Supervise and oversee the Receptionist.

**Receptionist**

Conducts and coordinates administrative tasks and assists all staff with correspondence, filing, and other general office duties as directed by the Director of Operations. Enters data into the AKAIMS Management Information System.



The following is the organizational structure of AARS. It is anticipated that the facility expansion plan will require additional personnel as outlined in Part II to maintain the quality of service provided to clients including:





## Part II- AARS: Expansion and Operations Plans

### Industry and Market Trends

The rates of substance abuse in Alaska are notably alarming. A 2023 survey by the National Institute on Drug Abuse (NIDA) indicates that Alaska has the highest rate of illicit drug use in the United States. The programs in Alaska face significant challenges in addressing the daily challenges brought on by the high number of individuals suffering from alcohol and substance abuse. Currently, there is an inadequate number of residential substance abuse rehabilitation programs, resulting in many patients being unable to obtain adequate care, including outpatient services.

AARS has dedicated over 40 years to refining and perfecting a treatment model that has consistently demonstrated success. Many residential treatment centers in Alaska offer shorter programs ranging from 30 days to six months, while facilities such as Akeela House Recovery Center in Anchorage provide stays of up to a year or more, depending on the specific program. Although Akeela House offers long-term residential services, their capacity and scope differ from the treatment program offered at AARS. In the Mat-Su Borough, the sole agency providing long-term residential care other than AARS is Set Free (Valley Oaks) Alaska, which is dedicated exclusively to women. The demand for long-term residential substance abuse treatment in Alaska remains strong, and AARS is committed to expanding its facility to reach more individuals in need.

AARS stands out for its ability to offer services to a broader audience, providing individualized, client-centered, and comprehensive care that includes a work therapy element known for its effectiveness. AARS is positioned as a vital community asset in addressing the increasing demand for effective, long-term addiction treatment across the entire state.

Long-term programs adopt a comprehensive strategy to meet the distinct needs of individuals suffering from substance use and co-occurring disorders. NIDA research concluded that the integration of medically supported treatments with diverse therapeutic approaches leads to improved outcomes and promotes long-term recovery. As AARS looks to the future, it is clear that the demand for its services will continue to grow, and the facility expansion plan will be crucial in meeting Alaska's rising needs.



## Future Expansion of Programs and Services to Increase Impact

AARS remains steadfast in its commitment to deliver high-quality, client-centered residential treatment services to as many Alaskans as we can through improvements to its facilities and operations. Expanding programs and services will increase client capacity and community impact, provide additional work therapy opportunities, and create a healthier environment that benefits both staff and clients.

This document offers a summary of the Facility Expansion Plan along with the Work Therapy and Life Skills Training Plan. Additionally, it explains the operations of the Facility and Human Resources, outlining the management strategies for increased bed capacity and expanded programming to effectively respond to the rising demand for substance use disorder treatment in the State of Alaska.

### Facility Expansion Plan

Throughout AARS's history, facility relocation and expansion have been crucial in improving and developing programs and services. In response to the increasing demand for substance use treatment and the diverse needs of clients, AARS has developed a comprehensive *Facility Expansion Plan*.

This plan is organized into three key phases:

- **Phase 1:** Design and Site Preparation
- **Phase 2:** Residential and Reception Addition
- **Phase 3:** Gymnasium and Community Center Addition

Each phase is designed to address specific operational and client needs, ensuring that the organization continues to provide high-quality, effective care.

#### *Phase 1: Design and Site Preparation - Funded*

ECI/Hyer Inc., an architectural firm based in Anchorage, was commissioned to begin the design of the development plan for facility expansion. In Phase 1, ECI assembled a project team and worked closely with the AARS Board of Directors and executive leadership to ensure that the expansion aligns with program requirements and supports the organization's mission. The construction documentation was created to detail the specifics of Phase 2: Residential and Reception Addition. Funding for Phase 1 was obtained from the Federal Health Resources and Services Administration. During Phase 1, site preparation work will be carried out, including utility and earthwork activities.

#### *Phase 2: Residential and Reception Addition – Partially Funded – State Capital Improvements Funding*

This phase will involve the creation of a second residential client treatment wing, featuring an additional 26 residential beds. The new wing includes an enhanced dining facility, training and meeting rooms, outdoor gathering spaces, and additional offices to better serve client needs. The reception addition will feature an entrance reception desk and waiting area for incoming clients and visitors, improved staff amenities, restrooms, and an outdoor welcome plaza.



*Phase 3: Gymnasium and Community Center Addition – Future Funding Request*

Phase 3 will focus on the design and construction of an additional wing to the main facility, intended for a gymnasium and community center. The proposed 14,000-square-foot building will offer clients a dedicated space for physical activities during the winter season, as well as a venue for hosting larger events, including recovery meetings. The community center will feature breakout therapy rooms, a kitchen, an entrance vestibule, and designated storage areas. The versatile gymnasium will include separate locker rooms for men and women, a stage, and ample storage space.



**Alaska Addiction Rehabilitation Services**

**Treatment Building Expansion**

*Proposed Expansion Rendering: Phase 2 – Residential and Reception Addition*



## Financial Analysis and Projections

This section outlines the anticipated operational costs associated with the maintenance and administration of the forthcoming expansion of the AARS facility, distinct from the program-related costs tied to operating farm activities. The goal is to explain the financial requirements needed to maintain the facility's functionality and ensure its long-term sustainability by analyzing these facility-related costs.

The expenses outlined specifically pertain to the physical infrastructure and maintenance. The following pages aim to explain the financial requirements needed to maintain the facility's functionality and ensure its ongoing operations.

Over the past three years, AARS has invested in new client treatments, additional personnel, and the expansion of its work therapy program, all in pursuit of furthering the mission to 'provide client-centered quality residential treatment services to adults living with substance use disorder and co-occurring disorders from all regions of the State of Alaska.'

### *Existing Financial Position FY22/24*

AARS strives to be an industry leader in client-centered substance use disorder treatment. Over the past three years, the organization has successfully expanded its programs and continues to grow. As a financially viable non-profit organization with years of experience, AARS is in a strong position for the future. Here is a look at the current financial position:

- AARS had a Net Operating Income of \$889,648 in FY24, representing a 35% increase over three years, with an average Net Margin Ratio of 13%, allowing AARS to reinvest in its mission. 85% of AARS's revenue is generated from client treatment fees.
- AARS operated with \$2,151,592 in cash flow as of FY24, providing financial stability and flexibility to respond to immediate needs.
- AARS' leverage ratio is historically below 1% with an average of 0.6% over three years, demonstrating strong financial stability and viability. As of FY24, AARS's Total Liabilities and Equity were \$8,571,764.
- AARS maintains a personnel-to-revenue ratio under 60%, indicating a strong commitment to providing the best-qualified staff for clients.

### *Financial Projection Assumptions*

- AARS has seen 11% growth in treatment fees over the past three years; however, future projections estimate a more conservative growth rate of 2% starting in FY29, once all beds have been filled.
- Revenue projections for FY26 assume 32 additional outpatient clients with a yearly billing rate of \$52,146.
- Revenue projections for FY27-28 assume the completion of the residential expansion, adding 13 additional residential clients with annual billing of \$156,440 per client.
- New Facility Operations and Maintenance costs are calculated at \$11.00 per square foot of new construction annually, accounting for routine annual expenditures and the replacement of larger items (e.g., repainting, re-roofing, boiler replacement, etc.).
- Facility Operations and Maintenance costs are projected to increase by 20% per year.



- Personnel expenses are projected to rise in accordance with the additional staffing requirements specified in the Human Resources Plan (page 30), along with a growth rate of 10% reflecting historical trends.

*Projected Financials from Phase 1: Design and Site Preparation (FY24/25)*

Phase 1 involves capital impacts on the income statement due to design fees and the capital expansions of the outpatient housing and staffing offices. In FY25, net operating income is expected to stabilize once more outpatient beds come online.

- FY25 will see a slight increase in treatment fees with the addition of outpatient housing.
- Facility income will increase with additional outpatient housing rents.
- Personnel expenses will increase as additional staff are hired to accommodate the influx of outpatient clients.
- Facility expenses will increase in FY25 with the addition of a 3,000 sq/ft office, group areas, vocational training classroom building, and outpatient housing.

AARS predicts that the projected increase in facility and operation expenses will be covered by the associated increase in program revenues.

*Projected Financials from Phase 2: Residential and Reception Addition (FY26/27)*

The completion of Phase 2, which includes the residential expansion and reception area, is scheduled for summer 2026. This would add 26 additional residential client beds, generating an estimated \$4 million increase in treatment fees annually. Assuming not all beds would be filled in the first fiscal year, this cost has been distributed across FY27/28. By the end of FY29, AARS expects to operate at full capacity with a net operating income of \$1,819,771.

- Assumes 13 residential treatment beds will be filled by the end of FY27, with an additional 13 beds filled by the end of FY28.
- Personnel costs will rise with the addition of staff to provide treatment; however, the personnel ratio is expected to decrease to 47% in FY29, compared to 52% in FY24.

*Projected Financials from Phase 3: Gymnasium and Community Center Addition*

Once Phase 2 is completed, AARS will pursue Phase 3, the gymnasium and community center addition. This space will provide clients with a dedicated space for physical activities during the winter season, and a venue for hosting larger events, including recovery meetings.

- Assumes a slight increase in revenue in FY29 from hosting larger events and recovery meetings.
- Assumes an increase in facility expenses if the addition is completed in FY28.
- No additional staff will be needed with the addition of Phase 3.



### Existing and 5-Year Financial Projections: AARS Facility Expansion

Statement of Activities - Income Statement Projections								
	Actual			Projected*				
Revenues	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29
Grant Income	\$349,936	\$733,637	\$676,277	\$966,707	\$1,034,871	\$1,120,158	\$1,215,109	\$1,323,530
Treatment Fees	\$2,053,323	\$3,833,605	\$4,067,447	\$4,552,192	\$6,220,888	\$8,254,612	\$10,288,336	\$10,494,102
Donations/Fundraisers	\$63,305	\$73,005	\$25,923	\$31,307	\$37,568	\$50,717	\$68,468	\$92,432
Farm Income	\$3,767	\$15,972	\$25,900	\$40,645	\$63,813	\$100,186	\$120,223	\$144,268
Facility Income	\$0	\$18,379	\$30,824	\$114,619	\$142,128	\$163,447	\$187,964	\$296,158
Other Income	\$829	\$1,124	\$22,290	\$18,129	\$42,685	\$83,246	\$148,891	\$253,633
<b>Total Revenue</b>	<b>\$2,471,160</b>	<b>\$4,675,722</b>	<b>\$4,848,661</b>	<b>\$5,723,599</b>	<b>\$7,541,953</b>	<b>\$9,772,366</b>	<b>\$12,028,990</b>	<b>\$12,604,123</b>
Operating Expense	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29
Personnel	\$1,554,316	\$2,196,036	\$2,507,388	\$2,778,059	\$3,710,865	\$4,736,951	\$5,865,647	\$5,924,303
Facility	\$158,140	\$369,310	\$480,087	\$612,105	\$939,675	\$1,332,761	\$1,804,463	\$2,547,605
Supplies	\$230,150	\$259,021	\$227,971	\$287,503	\$388,002	\$462,817	\$542,120	\$574,648
Equipment	\$36,611	\$115,802	\$105,953	\$99,813	\$116,781	\$136,634	\$159,862	\$187,038
Other	\$403,429	\$651,978	\$637,613	\$799,864	\$943,840	\$1,113,731	\$1,314,202	\$1,550,759
<b>Total Op Expense</b>	<b>\$2,382,647</b>	<b>\$3,592,146</b>	<b>\$3,959,013</b>	<b>\$4,577,344</b>	<b>\$6,099,163</b>	<b>\$7,782,893</b>	<b>\$9,686,294</b>	<b>\$10,784,353</b>
<b>Net Operating Income</b>	<b>\$88,513</b>	<b>\$1,083,576</b>	<b>\$889,648</b>	<b>\$1,146,255</b>	<b>\$1,442,790</b>	<b>\$1,989,473</b>	<b>\$2,342,697</b>	<b>\$1,819,771</b>

\*Calculation Projections based on Financial Projection Assumptions found on pages 16 and 17.

#### Growth in Total Assets

Growth in net assets is a critical indicator of AARS's fiscal health, showing that revenues are consistently exceeding expenses over time. For a non-profit, this is an essential metric as it demonstrates the capacity to reinvest in programs, expand services, and ensure long-term sustainability. AARS' balance sheet shows a favorable leverage ratio (current assets to current liabilities). Key points regarding AARS's asset growth include:

- **Positive Net Asset Growth:** AARS's balance sheet indicates that the organization has been successfully growing its net assets. This ensures that more resources are available for reinvestment into the mission of providing high-quality, client-centered treatment services.
- **Strategic Investments in Growth:** AARS has been making strategic investments to expand its operations and improve service delivery. This includes:
  - **Facility Upgrades:** Ongoing facility improvements and expansions to increase capacity and enhance the quality of care.
  - **Technology Enhancements:** Upgrading office technology to streamline operations and support client services.
  - **Staff Expansion:** Increasing staff resources to ensure the organization can meet the growing demand for services and maintain high standards of client care.



- **Commitment to Organizational Capacity:** Through these investments, AARS demonstrates a strong commitment to building and growing its capacity, ultimately enabling the organization to better serve its clients and address the rising demand for substance use disorder treatment in Alaska.
- **Favorable Leverage Ratio:** AARS maintains a favorable leverage ratio, as shown below, demonstrating a healthy balance between current assets and current liabilities. This indicates that the organization is well-positioned to meet short-term obligations without facing financial strain.

Leverage Ratio					
	Actual			Projected	
	FY22	FY23	FY24	FY25	FY26
Total Liabilities	\$28,281	\$71,260	\$60,206	\$65,733	\$72,964
Total Assets	\$6,778,383	\$7,569,240	\$8,511,559	\$9,362,714	\$10,392,613
Leverage Ratio	0.42%	0.94%	0.71%	0.70%	0.70%

\*Calculation of growth rate based on historical growth

#### Stable Management in Liabilities

- AARS demonstrates excellent management of its liabilities, which is a strong indicator of its financial stability and prudent fiscal practices. AARS has kept total liabilities well below \$100,000, which reflects a cautious approach to borrowing and ensures that the organization is not over-leveraged.

#### Investment in Long-Term Growth

- AARS has shown a strong commitment to long-term sustainability and financial health, and therefore, has been able to reinvest in fixed assets such as new facilities, additional outpatient housing, and additional office building for new staff, and program space. This reflects the commitment to expanding and improving services.
- AARS's balance sheet shows a positive trend in retaining funds for future projects and suggests a focus on long-term goals rather than short-term survival. By retaining funds for future projects, the organization is positioning itself to continue meeting the rising demand for its services and fulfilling its mission.

#### Demonstrating Mission Impact

- AARS is attractive to grant funders because it showcases measurable results and fosters community support while fulfilling its mission. This growth in funding translates to better balance sheet health and is desirable to potential funders.



## Sustainable Revenue Plan

While AARS serves a diverse client population drawn from across the state, a primary population served over the years has consisted of chronic alcoholics and opioid drug users. The care of chronic alcoholics using Alaska Mental Health Trust funding in Alaska is mandated by state law (AS 47.30.056).

AARS receives funding from a combination of the 1115 Waiver (Medicaid), private insurance, and grants, along with additional revenue generated from the sale of farm products. Public funding serves as a fundamental component of the care system for this population, as clients generally possess limited resources due to the inherent nature and condition of their disease.

AARS is committed to fulfilling its mission by implementing innovative, impactful, and financially sustainable practices. This section outlines AARS's sustainable revenue model, evaluates its effectiveness, and presents an expansion strategy aimed at increasing revenue while maintaining the organization's core values and ensuring long-term sustainability.

### *Current Revenue Model*

AARS has a diversified and sustainable revenue model that supports its operations and mission. Outlined below are key findings from analyzing the diverse revenue sources:

- **Treatment Fee Revenue:** Revenue growth from counseling services (e.g., group and individual therapy sessions, life skills, case management, and peer support fees) indicates a higher demand for their programs, demonstrating that AARS is successfully addressing community needs.
- **Grants and Donations:** A steady or growing stream of grants and donations suggests AARS is gaining greater support from its donor base, funders, and stakeholders. This reflects effective fundraising efforts and confidence in the organization's mission.
- **Diverse Revenue Streams:** The income statement shows multiple sources of revenue (e.g., grant income, treatment billing, individual donations, farm, and facility income), this reflects reduced dependence on a single funding source, which demonstrates financial stability.

### *Projected Revenue Model*

The expansion plan aims to scale AARS's impact and revenue by replicating successful programs, exploring new billable treatment options, and leveraging the work therapy model. This will increase revenue streams while preserving the organization's sustainability. The following key strategies will shape its revenue model:

- **Program Diversification:** AARS will continue to explore and implement new billable treatment options for its clients. By diversifying programming, the organization aims to attract a broader client base and address varied needs within the community. This approach will not only enhance client demand but also provide a stable and sustainable source of revenue.
- **Enhanced Facility Income and Fundraising Efforts:** With the growth of its residential treatment and outpatient programs, AARS is positioned to maximize facility utilization and generate additional income. Expanded service capacity will enable the organization to serve more clients, thereby increasing revenue from treatment services. Complementing these efforts, AARS will intensify its fundraising initiatives to secure supplementary funding, ensuring the organization's financial health.



- **Strategic Partnerships:** AARS plans to establish and strengthen strategic partnerships with healthcare providers, community organizations, and other stakeholders. These collaborations will create opportunities for shared resources, co-branded programs, and access to new client networks. Strategic alliances will enhance the organization's reach and contribute to its revenue growth by unlocking new funding channels and service delivery opportunities.

Through these targeted strategies, AARS will build a robust and diversified revenue model, enabling the organization to expand its impact while maintaining financial stability.

#### Financial Projections for AARS Expansion

- **Year 1-2:** Completion of the expanded residential treatment facility will bring a projected **20% increase in revenue over two years.**
- **Year 3-5:** With the completion of Phases 2 and 3 of the expansion, AARS projects a **17% average increase in revenue by FY29.** This reflects the full-scale operation of the expanded facilities and the subsequent increase in treatment services provided.
- **Long-term:** By FY29, AARS's net operating income is projected to **grow by 51%.** This growth will not only ensure financial stability but will also allow the organization to reinvest in its mission, expanding services and strengthening its impact.

Historically, AARS has operated within a surplus, consistently reinvesting profits back into the organization to grow its mission. The expansion strategy will continue this tradition, ensuring that AARS remains a responsible steward of the funds it generates. The table below illustrates how AARS has grown its mission while also being good stewards of the profit generated through its programming.

Net Margin Ratio					
	Actual			Projected	
	FY22	FY23	FY24	FY25	FY26
Total Revenue	\$2,470,331	\$4,674,598	\$4,841,730	\$5,723,599	\$7,541,953
Total Expenses	\$2,382,647	\$3,592,146	\$4,009,012	\$4,577,344	\$6,099,163
Net Margin	\$87,684	\$1,082,452	\$832,718	\$1,146,255	\$1,442,790
Net Margin Ratio %	3.5%	23%	17%	20%	19%

\*In FY2024 Capital Funds were used for the design fees for facility expansion of \$304,103

\*\*Calculation of growth rate based on historical growth

#### Conclusion

AARS's current revenue model demonstrates sustainability through diversified streams and mission alignment. The proposed expansion strategy leverages this foundation to increase revenue and impact while maintaining fiscal responsibility and long-term sustainability. By carefully managing growth and adhering to its core values, AARS will continue to thrive as a leader in advocacy and resources.



## Funding Request Overview

AARS Facility Expansion Phases 1 and 2 cost a total of \$15,691,772. Of this total project cost, \$5,830,000 has already been secured through State and Federal grants. The remaining balance of **\$9,861,772** is needed to fund Phase 2, which will help expand programming, client treatment offerings, and its mission. The project is broken into four funding components:

*Phase 1: Design and Site Preparation - \$3,008,645 - Currently Funded*

*Phase 2: Residential and Reception Addition*

- **\$12,683,128 Total Cost; \$2,821,355 Currently Funded, Seeking \$9,861,772 Additional Funding**

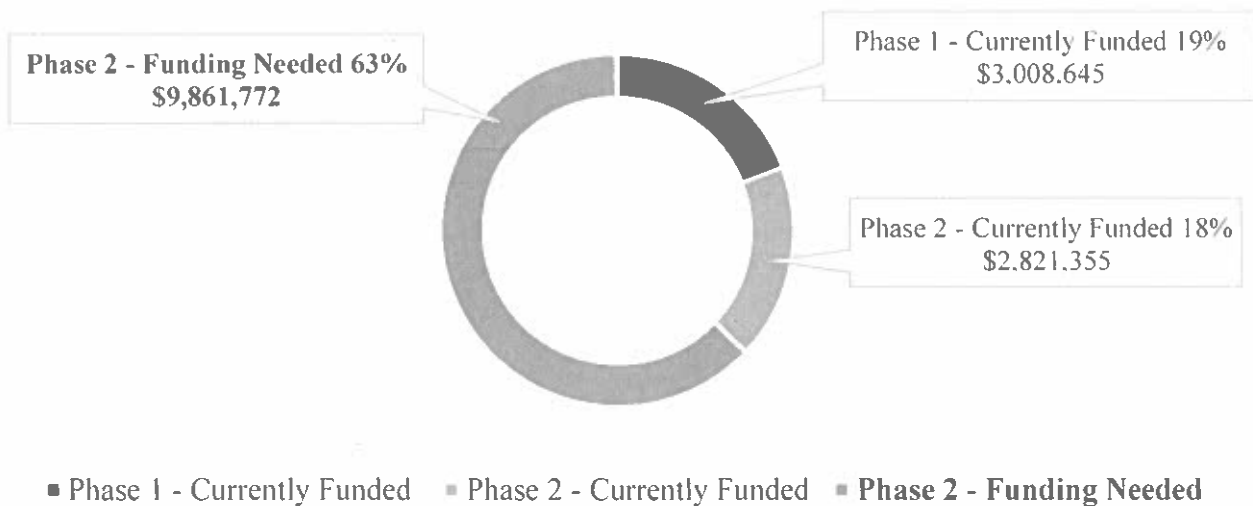
This phase will involve the creation of a second residential client treatment wing, including an additional 26 residential beds. The new wing also includes an enhanced dining facility, training and meeting rooms, outdoor gathering spaces, and additional offices. The reception addition will include an entrance reception desk and waiting area for incoming clients and visitors, improved staff amenities, restrooms, and an outdoor welcome plaza.

*Phase 3: Gymnasium and Community Center Addition*

- **Future Funding Request**

Phase 3 will provide an additional wing to the main facility for a gymnasium and community center. The community center will include breakout therapy rooms, a kitchen, an entrance vestibule, and designated storage areas. The versatile gymnasium will include separate locker rooms for men and women, a stage, and ample storage space.

AARS Facility Expansion Costs - Phases 1 & 2  
\$15,691,772 Total Required





## Work Therapy and Life-Skills Training Plan

The success of AARS is fundamentally rooted in the extensive treatment services it offers to clients, including work therapy and life-skills training. AARS owns and operates Nugen's Ranch, a 116-acre farm that houses the organization's treatment facilities, multiple hay fields, large vegetable gardens, livestock pens, chicken coops, and two huge greenhouses—all vital to client rehabilitation. The farm is deeply woven into the very fabric of AARS's 40-year legacy. Treatment services are provided through a unique working farm therapy model, promoting personal growth, responsibility, and a sense of community among clients.

AARS stands out as the only rehabilitation facility in the State of Alaska that integrates a work therapy model and vocational training into its treatment approach. This model has demonstrated effective results in client rehabilitation, distinguishing AARS from other facilities in the state.

### Creating a Productive Work Therapy Model

As AARS develops its work therapy model through farming operations, there is an opportunity for increased program revenue and boosts the facility's productivity. Nugen's Ranch has generated revenue from producing and selling farm products, such as hay, vegetables, and pigs, totaling \$25,000 annually in FY24. This figure is expected to grow as the greenhouse and animal operations expand.

Greenhouse produce is typically sold at the local farmer's market and a roadside stand, serving as a source of revenue and an opportunity for clients to engage with the community. Products marketed as Nugen's Ranch are proudly included in the Alaskan Grown program, enhancing consumer awareness of agricultural products grown in Alaska.

The following items are set to be completed in FY26. They are all financed through capital improvement funds, grants, the 1115 Waiver, and additional revenue generated from farming operations:

#### Spring 2025 CIP Projects:

- Drill a new water well in the back acreage for irrigation.
- Purchase additional cattle during spring months to assist with defraying food costs.
- Additional farm stock, and horses for equine therapy.
- Construct a pole barn to protect the cattle and swine from adverse weather conditions and predators.
- Orchard expansion, including berry production, and bee hives for honey production and pollination.

#### Projects on the Horizon:

- Increase production of vegetables from the garden, hay, and farm animals and make them available for ranch use and sale to the public.
- Foster a relationship with Alaska Food Co. to provide Alaska Grown produce for resale.

By the end of FY29, AARS anticipates achieving full production. This projected growth will result in a 6–7% net increase in revenue contributing to the budget. As a result, the program is expected to grow from \$25,000.00 to over \$100,000.00.



## Human Resources Plan

AARS is committed to delivering exceptional care to every client through qualified and compassionate personnel. It is fully staffed and will maintain its existing organizational structure throughout the implementation of Phases 2 and 3.

The current staff supports a model that includes 26 residential treatment beds (serving 26 residential clients) and 10 outpatient beds, accommodating a total of 36 clients. With plans to double the number of patient beds (total 52) and increase outpatient treatment beds by 32 additional beds (total 42), the AARS Board of Directors and leadership have carefully considered the necessary staffing increases to maintain the same level of care for clients while ensuring financial sustainability.

The Human Resources department plans to add 35 new staff positions, along with 13 new outpatient/work therapy roles, resulting in a total of 48 additional positions needed once Phase 2 is completed.

AARS plans to add a Director of Finance (1), along with 15 additional clinical staff to support the residential treatment clients. These include Counselors (3), Counselors in Training (1), Case Managers (2), Intake Manager/Quality Assurance (1), Intake Coordinator/Quality Assurance (1), Behavioral Health Aides (4), Clinical Supervisor (1), Lead Counselor (1), Medical Doctor (1). Additional kitchen staff will also be required, including a Kitchen Manager (1), and a Cook (1). Support staff such as Facility Monitors for Night (2), Evening (2), and Crossover/Weekend (1), including Housekeeping (2).

To accommodate the increased capacity in the outpatient program, 5 additional clinical positions will be needed, including Counselors (2) and Peer Support/Case Managers (3). Additional support roles for operating Nugen's Ranch will include a Greenhouse Manager (1), Greenhouse Assistants (2), and Ranch Hands (2).

Furthermore, AARS anticipates growth in its residential treatment clients' Work Therapy and Outpatient Ranch Hands program, with 13 new outpatient/work therapy positions to be created. These will include Ranch Hand positions (10) for outpatient clients, Kitchen Helper (2), and Greenhouse Helper (1) roles for residential treatment clients. Outpatient and Work Therapy roles provide part-time work experience on the property. Clients must apply for these positions, which offer a minimum wage salary.

AARS Client and Staffing Current and Projected			
Client / Staff Ratio	Current	Phase 2 Projected Additional	TOTAL Projected
Residential Treatment	26	26	52
Outpatient Treatment	10	32	42
<b>TOTAL Clients</b>	<b>36</b>	<b>58</b>	<b>94</b>
<b>TOTAL AARS Staff</b>	<b>39</b>	<b>35</b>	<b>74</b>
<b>Work Therapy Client Staff</b>	<b>9</b>	<b>13</b>	<b>22</b>

A full list of projected staffing can be found in Appendix B: Staffing Projections.



## Fundraising Strategy

AARS is committed to enhancing the development and influence of its programs through a focus on continuous fundraising initiatives throughout the year. The purpose of these initiatives is to obtain the necessary resources to broaden program offerings and improve community outreach. AARS aims to enhance the program's visibility and build stronger connections within the community, ensuring that more individuals can access and benefit from its services.

The following are examples of how AARS can sustain and amplify its mission to serve and empower the community through strategic fundraising campaigns, partnerships, and donor engagement.

### *1. Annual Campaigns and Events*

#### a) Giving Tuesday

- Launch a targeted email and social media campaign leading up to Giving Tuesday, highlighting client stories, farming sustainability, and vocational training successes.
- Include a *"Double Your Impact" match campaign* to encourage donations with corporate sponsor backing.
- Use the donor button on AARS's website to simplify online giving.

#### b) Fun Day Fundraiser (Summer)

- Host an interactive event with farm tours, hayrides, live music, food vendors, and vocational project showcases (e.g., sheds and handmade goods for sale).
- Include a corporate sponsorship package to fund the event and prizes.
- Integrate donation stations and QR codes linked to the donor page throughout the venue.

#### c) Founders' Day

- Host a formal dinner or luncheon featuring keynote speakers, client testimonials, and recognition of major donors.
- Offer naming opportunities for farm projects, or training programs as part of the event.
- Launch a silent auction featuring client-made sheds, goods, and local contributions.

#### d) Christmas Gift Fundraiser

- Community members can "Sponsor a Client" to purchase Christmas gifts during the holiday season.

#### e) Winter Fundraiser – Future Programming

- Run a "Sponsor a Client" program, allowing donors to cover specific needs (e.g., farm tools, vocational training kits, or holiday meals).

### *2. Community and Corporate Contributions*

#### a) Corporate Sponsorships

- Create sponsorship tiers for events like "Fun Day" or "Founders' Day," offering benefits like branding, recognition in marketing materials, and event tickets.



#### b) Community Engagement

- Partner with local businesses for in-kind donations (e.g., materials for sheds or farming equipment).

### 3. Vocational Training Revenue Streams

#### a) Client-Led Projects – Future Programming

- Promote client-made products, such as sheds, furniture, or other goods, as part of a "Shop for a Cause" initiative.
- Establish partnerships with local ranches and businesses to sell these goods and explore collaborative projects.

#### b) Training Grants

- Apply for funding from state and federal vocational training programs, foundations, and grants focused on workforce development and sustainability.

### 4. Farming Revenue Growth

#### a) Vegetables and Hay Production Expansion

- Use the increased farming revenue (\$25,000 /year) to showcase AARS's sustainability efforts in donor communications and grant proposals.
- Promote the farm's success story to corporate donors and sponsors as a model for self-sustainability.

b) Client Food Production Impact: Highlight how the farm offsets client food costs by \$500 monthly, ensuring clients' nutritional needs are met affordably.

### 5. Digital and Recurring Giving Initiatives

#### a) Donor Button

- Optimize the donor button on AARS's website by offering recurring donation options.
- Encourage monthly giving campaigns like "\$25 for 25 Years" to honor AARS's achievements.

#### b) Online Fundraising Platforms

- Use crowdfunding platforms for specific campaigns, like farm equipment purchases or vocational training scholarships.
- Promote Pick.Click.Give to Alaska residents during the state's PFD season.

By diversifying income streams and leveraging AARS's unique assets, this strategy aims to increase fundraising revenue while fostering stronger relationships with individual donors, corporations, and the community at large. Clear communication of AARS's successes, like the farm's sustainable growth and vocational training programs, will build long-term donor trust and engagement.



## Part III- AARS: Financials

### Statement of Financial Position – Balance Sheet

The balance sheet of AARS demonstrates positive growth, as indicated by the leverage ratio, equity, assets versus liabilities, and the growth in total assets. A well-performing organization such as AARS demonstrates this with the following indicators:

For AARS specifically, positive growth on the balance sheet is driven by increased client treatment billing, successful grant applications, strategic partnerships, and efficient program management. An increase in client demand and community impact further attracts financial support and helps expand the organization's essential counseling services in Alaska.

- Current liquid assets of \$2,684,666.00 in FY 24 suggest that AARS has a solid foundation for sustaining operations or responding to unforeseen challenges.

Statement of Financial Position - Balance Sheet			
	FY22	FY23	FY24
<b>Assets</b>			
<b>Current Assets</b>			
Bank Accounts	\$ 727,293	\$ 1,853,707	\$ 2,684,666
Accounts Receivable	\$ 104,679	\$ 75,227	\$ 89,313
<b>Total Current Assets</b>	<b>\$ 831,972</b>	<b>\$ 1,928,934</b>	<b>\$ 2,773,979</b>
<b>Fixed Assets</b>			
Fixed Assets	\$ 5,974,692	\$ 5,711,565	\$ 5,797,785
<b>Total Fixed Assets</b>	<b>\$ 5,974,692</b>	<b>\$ 5,711,565</b>	<b>\$ 5,797,785</b>
<b>Total Assets</b>	<b>\$ 6,806,664</b>	<b>\$ 7,640,499</b>	<b>\$ 8,571,764</b>
<b>Liabilities</b>			
Accounts Payables	\$ 23,781	\$ 69,016	\$ 57,615
Credit Cards	\$ 4,500	\$ 2,243	\$ 2,591
Payroll Liabilities	\$ -	\$ -	\$ -
<b>Total Liabilities</b>	<b>\$ 28,281</b>	<b>\$ 71,259</b>	<b>\$ 60,206</b>
<b>Equity</b>			
Net Assets	\$ 6,957,310	\$ 6,778,383	\$ 7,955,341
Net Income	\$ (178,926)	\$ 790,857	\$ 556,217
<b>Total Equity</b>	<b>\$ 6,778,384</b>	<b>\$ 7,569,240</b>	<b>\$ 8,511,558</b>
<b>Total Liabilities and Equity</b>	<b>\$ 6,806,665</b>	<b>\$ 7,640,499</b>	<b>\$ 8,571,764</b>



## Statement of Activities – Income Statement

AARS has demonstrated positive growth as seen in the income statement, proving that AARS is committed to financial health, mission alignment, and sustainable development.

### AARS Income Statement Highlights:

- **Revenue Growth:** An average 25% increase in total revenue compared to previous years, driven by new billable treatment options, grant awards, and expanded donor contributions.
- **Program Expansion:** Counseling program expenses increased by 15%, indicating a direct investment in the organization's mission.
- **Administrative Efficiency:** Administrative costs remained stable at 52% of total revenue, reflecting strong operational control.
- **Net Surplus:** A 17% surplus in FY24 was reinvested into new counseling initiatives and community outreach programs.

AARS is growing in a financially responsible, mission-aligned, and sustainable way as demonstrated in the income statement.

Statement of Activities - Income Statement			
	Actual		
Revenues	FY22	FY23	FY24
Grant Income	\$ 349,936	\$ 733,637	\$ 676,277
Treatment Fees	\$ 2,053,323	\$ 3,833,605	\$ 4,067,447
Donations/Fundraisers	\$ 63,305	\$ 73,005	\$ 25,923
Farm Income	\$ 3,767	\$ 15,972	\$ 25,900
Facility Income	\$ -	\$ 18,379	\$ 30,824
Other Income	\$ 829	\$ 1,124	\$ 22,290
<b>Total Revenue</b>	<b>\$ 2,471,160</b>	<b>\$ 4,675,722</b>	<b>\$ 4,848,661</b>
<b>Gross Margin</b>	<b>\$ 2,471,160</b>	<b>\$ 4,675,722</b>	<b>\$ 4,848,661</b>
Operating Expense	FY22	FY23	FY24
Personnel	\$ 1,554,316	\$ 2,196,036	\$ 2,507,388
Facility	\$ 158,140	\$ 369,310	\$ 480,087
Supplies	\$ 230,150	\$ 259,021	\$ 227,971
Equipment	\$ 36,611	\$ 115,802	\$ 105,953
Other	\$ 403,429	\$ 651,978	\$ 637,613
<b>Total Op Expense</b>	<b>\$ 2,382,647</b>	<b>\$ 3,592,146</b>	<b>\$ 3,959,013</b>
<b>Net Operating Income</b>	<b>\$ 88,513</b>	<b>\$ 1,083,576</b>	<b>\$ 889,648</b>



## Statement of Cash Flow

AARS prioritizes responsible cash flow management to ensure long-term sustainability and effective program delivery. The organization maintains a balanced approach to income and expenditures, aligning financial practices with its mission to maximize community impact.

By maintaining disciplined cash flow practices, AARS upholds its commitment to fiscal responsibility while advancing its mission and fostering trust among donors, partners, and the community.

Statement of Cash Flow									
	Actuals			Projected					
Operating Cash Flow	24-Jul	24-Aug	24-Sep	24-Oct	24-Nov	24-Dec	25-Jan	25-Feb	25-Mar
Net Income	\$ (68,247)	\$ (437,635)	\$ (4,800)	\$ (33,737)	\$ (28,379)	\$ (9,283)	\$ 37,917	\$ 181,940	\$ 34,280
Change in Current Assets	\$ -	\$ (1,975)	\$ 40	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Change in Current Liabilities	\$ 114,893	\$ 261,572	\$ (396,622)	\$ 156,191	\$ 11,916	\$ 79,817	\$ 9,773	\$ (552)	\$ 6,019
<b>Subtotal Operating Cash Flow</b>	<b>\$ 46,646</b>	<b>\$ (178,038)</b>	<b>\$ (401,382)</b>	<b>\$ 122,454</b>	<b>\$ (40,295)</b>	<b>\$ (89,100)</b>	<b>\$ 47,690</b>	<b>\$ 181,388</b>	<b>\$ 40,299</b>
Investing Cash Flow	FY22	FY23	FY24	FY24	FY24	FY24	FY24	FY24	FY24
Change in LT Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal Investing Cash Flow</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Financing Cash Flow	FY22	FY23	FY24	FY24	FY24	FY24	FY24	FY24	FY24
Change in LT Liabilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Change in Equity	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal Financing Cash Flow</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Net Cash Flow</b>	<b>\$ 46,646</b>	<b>\$ (178,038)</b>	<b>\$ (401,382)</b>	<b>\$ 122,454</b>	<b>\$ (40,295)</b>	<b>\$ (89,100)</b>	<b>\$ 47,690</b>	<b>\$ 181,388</b>	<b>\$ 40,299</b>
Cash	FY22	FY23	FY24	FY24	FY24	FY24	FY24	FY24	FY24
Starting Cash	\$ 2,684,366	\$ 2,731,012	\$ 2,552,974	\$ 2,151,592	\$ 2,274,046	\$ 2,233,751	\$ 2,144,651	\$ 2,192,341	\$ 2,373,729
Change in Cash	\$ 46,646	\$ (178,038)	\$ (401,382)	\$ 122,454	\$ (40,295)	\$ (89,100)	\$ 47,690	\$ 181,388	\$ 40,299
<b>Ending Cash</b>	<b>\$ 2,731,012</b>	<b>\$ 2,552,974</b>	<b>\$ 2,151,592</b>	<b>\$ 2,274,046</b>	<b>\$ 2,233,751</b>	<b>\$ 2,144,651</b>	<b>\$ 2,192,341</b>	<b>\$ 2,373,729</b>	<b>\$ 2,414,028</b>



## APPENDIX A: AARS Strategic Plan



## **ALASKA ADDICTION REHABILITATION SERVICES, INC. (AARS) STRATEGIC PLAN FOR FY 2022 AND IN PERPETUITY**

The Strategic Plan was developed by the President of the Board of Directors, Randy Smith, in coordination with agency staff, and the Board of Directors. This document was reviewed and approved by the Board of Directors on July 31, 2024.

### **Mission:**

The Alaska Addiction Rehabilitation Services, Inc. mission is to provide client-centered quality residential treatment services to adults living with substance use disorder and co-occurring disorders from all regions of the State of Alaska.

### **Core Values**

Clients will:

1. be treated with dignity and respect,
2. have access to needed services that achieve optimal outcomes,
3. be empowered to exercise informed choices,
4. be served in the most culturally sensitive manner possible,
5. be actively involved in their own recovery planning and treatment development,
6. receive services from an organization that strives to continuously improve its service delivery and management integrity, and
7. be afforded opportunities to establish a recovery community while participating fully in every healthy aspect of life at AARS

### **Goals**

The goals of the program include providing clients with:

1. a safe, welcoming environment that encourages recovery,
2. meaningful recovery information and experiences that teach, model, and support changes in attitude, behavior, and beliefs,
3. an acknowledgment and sensitivity to culturally diverse clients and staff,
4. a sustained recovery support from initial treatment through transition,
5. the development and maintenance of current, evidenced-based, field-driven programming that improves the value of services delivered to the clients along with other life enhancing experiences, and
6. opportunities to strengthen interpersonal relationships through



- A. 12-step recovery meetings,
- B. sponsorship,
- C. recovery-based activities from around the Mat-Su Valley, and
- D. work therapy.

#### **FIVE-YEAR BUSINESS GOALS (2027)**

Within five years, AARS has successfully made the change to become fully integrated into, and is a viable, high-performing, part of, the State of Alaska's re-envisioned administrative services only (ASO)-based system for managing comprehensive behavioral health services.

Achieving the five-year goal on the way to achieving the ten-year goal will occur through successful completion of the strategic priorities:

- 1. develop a highly stable human resources infrastructure, characterized by a high employee retention rate,
- 2. increase the revenue stream in both size and diversity to fully cover operational expenses including increased staff costs, allow for investment in new program infrastructure and opportunities, and enhance financial reserves for resilience,
- 3. significantly expand the farm and ranch operations following a Farm plan that will make full use of the land and related opportunities to not only continue successful treatment of Alaskans with SUD, but to enhance the ability of the organization to generate more earned revenue from farm and ranch-related products and services,
- 4. continue to maintain existing and develop new partnerships that help leverage resources,
- 5. integrate with the state's administrative services only (ASO)-based management system, and
- 6. reduce costs: through wind turbines, two fully yearly operational greenhouses, increase farm animal production, and reduce waste, via paper, and energy use.



## APPENDIX B: Staffing Projections



Upon the implementation of Phase 2, AARS expects to require the addition of the following staff.

AARS Expansion Staffing Needs Overview – Additional Staff			
Staff	Phase 2/3 No. of Staff	Yearly Salary	Projected Yearly Costs
<b>Administration Staff</b>			
Director of Finance	1	\$130,000	\$130,000
<b>TOTAL</b>	<b>1</b>		<b>130,000</b>
<b>Clinical Staff</b>			
Counselor	3	\$76,500	\$229,500
Counselor in Training	1	\$61,000	\$61,000
Case Manager	2	\$59,500	\$119,000
Intake Manager/Quality Assurance	1	\$59,000	\$59,000
Intake Coordinator/Quality Assurance	1	\$54,000	\$54,000
Behavioral Health Aide	4	\$49,500	\$198,000
Clinical Supervisor	1	\$102,900	\$102,900
Lead Counselor	1	\$92,100	\$92,100
Medical Doctor	1	\$120,000	\$120,000
<b>TOTAL</b>	<b>15</b>		<b>\$1,035,500</b>
<b>Kitchen Staff</b>			
Kitchen Manager	1	\$65,000	\$65,000
Cook	1	\$59,500	\$59,500
<b>TOTAL</b>	<b>2</b>		<b>\$124,500</b>
<b>Support Staff</b>			
Facility Monitor - Night	2	\$47,200	\$94,400
Facility Monitor - Evening	2	\$47,200	\$94,400
Facility Monitor - Crossover/Weekend	1	\$19,000	\$19,000
Housekeeping	2	\$35,600	\$71,200
<b>TOTAL</b>	<b>7</b>		<b>\$279,000</b>
<b>16 – Bed Outpatient Staff</b>			
Outpatient Counselors	2	\$80,700	\$161,400
Peer Support/Case Manager	3	\$59,500	\$178,500
<b>TOTAL</b>	<b>5</b>		<b>\$339,900</b>



<b>Plan Operations Staff</b>			
Greenhouse Manager	1	\$62,000	\$62,000
Greenhouse Hand	2	\$56,100	\$112,200
Ranch Hand	2	\$47,200	\$94,400
<b>TOTAL</b>	<b>5</b>		<b>\$268,600</b>
<b>Outpatient Treatment Clients - Ranch Hands</b>			
Outpatient Ranch Hands	10	\$19,800	\$198,000
<b>TOTAL</b>	<b>10</b>		<b>\$198,000</b>
<b>Residential Treatment Clients – Work Therapy</b>			
Kitchen Helper	2	\$19,800	\$39,600
Greenhouse	1	\$19,800	\$19,800
<b>TOTAL</b>	<b>3</b>		<b>\$59,400</b>
<b>TOTAL Personnel Staff</b>	<b>35</b>		<b>\$2,177,500</b>
<b>TOTAL Client Positions</b>	<b>13</b>		<b>\$257,400</b>
<b>TOTAL Additional Staffing</b>	<b>48</b>		<b>\$2,434,900</b>

### **Efficient Personnel Expense Management**

As AARS requires a larger professional staff to operate its highly specialized counseling programs, a higher personnel expense ratio is expected. Production-focused non-profits typically keep a ratio of around 30%, whereas a value of 60% and under is considered good for counseling-based nonprofits. Over the past few years, AARS has steadily grown its staff while providing more efficient program services.

- **Reasonable Administrative Costs:** A manageable ratio of administrative expenses to total revenue shows AARS is operating efficiently, allowing more funds to be allocated toward its core counseling programs and services.
- **Program Expense Growth in Proportion to Revenue:** An increase in program-related expenses aligned with revenue growth demonstrates that AARS is successfully scaling its services to meet greater community demand without overspending.

<b>Personnel Expense Ratio</b>					
	<b>Actual</b>			<b>Projected</b>	
	<b>FY22</b>	<b>FY23</b>	<b>FY24</b>	<b>FY25</b>	<b>FY26</b>
Total Revenue	\$2,470,331	\$4,674,598	\$4,841,730	\$5,008,770	\$6,962,190
Total Salaries, Wages and Benefits	\$1,554,316	\$2,196,035	\$2,507,388	\$2,818,741	\$3,946,237
<b>Personnel Expense Ratio</b>	<b>63%</b>	<b>47%</b>	<b>52%</b>	<b>56%</b>	<b>57%</b>





**Alaska Addiction  
Rehabilitation Services, Inc.**



## **Residential Expansion Project Phase II: Business Plan and Proposal**

**FY26**

ALASKA ADDICTION REHABILITATION SERVICES, INC. | 26731 W. Point MacKenzie Road, Wasilla, | (907) 376-4534



## **Executive Summary**

Alaska Addiction Rehabilitation Services, Inc. (AARS) is a 26-bed adult residential substance abuse treatment facility located in the Matanuska-Susitna Valley. Since 1982, AARS has provided client-centered quality residential treatment services to more than 3,300 Alaskans looking to change their lives.

In 2012, AARS relocated from its Palmer-Wasilla Highway location to a new facility at Point Mackenzie. In addition to providing its clients a continuum of evidence-based treatment services, AARS also offers clients life skills training, work therapy, and new vocational opportunities designed to enhance their professional development.

Due to an increasing wait list, AARS started expansion plans in 2022 to include an additional 20,000-square-foot facility that will add an additional 26 beds (for a total of 52).

In April 2021, AARS began working with Brian Meissner of ECI Alaska Architects on new design plans and project components. Federal and State of Alaska fund planning began in February 2022.

Phase I is fully funded, thanks to a Federal Appropriation (\$3,000,000) with a FY25 Capital Grant (\$2,800,000) paying for a portion of Phase II construction.

AARS is now looking to finish funding Phase II. Total start-to-finish estimates for Phase I and Phase II of this project is more than \$15 million.

## **About AARS**

Since 1982, AARS has been one of Alaska's leading adult residential substance abuse treatment facilities, helping more than 3,300 adults living with substance use disorder (SUD) find sobriety. AARS is approved/certified by the Alaska Division of Behavioral health to deliver residential and outpatient treatment services and is accredited through the Commission on Accreditation of Rehabilitation Facilities (CARF). The private, non-profit agency offers a continuum of care for SUD treatment, targeted primarily to individuals whose addictive disease has progressed beyond the point where low intensity outpatient services are viable. The cornerstone of AARS is a longer term, residential treatment program that integrates traditional treatment practices, such as group and individual counseling, with a regimen of work therapy and a strong foundation in the 12-Step model. Average residential stay for AARS clients is six to nine months.

Many of AARS' clients have experienced a life on the streets, incarceration, and constant inebriation. The progression of their disease often carries substantial physical debilitation creating other health-related problems with the individuals. The treatment program at AARS works on slowly rebuilding their health and life skills while they work to break the bonds of addiction.

While AARS serves a diverse client population drawn from across the state, a primary population served over the years has consisted of chronic alcoholics and opioid drug users. The care of chronic alcoholics using Alaska Mental Health Trust funding in Alaska is mandated by state law (AS 47.30.056).

AARS is funded through a combination of the 1115 Waiver (Medicaid), private insurance and grants supplemented by non-program revenue (sale of farm products). Public funding is also a cornerstone of the system of care for this population given that, by the very nature and state of their disease, clients typically have few resources.

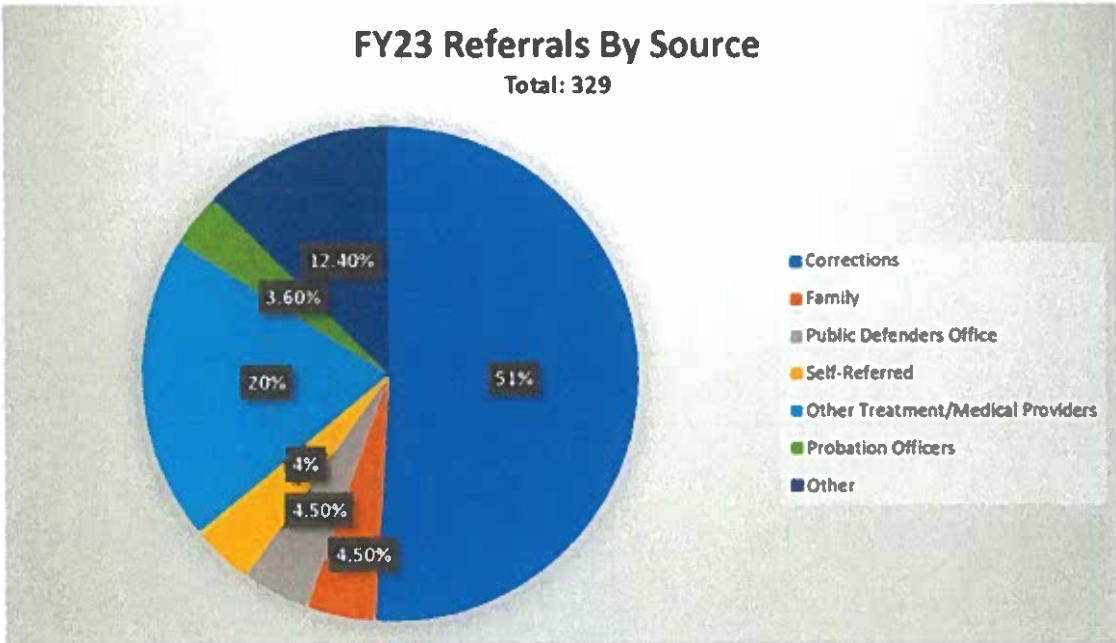
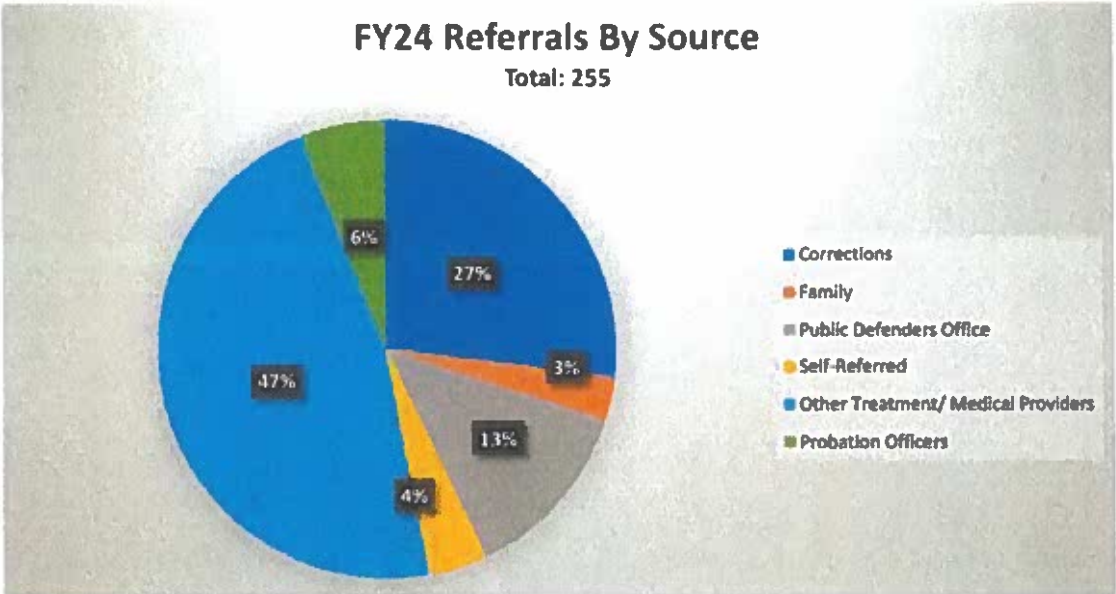


In 2012, AARS relocated from its Palmer-Wasilla Highway location to a new facility at Nugen’s Ranch at Point Mackenzie. The new site and facility allowed for expanded agricultural activity and modernized facilities, which improved program efficiency.

**The Need**

**Referrals by Source**

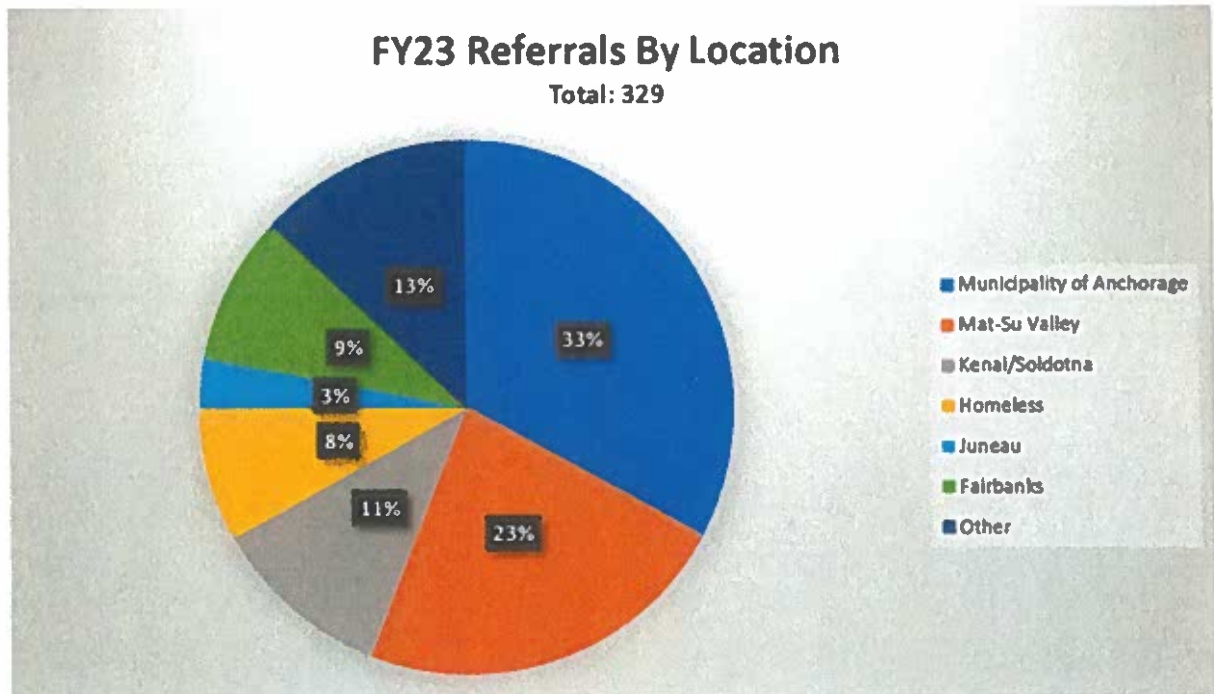
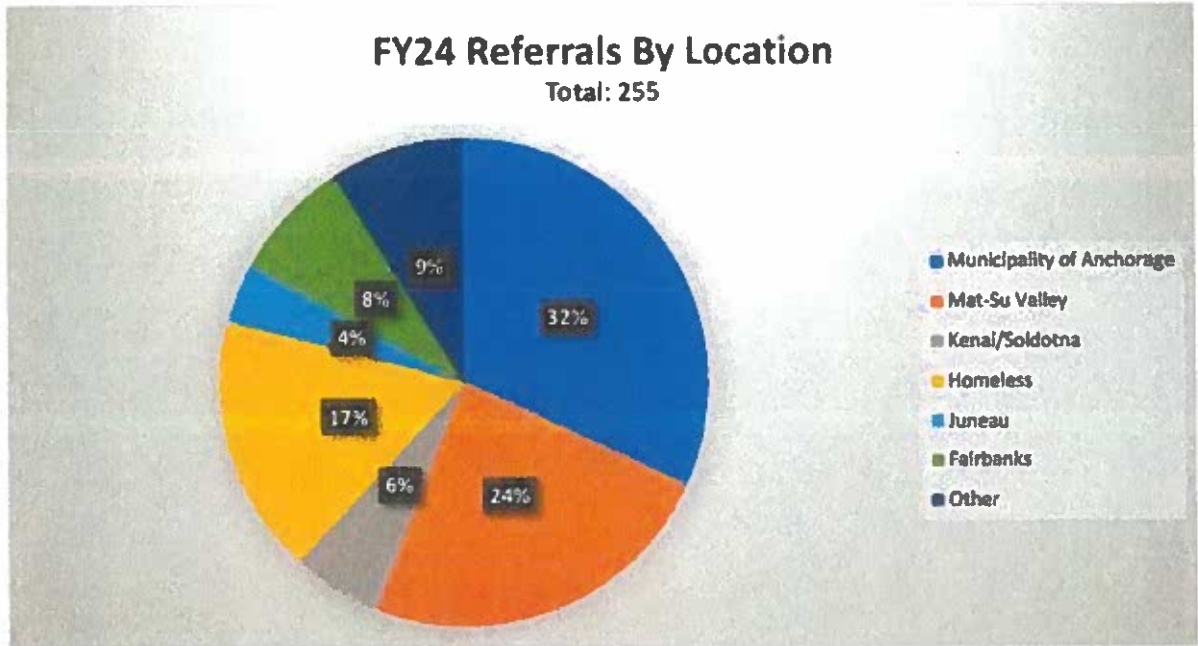
In FY24, AARS received 255 referrals for treatment services. AARS defines referrals as complete applicants to our programs. These referrals come from a broad range of sources statewide. FY23 and FY24 data are as follows. Notice that the majority have been referred from Alaska’s prisons and partner treatment/medical facilities statewide.





### Referrals by Location

Referrals to AARS come in from both Alaska's large metropolitan areas as well as rural hubs, making our treatment services truly a statewide need. Below is location data from FY23 and FY24.





### Graduates

In FY23, 18 of our 38 admitted clients completed treatment (47%), up from 35% in FY22. This is above average for longer-term treatment. According to SAMHSA's 2020 TED Report, less than 42% of people who begin treatment for drug and alcohol use complete it.

### Our "Wait List"

Many accepted by AARS do not become clients due to the low number of beds available at any given time. With a 26-bed capacity, the majority of people on AARS' wait list either seek out other treatment options or fall out of system of care entirely. Tracking these individuals has been a challenge. The obvious solution to this "wait list dilemma" is to expand and add more treatment beds, as well as additional clinical team members that can help convert even more referrals into clients.

Below is FY22 and FY23 wait list data. For FY24, there have been 14 applicants put on the wait list for admission (*updated 8/15/24*).



### Expansion Project – Scope of Work

In 2022, AARS' Board of Directors and staff began discussions to address and treat the growing number of Alaskans suffering from SUD and wanting to help them recover and reintegrate back into their community as productive citizens. Based on AARS wait list data and prevalence data published by the Alaska Division of Behavioral Health, the need for longer term residential treatment services at AARS exceeds existing capacity. Currently, there are only 60 treatment beds offered in the Mat-Su Valley. Therefore, AARS' Board of Directors and staff started plans to expand its treatment facility from 26 beds to 52 to serve more Alaskans living with SUD.

Expansion concept plans, developed by ECI Architects, include a new facility with 26 more client beds, staff offices, large meeting spaces, a new reception area and waiting room, warming kitchen, and storage space.

Once this new facility is built, work will begin on an adjacent building that will be used as a client gym, community meeting space, and local emergency shelter. AARS anticipates this project (Phase III) to begin in FY27.

AARS Expansion Project scope of work include the following phases:



- **Phase I:** In June 2024, ECI Alaska Architects began work on securing a project manager, initial site investigation, and design and contractual services.
- **Phase II:** In May 2025, construction will begin on a new 20,619-square-foot treatment facility to accommodate 26 additional beds, additional office space, and a reception area.

### **Project Phases and Costs**

AARS' Board of Directors and staff adopted a phased approach for completing this project in a cost-effective and timely manner. All estimates are from ECI Alaska Architects and based on FY24 costs.

AARS expenses averaged \$2.8 million in FY24, while revenues have averaged \$3.6 million. The facility is heavily funded by the State of Alaska's 1115 Waiver, as well as grant money from the Alaska Division of Behavioral Health. AARS currently maintains an excellent debt-to-income ratio and are able to meet new financial obligations.

### **Expansion Funding Update (as of 10/15/24)**

#### **Phase I: Planning and Design Services (FY24-25)**

- Site Investigation Design Services: \$1,286,049
- General Fees, Safety and Security, Earthwork, and Utilities: \$1,037,131
- Bid Ads, Permits, Soft Costs: \$137,257
- Project Contingency: \$264,110
- Project Management: \$132,014
- Construction Administration: \$48,654

**Total Phase I Cost: \$2,905,217**

**Total Phase I Funded: \$2,905,217**

#### **Phase II: Residential Building Construction (FY26) – 20,619 sf**

- Residential Addition and Reception Area Construction: \$10,779,208
- Soft Costs: \$844,933
- Contingency: \$1,162,414

**Total Phase II Cost: \$12,786,555**

**Total Phase II Funded: \$2,800,000**

**Total Phase II Balance: \$9,986,555**

**Total Expansion Project Cost: \$15,691,772**

These expansion plans hinge very heavily on acquisition of capital funding to complete these new facilities. Capital acquisition will likely be incremental, thus requiring careful planning, multiple funding requests and possibly a phased approach to construction. This method for project development is common and typically beneficial to the user since the project is allowed to evolve over time as funding becomes available.

### **Fundraising Update and Goals**

- Phase I of this project (\$2,905,217) was paid for from an appropriation issued by U.S. Senator Lisa Murkowski's office in the Fall of 2024.



- A portion of Phase II (\$2,800,000) was paid for through a State of Alaska FY25 Capital Budget appropriation, received in the Summer of 2024.
- Phase II fundraising efforts now include FY25-26 grant requests with the following funders:
  - Mat-Su Health Foundation (requesting \$10,000,000)
  - Alaska Mental Health Trust Authority (requesting \$1,000,000)
  - M.J. Murdock Charitable Trust (requesting \$650,000)
  - Rasmuson Foundation (requesting \$500,000)
  - AARS Donor Relations Program (\$200,000)

Fund development implementation, planning and scheduling is the top priority for AARS in FY25-26 to ensure construction doesn't stall in the Summer of 2025.

AARS' Board of Directors and staff will also seek support from local businesses, large funders, and community donation drives, as well as adding revenue from agricultural production (small scale).

### **AARS Project Team Members**

*Bryan Brandenburg, Executive Director*  
 Phone: (907) 376-4534  
 Email: [b.brandenburg@aarsrecovery.org](mailto:b.brandenburg@aarsrecovery.org)

*JJ Harrier, Development Contractor*  
 Phone: (907) 775-2886  
 Email: [j.harrier@aarsrecovery.org](mailto:j.harrier@aarsrecovery.org)

*Corbin Thurneau, Director of Operations*  
 Phone: (907) 376-4534  
 Email: [c.thurneau@aarsrecovery.org](mailto:c.thurneau@aarsrecovery.org)

### **AARS Board of Directors**

*Randy Smith, President*  
 Email: [r.smith@aarsrecovery.org](mailto:r.smith@aarsrecovery.org)

*Board Members: Andy Brennan, Karen Booth-Woods, Darlene Ahnassay, Ray DePriest, and James Griffin.*

### **ECI Project Manager**

*Brian Meissner*  
 Phone: (907) 565-5010  
 Email: [brianm@ecialaska.com](mailto:brianm@ecialaska.com)



Concept Drawings (ECI Alaska Architects)



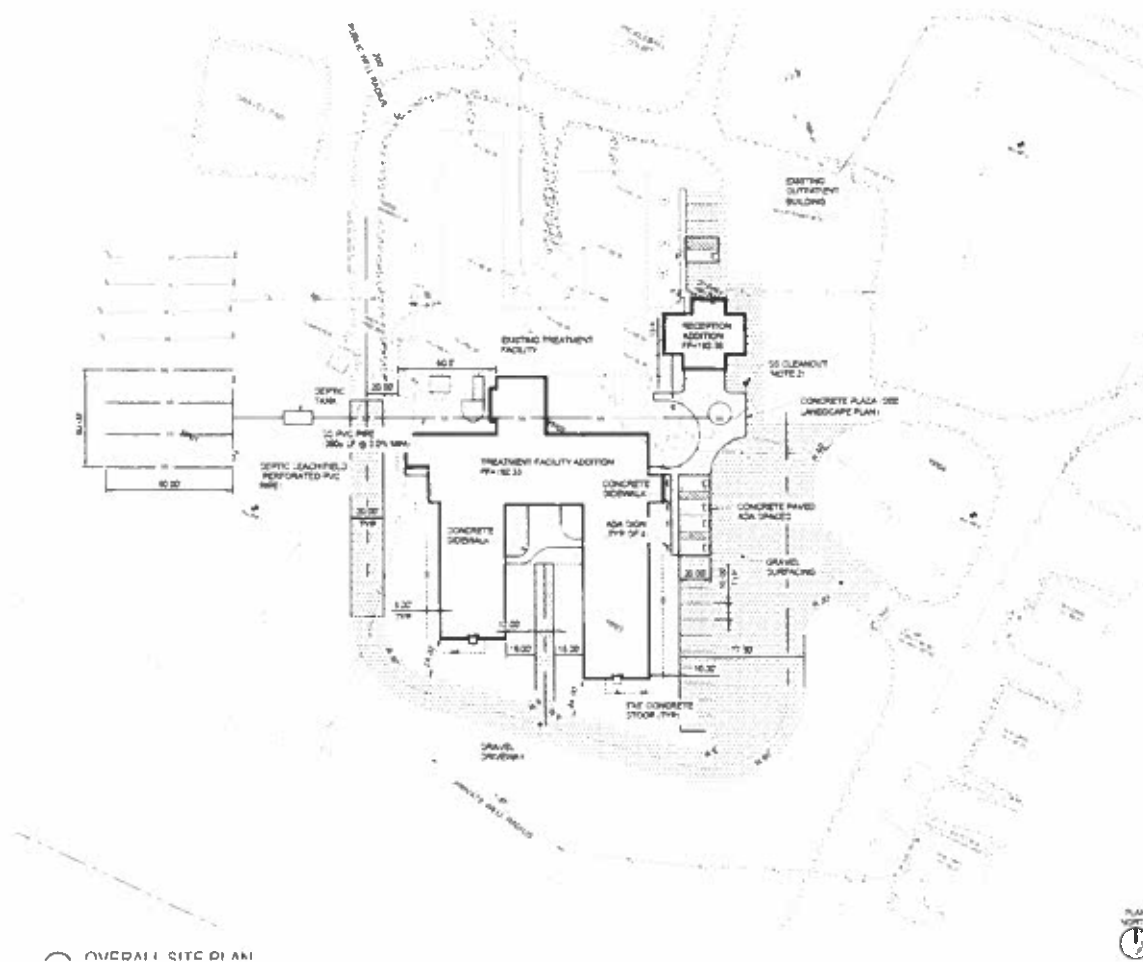




ECI

Alaska Addiction Recovery Services Facility Expansion

- 1.00 SITE PLAN
- 2.00 EXISTING BUILDING
- 3.00 EXISTING TREATMENT FACILITY
- 4.00 EXISTING TREATMENT FACILITY
- 5.00 EXISTING TREATMENT FACILITY
- 6.00 EXISTING TREATMENT FACILITY
- 7.00 EXISTING TREATMENT FACILITY
- 8.00 EXISTING TREATMENT FACILITY
- 9.00 EXISTING TREATMENT FACILITY
- 10.00 EXISTING TREATMENT FACILITY









**Alaska Addiction Rehabilitation Services Expansion**  
**Schematic Design Project Estimate**  
**Phases 1 and 2**

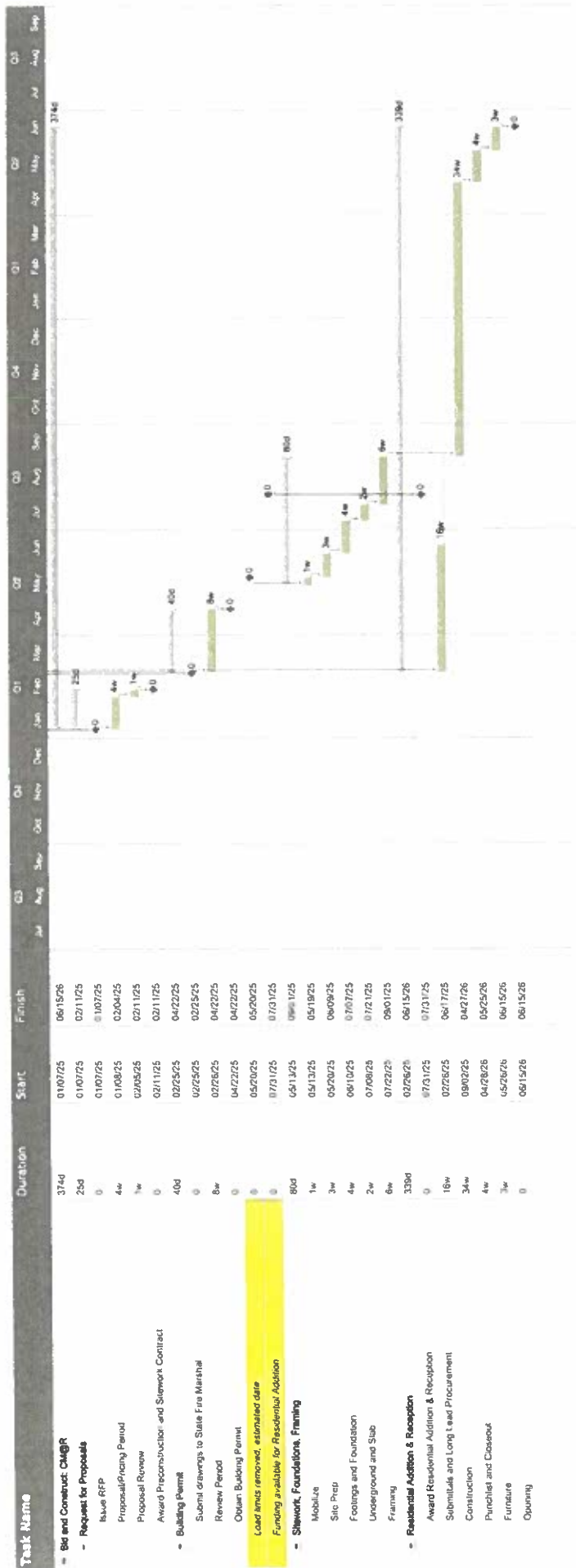
10/21/2024

AARS Expansion Project Budget Updated October 21, 2024		Factor	Phase 1a Design/PM	Phase 1b Site Prep	Phase 2a Residential Addition	Phase 2b Reception
			FY25		FY26	
Div	Description					
1	General Requirements and Fee		\$	117,869	\$ 1,065,616	\$ 159,435
2	Existing Conditions			-	10,000	31,265
3	Concrete			-	485,458	76,645
4	Masonry			-	-	-
5	Metals			-	32,728	5,167
6	Wood and Plastics			-	1,588,310	250,765
7	Thermal and Moisture			-	435,191	68,709
8	Openings			-	448,958	70,882
9	Finishes			-	806,316	127,303
10	Specialties			-	145,602	22,988
11	Equipment			-	19,601	3,095
12	Furnishings			-	61,975	9,785
21	Fire Suppression			-	250,236	39,508
22	Plumbing			-	706,381	111,525
23	HVAC			-	824,807	130,222
23	DDC Controls			-	462,387	73,003
26	Electrical			-	745,139	117,644
27	Communications			-	316,972	50,044
28	Safety and Security			-	347,605	54,881
31	Earthwork			763,278	-	-
32	Site Improvements			-	623,063	-
33	Utilities			155,984	-	-
<b>Estimated Construction Cost</b>			<b>\$ -</b>	<b>\$ 1,037,132</b>	<b>\$ 9,376,345</b>	<b>\$ 1,402,863</b>
Soft Costs						
	Site Investigation (Geotech/Survey)	2.00%	\$ 41,910	inc	inc	inc
	Design Services	9.50%	\$ 1,244,139	inc	inc	inc
	Construction Administration	3.00%	\$ -	\$ 48,654	\$ 275,707	inc
	Project Management	3.00%	\$ 111,155	\$ 20,859	\$ 118,203	inc
	Bid Ad	0.10%	n/a	\$ 11,816	inc	inc
	Art	0.25%	n/a	\$ -	\$ 29,541	inc
	Permits	0.75%	n/a	\$ 88,623	inc	inc
	Special Inspections	0.75%	n/a	\$ -	\$ 88,623	inc
	NEPA (none assumed; required by some Federal grants)		n/a	n/a	n/a	n/a
	Gym A/V System <sup>2</sup>		n/a	n/a	n/a	n/a
	Kitchen Equipment <sup>2</sup>		n/a	n/a	n/a	n/a
	Furniture Fixtures & Equipment	3.30%	n/a	\$ 34,225	\$ 309,419	n/a
	Moving Costs	0.25%	n/a	\$ 2,593	\$ 23,441	n/a
<b>Total Soft Costs</b>			<b>\$ 1,397,204</b>	<b>\$ 206,771</b>	<b>\$ 844,933</b>	<b>\$ -</b>
<b>Project Contingency</b>		<b>10%</b>	<b>\$ 139,720</b>	<b>\$ 124,390</b>	<b>\$ 1,022,128</b>	<b>\$ 140,286</b>
			<b>FY25</b>		<b>FY26</b>	
<b>Total Estimated Project Cost</b>			<b>\$ 1,536,924</b>	<b>\$ 1,368,293</b>	<b>\$ 11,243,406</b>	<b>\$ 1,543,150</b>
<sup>1</sup> Schematic Estimates provided by Estimations on 10/14/2024, with adjustments based on market analysis. Design and CA costs for Phase 2 are based on lump sum proposals, with assumption that Reception will be constructed concurrent with Residential Addition. Other soft costs based on ECI experience on related projects.						
<sup>2</sup> Lump sum estimate.						



Task Name	Duration	Start	Finish
- Design	123d	08/06/24	02/25/25
- 65% Design Development	58d	09/06/24	11/26/24
- Develop Design	58d	09/06/24	11/26/24
- Cost Estimate	3w	11/06/24	11/26/24
- 65% Design Submittal	0	11/26/24	02/04/25
- 85% Construction Documents	90d	11/27/24	12/10/24
- AARS Review	2w	11/27/24	12/10/24
- Meeting: Review Comments	0	12/10/24	12/10/24
- 90% Drawings and Specifications	10w	11/27/24	02/04/25
- Cost Estimate	0	01/22/25	02/04/25
- 90% Design Submittal	0	02/04/25	02/04/25
- 100% Bid Documents	15d	02/05/25	02/18/25
- AARS Review and QAOOC	2w	02/18/25	02/18/25
- Plans in Hand Site Visit & Review Meeting	0	02/18/25	02/18/25
- Finalize Drawings and Specifications	3w	02/05/25	02/25/25
- 100% Drawings and Specifications	0	02/25/25	02/25/25
- Bid and Construct: Traditional Design-Bid-Build	356d	02/25/25	07/08/26
- Bid Phase	25d	02/25/25	04/01/25
- Invitation to Bid	0	02/25/25	02/25/25
- Bid Period	4w	02/25/25	03/25/25
- Bid Review	1w	03/25/25	04/01/25
- Award Stipwork Contract	0	04/01/25	04/01/25
- Building Permit	40d	02/25/25	04/22/25
- Submit drawings to State Fire Marshal	0	02/25/25	02/25/25
- Review Period	8w	02/25/25	04/22/25
- Obtain Building Permit	0	04/22/25	04/22/25
- Load tents removed, estimated date	0	05/20/25	05/20/25
- Funding available for Residential Addition	0	07/31/25	07/31/25
- Slewot, Foundations, Framing	87d	08/13/25	09/10/25
- Mobilize	1w	05/13/25	05/13/25
- Site Prep	3w	05/20/25	06/08/25
- Footings and Foundation	4w	06/10/25	07/07/25
- Underground and Slab	2w	07/08/25	07/21/25
- Framing	6w	07/31/25	09/10/25
- Residential Addition & Reception	245d	07/31/25	07/08/26
- Award Residential Addition & Reception	0	07/31/25	07/31/25
- Submittals and Procurement	8w	07/31/25	08/24/25
- Construction	34w	08/25/25	05/20/26
- Punctial and Closeout	4w	05/21/26	06/17/26
- Furniture	3w	06/18/26	07/08/26
- Opening	0	07/08/26	07/08/26







AARS Expansion Project : Schematic Design Construction Cost Estimate										
Phase II										
Div	Description	Estimations	Market Adjustments	Net	w/Bond-Insure-Fee	w/contingency and escalation	Sitework Phase	Residential Addition	Reception Addition	10/22/2024
1	General Requirements and Fee	1,505,588	(422,000)	1,083,588	1,188,425	1,342,920	117,859	1,065,616	159,435	
2	Existing Conditions	33,296	-	33,296	36,517	41,265	-	10,000	31,265	
3	Concrete	453,555	-	453,555	497,436	562,103	-	485,458	76,645	
4	Masonry	-	-	-	-	-	-	-	-	
5	Metals	30,577	-	30,577	33,535	37,895	-	32,728	5,167	
6	Wood and Plastics	1,483,930	-	1,483,930	1,627,500	1,839,075	-	1,588,310	250,765	
7	Thermal and Moisture	406,591	-	406,591	445,929	503,899	-	435,191	68,709	
8	Openings	419,454	-	419,454	460,036	519,841	-	448,958	70,882	
9	Finishes	753,327	-	753,327	826,211	933,619	-	806,316	127,303	
10	Specialties	121,033	15,000	136,033	149,194	168,589	-	145,602	22,988	
11	Equipment	18,313	-	18,313	20,085	22,696	-	19,601	3,095	
12	Furnishings	17,902	40,000	57,902	63,504	71,760	-	61,975	9,785	
21	Fire Suppression	233,791	-	233,791	256,410	289,744	-	250,236	39,508	
22	Plumbing	733,288	(73,329)	659,959	723,810	817,906	-	706,381	111,525	
23	HVAC	856,225	(85,623)	770,603	845,158	955,029	-	824,807	130,222	
23	DDC Controls	432,000	-	432,000	473,796	535,389	-	462,387	73,003	
26	Electrical	773,522	(77,352)	696,170	763,524	862,782	-	745,139	117,644	
27	Communications	329,046	(32,905)	296,141	324,793	367,016	-	316,972	50,044	
28	Safety and Security	360,846	(36,085)	324,761	356,182	402,486	-	347,605	54,881	
31	Earthwork	615,881	-	615,881	675,467	763,278	763,278	623,063	-	
32	Site Improvements	352,743	150,000	502,743	551,383	623,063	-	-	-	
33	Utilities	125,862	-	125,862	138,039	155,984	155,984	-	-	
Totals		\$ 10,056,770	\$ (522,293)	\$ 9,534,477	\$ 10,456,938	\$ 11,816,340	\$ 1,037,132	\$ 9,376,345	\$ 1,402,863	



AAARS Expansion Project : Cashflow Projection Phase I & II													10/22/2024
(assumes that approximately \$250k of project contingency may not be committed)													
2024													
ECI	Sept	\$ 339,880	\$ 193,613	\$ 193,613	\$ 193,613								
Contractor		\$ -	\$ -	\$ -	\$ -								
Other		\$ -	\$ -	\$ -	\$ -								
Total to date		\$ 339,880	\$ 533,493	\$ 727,107	\$ 920,720								
2025													
ECI	Jan	\$ 193,613	\$ 193,613	\$ 182,876	\$ 17,378	\$ 17,378	\$ 17,378	\$ 17,378	\$ 17,378	\$ 17,378	\$ 17,378	\$ 32,826	\$ 32,826
Contractor		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,077,921	\$ 1,077,921
Other		\$ 11,816	\$ -	\$ -	\$ 88,623	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 17,725	\$ 17,725
Total to date		\$ 1,126,150	\$ 1,319,763	\$ 1,502,640	\$ 1,608,641	\$ 1,626,019	\$ 2,023,679	\$ 2,439,064	\$ 2,869,896	\$ 3,998,367	\$ 5,126,838	\$ 6,255,309	\$ 7,366,056
2026													
ECI	Jan	\$ 32,826	\$ 32,826	\$ 32,826	\$ 32,826	\$ 32,826	\$ 32,826	\$ 32,826	\$ 32,826	\$ 32,826	\$ 32,826	\$ 32,826	\$ 32,826
Contractor		\$ 1,077,921	\$ 1,077,921	\$ 1,077,921	\$ 1,077,921	\$ 1,077,921	\$ 1,077,921	\$ 1,077,921	\$ 1,077,921	\$ 1,077,921	\$ 1,077,921	\$ 1,077,921	\$ 1,077,921
Other		\$ -	\$ -	\$ 93,296	\$ 93,296	\$ 93,296	\$ 93,296	\$ 93,296	\$ 93,296	\$ 93,296	\$ 93,296	\$ 93,296	\$ 93,296
Total to date		\$ 8,476,802	\$ 9,587,549	\$ 10,791,592	\$ 11,995,635	\$ 13,199,678	\$ 14,403,721	\$ 15,540,501	\$ 16,743,597	\$ 17,946,643	\$ 19,149,689	\$ 20,352,735	\$ 21,555,781



# Residential Substance Use Disorder (SUD) Treatment - Bed Capacity

Residential Substance Use Disorder (SUD) Treatment - Denali Capacity							
Organization	Location	Beds	Gender	Age	Length of Stay	Level of Care	Per Profile
Anchorage Area							
Akeela House	Anchorage	36	MF	18+	12 mos	3.5	18
Arctic Recovery	Anchorage	23	MF	18+	1 mos	3.7/4.0	18
Chanlyut	Anchorage	14	M	18+	1.5 mos	3.1	14
Chris Kyle Patriots Hospital	Anchorage	18	MF	18+	1 mos	4.0	18
Clitheroe Mens Residential	Anchorage	42	M	18+	3-4 mos	3.5	42
Clitheroe Womens Residential	Anchorage	12	F	18+	3-4 mos	3.5	-
Dena A Coy Program (Southcentral Foundation)	Anchorage	16	F	18+	3-8 mos	3.5	16
Ernie Turner Center	Chugiak	16	MF	18+	6+ mos	3.5	16
Genesis Recovery Services, Inc	Anchorage	15	MF	18+	6+ mos	3.5	16
Stepping Stones (Akeela)	Anchorage	15	F	18+	9 to 12 mos	3.5	15
Volunteers of America/ARCH	Eagle River	16	MF	12-18	3-8 mos	3.1/3.5	18
Southwest Region							
Jake's Place	Dillingham	12	MF	18+	3 mos	3.5	14
Yukon Kuskokwim Ayaanirvik Healing Center	Bethel	16	MF	18+	4 mos	3.1	-
Northern Region							
Old Minto Family Recovery Camp	Fairbanks	10	MF	18+	1 mos +	3.5	10
Ralph Purdue Center	Fairbanks	12	MF	18+	1.5 mos	3.5	10
Ralph Purdue Center South	Fairbanks	10	MF	18+	1 mos	3.1	10
Restore, Inc.	Fairbanks	19	MF	18+	3-18 mos	3.3/3.1/2.1	19
True North	Fairbanks	16	MF	18+	6 mos	3.1	-
Women and Children's Center for Inner Healing	Fairbanks	5	F	18+	Varies	3.5	12
Southeast Region							
AARS	Point Mackenzie	26	MF	18+	6+ mos	3.1	24
Compass Men's Residential Treatment (Set Free)	Homer	15	M	18+	5 to 8 mos	3.5	-
SeaView	Seward	10	MF	18+	Varies	3.5	20
Serenity House Treatment Center	Soldotna	14	MF	18+	2 mos	3.5	12
Valley Oaks (Set Free)	Palmer	16	F	18+	5 to 8 mos	3.5	16
Vita Nova (True North)	Wasilla	23	MF	18+	6 mos	3.5	23
Southwest Region							
Rainforest Recovery Center	Juneau	0	MF	18+	1 mos	3.5	-
SEARHC Wellness Support	Sitka	24	MF	18+	4 to 6 mos	3.1	-
Sitka Residential	Sitka	10	MF	18+	4 to 6 mos	3.1	12
		461					
373							

Mat-Su Valley Bed Count	MALE	FEMALE	TOTALS
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AARS	17	9	26
Vita Nova	15	8	23
Valley Oaks	0	16	16
	32	33	65

Updated 9/30/2024  
<https://bedcount.health.alaska.gov/BedCount/statewide.aspx?ProgramType=5RT>



# Grant Approval Memo



**Grantee:** All Alaska Pediatric Partnership  
**Request Amount:** \$220,500.00  
**Project Title:** Infant and Early Childhood Mental Health (IECMH) Line Pilot Project  
**Grant Term:** May 22, 2025 to September 30, 2027  
**Fund Source:** FY25 Early Childhood Intervention & Prevention Priority Area: Infant & Early Childhood Mental Health Capacity Building (Page 15, Line 36)  
**Trust Staff:** Tina Voelker-Ross

## **Requested Motion:**

*The Board of Trustees approve a \$220,500 FY25 Early Childhood Intervention and Prevention grant to the All Alaska Pediatric Partnership for the Infant and Early Childhood Mental Health (IECMH) Line Pilot Project. These funds will come from the Infant & Early Childhood Mental Health Capacity Building line of the FY25 budget.*

## **Staff Analysis:**

- What does this project do?  
This project is to develop an Infant and Early Childhood Mental Health (IECMH) Line pilot to address the gap in mental health support for young children and those who care for them across the state. The IECMH Line will be an established call-in line through which they will offer technical assistance, education, and support for individuals providing care to infants and young children who need information and guidance on social-emotional development, addressing challenging behaviors, and other behavioral health needs of young children. Trust funds will be utilized predominantly for personnel and consulting through developing, implementing, and evaluating the IECMH pilot Line.
- Who is receiving the funds?  
The All Alaska Pediatric Partnership (A2P2) is a non-profit organization established in 1995 to improve services and systems for children and families in Alaska. A2P2 is located in Anchorage but works state-wide to collaborate and partner for innovative and evidence-based practices to improve services for children and families, and to help children reach their full potential. A2P2 runs Help Me Grow (HMG) Alaska, a resource line for parents on child development questions and connecting to supports.
- Why is staff recommending this project?  
This project supports infant and early childhood mental health capacity building. Alaska has critical shortages in infant and early childhood mental health services, especially in rural and remote areas. This project is designed to support care providers in the infant and early childhood arena, and secondarily, the infants, children, and families in their care, which includes Trust beneficiaries with mental health, substance use disorders, or developmental disabilities, and those at risk for becoming beneficiaries. This project will be linked to the well-established and successful HMG Alaska line. A2P2's experience, knowledge, and skills in managing this high-volume resource line will aid in developing, implementing, and managing the data for this current project. A2P2 has secured additional funding from the Department of Public Health in the amount of \$232,376.00 to develop and implement the IECMH pilot line.



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- Will this be a multi-year project?

This proposal is for a single 28-month grant term project. An extended grant term is needed to capture the project's initial development, the implementation, and data collection. We are not currently considering multiple years of funding. If future funding were to be considered after the full implementation of this pilot project, the decision to pursue additional funding would be data-driven. The funding would require a new application by A2P2 and approval through the Board of Trustees.

### Trust Five Year Funding History

<u>Fiscal Year</u>	<u>Project Title</u>	<u>Amount</u>	<u>Status</u>	<u>Final Expended</u>
FY25	Help Me Grow: Community Outreach, Care Coordination and Dev. Screening	\$150,000	Active	n/a
FY25	Early Childhood Governance Outreach Coordination	\$50,000	Active	n/a
FY25	Sponsorship of the 2024 All Alaska Pediatric Symposium	\$2,500	Closed	\$2,500
FY24	Help Me Grow: Early Childhood Community Outreach and Dev. Screening	\$150,000	Closed	\$150,000
FY24	Early Childhood Governance Outreach Coordination	\$50,000	Closed	\$50,000
FY24	Sponsorship of the 2023 All Alaska Pediatric Symposium	\$2,500	Closed	\$2,500
FY24	Early Childhood Development Monitoring Campaign: Early Identification and Intervention	\$140,000	Active	n/a
FY23	Help Me Grow: Early Childhood Community Outreach and Dev. Screening	\$100,000	Closed	\$100,000
FY23	Infant & Early Childhood Mental Health Systems Integration Analysis	\$70,000	Closed	\$70,000
FY23	All Alaska Pediatric Symposium Sponsorship	\$2,500	Closed	\$2,500
FY23	Alaska Early Childhood Network Retreat	\$18,700	Closed	\$18,700
FY22	All Alaska Pediatric Symposium Sponsorship	\$2,500	Closed	\$2,500
FY22	Pediatric Sub-specialty - A Systems Approach for the State of Alaska - Year 2	\$50,000	Closed	\$50,000



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FY22	Help Me Grow: Pediatric Behavioral Health Treatment Coordination	\$100,000	Closed	\$100,000
FY22	Early Childhood Governance Outreach Coordination	\$50,000	Closed	\$50,000
FY21	Pediatric Sub-specialty - A Systems Approach for the State of Alaska	\$67,910	Closed	\$67,910
FY21	Outreach & Education to Increase Developmental Screening	\$100,000	Closed	\$100,000
FY21	Alaska Early Childhood Development "Amazing Books"	\$5,090	Closed	\$5,090

### **Comp Plan Identification**

Area of Focus	Objective	Comments
Area of Focus 1: Early Childhood & Youth	1.2 Ensure accurate identification and support of social-emotional needs for children and their families, congruent with their cultural identification	<p>a. Strategy: Increase access to Infant &amp; Early Childhood Mental Health Services and consultation through an expanded, and highly qualified, and credentialed workforce.</p> <p>b. Strategy: Provide training on social-emotional development and behavioral health to providers, caregivers, and educators serving children.</p> <p>f. Strategy: Provide training and technical assistance on trauma-informed strategies for providers serving young children to assess children and their caregivers for service needs.</p>

### **Project Description (from grant application)**

All Alaska Pediatric Partnership (A2P2) is developing an Infant and Early Childhood Mental Health (IECMH) Line pilot project through Help Me Grow Alaska (HMG-AK) to address the gap in mental health supports for young children and those who care for them across the state. The IECMH Line pilot project is a prevention-based approach that will expand remote-accessible support for those caring for young children who do not currently have access to consultation. The IECMH Line will offer technical assistance, education, and support for those providing care on topics such as early childhood social-emotional development, addressing challenging behavior, and other behavioral health needs experienced by young children.

Alaska faces critical shortages in infant and early childhood mental health services, especially in rural and remote areas. A statewide needs assessment (August 2024) identified a lack of accessible mental health services for young children, posing challenges for families, caregivers, and providers. Programs



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such as Head Start and Early Head Start are required to work with an IECMH consultant, yet finding professionals remains difficult. Additionally, non-center-based providers -- including home visitors and family, friend, and neighbor (FFN) caregivers -- struggle to access necessary services to support the children and families they serve. While some statewide programs support medication-prescribing providers and are working to expand consultation services, these efforts are largely concentrated in urban hubs, leaving rural and remote communities underserved. The IECMH Line pilot project aims to bridge this gap by providing direct access to mental health support for providers and caregivers statewide.

The IECMH Line pilot project will be integrated into the existing Help Me Grow Alaska (HMG-AK) call center, where Family Support Specialists (FSS) provide behavioral and mental health resources and referrals. Calls will be triaged by the FSS team, and a structured protocol and workflow will be developed for when calls should be escalated or referred to the IECMH Line. A2P2 will work with a mental health professional(s) for the call center, ensuring alignment with best practices in behavioral health system care.

The IECMH Line pilot project expands upon the Partnership Access Line – Pediatric Alaska (PAL-PAK), which is a psychiatry consultation line offered in collaboration with HMG-AK and Seattle Children's Hospital, that serves prescribing pediatric providers in Alaska. The IECMH Line pilot project will target early childhood educators, home care providers, home visitors, and providers working in community organizations serving young children, amongst others who do not have access to consultation through other settings. This expansion will directly benefit Trust beneficiaries with developmental disabilities and/or mental illness, as well as their families, and addresses the Comp Plan Area of Focus 1, Objective 2, Strategies a, b and f.

To support this effort, A2P2 will be responsible for promoting the IECMH Line pilot project, ensuring smooth implementation, and strengthening partnerships with community organizations and stakeholders in the IECMH field. With strong community collaboration, support from the State of Alaska Department of Public Health and the Alaska Mental Health Trust Authority, this program will enhance early childhood mental health services statewide, ultimately improving outcomes for Alaska's youngest and most vulnerable populations.

A Note on Terminology: IECMH Consultation is an established model with specific criteria for implementation. This project is still in the design phase and has multiple factors that will influence the final model. This project is linked with the statewide PAL-PAK program that uses a telehealth psychiatry consultation model, this will have similar features to increase access across the state and the word "consultant" and "consultation" may be used. Telehealth technology will be implemented to integrate as many elements of IECMH Consultation as possible, but until the stakeholder group has made design decisions and the mental health professional(s) has been contracted, the appropriate term for the service will not be able to be appropriately characterized (i.e. IECMH Consultation Line, Warm/help Line, etc.).

### **Performance Measures (developed by the Trust)**

Interim report #1 (Due 8/31/2026)



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Provide a narrative that describes the timeline, activities, successes, challenges, and any lessons learned during the development, design and pre-implementation phase of the IECMH Line pilot project. Be sure to provide an electronic copy of the final evaluation plan that was developed for the project.

### Final Status Report (Due 11/30/2027)

How much did you do?

- a) Number (#) of TOTAL (duplicated) calls received during the grant reporting period.
- b) Number (#) of deduplicated professionals initiating calls to the IECMH Line during the grant reporting period, the role they hold in their organization, the primary reason for their call to the IECMH Line, and the community where they work.

How well did you do it?

- a) Provide a narrative that describes the timeline, activities, successes, challenges, and any lessons learned during the implementation and data collection phase of the IECMH Line pilot project.
- b) Provide a synopsis of the project evaluation, including a summary of the data collected through the four content areas (demographic information, consultation process experience, extent of consultation support application, open-ended responses) of the anonymous surveys. Additionally, please include an electronic copy of the project evaluation.
- c) Number (#) and percentage (%) of survey respondents who answered favorably (4 or 5 on a Likert scale) to all questions about the Consultation Process Experience.

.Is anyone better off?

- a) Number (#) and percentage (%) of survey respondents who reported changing the way they work due to engagement with the consultation services received from the IECMH Line.
- b) Number (#) and percentage (%) of survey respondents who replied positively when asked about their confidence in applying the desired competencies.
- c) Two statements from survey respondents that describe how they applied the technical assistance, education and/or support they received from the IECMH Line in their practice.
- d) Two statements from survey respondents that describe how the IECMH Line ultimately impacted the families with whom they work.

### **Sustainability (from grant application)**

The Infant and Early Childhood Mental Health (IECMH) Line pilot project is an expansion of an existing contract between A2P2 and the Alaska Department of Public Health (DPH) as part of the Alaskan Child and Adolescent Psychiatric Access Program, Partnership Access Line – Pediatric Alaska



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(PAL-PAK). The A2P2/DPH contract for PAL-PAK is funded by federal funding through the Health Resources and Services Administration (HRSA) as well as State of Alaska matching funds. The IECMH Line expansion aims to build statewide IECMH services by increasing the remotely accessible support and basic early childhood mental health services and supports for early childhood care providers and others working with this age group. Under the contract, A2P2 will lead the stakeholder workgroup to develop, recruit for, and oversee the mental health consultant and receive healthcare provider calls relating to infant and early childhood mental health needs.

The current funding for the IECMH Line pilot project is secured through September 2025, however it is unlikely that all available funds will be spent within that timeframe as the project received authorization to begin work later than anticipated. While A2P2 plans to request the carryover of unspent funds, the State must apply and submit this carryover request to HRSA. This process is lengthy, taking several months, and is not guaranteed. It is anticipated that there would be a gap in available funding from September 30, 2025 until approximately February of 2026, if carryover funds were approved. If carryover funds were not approved, all funding for the current project would end on September 29, 2025.

The Trust's funding will play a critical role in ensuring the continuity of the IECMH Line during this period of financial uncertainty by giving A2P2 bridge funding to continue the pilot project while awaiting the carryover approval and a possible extension of the contract. The Trust funds will also provide the additional time necessary to operate the pilot long enough to have good data on the feasibility of the project and what adjustments may be needed for a permanent structure.

To ensure the long-term sustainability of the IECMH Line pilot project, A2P2 is actively pursuing a multi-faceted approach. This includes seeking diverse funding sources such as grants and private foundation support to maintain and expand the project. Simultaneously, A2P2 is collaborating with a stakeholder group of mental health professionals, providers, subject matter experts, and funders to develop the program design and a comprehensive evaluation framework. This group is defining the scope of eligible topics, access criteria, consultation qualifications and key performance metrics for data collection. The evaluation data will be used to demonstrate the project's effectiveness and will strengthen future funding proposals, making a compelling case for continued financial support from the State and other potential funders. By combining State partnerships, diversified funding streams, and data-driven advocacy, A2P2 aims to sustain the IECMH Line beyond this funding request from the Trust.

### **Who We Serve (from grant application)**

This project aims to support care providers working with beneficiaries, individuals in care environments with beneficiaries, and those at risk of becoming beneficiaries. As a pilot project, the exact number of beneficiaries served has yet to be determined, though conservative estimates are provided in the table below. Because the pilot line is for providers who work in early childhood settings, the Trust beneficiary impact is secondary to the consultation line. The provider will utilize the consultation to impact their work with the beneficiaries, who are the parents, children, and families. These numbers do not capture the consultation lines' prevention impact through a universal application of the information to a group setting such as a Headstart or preschool classroom or a childcare setting. The project aligns with Comp Plan Area of Focus 1, Objective 2, Strategies a, b, and f.



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## **Estimated Numbers of Beneficiaries Served Experiencing (from grant application)**

Mental Illness:	75-100
Developmental Disabilities:	100-150
Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries):	400-500

## **Project Budget (from grant application)**

Personnel Services Costs	\$84,125.00
Personnel Services Costs (Other Sources)	\$95,438.00
Personnel Services Narrative	<p>The Trust grant will fund the personnel costs for the following positions related to the project:</p> <p>Executive Director 0.03 FTE  Director of Programs 0.1 FTE  Help Me Grow Alaska Program Manager 0.05 FTE  Grants and Development Coordinator 0.05 FTE  Communications and Training Coordinator 0.05 FTE  Family Support Specialist II 0.10 FTE  Family Support Specialists 0.50 FTE</p>
Other Costs	\$136,375.00
Other Costs (Other Sources)	\$136,438.00
Other Costs Narrative	<p>Other costs to be funded by the Trust:</p> <p>Consulting - \$100,000  Data Services - \$1,500  Website Expenses - \$1,000  Technology Platforms - \$800  Indirect Expense - \$33,075  Total Other Costs Funded by the Trust: \$136,375</p> <p>Other costs to be funded by other sources/organizations:</p> <p>Consulting - \$100,000  Data Services - \$10,000  Outreach Expenses - \$3,200  Indirect - \$23,238  Total Other Costs funded by other sources: \$136,438.00</p> <p>Other costs include consulting fees to compensate the mental health professional(s); data services expenses to include upgrades to the existing HMG-AK Salesforce database to accommodate the additional services and data collection required for the expansion of the call line for the pilot project;</p>



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	costs to update the A2P2 website to provide information on the IECMH Line, technology expenses for the mental health professional(s) and associated A2P2 staff; and indirect expense (15%).
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### **Other Funding Sources (from grant application)**

State of Alaska, Department of Health, Division of Public Health, Women's Children's and Family Health (SECURED)	\$232,376.00
<b>Total Leveraged Funds</b>	<b>\$232,376.00</b>



# Grant Approval Memo



**Grantee:** Alaska AIDS Assistance Association  
**Request Amount:** \$134,400.00  
**Project Title:** Housing Gap Funding for Trust Beneficiaries Living with HIV  
**Grant Term:** July 1, 2025 to December 31, 2025  
**Fund Source:** Housing and Home & Community Based Services Focus Area – Beneficiary Housing Projects and Related Services (Page 9, Line 17)  
**Trust Staff:** Kelda Barstad

## **Requested Motion:**

*The Board of Trustees approve a \$134,400 Housing and Home & Community Based Services focus area allocation to the Alaska AIDS Assistance Association for the Housing Gap Funding for Trust Beneficiaries Living with HIV grant. These funds will come from the Beneficiary Housing Projects and Related Services line of the FY26 budget.*

## **Staff Analysis:**

- What does this project do?

Trust funds will provide gap funding for rental assistance and case management for Trust beneficiaries served by Alaskan AIDS Assistance Association (Four A's). Housing stabilization funds have been phased out, and this funding will fill a gap for Trust beneficiaries who have not yet transitioned to long-term housing assistance.

- Who is receiving the funds?

The Alaskan AIDS Assistance Association (Four A's) is a 501(c)3 non-profit organization and the first organization in Alaska dedicated to responding to the illness we now call HIV/AIDS. As the face of AIDS has changed, Four A's has grown to meet the constantly changing needs of clients and has expanded its prevention activities. Over the years, the Four A's has grown into the state's leading HIV/AIDS focused agency serving 91% of the state in two core areas: 1) supportive services for individuals living with HIV/AIDS and their families, and 2) HIV prevention and education. ([www.alaskanids.org](http://www.alaskanids.org))

- Why is staff recommending this project?

There is an intersection of people living with HIV who are Trust beneficiaries. Trust beneficiaries enrolled in the program are more complex to serve and often take longer to re-engage in employment, obtain benefit income streams, and stabilize housing. The gap funding will ensure housing stability and continuity of care for eleven Trust beneficiaries living with HIV. Beneficiaries will receive six months of subsidized rental support paired with intensive case management services focused on obtaining a long-term solution to housing needs, including income maximization, access to mainstream housing resources, and maintained access to medical, behavioral, and mental health care. Trust beneficiaries served by this program will be individuals with unstable housing living in Anchorage, the Mat-Su Valley, or the Interior who are living with HIV and unable to maintain stable housing independently.



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- Will this be a multi-year project?

This is a one-time funding request.

### **Trust Five Year Funding History**

<b><u>Fiscal Year</u></b>	<b><u>Project Title</u></b>	<b><u>Amount</u></b>	<b><u>Status</u></b>	<b><u>Final Expended</u></b>
FY23	Syringe Access Program Expansion – Mat-Su Valley (M-FASAP)	\$14,500	Closed	\$14,500
FY22	Four A's Syringe Access Project - Juneau	\$50,000	Closed	\$50,000

### **Comp Plan Identification**

<b><u>Area of Focus</u></b>	<b><u>Objective</u></b>	<b><u>Comments</u></b>
Area of Focus 3: Economic & Social Well-being	3.1 Alaskans have stable, safe housing with appropriate, community-based social supports to maintain tenancy	

### **Project Description (from grant application)**

This project will provide twelve months of subsidized rental support for eleven Trust beneficiaries living with HIV in addition to intensive case management services focused on obtaining a long-term solution to housing needs, including income maximization, access to mainstream housing resources, and maintained access to medical, behavioral, and mental health care.

Four As currently serves over 70 individuals living with HIV through subsidized housing programs, funded by Ryan White Part B and HUD (HOPWA: Housing Opportunities for People Living with HIV). This program has expanded over the past year and a half to accommodate a drastic increase in need for housing assistance for people living with HIV. The number of individuals needing long-term housing exceeds current grant funds. Four As is working diligently to assist clients in transitioning to other means of support, such as employment, benefits (such as SSDI), or other mainstream subsidy programs in the community.

Trust beneficiaries served by this program will be individuals with unstable housing living in Anchorage, the Mat-Su Valley, or the Interior who are living with HIV and unable to maintain stable housing independently. Based on current program participant demographics, an estimated five beneficiaries with mental health conditions, four beneficiaries with chronic alcohol or substance misuse, and two with traumatic brain injuries will be served. These ratios may change slightly based on the participants enrolled at time of project start.

Through this project, Four A's will provide intensive support to participants with the primary goal of keeping them stably housed, and the secondary goals of transitioning their housing support from Four A's subsidy program to long-term mainstream programs, such as senior housing, AHFC voucher programs, other community programs, or employment when possible. Case managers will work with



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participants to ensure they receive all the benefits available to them to increase the income and health care programs available to them.

## **Performance Measures (developed by the Trust)**

How much did you do?

- a) Number (#) of unduplicated Trust beneficiaries served through the project reporting period, broken down by primary beneficiary category.
- b) Number (#) of Trust beneficiaries served by community (Anchorage, Mat-Su, etc.).
- c) Number (#) of monthly rental subsidies dispersed during the project reporting period.

How well did you do it?

- a) Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the grant reporting period.
- b) Provide a list of services/supports provided to clients through intensive case management.
- c) Number (#) and percentage (%) of participants who felt they were treated with dignity and respect by staff while participating in the program.
- d) Number (#) and percentage (%) of participants who felt safe and supported through their participation in the program.

Is anyone better off?

- a) Number (#) and percentage (%) of participants who transitioned into a mainstream or permanent supportive housing program during the project reporting period.
- b) Number (#) and percentage (%) of participants who increased their income source during the project reporting period.
- c) Number (#) and percentage (%) of participants who successfully maintained independent housing throughout the project reporting period.
- d) Two statements from participants that describe how their quality of life has been impacted through their participation in the project.

## **Sustainability (from grant application)**

This program will continue with support from federal sources--HUD funding through Housing Opportunities for People Living with AIDS (HOPWA) and Ryan White Part B HRSA funding. State and local rental assistance programs will be utilized if this federal funding is discontinued.

## **Who We Serve (from grant application)**

Four A's has served Trust beneficiaries since the organization opened in 1985. Although HIV is the focus of our mission, the reality is that clients live full and complex lives and over 70% of individuals who access Four A's services are beneficiaries. This particular project will focus on some of the higher-



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needs clients who fall into the following groups: individuals with mental health conditions, individuals experiencing alcohol and/or substance misuse, and individuals living with traumatic brain injuries. For all of these beneficiaries, these conditions have presented them with barriers and challenges to maintaining long-term housing, and accessing housing programs. The majority of these beneficiaries have records of eviction, long periods of being unhoused, frequent interaction with law enforcement, and other challenges that also impact their ability to access HIV care.

### **Estimated Numbers of Beneficiaries Served Experiencing (from grant application)**

Mental Illness:	5
Substance Abuse	4
Traumatic Brain Injury	2

### **Project Budget (from grant application)**

Personnel Services Costs	\$15,600.00
Personnel Services Costs (Other Sources)	\$47,618.00
Personnel Services Narrative	0.2 FTE of the total personnel cost for 12 months of one full-time Intensive Case Manager. The remaining funding for .8 FTE comes from HUD Housing Opportunity for People with HIV (HOPWA) funds granted to Four A's by the Alaska Housing Finance Corporation.
Other Costs	\$118,800.00
Other Costs (Other Sources)	\$0.00
Other Costs Narrative	\$59,400: Average of \$900 rental subsidy per participant per month at 11 participants for 12 months. \$1,200: Anticipated cost for housing applications for all project participants; this cost is being covered through Ryan White Part B funds.

### **Other Funding Sources (from grant application)**

Alaska Housing Finance Corp: HUD HOPWA Funds: SECURED	\$47,618.00
SOA Ryan White Part B: PENDING (continuation application in process)	\$1,200.00
<b>Total Leveraged Funds</b>	<b>\$48,818.00</b>



# Grant Approval Memo



**Grantee:** Alaska Association for Infant and Early Childhood Mental Health  
**Request Amount:** \$113,620.00  
**Project Title:** Infant and Early Childhood Mental Health Consultation Project  
**Grant Term:** May 22, 2025 to December 31, 2026  
**Fund Source:** FY25 Early Childhood Intervention & Prevention Priority Area: Infant & Early Childhood Mental Health Capacity Building (Page 15, Line 36)  
**Trust Staff:** Tina Voelker-Ross

## Requested Motion:

*The Board of Trustees approve a \$113,620 FY25 Early Childhood Intervention and Prevention grant to the Alaska Association for Infant and Early Childhood Mental Health for the Infant and Early Childhood Mental Health Consultation Project. These funds will come from the Infant & Early Childhood Mental Health Capacity Building line of the FY25 budget.*

## Staff Analysis:

- What does this project do?  
Trust funds will increase the number of Infant and Early Childhood Mental Health (IECMH) Consultants available to infant and early childhood programs in Alaska by addressing the training needs of 2 cohorts of professionals pursuing certification in IECMH consultation; funding will supplement the current training cohort and extend to a second cohort. Trust funds will fund personnel services for project coordination, mentor/facilitator costs for providing individual and group mentoring, reflective supervision, and other costs, including stipends for participant training and participation in shadowing.
- Who is receiving the funds?  
This funding will be under the direction of the Alaska Association of Infant and Early Childhood Mental Health (AK-AIMH), a non-profit state-wide organization since 2009. AK-AIMH is the leading entity in Alaska with a focus on infant and early childhood mental health. Core activities of AK-AIMH include training, capacity-building, and delivery of services for infants, young children, and families. AK-AIMH actively collaborates with the State of Alaska initiatives, infant and early childhood organizations, and is a member of the Alliance for the Advancement of Infant Mental Health.
- Why is staff recommending this project?  
This project supports infant and early childhood mental health capacity building. While the focus of the project is training, it has the long-term potential to benefit infants, children, families, and infant and early childhood programs. Research on the benefits of IECMH consultation includes increased protective factors, reduced challenging behaviors, and the prevention of early childhood expulsion and suspension (the “preschool to prison pipeline”). Additionally, it has been shown to have significant positive effects on early childhood professionals (improved self-efficacy, reduced stress, and burnout). Filling this gap in Alaska has potential impacts on at-risk children, their families, and the workforce.



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- Will this be a multi-year project?

This proposal is for a single 19-month grant project. An extended grant term is needed to supplement the training of cohort 1, recruit for cohort 2, and complete the 1-year training for cohort 2. We are not currently considering multiple years of funding. If future funding were to be considered, an additional year of funding would require a new application from AK-AIMH and Board of Trustees approval.

### **Trust Five Year Funding History**

<b><u>Fiscal Year</u></b>	<b><u>Project Title</u></b>	<b><u>Amount</u></b>	<b><u>Status</u></b>	<b><u>Final Expended</u></b>
FY23	Project Compass: Leading the Way in Workforce Development for Infant & Early Childhood Mental Health Services in Alaska	\$50,000	Closed	\$47,479
FY22	Project Compass: Leading the Way in Workforce Development for Infant & Early Childhood Mental Health Services in Alaska	\$50,000	Closed	\$48,230
FY21	Project Compass: Leading the Way in Workforce Development for Infant & Early Childhood Mental Health Services in Alaska	\$50,000	Closed	\$50,000

### **Comp Plan Identification**

<b><u>Area of Focus</u></b>	<b><u>Objective</u></b>	<b><u>Comments</u></b>
Area of Focus 1: Early Childhood & Youth	1.2 Ensure accurate identification and support of social-emotional needs for children and their families, congruent with their cultural identification	Strategy: Increase access to Infant & Early Childhood Mental Health services and consultation through an expanded, highly qualified, and credentialed workforce.

### **Project Description (from grant application)**

#### **PURPOSE OF THE PROJECT**

The purpose of the project is to expand the number of Infant and Early Childhood Mental Health (IECMH) Consultants available to infant and early childhood programs in the State of Alaska. At present, there are approximately 6 self-identified professionals who provide IECMH consultation to the numerous Alaska's early childhood programs. The Alaska Association for Infant and Early Childhood Mental Health received funding in 2025 from the Preschool Development Grant to provide support for training, mentoring and reflective consultation to a cohort of 7 professionals to meet the competencies necessary to provide IECMH consultation in Alaska. This request is to supplement the



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training currently underway with the first cohort and to expand the IECMH consultation training, mentoring, and reflective consultation to a second cohort in 2026.

## BACKGROUND INFORMATION

Infant and Early Childhood Mental Health consultation is an evidence-based approach focused on building adult capacity to support infant and young children's social and emotional development. Infant and early childhood mental health consultants are highly-trained professionals with specialized knowledge in childhood development, the effects of stress and trauma on families, the importance of attachment for young children, and the impacts of adult mental health on developing children. Unlike other mental health professionals, IECMH consultants do not provide direct mental health treatment to young children or the adults who surround them. Instead, the consultant works indirectly by developing relationships with the adults in young children's lives to build adults' capacity to support children's healthy social and emotional development, early and before formalized intervention is needed. Through relationship-based practices with the adults in children's lives, the consultant works to prevent, identify, or reduce mental health challenges and set children on a positive trajectory. The consultant's role is distinct from and complementary to a continuum of early childhood supports and services, such as childcare quality coaches or Pyramid Model coaches.

More specifically, an IECMH Consultant can help early childhood educators and home visiting professionals:

- understand how trauma and other stressors affect behavior
- implement strategies to prevent and minimize the impact of mental health disorders
- implement trauma-informed care strategies
- understand the importance of attachment and responsive caregiving in young children's lives
- help staff and coaches engage family members
- review policies and procedures related to how a program supports children's social and emotional development
- engage in discussion on sensitive topics, such as implicit bias and suspension or expulsion
- implement social and emotional screening and assessment tools
- increase access to mental health services for young children and their families
- assist families in accessing needed services, such as substance abuse treatment, shelter for survivors of domestic violence, parenting classes, and health care
- make necessary reports related to child abuse and neglect
- help staff and families talk to children after natural or manmade disasters

The central tenet of mental health consultation in early care and education is the "consultative stance," used to capture and describe the consultant's "way of being" in relationship-based work. At its core, this descriptor represents the belief that the ways in which people are treated influence their views of themselves, and in turn, their relationships with others. The consultative stance also involves the mental health professional avoiding the position of the expert and resisting addressing the mental health needs of children and families alone and in lieu of those who provide regular care for the child and engage the child's family. The consultant does not "fix" the problem; instead, the consultant works



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collaboratively with the child's regular care providers (staff members and family members) and intervenes indirectly by building the caregivers' capacity to problem-solve and change practices.

Rather than providing direct therapy services to a child, the consultant empowers the caregivers in the child's life to become therapeutic and deliver care and interventions in the context of the child's and caregiver's everyday activities and caregiving (Hepburn et al, 2007). Therefore, the practices associated with the consultative stance lie somewhere between collaboration and direct therapy, as a collaboratively therapeutic intervention.

The consultative stance can challenge even the most highly trained mental health services provider. This project aims to provide the applicants with the expertise, knowledge, skills, and attributes required to provide effective IECMH consultation. IECMH consultation is an evidence-based practice that has demonstrated positive impacts on programs, early childhood staff, and the children they work with.

### THE NEED

In Alaska, there are very few professionals who provide IECMH Consultation to early childhood programs. According to the 2023 Early Childhood Workforce in Alaska study, only 13% of surveyed early childhood educators have access to IECMH consultation. A recent Infant and Early Childhood Mental Health: Statewide Needs Assessment reported only six survey respondents who identified as IECMH consultants in Alaska. Increasing IECMH consultation in Alaska is particularly important now with the growing number of programs requiring IECMH consultation. It is a requirement for Head Start and Early Head Start programs and a program standard of the Alaska Reads Act. In addition, Early Childhood Alaska Strategic Direction for 2020-2025 (Goal 3, Objective 11d, Strategy 11.1) specifically calls for increasing the number of IECMH consultants.

### BENEFITS OF IECMH CONSULTATION

Evidence for IECMH consultation consistently indicates that it has significant positive effects on early childhood professionals (e.g., improved self-efficacy, reduced stress) and on young children (e.g., increased protective factors, reduced challenging behaviors (Brennan et al., 2008; Connors-Burrow et al., 2012; Heller et al., 2011; Perry et al., 2010; Shivers, 2015). In addition, IECMH consultation is touted as one of the few known ways to prevent early childhood expulsion and suspension. While there has not been a recent survey on preschool expulsion in Alaska, in 2018, 15% of surveyed early childhood educators expelled a child in the last school year (Raviant LLC, 2018; Raviant LLC, 2019). When looking at suspension, the numbers are even higher – nearly 40% had suspended one or more children for some part of the day or more in the past year. Exclusionary practices disrupt access to high quality learning settings for children and families and to early childhood educators with whom children develop close relationships, putting children at increased risk of negative mental health and academic impact. The negative impact of suspension and expulsion can span the length of a child's academic career, leading to increased interaction with the juvenile justice system during a child's later years (Lamont, 2013; Mendez, 2003). Young students who are suspended or expelled are up to 10 times more likely to experience future expulsion, drop out of high school, experience academic failure and grade retention, hold negative attitudes toward school, and face incarceration, compared to students who are not suspended or expelled. (Lamont, et al, 2013). This path is known as the "preschool to prison pipeline" (Schachter, et al. 2016). IECMH consultation has the potential to positively affect the trajectory of the lives of many young children in Alaska.



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## Description of the Project

The project will have 5 different components:

1. **Recruitment:** Potential participants will be recruited throughout Alaska. Priority and emphasis will be given to those living in rural communities or those who can provide IECMH consultation to rural areas. Preference will be given to those who have a background in infant and early childhood education, infant and early childhood mental health and/or related field. The project is committed to an interdisciplinary approach to infant and early childhood mental health consultation. That is, the project welcomes applicants from a variety of disciplines that work with young children and their families such as social workers, occupational therapists, speech therapists and early childhood educators. We believe that inclusion of varied perspectives, backgrounds, and life experiences are essential to our project's effectiveness. In addition, candidates who reflect the rich diversity of the communities of Alaska are essential to the success of the project.

Recruitment will be carried out via invitations to apply using social media to reach programs, individuals and organizations throughout Alaska. Applicants will be required to complete an application and engage in an interview. Those candidates with a commitment to working as an Infant and Early Childhood Mental Health Consultant upon completion of training will be prioritized. The maximum number of applicants accepted is 8. This is due to the fact that 8 is the maximum number of individuals appropriate for a reflective supervision/consultation group which is another component of the project.

2. **Orientation webinar:** An 8 hour webinar will be provided to the selected participants at the beginning of the project. The webinar will focus on the requirements for participation, background information and an introduction to Infant and Early Childhood Mental Health Consultation and Reflective Practice.
3. **Training and Mentoring:** Infant and early childhood mental health consultation work is complex. As such, IECMH consultants must possess a unique blend of skills, knowledge, and attributes. The project will use the Infant and Early Childhood Mental Health Consultation Competencies developed by the Georgetown Center for IECMH Consultation as the basis for the attributes, knowledge, and skills needed to become a competent IECMH consultant. While there is no universal training program or curriculum developed for training IECMH consultants, the project will support each applicant to meet the competencies in the following ways.
  - a. **Self-Assessment**  
Each applicant will complete a self-assessment using then Georgetown IECMH competencies that will allow them to identify their strengths and gaps in the knowledge and the array of foundational skills and abilities needed to become a competent IECMH consultant. <https://www.iecmhc.org/assessment/intro/>
  - b. **Mentoring/Individual Training Plan**  
A mentor will be contracted to support each applicant to develop an individual training plan to meet the competencies.



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Each applicant will meet with the mentor individually one time per month to work on their training plans. The mentor will support them with identifying possible training to meet their goals. During the 2025 AK IECMH consultation project, a crosswalk of the competencies with available training via webinars or in person training was developed for purposes of supporting participants to meet the competencies. Each participant will be provided with a stipend to access other training/webinars they might find helpful to attend to meet the competencies. The applicants will also meet as a group with the mentor on a monthly basis to discuss common themes around IECMH consultation.

The applicants will complete the self-assessment three times during the project: beginning, mid-year and at the end of the project.

#### 4. Reflective Consultation

A contractor will be hired to provide group reflective supervision for 1.5 hours per month.

Reflective consultation is a relationship-based practice where IECMH professionals discuss their work to reflect on how their beliefs, experiences, and values impact their work with young children and families. It supports the professional development of IECMH consultants by providing a space to explore their reactions to work, manage stress, and understand the dynamics of their relationships with those they support. It also encourages consultants to examine their own biases, assumptions, and experiences, and how these might influence their work. The benefits include an increase in self-awareness and reflection, and it can help consultants manage stress and prevent burnout by providing a space to process their emotions and experiences.

#### 5. Practicum/shadowing

Some of the applicants may be working in an early childhood program as an IECMH consultant (without training) while others may not be working in the field. For those not working in a program, seasoned and experienced IECMH consultants who have provided the services over the years will be recruited to provide an opportunity for the applicants to “shadow” them in their work. It is anticipated that the applicants will “shadow” an experienced IECMH consultant 3 hours per month. The experienced IECMH consultants who agree to work with the project will be provided a stipend for their time.

#### Certification

Upon meeting the competencies as outlined in the Georgetown IECMH competencies, the applicants will receive a certificate of completion from the Alaska Association of Infant and Early Childhood Mental Health (AK-AIMH). The IECMH competencies have been cross-walked with the competencies for Endorsement from AK-AIMH. Thus, meeting the IECMH competencies creates a pathway for Endorsement in IECMH. Names of the graduates of the program will be listed on the IECMH registry on the AK-AIMH website.

#### Target Population



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There are many layers to the identified target population. The target population in the end are young children between the ages of birth and 6 who experience or who are at risk of developing mental health issues. This project is not intended to provide direct service to young children. Instead, it is intended to support this population (0-6) indirectly by training 15 IECMH consultants to develop relationships with the adults in young children's lives to build adults' capacity to support children's healthy social and emotional development, early and before formalized intervention is needed.

Therefore, the project has 3 different target populations.

1. Potential infant and early childhood mental health consultants from across Alaska
2. Early care and learning providers supporting the social and emotional development of young children and their families (e.g., Head Start, child care programs, Parents as Teachers, Part C – early intervention, etc.).
3. Infants, Toddlers and Preschoolers and their families.

## Geographic Area

The project is intended to increase the number of IECMH consultants throughout Alaska.

## Expected Outcomes

### Short term:

1. To increase the number of IECMH consultants in Alaska who meet the Georgetown IECMH Competencies.
2. To increase access to IECMH consultants by early childhood programs, particularly in rural communities in Alaska.
3. To increase the number of professionals seeking IECMH Endorsement upon completion of the project.

### Long term:

#### For Children:

- IECMHC helps children develop stronger social skills, emotional regulation, and self-awareness.
- Consultation can lead to a decrease in behaviors like hyperactivity, defiance, and aggression.
- Children benefit from improved abilities to form healthy relationships, manage emotions, and navigate social situations.
- By addressing mental health needs early, IECMHC can help prevent suspensions and expulsions in early childhood settings.
- IECMHC can help children develop protective factors that buffer them against adversity and promote resilience

#### For Programs and Providers:

- IECMHC can contribute to creating more positive and supportive learning environments.
- By providing support and training, IECMHC can help reduce stress and burnout among early childhood providers.
- Improved working conditions and reduced stress can lead to lower turnover rates among early childhood staff.



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- IECMHC helps providers develop skills in recognizing and responding to children's mental health needs.
- IECMHC can lead to improvements in teacher-child interactions.
- IECMHC can help reduce expulsion rates in early childhood programs.

### For Families:

- IECMHC supports caregivers in developing skills to foster secure and nurturing parent-child relationships.
- Consultation helps parents and caregivers understand child development and mental health, empowering them to better support their children's needs.
- IECMHC can lead to improvements in family functioning, reduced stress, and increased parental confidence.
- Consultants can help families access necessary resources and support services

### Community Support

AK-AIMH has been participating in a state-wide committee spearheaded by Thread Alaska that is focused on developing a system for relationship-based coaches in early childhood programs. Thread is Alaska's Child Care Resource & Referral organization, working to advance the quality of early education and child development by empowering parents, educating childcare professionals, and collaborating with our communities. The committee identified the need for increased capacity for Infant and Early Childhood Mental Health (IECMH) Consultants. AK-AIMH was asked to lead a project to increase the number of Infant and Early Childhood Mental Health consultants in Alaska. The project was supported in 2025 by the Preschool Development Grant. The current IECMH project is part of a bigger state initiative.

In addition to having support from the early childhood community, the Early Childhood Alaska Strategic Direction for 2020-2025 (Goal 3, Objective 11, Strategy 11.1) specifically calls for increasing the number of IECMH consultants in Alaska.

Lastly, the 2024 Infant and Early Childhood Mental Health in Alaska: A STATEWIDE NEEDS ASSESSMENT Report funded by Alaska Mental Health Trust Authority, The Alaska Community Foundation's Child and Family Wellbeing Fund and the Preschool Development Grant Birth through Five (PDG B-5) Initiative identified the need for the increase in the number of trained IECMH consultants to support early childhood programs (Recommendation #5: Grow Alaska's Behavioral Health Workforce).

Beneficiary groups: Children with disabilities, children with mental illness

### **Performance Measures (developed by the Trust)**

How much did you do?

- a) Number (#) of unduplicated participants who were trained to be IECMH consultants during the project reporting period.
- b) Provide a summary of the following information/data points for each participant:



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- i. number (#) of hours spent each month in independent study,
- ii. self-study: list of topics,
- iii. number (#) of hours of shadow time,
- iv. number (#) of competencies from the self-assessment that were met,
- v. number (#) of hours of reflective supervision received,
- vi. number (#) of hours of mentoring received.

How well did you do it?

- a) Provide a narrative that describes the timeline, activities, successes, challenges, and any lessons learned during the consultation project.
- b) Number (#) and percentage (%) of participants who increased their capacity level in 80% or more of the domains on the self-assessment.
- c) Number (#) and percentage of participants who were satisfied with:
  - i. the project's approach to self study (time involvement),
  - ii. receiving reflective supervision/consultation,
  - iii. the level of mentoring received,
  - iv. the quality and usefulness of the resources shared.

Is anyone better off?

- a) Number (#) of newly trained IECMH consultants during the project reporting period.
- b) Number (#) of early childhood programs in Alaska that intend on using the services of the newly trained IECMH consultants.
- c) Two statements from participants on how the training received prepared them for working as an IECMH Consultant in the state of Alaska.

### **Sustainability (from grant application)**

At this point, looking forward, it appears that a third cohort would be warranted in 2027. However, we may find that two cohorts resulting in 15 new ICMH consultants may meet the needs of Alaska. Ongoing evaluation of needs and gaps will be done to make informed decisions related to continued implementation. If a third cohort is needed, grants and other sources of funding will be pursued in 2026. To start, AK-AIMH has identified Alaska foundations that support early childhood initiatives, such as the Rasmuson Foundation, the Mat-Su Health Foundation, and the Alaska Children's Trust, to apply for continued funding. In addition, we have identified national foundations such as the Gates Foundation and the Kellogg Foundation that also support early childhood initiatives. AK-AIMH also works closely with the State of Alaska, has active partnerships with early childhood programs, and is active on multiple working committees to become aware of initiatives and funding opportunities as they arise. AK-AIMH is well-positioned to take advantage of these funding opportunities as the recognized leading infant and early childhood mental health organization in Alaska.

### **Who We Serve (from grant application)**



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The intended beneficiaries of the project in the long term are young children who are experiencing or at risk of experiencing a mental health issue. Discussions surrounding mental health often focus on the experiences of adolescents and adults, leading many to believe that these are the only people in our community affected by emotional concerns. We rarely consider the mental health of infants and young children. Unfortunately, many mental health concerns have roots traceable to challenges occurring in infancy and early childhood, and early interventions for these developing minds are necessary to prevent future mental health disorders.

Since infants and young children develop within the context of their families/caregivers, the other beneficiary group are caregivers who would be served by the project are family members and caregivers including those experiencing alcoholism and or substance abuse.

In the next section, the number of people to be trained by the project is specific. All of the other categories and estimated numbers represent the children, families and program staff that would eventually be beneficiaries of the project.

## **Estimated Numbers of Beneficiaries Served Experiencing (from grant application)**

Developmental Disabilities:	150
Mental Illness:	160
Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries):	200
Number of people to be trained	15

## **Project Budget (from grant application)**

Personnel Services Costs	\$79,800.00
Personnel Services Costs (Other Sources)	\$0.00
Personnel Services Narrative	1. Project Coordinator -- responsible for overall management of the project (\$31,500) 2. Mentor/ Facilitator- responsible for developing individual training plans with each applicant, and providing individual and group mentoring (\$42,000) (\$175/hr x 20 hrs/month x 12 months) 3. Reflective Consultant-responsible for providing monthly group reflective supervision (6,300) (\$175/hr x3 hrs/month X 12 months)
Other Costs	\$33,820.00
Other Costs (Other Sources)	\$0.00
Other Costs Narrative	Stipends for training for participants.



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	(\$14,000)
	Stipends for IECMH who participate in shadowing (\$5,000)
	Administrative costs (15%)
	\$14,820

### **Other Funding Sources (from grant application)**

none	\$0.00
<b>Total Leveraged Funds</b>	<b>\$67,637.00 (Preschool development grant- DEED &amp; DOH)</b>



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**Grantee:** Association for the Education of Young Children, Southeast Alaska  
**Request Amount:** \$100,000.00  
**Project Title:** 4th Trimester Project - Parents as Teachers and Circles of Security for Classrooms  
**Grant Term:** May 22, 2025 to June 30, 2026  
**Fund Source:** FY25 Early Childhood Intervention and Prevention Priority Area: Improve Social Determinants of Health (Page 15, Line 39)  
**Trust Staff:** Tina Voelker-Ross

## Requested Motion:

*The Board of Trustees approve a \$100,000 Early Childhood Intervention and Prevention grant to the Association for the Education of Young Children, Southeast Alaska for the 4th Trimester Project - Parents as Teachers and Circles of Security for Classrooms grant. These funds will come from the Improve Social Determinants of Health line of the FY25 budget.*

## Staff Analysis:

- What does this project do?  
This project, implemented through the Association for the Education of Young Children Southeast Alaska (AEYC-SE), will support the Parents as Teachers (PAT) home-visiting program and the Circles of Security (COS) for the classroom training program, which supports healthy emotional and social development. Trust funds will support the cost of personnel (PAT Home visitors and part-time COS classroom facilitator), and supplies such as postpartum care kits for new moms, and supportive learning materials for the COS training program.
- Who is receiving the funds?  
The AEYC-SE is a childcare resource and referral hub for SE Alaska, located in Juneau, Alaska. They have been serving early educators, children, parents, and families since 1982. They offer programs that support the growth and well-being of children and families including Parents as Teachers (PAT), Circles of Security training, other early childhood childcare provider training, resources and referrals for families, parenting classes, kindergarten readiness information, and assistance for early learning programs to become nationally accredited.
- Why is staff recommending this project?  
The Parents as Teachers (PAT) 4th Trimester Project and the Circles of Security for the Classroom Training program are designed to support beneficiaries of the Alaska Mental Health Trust. Specifically, individuals experiencing mental illness and substance use disorders. The home visiting services enhance family stability and reduce the risk of adverse outcomes associated with untreated perinatal mental health issues. The Circles of Security program promotes social-emotional development and create supportive learning environments for young children. By addressing the needs of these beneficiary groups, both projects aim to improve mental health outcomes. AEYC-SE has secured additional funding from the Alaska Children's Trust, the City and Borough of Juneau, and Tlingit & Haida, totaling \$55,000.00, to support this project.



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- Will this be a multi-year project?

This proposal is for a single 13-month grant project. If future funding were to be considered, an additional year of funding would require a new application by AEYC-SE and Board of Trustees approval.

## **Trust Five Year Funding History**

<b><u>Fiscal Year</u></b>	<b><u>Project Title</u></b>	<b><u>Amount</u></b>	<b><u>Status</u></b>	<b><u>Final Expended</u></b>
FY24	Circles of Security for Child Care Professionals (COSP) & Parents as Teachers (PAT) Support	\$50,000	Closed	\$50,000
FY23	PAT Stop Gap Funding	\$95,000	Closed	\$95,000
FY22	Help PAT Attend National Conference	\$14,625	Closed	\$13,874

## **Comp Plan Identification**

<b><u>Area of Focus</u></b>	<b><u>Objective</u></b>	<b><u>Comments</u></b>
Area of Focus 1: Early Childhood & Youth	1.1 Promote practice-informed comprehensive developmental screening efforts and early intervention services	d. Strategy: Expand access to and availability of prenatal and early childhood home visitation services.
Area of Focus 1: Early Childhood & Youth	1.2 Ensure accurate identification and support of social-emotional needs for children and their families, congruent with their cultural identification	b. Strategy: Provide training on social-emotional development and behavioral health to providers, caregivers, and educators serving children.

## **Project Description (from grant application)**

The Parents as Teachers (PAT) 4th Trimester Project addresses the critical postpartum period when many new parents experience increased stress, perinatal mood disorders, and difficulties adjusting to their new roles. Parents in treatment or recovery for substance use disorders often face additional barriers to bonding with their newborns and accessing supportive services. Through a partnership with Bartlett Regional Hospital's Hello BABY Program, the PAT 4th Trimester Project will serve families in Juneau who need extra support, especially those involved in substance abuse treatment and recovery. These families will receive timely home visits focused on parental self-awareness, nurturing skills, and strengthening recovery and family connections. These visits provide evidence-based guidance on infant care, mental health resources, and connections to community support, helping parents establish a strong foundation for their child's early development.

Serving families throughout Juneau, this project benefits new parents experiencing postpartum depression, anxiety, or the challenges of recovery. By providing consistent, relationship-based support in the first three months after birth, the PAT 4th Trimester Project aims to reduce the long-term effects of untreated perinatal mental health issues and strengthen family stability. Expected outcomes include



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improved parental confidence, increased use of mental health and recovery resources, and stronger parent-infant attachment, all of which contribute to healthier childhood development. The project is supported by community partners, including local health providers and early childhood networks, who recognize the importance of early intervention in improving maternal and infant well-being.

The PAT 4th Trimester Project was developed in direct response to the long and persistent waitlist for services, which consistently hovers around 60 families in Juneau. It often takes up to 10 months after a baby is born for most families on the waitlist to begin receiving services. This delay leaves many without critical support during the earliest and most sensitive stages of parenting. The 4th Trimester Project addresses this gap by engaging families *before* their baby is born. By establishing a connection during pregnancy, particularly with those referred through Bartlett Regional Hospital's Hello BABY Program or involved in prenatal treatment and recovery services, parent educators can begin building trust, offering anticipatory guidance, and preparing families for the challenges of the newborn period. This early engagement ensures that home visits can start before and continue immediately after birth, helping to reduce the backlog of families waiting for care and expanding access to high-priority families when they need it most.

The Circles of Security for the Classroom Training program equips early childhood educators in Juneau with strategies to foster secure, nurturing relationships between teachers and young children, supporting healthy emotional and social development. Many young children enter childcare with difficulties in self-regulation and forming positive relationships, which can lead to classroom challenges that impact learning. This training helps educators understand children's attachment needs, respond in ways that build trust and confidence, and create classroom environments that promote emotional well-being. By strengthening educators' ability to foster secure relationships, this initiative enhances classroom stability, improves children's readiness to learn, and supports the mental well-being of both teachers and students. This program will serve early childhood educators across Juneau. During this grant cycle, we plan to work with 25 educators, many of whom could be Trust beneficiaries due to the high-stress levels and burnout common in the childcare workforce.

### **Performance Measures (developed by the Trust)**

How much did you do?

- a) Total number (#) of individuals served through the PAT program (unduplicated).
- b) Number (#) of children served through the PAT program.
- c) Number (#) of parents served through the PAT program.
- d) Total number (#) of family units served through the PAT program.
- e) Total number (#) of child care providers (individuals) trained through the COSP program.

How well did you do it?

- a) Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the two project components, PAT and COSP. Be sure to report on the steps made towards future sustainability of both programs.



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- b) Number (#) and percentage (%) of participants who felt supported, respected and encouraged by the PAT program.
- c) Number (#) and percentage (%) of participants who were satisfied with their participation in the PAT program.
- d) Number (#) and percentage (%) of childcare providers trained through the COSP program who completed the 8-week training.
- e) Number (#) and percentage (%) of childcare providers trained through the COSP program who felt supported and better prepared in their role as caregiver after completing the training.

Is anyone better off?

- a) PAT program: Provide data demonstrating improvements in parenting confidence, mental health, and resource connection during their time in the program.
- b) Two statements from participants that describe how participation in the PAT program has impacted their parenting and, ultimately, their child(ren).
- c) COSP program: Provide data demonstrating participant improvements (pre/post training data) in knowledge and skills related to caregiving of young children.
- d) Two statements from COSP participants that describe how participation in the COSP training program has better prepared them for their role as a caregiver to young children.

### **Sustainability (from grant application)**

Sustaining this work is a top priority. We will continue to apply for grants to maintain both of these programs.

### **Who We Serve (from grant application)**

The Parents as Teachers (PAT) 4th Trimester Project and the Circles of Security for the Classroom Training program are designed to support beneficiaries of the Alaska Mental Health Trust. Specifically, individuals experiencing mental illness and substance use disorders. The PAT 4th Trimester Project provides home visiting services to new parents in Juneau, focusing on maternal mental health and early childhood development, thereby enhancing family stability and reducing the risk of adverse outcomes associated with untreated perinatal mental health issues. The Circles of Security program equips early childhood educators with strategies to foster secure relationships with children, promoting social-emotional development and creating supportive learning environments. By addressing the needs of these beneficiary groups, both projects aim to improve mental health outcomes and overall well-being within the community.

### **Estimated Numbers of Beneficiaries Served Experiencing (from grant application)**

Mental Illness:	30
Developmental Disabilities:	8
Substance Abuse	20



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Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries):	20
Number of people to be trained	41

## **Project Budget (from grant application)**

Personnel Services Costs	\$90,000.00
Personnel Services Costs (Other Sources)	\$325,000.00
Personnel Services Narrative	Specialized PAT Home visitors - \$60,000 each (the 4th-trimester work will be divided among at least two visitors who will also carry other families on their caseloads)) Circles of Security for the Classroom Facilitator - part-time at an annual salary of \$30,000

Supplies Costs	\$10,000.00
Supplies Costs (Other Sources)	\$10,000.00
Supplies Narrative	The fourth trimester will use supply funds to put together post-partum care kits for new moms. These kits will include things like perinatal ice packs, breast pumps, lactation tea, a nursing pillow, healthy snacks, nipple cream, baby-wearing slings/wraps, etc.  The COSC program will use supply funds to equip classrooms with supportive learning materials for the children and printed resources for teachers.

## **Other Funding Sources (from grant application)**

Alaska Children's Trust (4th trimester) - Secured	\$10,000.00
City and Borough of Juneau (4th trimester) - Secured	\$35,000.00
Tlingit and Haida (COSC) - Secured	\$10,000.00
<b>Total Leveraged Funds</b>	<b>\$55,000.00</b>



# Grant Approval Memo



**Grantee:** OpiAID, Inc.  
**Request Amount:** \$75,000.00  
**Project Title:** Compassionate Technology Pilot for Opioid Use Disorder (OUD)  
**Grant Term:** May 22, 2025 to December 31, 2026  
**Fund Source:** FY25 Partnerships/Designated Grants (Page 2, Line 13)  
**Trust Staff:** Eric Boyer

## **Requested Motion:**

*The Board of Trustees approve a \$75,000 Partnership grant to OpiAID, Inc. for the Compassionate Technology Pilot for OUD grant. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.*

## **Staff Analysis:**

- What does this project do?

Trust funds will pay for an Opioid Use Disorder (OUD) biometric monitoring system, including wrist-worn devices, electronic health record integration, and staff training. This pilot program will equip the staff at the Ninilchik Clinic to support 50-100 beneficiaries working through their OUD recovery. This program began with the support of a Trust grant in FY25 and was not finished due to delays in getting the electronic health record and technology implemented before the grant term was completed.

- Who is receiving the funds?

The Ninilchik Traditional Council Community Clinic offers integrated care, which includes assessment, treatment, and case management for beneficiaries experiencing a substance misuse disorder. The clinic service area reaches Soldotna south and goes to Homer.

- Why is staff recommending this project?

This project started last year but could not be completed due to the time it took to integrate the Clinic's electronic health record with the OpiAID biometric software. The project is ready to launch fully, but the Trust grant agreement term has expired. So, Trust staff decided it was best to end the original grant, have OpiAID turn in the unspent portion of the money, and apply for new funding, a continuation of the original pilot project.

- Will this be a multi-year project?

This is a one-time funded project broken into two grant terms due to the delays mentioned previously.



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## **Trust Five Year Funding History**

<b><u>Fiscal Year</u></b>	<b><u>Project Title</u></b>	<b><u>Amount</u></b>	<b><u>Status</u></b>	<b><u>Final Expended</u></b>
FY24	OpiAID Pilot	\$98,500	Closed	\$26,588

## **Comp Plan Identification**

<b><u>Area of Focus</u></b>	<b><u>Objective</u></b>	<b><u>Comments</u></b>
Area of Focus 4: Substance Use Disorder Prevention	4.3 Improve treatment and recovery support services to promote wellness and reduce the impact of mental health and substance use disorders	

## **Project Description (from grant application)**

OpiAID proposes an 18th month pilot to include 50-100 OUD patients at the Ninilchik Community Clinic. This pilot will include integration into their new EHR system. OpiAID will also deploy wrist worn devices (Samsung Galaxy watches, or similar wearable) to monitor biometrics during the pilot. The purpose of this pilot is to leverage existing data to better identify patterns that lead to relapse and support clinical decision making to improve patient retention and adherence in treatment. Furthermore, adding biometric data allows for just in time interventions and better management of withdrawal symptoms through remote patient monitoring.

## **Performance Measures (developed by the Trust)**

How much did you do?

- Total number (#) of unduplicated Trust beneficiaries participating in the pilot project, broken down by primary beneficiary category.
- Number (#) of clinics participating in the pilot project (provide a list containing the name of the clinic and geographical location within Alaska).
- Number (#) of clinic professionals participating in the pilot project.

How well did you do it?

- Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the pilot project. In addition, please address future sustainability of the OpiAID technology through reimbursement and provide a screenshot of the data dashboard.
- Number (#) and percentage (%) of participants who remain engaged at 30, 90 and 180 days in OUD treatment.
- Number (#) and percentage (%) of participants who were satisfied with the services they received while engaged in the pilot program.



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- d) Number (#) and percentage (%) of participants who felt supported, respected, and encouraged throughout their participation in the pilot program.
- e) Number (#) and percentage (%) of participants who would recommend OpiAID technology to others engaged in OUD treatment.

Is anyone better off?

- a) Number (#) and percentage (%) of participants who reported an overall improvement in quality of life since participating in the pilot program.
- b) Number (#) and percentage (%) of participants who avoided relapse due to OpiAID technology.
- c) Two statements from participants describing how their participation in the program has improved their quality of life and overall well-being while engaged in OUD treatment.
- d) Two statements from clinicians describing their experience with OpiAID technology and how it was used to support clinical decision-making for participants engaged in OUD treatment.

### **Sustainability (from grant application)**

During the course of this pilot, we will prove out remote patient monitoring to create a new revenue opportunity for their clinic that will make this a profitable service that they can offer their patients. Remote Patient Monitoring billing is very profitable for chronic disease management.

### **Who We Serve (from grant application)**

This pilot will empower beneficiaries with Substance Use Disorder (SUD) by combining wearable technology and behavioral health tools to support recovery in real time. Here's how it helps:

**Early Intervention:** The wearable detects signs of stress or risk (like changes in heart rate or sleep) and alerts care teams early—before relapse or crisis happens.

**Better Communication:** Patients complete short surveys on their watch and assessments on their phone, giving providers deeper insight into how they're feeling day to day.

**More Personalized Care:** With real-time data, providers can tailor treatment, offer support when it's most needed, and adjust care plans quickly.

**Improved Engagement:** The tools help patients stay more connected to their treatment—reminding them of goals, tracking their progress, and supporting accountability.

**Stronger Outcomes:** By combining biometrics with clinical insight, the pilot aims to reduce relapse risk, improve quality of life, and help beneficiaries stay in recovery longer.

### **Estimated Numbers of Beneficiaries Served Experiencing (from grant application)**

Substance Abuse	50-100
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## Grant Approval Memo



Number of people to be trained	3
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### **Project Budget (from grant application)**

Travel Costs	\$5,000.00
Travel Costs (Other Sources)	\$1,000.00
Travel Costs Narrative	Airfare and lodging for 2 OpiAID team members to come to help implement and train in Alaska.

Equipment Costs	\$40,000.00
Equipment Costs (Other Sources)	\$0.00
Equipment Narrative	100 LTE enabled OpiAID Strength Bands and chargers

Other Costs	\$30,000.00
Other Costs (Other Sources)	\$0.00
Other Costs Narrative	New EHR integration, ongoing API maintenance and associated fees, connectivity costs, licensing, incentives

### **Other Funding Sources (from grant application)**

Total Leveraged Funds	\$25,000 Ninilchik clinic (Operations/staff/EHR)
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# Contract Approval Memo



**Contract:** The Stellar Group, LLC  
**Request Amount:** \$60,000  
**Project Title:** Mental Health Supports in Schools Community of Practice Facilitator  
**Contract Term:** May 22, 2025 – May 31, 2026  
**Fund Source:** FY25 Partnerships/Designated Grants (Page 2, Line 13)  
**Trust Staff:** Tina Voelker-Ross

## Requested Motion:

*The Board of Trustees approves \$60,000 for the Mental Health Supports in Schools Community of Practice Facilitator contract. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.*

## Staff Analysis:

- What does this contract do?

The contract focuses on facilitating a Community of Practice with school districts and community behavioral health providers. A community of practice is a group of people who share a common concern, a set of problems, or an interest in a topic and who come together to fulfill both individual and group goals.

The Trust issued a Request for Proposals (RFP) for this work on January 18, 2024. The Stellar Group was the successful offeror, and the contract was initiated in February 2024. This memo is seeking approval to extend this contract and work.

- Who is receiving the funds?

The Stellar Group is a consulting firm that provides services, including needs assessments, program design and coordination, project management, technical assistance, stakeholder engagement, and community planning. Their experience in early childhood and youth services includes conducting the Alaska Infant-Early Childhood Mental Health Needs Assessment, and developing Alaska's Early Childhood Education Workforce: Challenges & Opportunities Report for the Governor's Task Force on Child Care, and The Mental Health in Schools: Phase 1 Report and The Mental Health in Schools: Phase 2 Report.

- Why is staff recommending this contract?

The Community of Practice supported through this contract is focused on developing mental health supports in schools through a multi-tiered system that incorporates community organizations and families. Mental health support in schools has impact points in prevention and intervention. It can reach a large number of school-aged children and youth, impacting their social-emotional development and leading to early identification and intervention related to mental health needs. School-based services increase access to mental health services or other resources. This programming will not only reach Trust beneficiaries but will reach a wide range of students, such as students who quietly suffer with mental health issues or who may be hesitant to reach out for mental health support. Mental health supports in schools may also decrease the



## Contract Approval Memo



risk of becoming a Trust beneficiary through school-based interventions that teach children and youth protective factors.

Support from our State of Alaska partners, including a representative from the DOH commissioner's office and staff from DEED, who are present at the Community of Practice meetings, demonstrates a strong buy-in and partnership for project success.

- Will this be a multi-year contract?

This is a multi-year contract. The initial contract term began in February 2024 with three (3) 1-year renewal options to be exercised at the Trust's sole discretion. This request is to approve funding for the first of these contract renewal options.

### **Comp Plan Identification**

Area of Focus	Objective	Comments
Area of Focus 1: Early Childhood & Youth	1.6 Youth are safe and secure	d. Strategy: Support schools in adopting trauma-engaged practices and comprehensive health education including mental health, substance misuse, and healthy and safe relationships.
Area of Focus 1: Early Childhood & Youth	1.2 Ensure accurate identification and support of social-emotional needs for children and their families, congruent with their cultural identification	

### **Contract project information**

This contract is the culmination of Trust work started in 2021 and 2022 with previous contracts to enact information gathering, which resulted in two reports: Mental Health in Alaska Schools Phase One: Landscape Assessment, and Mental Health in Alaska Schools Phase Two: The State of Student Mental Health & Promising Approaches.

A community of practice is a group of people who share a common concern, a set of problems, or an interest in a topic and who come together to fulfill both individual and group goals. Communities of practice often focus on sharing best practices and creating new knowledge to advance a domain of professional practice. This Community of Practice is focused on developing mental health supports in schools utilizing the Interconnected Systems Framework to support integration of school mental health into a multi-tiered system of support that includes community organizations and families:

Tier 1: universal strategies for all students at a school;

Tier 2: selected services and supports for students who need early intervention and targeted support and

Tier 3: intensive services and supports for students who are struggling with mental health issues and need more intensive individualized intervention or treatment. Community



# Contract Approval Memo



partnerships are encouraged to establish Tier 3 services and supports that may not be possible through school personnel.

The contract work involves coordinating, planning, and facilitating monthly Community of Practice discussions with educators and community mental health practitioners from school districts statewide during the school year, coordinating, preparing and facilitating monthly virtual mental state leadership team meetings year round, attending and presenting in person at the annual Alaska School Safety & Wellbeing Summit on the work and findings of the prior fiscal year, conducting best practice research or other knowledge support for the group, and documenting and maintaining work plans or resources. Utilization of the Interconnected Systems Framework as a planning tool with the state leadership team, as well as monitoring and integrating local, state, and federal funding policy workgroup findings, while ensuring inclusion of rural and urban school districts that have varying capacities to implement mental health supports in schools, is necessary. The contractor documents meetings for the Community of Practice and leadership team meetings, and produces an annual summary of themes and activities emerging from the Mental Health Supports in Schools Community of Practice meetings.

## **Initial Contract Outcomes**

- **Building state leadership:**
  - The state leadership team included individuals from the Department of Health (DOH) Commissioner's office, the Division of Behavioral Health (DBH), the Department of Education & Early Development (DEED), the Division of Public Health (DPH), the Alaska Mental Health Board (AMHB), Southeast Regional Resource Center (SERRC), and the Trust.
  - Utilization of the ISF model in viewing the statewide system, how the state can support districts, better understanding what we already have in schools/communities, gaps in services and funding and opportunities to strengthen school districts.
- **Formation of the CoP:**
  - Two outreach sessions were conducted to discern needs and interest from potential participants; determination that teams of individuals from school districts would be recruited with two participants per community (a member of the school district administration in their district's mental health systems, a mental or behavioral health clinician, either internal or external from the community, and other people the school district wanted to recruit such as parents, students, leadership, teachers, school counselors, or other champions).
  - Presentation about the CoP at the School Health & Wellbeing Summit held in Anchorage in September 2024 to present the opportunity, interest in participation and solicit topics of interest.
- **CoP implementation:**
  - The CoP started in November 2024 with 20 participants representing 9 schools as well as two state partners, staff from DEED and the DOH commissioner's office.
  - The participants represented 9 school districts, including Anchorage, Fairbanks, Juneau, Kenai, Ketchikan, Kusuk, Northwest Arctic Borough, and Southwest Region.



## Contract Approval Memo



- Seven (7) CoP sessions were completed from November 2024 through May 2025, and three half-day special topic sessions were open to the public, not just CoP participants.
- Special sessions were on Positive Behavior Interventions & Supports, Promoting Community Conversations about Research to End Suicide (PC CARES) Lethal Means Safety Workshop, and the Alaska Eating Disorders Alliance (AKEDA).
- CoP discussion themes:
  - Participants identified a need for more education on mental health issues, student support (especially after-school supports for youth), and conflict resolution.
  - Barriers and challenges included funding, limited resources, workforce, the need to “bridge” the mental health and education systems, need to build policy, protocol and practice, need for information on mental health processes such as how to navigate parental consent, and the need to learn how to establish partnerships with hospitals and the larger community.
  - Teams that have implemented practices shared them with the CoP. These included practices related to the navigation of HIPAA & FERPA, community partnerships, and workforce development.
  - The DOH commissioner's office presented about Medicaid and school-based services.

### **Year 2 Contract General Scope of Work**

- Facilitate monthly Community of Practice discussions with education and mental health practitioners statewide during the school year (8-9 virtual meetings per state fiscal year).
- Facilitate monthly virtual Mental Health Supports in Schools State Leadership Team meetings year-round.
- Attend and present in person at the annual Alaska School Safety & Wellbeing Summit on the work and findings over the prior fiscal year. The next Summit will be in Anchorage in September 2025.
- Coordinate and prepare for all meetings, develop agenda, arrange for space/videoconferencing, accommodations, and other meeting needs.
- Maintain group communication, meeting reminders, share meeting notes, plans, presentations, or other documents, prepare related materials for next committee or workgroup.
- Document and maintain work plans, resources, toolkits, and other best practice materials developed for recommended by the group and track progress on activities.
- Provide an annual summary of themes, activities, results, and work of the Mental Health Supports in Schools Community of Practice.
- Conduct best practice research or other knowledge support for the group. Example: Monitor and integrate local, state, and federal funding strategies and policy developments.
- Engage Mental Health Supports in Schools Community of Practice members and provide background information to new members.
- Utilize the Interconnected Systems Framework (ISF) as a planning tool with the Mental Health Supports in Schools state leadership team and others, as identified.



## Contract Approval Memo



- Monitor and integrate local, state, and federal funding policy workgroup findings while ensuring inclusion of rural and urban school districts with varying capacity for the purpose of exchanging ideas and sharing policy and best practices examples.

### **Year 2 Contract Deliverables:**

- Document meetings for the Community of Practice and leadership team meetings
- Produce annual summary of the themes and activities emerging from the Mental Health Supports in Schools Community of Practice meetings.
- Prepare a presentation, attend and present in person with members from the Leadership Team at the Annual Alaska School Safety & Wellbeing Summit on the work and findings of the Mental Health Supports in Schools Community of Practice over the prior fiscal year. The next Summit will be in Anchorage in September 2025.



## MEMO

**To:** Board of Trustees  
**Date:** May 22, 2025  
**Re:** Authority Grant Budget Amendment  
**Grantee:** Association of Alaska School Boards  
**Project Title:** Project Transform/Mental Health Consultation in Schools (FY25)

### REQUESTED MOTION:

*The Board of Trustees approve a budget amendment for the FY25 Project Transform/Mental Health Consultation in Schools grant with the Association of Alaska School Boards.*

**Assigned Program Staff:** Tina Voelker-Ross

### STAFF ANALYSIS

- What does this amendment do?

The Association of Alaska School Boards (AASB) is requesting a budget modification for their \$150,000 FY25 grant that was originally approved by the Trust as an authority grant in the FY25 budget. This allocation was made from the Early Childhood and Youth priority area. AASB is requesting a line-item budget revision for the FY25 grant budget.

This amendment would move \$67,882 from the supplies, travel and other costs budget lines to the personnel services budget line. This amendment only moves funds between the budget lines. It does not modify the project's deliverables, outcomes, scope of work, or planned activities.

- Who is receiving the funds?

AASB is a non-profit agency that advocates for children and youth by assisting school boards in providing quality public education, focused on student achievement, through effective local governance.

- Why is staff recommending this project?

The primary reasons for this internal adjustment are:



1. Alignment: To align the Trust budget categories more closely with AASB's standard reporting structure and chart of accounts for improved financial tracking.
2. Reallocation: To shift funds previously budgeted under travel, supplies, and other costs into the Personnel category.

This reallocation to the personnel offers two strategic advantages for AASB:

1. It enhances the ability of AASB staff to execute project tasks efficiently
2. It allows for more integrated grant management by enabling AASB staff to handle activities previously reliant on external contracts or significant travel/supply expenses, thereby reducing consulting needs and simplifying administrative oversight.

#### AMENDMENT DETAILS

<b>Budget Category</b>	<b>Original Grant Agreement Amounts</b>	<b>Updated Grant Budget Amounts</b>	<b>Difference</b>
Personnel Services	\$43,570.00	\$111,452.00	\$67,882.00
Supplies	\$21,000.00	\$19,000.00	(\$2,000.00)
Travel	\$13,000.00	\$3,000.00	(\$10,000.00)
Other	\$72,430.00	\$16,548.00	(\$55,882.00)
<b>Total</b>	<b>\$150,000.00</b>	<b>\$150,000.00</b>	<b>\$0</b>



AASB is requesting a budget revision for the Association of Alaska School Boards. This revision *only* modifies the allocation of funds between budget categories; it does not change the project's deliverables, outcomes, scope of work, or planned activities.

The primary reasons for this internal adjustment are:

1. **Alignment:** To align MHT budget categories more closely with AASB's standard reporting structure and chart of accounts for improved financial tracking.
2. **Reallocation:** To shift funds previously budgeted under Travel, Supplies, and Contracts into the Personnel category.

This reallocation to Personnel offers two strategic advantages:

- It enhances our staff's flexibility to execute project tasks efficiently, providing resilience against potential disruptions like federal funding freezes.
- It allows for more integrated grant management by enabling internal staff to handle activities previously reliant on external contracts or significant travel/supply expenses, thereby reducing consulting needs and simplifying administrative oversight.

We are currently in Year 3 of this 5-year initiative. The funds, despite being recategorized, remain dedicated to supporting the following core project components:

1. Project Transform focuses on shifting practices of educators using the Transforming Schools Framework Personal Assessment Milestone Guides and will continue to serve educators in Ketchikan, Juneau, Copper River, Lower Kuskokwim, and Chatham School Districts. Additional school districts will be added this year with additional teachers. Educators will receive coaching, professional learning, and individualized support to shift practices. These resources will help to expand our coaches, provide site-based incentives to implement school-wide trauma engaged practices, and offer improved asynchronized learning. Specifically, these funds will be used to support in-person training and coaching and the development of an asynchronous learning platform. Fifty-two (52) school districts in the state use AASB's recommended school district policies. AASB will continue to work with school board members across the state and partners like AK DEED to review recommended policies and make new recommendations so that policies better support mental health, social emotional learning, trauma informed policies, and effective early childhood practices. Each cycle, AASB will work with board members on at least 5 policies, ensure that these are reviewed by legal counsel, and then rolled out to school districts across the state through statewide workshops virtual and in-person.
2. Strong Start - Full-Service Community Schools



Strong Start builds on an evidence-based integrated student support model that helps kinder teachers, Full-Service Coordinators, School Wellness Advocates, School Administrators and Tribal Entities to get to know incoming kindergarten students and their families. Working together, they identify key areas of support or opportunities that can help address physical, mental health, learning, or engagement needs. This may include academic, cultural, social and emotional learning support. This may also involve addressing family's basic needs or services as a school staff or in partnership with tribal entities or community-based organizations. These funds will be dedicated to supporting early childhood programs and kinder transition supports. This includes AASB staff time, mental health contractors, travel for the full-service coordinators and school wellness advocates, and technical assistance from evidence-based integrated support models from other states. Each of the six community schools will be working with partners to address and wrap around students and families as they transition into kindergarten. The schools and partners will also begin working on the Bridging to the Future Strategy.

This will be more fully launched in 2025 and 2026 Bridging to the Future will bring families, students, educators, and case managers together to plan for a range of post-secondary opportunities (career, technical, two-year or four-year college programs). While working with families and students, case managers will be assessing social and emotional needs, mental health supports and learning enrichment opportunities that can help students be ready to prepare for life after high school. Case managers will help families meet their needs so their students can focus on future-planning.

### 3. Alaska Family Engagement Center (AFEC)

- a. Through the AFEC partnership, AASB can offer in person policy review sessions within the 13 participating districts.
- b. AASB will work with AFEC districts and communities to host dialogues that address family's needs and supports around mental health, social emotional learning/co-regulation, navigating grief and loss, and other key areas of relationship building.
- c. Offer mental health informational sessions and share student voice around mental health issues in advance of strategic planning session.
- d. Work with regional providers, school districts, families and students, and our family advisory board to better address the educational resources and tools need for families that have children with disabilities and special education needs.
- e. Support a family advisory board (FAB) that represents a broad cross section of Alaska geography and will include beneficiaries. This FAB will help to identify projects for family engagement that will help to remove barriers to family and school partnerships and will help to advance students social emotional, cultural, and academic needs. There is interest this year in working on better supports for students with special education needs.



Association of Alaska School Boards - Line Item Budget Adjustment 15479.01

Request for Budget Revision: 4/2025

	<b>Proposed Revision</b>	<b>Original Budget</b>	<b>Notes</b>
Salary and Benefits	\$111,452	\$43,750	Shifted allocations to provide more flexibility to efficiently implement these projects.
Supplies and Meetings	\$9,000	\$0	Previously in other category per AASB's chart of accounts
Travel	\$3,000	\$13,000	Reallocated to federal funds
Supplies	\$10,000	\$21,000	Reallocated to federal funds
Other (including contractual and indirect)	\$16,548	\$72,430	Shifted to personnel and to federal funding streams
<b>Total</b>	<b>\$150,000</b>	<b>\$150,000</b>	AASB leverages more than \$4,5000,000 of federal funds distributed that supports work in more than 30 schools and communities

Detailed information/ Justification:

Personnel Services: **\$111,452** (increased from \$43,570.00)

10% Lori Grassgreen (Management and oversight of all projects)

5% Claudia Plesa (Montori family engagement project progress and Strong Start Yakutat)

10% Lisa Xhunyéil Worl (family facing workshops and Strong Start Juneau, Angoon, and Klukwan)

10% Theresa Miller (Bridging and co-regulation activities)

15% Emily Ferry (Family Advisory Board, Early Learning Family Engagement, and Family co-regulation)

Maressa Jensen: 8% (Oversight for Project Transform)

Karin Halpin: 5% (Project Transform Coach and Trainer)

Katie Oliver and Pete Hoepfner: 1% (Policy Development)

Business office and grant management team: 2% (of Finance Officer, Business Office Manager Grant Administrator and Grant Coordination Manager)

Fringe Benefits are calculated at approximately 35% of salaries with health care allocations varying based on the individual.

**Travel:** \$3,000 (reduced from \$13,000.00)

AASB will code project travel to Federal Funds to complete the same scope of work.



Travel is to support coaching and implementation of Strong Start, Co-regulation Support and Training with families through AFEC, and Project Transform/Transforming Schools Site Support. Travel to sites where we are piloting the Kinder Transition Tools will be covered by federal funding streams. MHT serves as match and leverages \$4,000,000 in funding annually for the FSCS grant.

Alaska Family Engagement Center: This will allow for travel for the Family Advisory Board, travel for dialogues, and travel for strategic planning.

**Meeting and Facilities and Software:** \$9,000 (previously this was included under other due to AASB's chart of accounts). This includes the facility expenses that follows staff allocations \$5,000 and \$2,000 for venues or meeting spaces for our family workshops, educator workshops, and for Strong Start. This was not in the previous budget because our chart of accounts puts these costs under Other, but through reporting last time we realized that we could better align our expenses and chart of accounts reporting with the MHT budget categories. \$2,000 will be dedicated to the Learning Management System that supports online training for Project Transform educators.

**Supplies:** \$10,000 (Previously \$21,000.00)

Supplies Description

Strong Start: \$2,000 will help support some of the basic needs that arise during Strong Start Kinder Transition programs. Alaska Family Engagement Center: \$7,000 family and school partnership meeting supplies. This will include "family navigation retreats" (3) and educator training (6) and the family advisory board meetings (3).

Approximately \$1,000 in supplies will be allocated for all projects. This supports flipcharts, markers, and printing for meetings that staff use for trainings, printing and workshops.

**Other Costs:** \$16,548 ( reduced from \$72,430.00)

We have allocated \$2,000 for extra duty pay for educators participating in these programs. The remainder is in our federal grants.

Indirect \$14,548- This is based on our indirect cost rate approved by the US Department of Education

**Grant Total for FY25:** \$150,000.00



# **Additional Documents**



**To:** Brent Fisher, Chair  
**Through:** Mary Wilson, CEO  
**From:** Katie Baldwin-Johnson, Chief Operating Officer  
**Date:** May 21, 2025  
**Re:** Program and Planning Committee Report – April 24, 2025

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Committee members present:

Agnes Moran (remote)  
Rhonda Boyles (Acting chair), present  
Kevin Fimon, present  
Brent Fisher, present

Non committee members present:

Anita Halterman  
Corri Feige

### **Meeting Summary**

The Program and Planning Committee (P&P) was called to order at 8:30 a.m. The following is a summary of the meeting:

#### **CEO updates**

Mary provided an update on the status of strategic planning. The Trust Authority met internally to reflect as a team, assess the broader picture, and identify key priorities. These include reviewing the TAO budgeting process and implementing a strategic framework for Trust focus and priority initiatives. The overarching strategic plan will guide these developments.

The TAO has engaged *Commonality*, a contractor with extensive experience in strategic planning for public entities and boards. Although based outside of Alaska, the firm brings relevant expertise to the process.

In addition to the Trust presentation to the House and Senate Finance Committee meetings in early February, the Trust also presented to the Senate Health & Social Services Committee and to the joint House and Senate State Affairs Committee.

TAO is closely monitoring federal developments and their potential impact on beneficiary-serving partners and beneficiaries. The TAO is also engaging in contingency planning and will involve the board in future discussions.

#### **Crisis Now Update:**

Sam Ponto (Program Officer), Eric Boyer (Senior Program Officer), and Tracy Dompeling (Director, Division of Behavioral Health) presented an update on the *Crisis Now* initiative and broader efforts to strengthen the crisis care continuum. Key topics included implementation progress, current priorities, performance monitoring, challenges, and future plans.



Notable accomplishments were shared for the three primary components of the *Crisis Now* model. Since the launch of various community mobile crisis teams, over 9,000 individuals were served in 2024. The DBH and the Trust continue to support the expansion of voluntary, lower-acuity stabilization beds.

Southcentral Foundation is advancing its Behavioral Health Expansion Project, which includes 23-hour crisis observation, crisis residential stabilization, and expanded detox services. Interest in similar stabilization services is growing in other communities.

Legislative developments include:

- **HB 138** – Introduced this session, it proposes a \$0.98 surcharge on cellular lines to fund the 988 crisis line, mobile crisis teams, and facility-based stabilization services.
- **SB 124 / HB 110 / HB 131** – These bills focus on professional licensure compacts relevant to addressing Alaska’s workforce challenges.

Future joint priorities include:

- Developing a data and evaluation framework
- Building sustainable, braided funding
- Supporting community-led solutions
- Aligning state and local planning
- Improving data collection and system performance tracking

#### Beneficiary Data Updates

Leah Van Kirk, Health Care Policy Advisor at the Department of Health, presented data on Medicaid utilization, overdose trends, suicide rates, and crisis services in Alaska. The presentation prompted a productive Q&A session and identified topics for future data follow-up.

#### Mini-Grant Program

Eliza Muse (Evaluation and Planning Officer), Luke Lind (Grants Administrator), and Carrie Predeger (Grants Accountability Manager) provided a follow-up presentation to the initial October 2024 overview of the mini-grant program.

This session included:

- A deeper dive into program structure and regulatory constraints
- Feedback from a survey distributed to agencies submitting applications on behalf of beneficiaries
- Input from a public listening session

Key takeaways:

- The program is highly valued by both beneficiaries and partners.
- While guidelines are generally clear, updates are recommended.
- Administrative burdens are a concern.
- Rising costs, especially in rural areas—should be considered in future planning.

The Program and Planning Committee adjourned at 11:30 a.m. on April 24, 2025. Pending agenda finalization, the committee’s next meeting is tentatively scheduled for July 31 – August 1, 2025 in Anchorage.