

MEETING AGENDA

Meeting: Board of Trustees
Date: November 13-14, 2024
Time: 8:30 AM
Location: Trust Authority Building, 3745 Community Park Loop, Anchorage
Teleconference: (844) 740-1264 / Meeting Number: 2633 313 2189 # / Attendee No: #
<https://alaskamentalhealthtrust.org/>
Trustees: Brent Fisher (Chair), Rhonda Boyles, Corri Feige, Kevin Fimon,
Anita Halterman, Agnes Moran, John Morris

Wednesday, November 13, 2024

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| | | |
|--------------|---|----------|
| 8:30 | Call to Order – Brent Fisher, Chair | |
| | Roll Call | |
| | Announcements | |
| | Approval of Agenda | |
| | Review of Guiding Principles | 7 |
| | Ethics Disclosure | |
| | Approval of Minutes | |
| | • July 31, 2024 | 14 |
| | • August 28-29, 2024 | 19 |
| | Current Bylaws | 65 |
| 8:40 | Mission Moment | |
| | Alzheimer’s Resource of Alaska | |
| 9:00 | CEO Update | |
| 9:20 | Legislative Budget and Audit Update | |
| | Executive session – (if necessary) | |
| | <i>In accordance with the Open Meetings Act, AS 44.62.310(c).</i> | |
| 9:40 | Governance Discussion | hand-out |
| | Executive session – (if necessary) | |
| | <i>In accordance with the Open Meetings Act, AS 44.62.310(c).</i> | |
| 10:30 | Break | |
| 10:45 | Governance Discussion (continued) | |
| | Executive session – (if necessary) | |
| | <i>In accordance with the Open Meetings Act, AS 44.62.310(c).</i> | |

Wednesday, November 13, 2024 (continued)

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| 11:45 | Lunch | |
| 12:15 | Public Comment <ul style="list-style-type: none">For Public Comment Guidelines click here | |
| 1:00 | Audit & Risk Committee Report / Update | 72 |
| 1:10 | BDO FY24 Financial Audit <ul style="list-style-type: none">Bikky Shrestha, Assurance Partner, BDO Anchorage Office | hand-out |
| 1:30 | Finance Committee Report / Update <ul style="list-style-type: none">TLO FY25 CRE Budget AmendmentCFF ApprovalFY25 PayoutFund 3320 BalanceCFO and Commercial Real Estate | 74 |
| 2:00 | Resource Management Committee Report / Update <ul style="list-style-type: none">Disposal of Portion of Trust Parcel CRM-2060-02 – MHT 9101396Disposal of Portion of Trust Parcel FM-7009 – MHT 9400901Mineral Lease – MHT 9400763 | 90 |
| 2:30 | Break | |
| 2:45 | - Commercial Real Estate Executive session – (if necessary) <i>In accordance with the Open Meetings Act, AS 44.62.310(c)</i> | |
| 3:45 | Recess | |

Thursday, November 14, 2024

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| 8:30 | Call to Order – Brent Fisher, Chair Roll Call Announcements | |
| 8:35 | Statutory Advisor Update | 105 |
| | • Stephanie Hopkins, Executive Director, Alaska Mental Health Board / Advisory Board on Alcoholism and Drug Abuse | 106 |
| | • Martin Lange, Acting Executive Director, Alaska Commission on Aging | 127 |
| | • Patrick Reinhart, Executive Director, Governor’s Council on Disabilities and Special Education | 137 |
| 9:45 | Communications Update | hand-out |
| 10:30 | Break | |
| 10:45 | Crisis Now Update | hand-out |
| 11:30 | Lunch | |
| 12:30 | Approvals | 169 |
| | <i>Focus Area Allocations:</i> | |
| | • AK Behavioral Health / FY25 Mobile Crisis Team - Fairbanks | 174 |
| | • True North Recovery / FY25 Mobile Crisis Team - Mat-Su | 179 |
| | • Alaska Impact Alliance / FY25 Reimagining Child Welfare | 186 |
| | • Kenai Peninsula Housing Initiatives / Eagle Heights & Rainbow Flats | 192 |
| | • Covenant House / Building Capacity for Crisis Support | 202 |
| | • RurAL CAP / FY25 Mental Health Consultation Project | 208 |
| | • New Life Development Inc / Safe Families Project | 214 |
| 2:15 | Break | |
| 2:30 | Approvals (continued) | |
| | <i>Partnership Grant Requests:</i> | |
| | • Anchorage Project Access / Mental Health Counseling Program | 221 |
| | • MapHabit, Inc / MapHabit Pilot Project | 227 |
| | • United Nonprofits, LLC / UNP Boiler Replacement | 232 |
| | • JAMHI Health & Wellness / SHARP Contracts at JAMHI - Continued | 236 |

Thursday, November 14, 2024 (continued)

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Approvals (continued)

- Kodiak Island Health Care Fdtn / Behavioral Health Provider Recruitment 240
- Alaska Association on Developmental Disabilities / Key Campaign 244
- Alaska Children's Trust / Alaska Out-of-School Time Conference 249

Other approvals (amendments, contracts, etc.):

- DD Systems Capacity Assessment 254
- Southcentral Foundation / Amendment 258
- Copper River Native Association / Amendment 266

4:15 Trustee Comments

4:30 Adjourn

Additional Documents

- Program & Planning Committee Report 274

Future Meeting Dates

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

(Updated – November 2024)

-
- | | | |
|--------------------------------|----------------------|------------------------|
| • Audit & Risk Committee | January 8, 2025 | (Wed) |
| • Finance Committee | January 8, 2025 | (Wed) |
| • Resource Mgt Committee | January 8, 2025 | (Wed) |
| • Program & Planning Committee | January 9, 2025 | (Thu) |
| • Full Board of Trustees | February 5-6, 2025 | (Wed, Thu) – Juneau |
| | | |
| • Audit & Risk Committee | April 23, 2025 | (Wed) |
| • Finance Committee | April 23, 2025 | (Wed) |
| • Resource Mgt Committee | April 23, 2025 | (Wed) |
| • Program & Planning Committee | April 24, 2025 | (Thu) |
| • Full Board of Trustees | May 21-22, 2025 | (Wed, Thu) – TBD |
| | | |
| • 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 |

Future Meeting Dates Statutory Advisory Boards (Updated – November 2024)

Alaska Commission on Aging

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

Acting Executive Director: Martin Lange, (907) 465-4879, martin.lange@alaska.gov

- Quarterly Meeting (winter): December 4, 2024 / Zoom

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: Stephanie Hopkins, (907) 465-4667, stephanie.hopkins@alaska.gov

- Quarterly Meeting (winter): January 2025 / Zoom
- Quarterly Meeting (spring): TBD

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

- Triannual Meeting (winter): February 11-13, 2025 / Juneau

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

Trust Guiding Principles

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

Education of the public and policymakers on beneficiary needs;

Collaboration with consumers and partner advocates;

Maximizing beneficiary input into programs;

Continually improving results for beneficiaries;

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

Useful and timely data for evaluating program results;

Inclusion of early intervention and prevention components in programs;

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

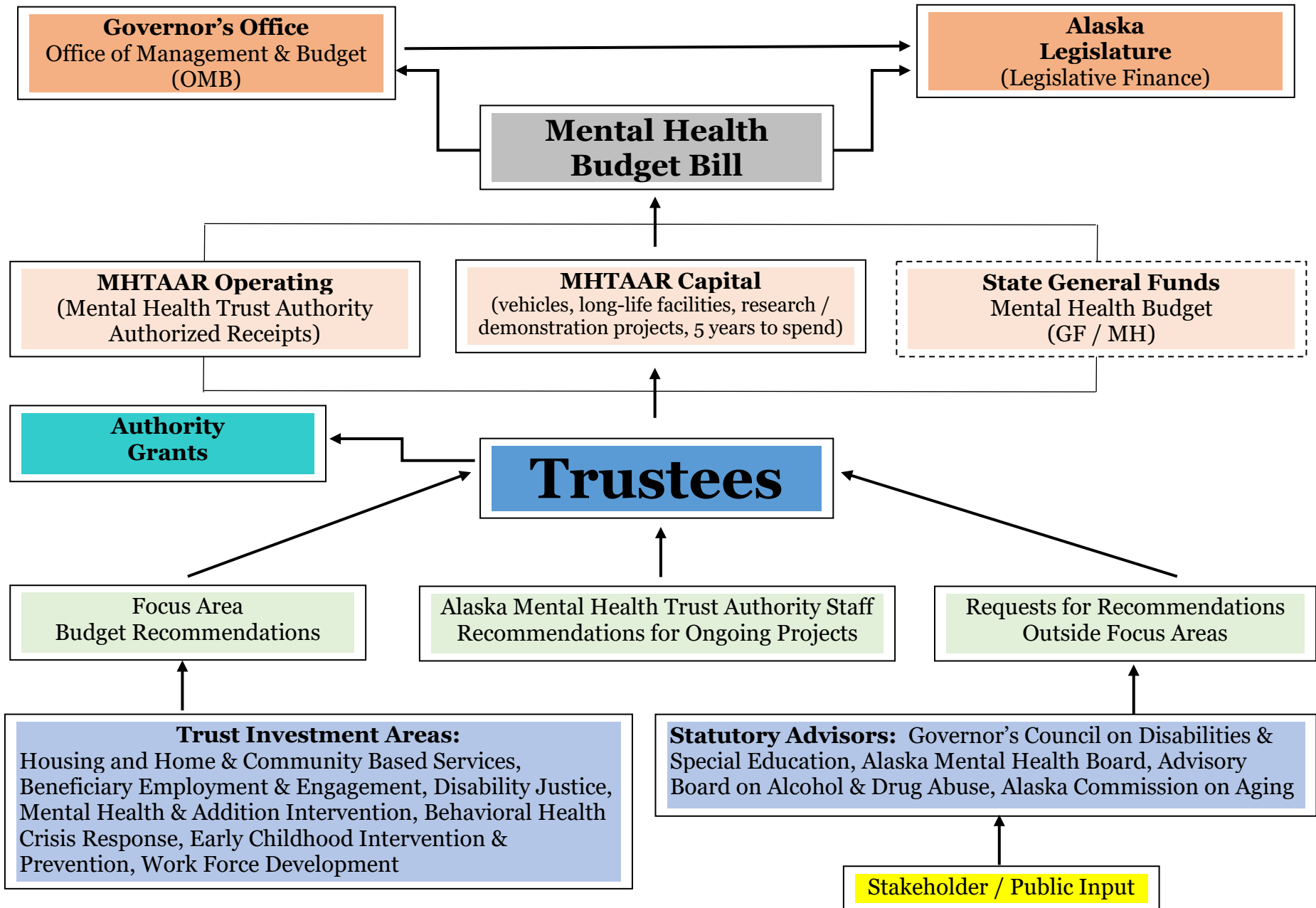
Approved 5-12-09, Board of Trustee meeting

Trust Mission Statement

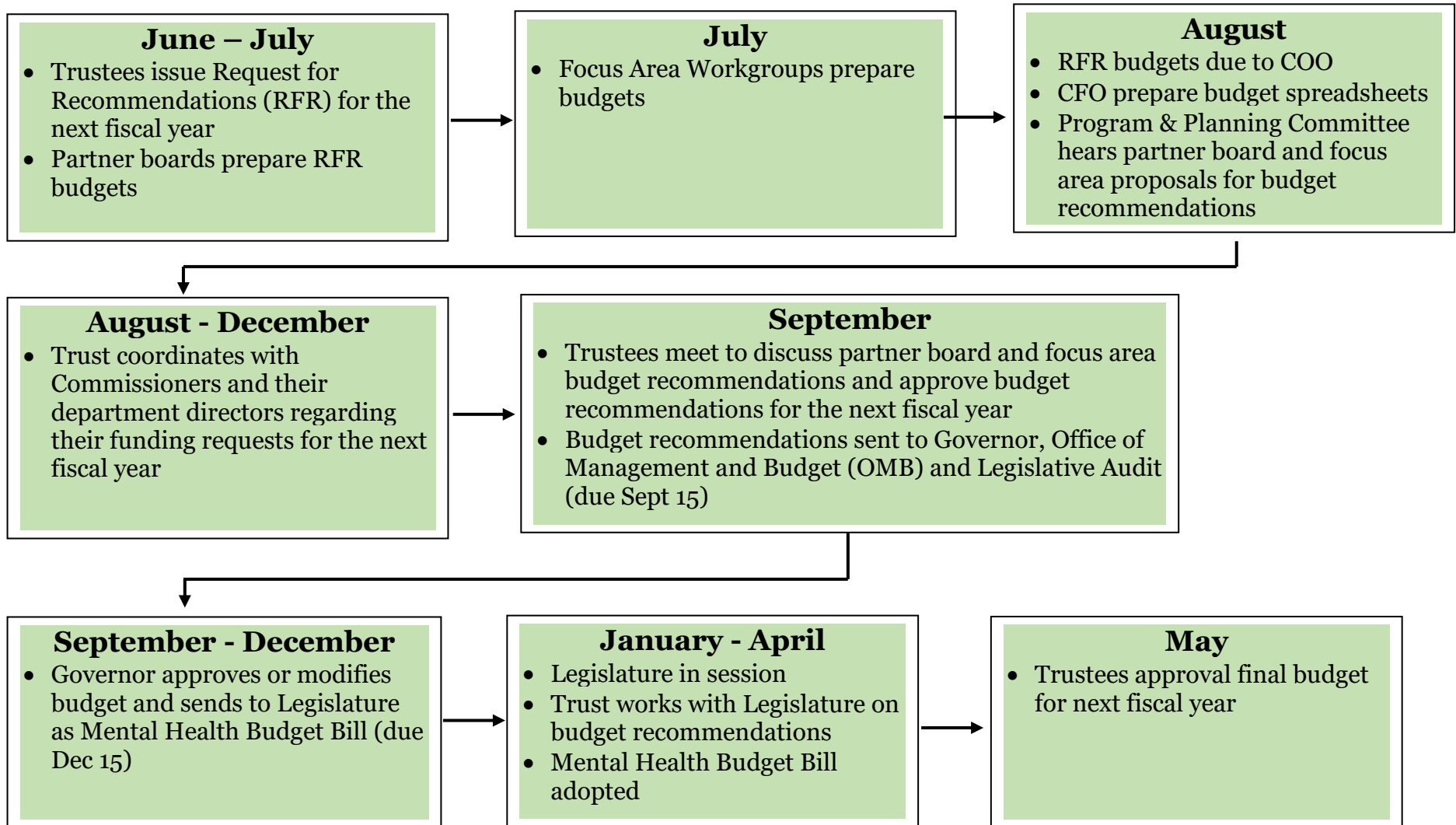
The Alaska Mental Health Trust Authority (The Trust) administers the Mental Health Trust to improve the lives of beneficiaries. Trustees have a fiduciary responsibility to protect and enhance trust assets in perpetuity for the beneficiaries. The Trust provides leadership in advocacy, planning, implementing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

Approved 5-12-09, Board of Trustee meeting

Alaska Mental Health Trust Authority Budget Process



Annual Mental Health Budget Bill Process

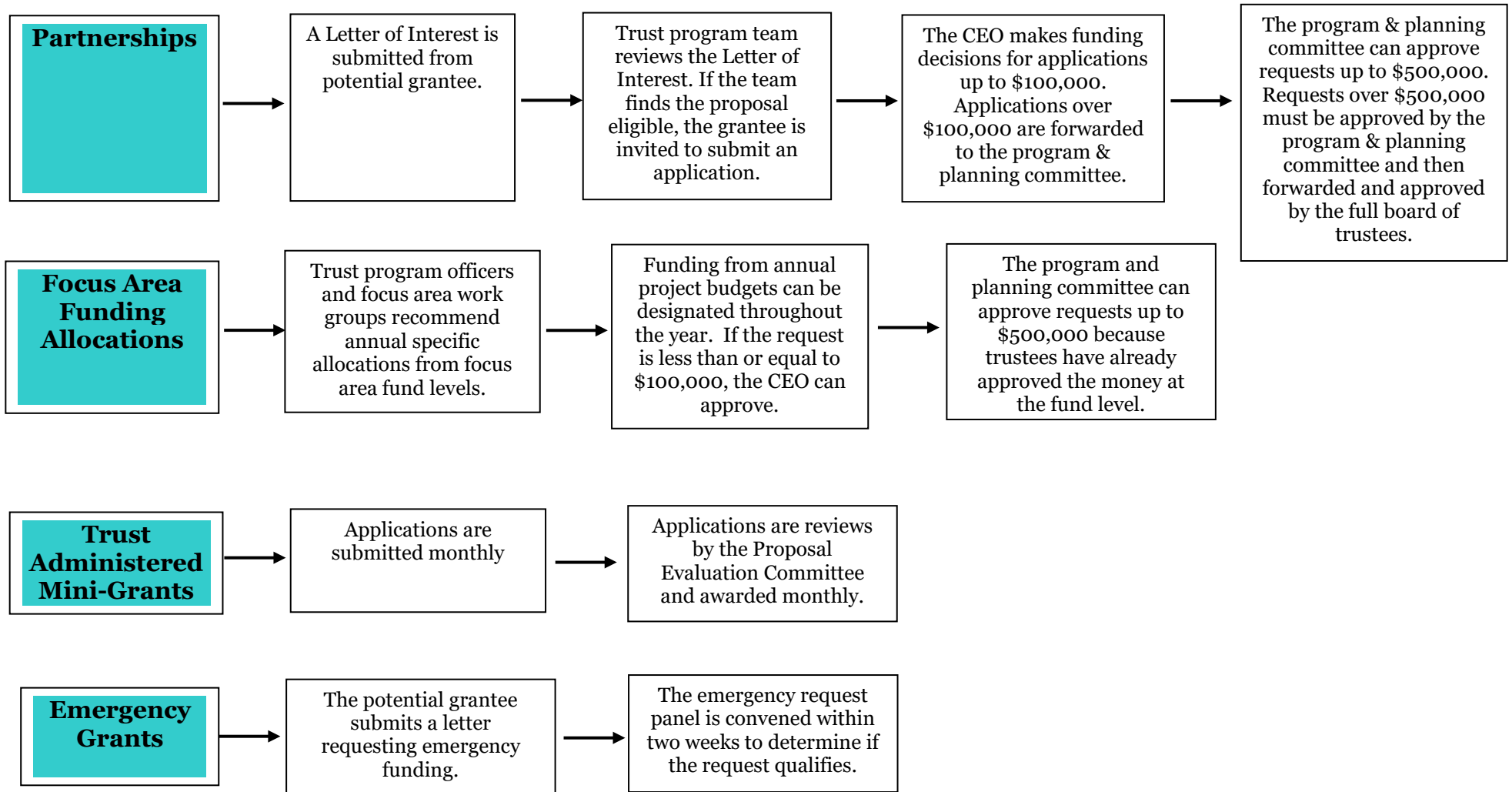


Note: timeline represents those items in the green boxes in the chart entitled “Alaska Mental Health Budget Process”

01/23/2019

Grant Approval Process for Authority Grant Funds

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



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

Revised: 01/23/2019

Alaska Mental Health Trust Annual Calendar

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

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

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

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

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

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

**Minutes for the
July 31, 2024
Full Board of Trustees
Meeting**

**ALASKA MENTAL HEALTH TRUST AUTHORITY
SPECIAL FULL BOARD COMMITTEE MEETING**

July 31, 2024

8:30 a.m.

Hybrid/Webex Meeting:

Originating at:

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

Trustees Present:

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

Trust Staff Present:

Allison Biastock
Katie Baldwin-Johnson
Miri Smith-Coolidge
Valette Keller
Julee Farley
Luke Lind
Michael Baldwin
Eric Boyer
Kat Roch
Kelda Barstad
Debbie DeLong
Tina Voelker-Ross
Eliza Muse
Janie Caq'ar Ferguson

Trust Land Office staff present:

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

Also participating:

Gene Hickey; Chris Orman; Kathy Craft; Patrick Reinhart; Hazel LeCount; Kim Burnette;
Stephanie Hopkins; Stephanie Wheeler; Carmen Wenger; John Walker; Phillip Toney; Robert
Heide; A Fouts; Jen Harrington; Karley Dickinson; Tracy Dempeling; Laura Russell; Aaron
Surma; Joanne Singleton; Paloma Harbour; Susan Kessler; Sena Gilbert; Marsha Oss; Clinton

Lasley; Erik Peterson; Carla Burns; Kim Kovol; Lance Johnson; Linda Clapp-Demerol; Marsha Tandeske.

PROCEEDINGS

CALL TO ORDER

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

APPROVAL OF AGENDA

CHAIR HALTERMAN entertained a motion for the approval of the agenda.

MOTION: A motion to approve the agenda was made by TRUSTEE FIMON; seconded by TRUSTEE FISHER.

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

ETHICS DISCLOSURE

CHAIR HALTERMAN asked for any ethics disclosures. Hearing and seeing none, she stated that there are a couple of resource issues for this special meeting because they are of a time-sensitive nature. The topic of discussion is the disposal of the Trust parcels and Promontory Point financing. She recognized Trustee Feige to continue.

TRUSTEE FEIGE began with the first order of business, the disposal of the Trust parcels.

MOTION: The Alaska Mental Health Trust Authority Board of Trustees concur with the executive director of the Trust Land Office decision to dispose of Trust parcels F20303, a portion of F20304, FM-0043, FM-0044, FM-0045, and a portion of FM-0046 through a negotiated sale for subsequent disposal. The motion was made by TRUSTEE FEIGE; seconded by TRUSTEE FISHER.

CHAIR HALTERMAN asked for any discussion on the motion. Hearing none, she called the question.

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

CHAIR HALTERMAN stated that Promontory Point Financing was the next topic of conversation and recognized Trustee Feige.

TRUSTEE FEIGE stated that the Promontory Point financing issue was dealt with and reread the original motion from the Finance Committee meeting.

MOTION: The Finance Committee recommends to the Alaska Mental Health Trust Authority Board of Trustees that the Board direct the Trust Land Office to distribute all cash and income currently held by the TLO for all commercial real estate except three months of reserves, rent escrows, and tax escrows, and that the Board approves payment of \$1.2 million for the Promontory Point property escrow reserve to satisfy the loan conditions per the Promontory Point Loan Agreement. In the event of a confirmed purchase offer for the property, the executive director of TLO and the CFO of TA is approved to fund the defeasance, as necessary, up to \$8.7 million, as recommended by the RMC. The motion was made by TRUSTEE FEIGE; seconded by TRUSTEE FIMON.

TRUSTEE FEIGE continued that, in discussion with staff, there was some confusion around the motion and a concern that the figures used for the initial assessment of what was available at the property's level to fund the \$1.2 million was not sufficient. She asked that the motion be revised to balance the two. It is critical to pay the \$1.2 million and fund that account so that Promontory Point does not end in a default situation. She asked to have that transfer effective immediately so that reserve account could be funded. She then asked that the TLO and TA staffs come together and get the numbers down in a work session. She stated that she hoped that Trustee Morris would participate in that session.

TRUSTEE MORRIS stated that he believed that amended motion put on the record was a simpler amendment that added the clause that in the event of a purchase offer and as approved by the executive director of the Trust Land Office that the CFO was approved to fund \$8.67 million to execute the defeasance so that the property could be sold. He continued that a second meeting to approve that was not needed, the property was listed, and it is able to be sold.

TRUSTEE FEIGE thanked Trustee Morris and stated that part of her concern was that the Trust Land Office and the Trust Authority folks were not looking at the same sets of numbers and did not have sufficient funds in the property accounts to fund the \$1.2 million. The Board took action to approve the \$1.2 million, and it looked like the funds were there. She continued that she would like to get the teams together to make sure all are looking at the same, accurate numbers, and to get clarity and understanding.

The discussion continued about the accounting.

TRUSTEE MORRIS stated that, as the legislative audit approaches, the entirety of the Trust is approaching it with a sense of openness, frankness, and we are looking at it as an opportunity to have improvement in the processes.

CFO FARLEY proposed, regarding the commercial real estate, past balances, activities and amendments, that between now and when the actual amounts were analyzed, that any future commitment be paused to look at what was committed as of today.

The discussion continued.

TRUSTEE FEIGE proposed the following amendment to the motion:

MOTION: The Board of Trustees of the Alaska Mental Health Trust Authority approve the payment of \$1.2 million for the Promontory Point Property Escrow Reserve to satisfy the loan conditions per the Promontory Point Loan Agreement, and that the Trust Administration Office and the Trust Land Office work over the next three months to establish a plan for the distribution of income from each commercial real estate property to the Trust. In the event of a confirmed purchase offer for the property received by the TLO ED, the CFO is authorized to approve the funds needed to defease the loan up to a total of \$8.7 million. The motion was made by TRUSTEE FEIGE; seconded by TRUSTEE FIMON.

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

CHAIR HALTERMAN thanked all for the work, and entertained a motion to adjourn the meeting.

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

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

CHAIR HALTERMAN adjourned the meeting.

(Alaska Mental Health Trust Authority Special Full Board of Trustees meeting adjourned at 9:06 a.m.)

**Minutes for the
August 28-29, 2024
Full Board of Trustees
Meeting**

**ALASKA MENTAL HEALTH TRUST AUTHORITY
FULL BOARD OF TRUSTEES MEETING
August 28, 2024
10:30 a.m.**

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

Trustees Present:

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

Trust Staff Present:

Allison Biastock
Katie Baldwin-Johnson
Miri Smith-Coolidge
Valette Keller
Julee Farley
Luke Lind
Carrie Predeger
Michael Baldwin
Eric Boyer
Kat Roch
Kelda Barstad
Debbie DeLong
Tina Voelker-Ross
Eliza Muse
Janie Caq'ar Ferguson

Trust Land Office staff present:

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

Also participating:

Gene Hickey; Jeff Jessee; Kathy Craft; Patrick Reinhart; Jena Grafton; Stephanie Hopkins; Stephanie Wheeler; Carmen Wenger; John Walker; Phillip Toney; Robert Heide; a. Fouts; Jen Harrington; Karly Dickinson; Tracy Dempeling; Laura Russell; Aaron Surma; Joanne Singleton; Paloma Harbour; Susan Kessler; Sena Gilbert; Marsha Oss; Clinton Lasley; Erik Peterson; Carla

Burns; Kim Kovol; Lance Johnson; Linda Clapp-Demerol; Marsha Tandeske; Adam Grove; Rachel Hannah; Karen Grove; Miranda McCarty; Valerie Cable; Sam Garcia; Charity Lee; Anthony Cravalho; Marty Lang; Karen Heath; Tom Grafton; Kim Champney; Don Haberber; Faith Myers; Jess Angel; Mary Jane Michael; Michelle Girault; Doreen Schenkenberger; Ann Ringstad; Christina Shadura; Kendra Sticka; Eric Gurley; Jim Gottstein; Amanda Faulkner; Cindy Yeager; Brenda Moore; Barbara Monger; Bill Herman.

PROCEEDINGS

CALL TO ORDER

CHAIR HALTERMAN called the meeting to order and began with a roll call. She stated that Trustee Moran had an excused absence; Trustee Feige would be leaving 15 minutes early; and Trustee Morris had to be finished by 4:30. She stated that there is a quorum for business. She asked for any other announcements. There being none, she moved to the approval of the agenda.

APPROVAL OF AGENDA

CHAIR HALTERMAN entertained a motion for the approval of the agenda.

MOTION: A motion to propose an amendment to the agenda under the audit update going into Executive Session, if necessary, adding CEO recruitment to that discussion. The motion was made by TRUSTEE FISHER; seconded by TRUSTEE MORRIS.

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

REVIEW OF GUIDING PRINCIPLES

CHAIR HALTERMAN stated that the Guiding Principles were in the packets for reference. She encouraged trustees to look at them, and welcomed the public to do so, as well.

ETHICS DISCLOSURE

CHAIR HALTERMAN asked for any ethics disclosures. Hearing and seeing none, she moved to approval of minutes and stated that there were four sets of minutes that had to be motioned independently.

APPROVAL OF MINUTES

MOTION: A motion to approve the minutes from the Special Full Board of Trustees meeting held on April 24, 2024. The motion was made by TRUSTEE FIMON; seconded by TRUSTEE MORRIS.

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

MOTION: A motion to approve the minutes from the Full Board of Trustees meeting held on May 22-23, 2024. The motion was made by TRUSTEE MORRIS; seconded by TRUSTEE FIMON.

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

MOTION: A motion to approve the minutes from the Special Full Board of Trustees meeting held on June 14, 2024. The motion was made by TRUSTEE FIMON; seconded by TRUSTEE MORRIS.

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

MOTION: A motion to approve the minutes from the Special Full Board of Trustees meeting held on June 20, 2024. The motion was made by TRUSTEE MORRIS; seconded by TRUSTEE FIMON.

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

CURRENT BYLAWS

CHAIR HALTERMAN stated that the current bylaws were in the packet for reference for trustees and the public. They are helpful as we move through the meetings because Board elections were upcoming. She moved to the CEO update.

CEO UPDATE

ACTING CEO BIASTOCK began her update by acknowledging the tremendous job staff has been doing carrying forward with the work of the Trust and reporting on the different activities. She talked about the second Improving Lives Conference which will be held at the Dena'ina Center next month, and she went through the agenda of the event. She moved to the State opioid response framework which is an initiative led by the Department of Health to develop a framework with a holistic picture of all of the things the various state agencies are doing as they engage in work addressing Alaska's opioid crisis. It is essential in improving beneficiary health outcomes, and the Trust looks forward to collaborating with the Department and other agencies on this effort that is just getting underway. She updated the Comprehensive Integrated Mental Health Program Plan, noting that the FY25 to '29 plan is nearing completion. She moved to the beneficiary listening session that was happening on September 12th, also virtually, designed specifically for beneficiaries, caregivers, and their families to share firsthand experiences in engaging in Alaska's system of care. Lastly, she shared the logo commemorating the 30th anniversary of the Trust Authority which was created following the landmark legal settlement Weiss versus State of Alaska.

TRUSTEE BOYLES asked if this was the first beneficiary listening session.

MS. BALDWIN-JOHNSON replied that they regularly do outreach in the stakeholder engagement process directed towards beneficiaries and caregivers, and it is a unique approach this time.

TRUSTEE TRAINING GOVERNANCE BEST PRACTICES

CHAIR HALTERMAN moved to trustee training over governance best practices and turned the meeting over to Gene Hickey with the Department of Law.

MR. HICKEY talked about good governance and how the Trust gets to the point of achieving maximum good governance. He stated that the Trust purpose is to ensure an integrated Comprehensive Mental Health Program for the State which is required via the Weiss settlement. The other important theme with respect to good governance is the fiduciary obligation that the Board of Trustees has with respect to the Trust, which is paramount for the Board to make decisions and to keep the best interests of the beneficiaries in their minds. Also understood is that fiduciary obligation does not exist just for the beneficiaries that need assistance today, but the Trust is perpetual, and that fiduciary obligation requires the Board of Trustees to look to the future and make sure that the Trust remains intact for future generations of beneficiaries, as well. He emphasized that that is a statutory obligation. In thinking about good governance for the Board of Trustees and the Alaska Mental Health Trust Authority, it is important to remember the fiduciary obligation, the Integrated Mental Health Program for the State to understand how those items impact what the Board was designed to do and how it was designed to perform. He continued through the framework of what is considered to be good governance, and moved to active participation, and then the facilitation of meetings to bring out those issues. He continued through his presentation, explaining and answering questions as he went along. He emphasized that the strategic plan is a function that the Board needs to take up upon itself, specifically designed for the Board of Trustees to identify its vision, its map of how it is going to get and achieve the goals that are set out, and that requires a lot of time and effort. He added that the Board should focus upon moving forward, putting the strategic plan in place as one of its primary goals. He moved to the role of the Board, which is responsible for recruiting, supervising, retaining, evaluating, and setting the compensation for the CEO. He stated that this board is based on a policy-based governance system because the staff actually carries out the day-to-day functions of the organization, and that policy is what guides the staff to carry out that work. The Board has the obligation to govern the organization through the relationship with the CEO. He added that because the TLO executive director reports directly to the Board, that should be part of that component, as well. He continued that the Board of Trustees oversees monitoring the control functions of auditing, monitoring, approving budgets, and spending, which are things that the Board interacts with on almost a regular meeting basis. He moved to the types of decisions the Board makes, including adoption of bylaws, election of board officers, as well as adoption of policies. He went through the statutory provisions and duties that applied to the Trust in great detail.

CHAIR HALTERMAN thanked Mr. Hickey and recommended the trustees to read it on their own time. She moved to trustee travel and honorariums.

TRUSTEE TRAVEL/HONORARIUM

MR. HICKEY stated that these were two relatively simple issues and the result of questions that the Department of Law were asked to review. They looked at the issue of honorariums and when a trustee would be entitled to an honorarium, as well as the issue of travel and who approved those when done. He explained that, on the honorariums, the statute very specifically provides for the \$200 honorarium for the Mental Health Trust Authority. It requires that the honorarium be provided for a meeting, for a partial meeting that a trustee actually attended. The other provision in the statute talks about if a trustee is representing the Board. If a board member was

requested to go to a ribbon-cutting or a meeting with a particular beneficiary group, an honorarium would be appropriate as a representative of the Board. He continued that there is a need for some education to be done as to what is actually required of a trustee that sits on the board with respect to the amount of time that is required for participation. He added that it places an immense responsibility and time strain on the trustees. He stated that the Chair of the Board approves the honorariums as set out in the charter. He recommended that the obligation should fall to the Vice Chair if it was the Chair that was attending. He moved on to the second component, travel. He stated that there is no board travel policy, so they looked at the State travel policy. The State travel policy talks about travel outside the state; not about travel from outside the state to go to a board meeting. This issue applied to several of the trustees that have places in state and places outside of the state. If a trustee was spending time outside of Alaska for an extended period, would the trustee be entitled to get reimbursed for the airfare to fly to the board meeting. He continued that the answer was probably yes. But because there was no policy in place, he would do two things: First, seek counsel from the Department of Administration to get that approval. More importantly, he stated that the travel policy should be updated and made more specific to the Trust. Just as important, it would help with Board recruitment and retention.

A brief discussion ensued on travel compensation.

AUDIT UPDATE

CHAIR HALTERMAN thanked Mr. Hickey and moved to the Audit Update. She asked for a motion to go into an Executive Session.

MOTION: A motion that the Alaska Mental Health Trust Authority Board of Trustees enter into Executive Session pursuant to the Alaska Open Meetings Act, AS 44.62.310(c)3, to discuss the Legislative Budget Audit Committee's audit as the audit is confidential by law until release of the audit report to the LB&A Committee, and to discuss the CEO search pursuant to AS 44.62.310(c)2 as the discussion may tend to prejudice the reputation and character of the applicants. The motion was made by TRUSTEE FISHER; seconded by TRUSTEE FEIGE.

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

(Executive Session from 12:03 p.m. until 1:15 p.m.)

CHAIR HALTERMAN called the meeting back to order and asked for one of the trustees to read a statement into the record.

FOR THE RECORD: TRUSTEE FISHER stated the he, his fellow trustees, members of the Trust Authority, returned to the Full Board of Trustees meeting from the Executive Session. During the Executive Session, the Board of Trustees only discussed the items identified in the motion to move into Executive Session. The Board of Trustees did not take any action while in Executive Session other than to give direction to its counsel.

MISSION MOMENT

CHAIR HALTERMAN moved to the Mission Moment, and was pleased to see the Brain Bus

folks here. She recognized Adam Grove.

DR. GROVE stated that he had two of their board members present: Rachel Hannah, professor at the University; and Karen Grove, his wife, a school psychologist and a music teacher. He thanked all for having them there. He began with a brief overview, and stated that the bus was parked outside. He invited all to visit it. He continued that their mission statement was simple: Driving change for all Alaskans with brain injury. That was being done because of two grants from the Trust: \$50,000 grant in 2022, and a recent \$76,000 grant, for which he thanked them. He explained that the reason they were there was because Alaska has a big brain injury problem. It leads the nation in the number of brain injuries, primarily happening in rural Alaska. He shared pictures of the bus and their travels to the Kenai Peninsula as they build resources in the communities. In the past two years, they traveled over 2,000 miles; did 11 community visits; and served people from all age groups. They had presented at seven statewide conferences and conducted trainings in various ways for up to 71 clinicians. They had meeting interviews, been on the news, been in the newspaper, and at the Independent Living Center in Homer, which is building state-of-the-art treatment facilities for people with brain injuries using the same technology used in his clinic in Anchorage. He asked Ms. Grove to share the story of the 12-year-old boy in Fairbanks.

MS. GROVE stated that when they were in Fairbanks a young man walked up to her and asked about brain injury. She gave him all the facts about brain injury and the fact that wearing a helmet did not prevent a brain injury, and they talked for two hours. She continued that at the end of the chat she made sure that he made it to his mom, and he was telling her the things we talked about. It stuck.

MS. HANNAH talked about being in Soldotna, and they were wiring stories about what traumatic brain injury meant to us and putting them up on the bus with some magnets. It was neat to see the collage of everyone sharing their experiences or how they felt their brain injury was. That was a lot of fun.

MS. GROVE added that the QEEG brain stuff being set up in Seward was the same cutting-edge technology being used with the astronauts planning to go to Mars.

DR. GROVE stated that it was brain training. A broken brain, as well as an astronaut's brain, can be smart. He talked about a 32-year-old who fell off a speed board and hit the front of his head on the sidewalk. He had been in a coma; medevacked to Providence; spent several weeks there; and was discharged to a nursing home where he languished. They finally just brought him back home to the farm in Delta Junction. Because of the frontal lobe injury, he has no self-perception about his deficits, which makes him a dangerous TBI patient. He had to learn to walk and talk, and he still cannot read; but he says he is just fine. He says that there is nothing wrong with him, and the people were jealous and out to get him. He is on Medicaid and found one place in Omaha that would take it. He needs residential treatment, and he did not meet the standard of care for what they needed for him. He has a therapist in Fairbanks and the Department of Voc Rehab was trying to work with him, but he is not ready to go back to work. He has fallen into this hole, and they do not know what to do about him. It is not always pretty. He talked about his experience as a clinician for 22 years, and he still learns something new every time he goes to a community. He found that people in small communities do not want to go to support groups. There is a stigma attached to brain injury, and people do not want to be outed. Finding the community's champion is important, which is what makes everything work.

They had been successful in all the communities except Fairbanks, but are getting close. He continued that it usually did not happen on the first trip, and returning trips are really important. They spend three days in the community, and the bus allows that. They have solar panels, big batteries, and their own water. All they need is a place to park. He stated that the communities need more training. There is a woeful lack of training on the medical side of things. He stated that they have had some success in treating new people at Talkeetna and Willow clinics on this, but it needs to go a lot further. He stated that it is difficult to build their schedule because he could only spend so much time out of his private practice, and he tries getting volunteers to go. He also talked about establishing training for medical professionals and building a robust education program in working with the Center for Human Development. He added that they had lots of ideas on how to make that happen. That is essential for them to move forward because they can go to communities and tell them that we hear them. He thanked trustees, and stated that this is a fascinating project and they could be where people need them and to be there often enough that they know we are coming back. He invited all to come out and look at the bus.

(Applause.)

A question-and-answer session ensued.

CHAIR HALTERMAN thanked them for what they do and appreciated everything they were doing out there. She gave the trustees a few minutes to go view the bus.

(Break.)

STATUTORY ADVISOR UPDATE

CHAIR HALTERMAN moved to the Statutory Advisor updates, and asked Acting CEO Biastock to do the introductions.

ADVISORY BOARD ON ALCOHOL AND DRUG ABUSE/ALASKA MENTAL HEALTH BOARD

ACTING CEO BIASTOCK was excited to have the partner advisory boards there and introduced Stephanie Hopkins and Miranda McCarty with the Advisory Board on Alcohol and Drug Abuse and the Alaska Mental Health Board.

MS. HOPKINS stated that she was no longer the Acting ED and was confirmed as ED this morning.

(Applause.)

MS. HOPKINS thanked all and shared some of the programmatic work staff did within the State. She stated that every staffer was in each of the categories in some capacity. She shared some of the planning projects worked on the past year, and stated that they were about to submit their comments on the SAMHSA Block Grant, which is their Federal statutory obligation with a very tight turnaround. The application comes out in July, reviewed in August, and is submitted by September 3 this year. She continued talking about the planning section. The advocacy and education had not had a full-time advocacy coordinator for some time, and now we get to post the position. They are also going to start the trainings for beneficiaries on how to interact with the legislative process once that position is up and running. She talked about the amount of effort that goes into the public engagement work, and reclassified one of the support positions

into more outreach-based for tracking when people give public comment. She stated that the other huge area of growth is the data and research programming. She talked about how the new planner, Charity, who is pushing it to new heights, resulting in documentation of the evaluation component. Her first ask was for any specific data research products they would like to see from AMHB and ABADA. She shared e-mail addresses, or information can be submitted through the QR code for the public comments survey. She reflected on the budget as a whole and pointed out where beneficiaries interact with it. She added that, overwhelmingly, the public testimony received from beneficiaries is on the budget. When fully staffed, they go into the community to these trainings and there was a practice session for beneficiaries to share their stories. A big part of the trainings is that beneficiaries are not just sharing their story, but also preparing it for public consumption. Sharing their stories compel their ask a lot further, so there is a specific funding amount tied to their experiences so that legislators could hear that and then apply it to the budget decisions. This testimony is provided with a lot of uphill battles. They are people with lived experience. She shared her lived experience with the Board. She noted that programs like interpersonal violence prevention for Trust beneficiaries work to make sure that others do not go through what she went through. Those programs train beneficiaries on warning signs and equip them with tools needed to leave safely. They get information about how to leave before it gets that hard or before they break in a way that they cannot necessarily heal from ten years later. When General Fund recommendations were made on programs like she just mentioned, stories like hers are given something other than trauma. It gives decision-makers an ask that they can act on decisively, and the recommendation in itself is very beneficial to Trust beneficiaries. Her ask, as a statutory adviser, is when proposing a budget with adequate services for mental health and substance use in the state, to please continue to include General Fund recommendations that reflect the operational needs of the programs, even if they are not anticipated to make it into the final budget. She asked this, combined with her story, because one of the General Fund recommendations that was removed after Program & Planning was for that interpersonal violence program for Trust beneficiaries. Whether the recommendations are accepted or rejected, they make a big difference for the beneficiaries testifying, and she asked that they continue to do so. She stated that the next in-person meeting is in Ketchikan, October 1st through 3rd, fully available online, and invited the trustees to join in person, if possible.

CHAIR HALTERMAN thanked Ms. Hopkins for sharing her story and for the presentation. She asked for any questions or comments from the trustees. There being none, she asked Acting CEO Biastock to introduce the next one.

ALASKA COMMISSION ON AGING

ACTING CEO BIASTOCK stated that the next guest was the Alaska Commission on Aging. Marty Lang, the program coordinator for ACoA was online, as well as Yasmin Radbod, the rural outreach coordinator.

MS. RADBOD stated they were the Alaska Commission on Aging and had a lot happening. They have two new commissioners recently appointed, Vivian Schriver and Artur Diloon, both located in Fairbanks. She talked about the teleconference on senior transportation services in partnership with the Department of Transportation; the human services grant intent to apply is open for communities, for providers interested in securing grant funds to support senior transportation services, and for people living with disabilities. She shared some interesting points and data from that teleconference. She added that there is a lot happening in the transportation. She shared that they had Facebook and an e-Blast, and would be sending out information later this week on several updates on programs and opportunities across the state.

She briefly went through their aging and disability resource centers, some upcoming events, and their upcoming Commission meeting. She reported that the State is in the process of hiring a coordinator specifically for summer nutrition programs, including WIC and the Senior Farmers' Market Nutrition Program, and she talked about the program. She mentioned that they published an article in the August issue of the Senior Voice. Agnes Sweetsir retired from YKEALF, the assisted living facility in Galena, which she ran for 15 years. She is available as a resource for any community interested in starting their own assisted living home. Her contact information was included in the article. She continued through her presentation and moved to the upcoming quarterly Commission meeting. She explained the Title VI Grant application for funds specifically for tribal, elders' services, and they are working on identifying underserved communities and making sure they are well prepared for the upcoming grant cycle. She stated that Marty Lang would talk about the podcast.

MR. LANG announced that part of the mission of the Alaska Commission on Aging was to educate the public about aging issues in Alaska, and they have a podcast. He talked about how the idea of the podcast came about. Radio is a very important means of communicating information in rural and remote communities of Alaska. A lot of Alaskans prefer oral communication over written communication. The program is named "Alaska Wisdom and Wellness" with the goal of sharing information that benefits seniors both mentally and physically. The target audience is Alaska elders and seniors who live in rural and remote Alaska, and we welcome listeners from anywhere. He played a section of the podcast.

(Podcast played.)

MR. LANG stated that the content is senior-related topics. They interview subject-matter experts and give them the opportunity to share what they offer to Alaska's seniors and elders. Each episode is between 35 to 50 minutes long and hosted by he and Pat Branson, who served as the director of the Kodiak Senior Center for 35 years. If anyone would like to hear the other finished programs, please send an email; and if there is interest in helping to promote the programs, send your ideas and please tell all your friends.

CHAIR HALTERMAN thanked them for the update, and asked Acting CEO Biastock for the next introduction.

GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL EDUCATION

ACTING CEO BIASTOCK stated that the Governor's Council on Disabilities and Special Education was next and introduced Patrick Reinhart, executive director, and Jena Grafton, the board chair.

MR. REINHART stated that Ms. Grafton lives in Eagle River, and he is in Anchor Point. He continued that this was their opportunity to talk about what they thought of the proposed budget. He began with a quick sketch of their duties and responsibilities, and then moved into some of the budget things. He stated that there was no opportunity as an Advisory Board to present their budget recommendations at Program & Planning. He hoped that it was not too late for some changes and to listen to some of their recommendations, which is what they feel, as an Advisory Board, is one of the primary duties, particularly as it relates to the distribution of resources of funds for the beneficiary groups. Under the non-focus area allocations, the partnership grants are set aside to be distributed for a lot of different reasons. He asked if this was enough money given to what was currently happening in the service provider system. He stated that some of

the issues that would be coming up would be pretty significant, and the service sector in the developmental disabilities world is hurting and struggling. There may be more requests that are significant for large and small providers to survive a rough couple of years until the new rates and structures get in place. The other thing is that trust dealing with the beneficiary groups on kind of an equal scale and that it may not always need to be equal. He added that it was just a recommendation at looking on going forward to equalize that opportunity for all the beneficiaries to get some of the resources that the Trust has. He also mentioned the mini-grants, which are incredibly important and well utilized. They had 48 applications totaling a request of \$90,476 with only \$33,526 available to distribute. He highly recommended looking at increasing the mini-grant pots for all beneficiaries, but it is clear that they are getting way more applications than could be funded. He added that the mini-grant committees are not always clear on how to prioritize, which is another issue to work with staff on. He mentioned the technical assistance for beneficiary groups, which was \$500,000. He stated that this issue is not so much an FY26 budget issue, but an issue now. It is technical assistance to look at the fiscal health of our system, because it is not healthy and needs to be figured out now; not a year from now. He then talked about coordinated transportation and then disability justice. The friendship and dating, training-the-trainer curriculum at UA CHD has been in the budget for many years, and is not there now. The value of the program and helping people with developmental disabilities understand appropriate communications and interactions with the opposite sex is incredibly important and does belong in the disability justice area when training people. The beneficiary employment engagement got switched over to the workforce area and we are willing to take some leadership on that again, but it requires some funding to do so. The recommendation is to put that back in the budget. He then highlighted a couple things under home- and community-based services, and asked if Ms. Grafton had anything to say.

MS. GRAFTON recommended paying attention to the issues.

MR. REINHART stated that the other part is the issue of the advisory boards having an opportunity to speak at meetings, and that 20-30 minutes is not enough. There was a time when the executive directors of the boards or the leadership was invited to sit at the table and talk about an issue that affected their beneficiary group. We would be asked about the impact, share an opinion. That has not occurred in a while, and it is important right now.

TRUSTEE BOYLES asked if the care coordinator liaison works over all beneficiary sections segments.

MR. REINHART replied that there was a writeup in the packet which says SDS, and he referred to that. He added that Aging and Disability Resource Centers are supposed to be places to get all the information on what resources are out there, and there are not enough of them funded well enough to do everything. He stated that there was a link on his presentation about the new recommendation to expand eligibility and funding for the Infant Learning Program.

STATUTORY ADVISOR UPDATE

CHAIR HALTERMAN thanked Ms. Grafton and Mr. Reinhart and moved to the statutory advisor updates with the Commissioners of both the Department of Health and Department of Family and Community Services. She asked Acting CEO Biastock to introduce the panelists.

ACTING CEO BIASTOCK stated appreciation for the leadership from both the Department of Health and Department of Family and Community Services for joining them today. She

introduced Commissioner Heidi Hedberg from the Department of Health, who was joined by Chief Medical Officer Dr. Robert Lawrence. Online was Commissioner Kim Kovol from the Department of Family and Community Services.

COMMISSIONER HEDBERG stated appreciation for the consideration in the budget and talked about a shift happening within the departments and spoke for the Department of Health. She continued that they were looking for support for a short-term temporary as they build up their systems for sustainable funding and appreciated the opportunity for the evaluation of the requests before them. She talked about the four major arcs of effort within the Department. One was strengthening the behavioral health road map, and she talked about the booklet and added that she would make sure that each would have a copy of it. They were also transitioning the behavioral health claims from Optum into the Medicaid Management Information System for a smooth transition in January. Guidehouse was selected to do their Medicaid rate methodology, and they were meeting with all of the different provider groups in a phased approach to develop the survey. The goal was to evaluate the existing methodologies and look to see if there were alternative payment methodologies or alterations. She then talked about foundational work, and they had an RFP out for a behavioral health provider organization to provide technical assistance to providers in how to enroll in Medicaid and operate with billing to help with that service delivery. The other key area is around regulations, and we have identified a lot of behavioral health regulations that need to be updated. She highlighted two of them and then talked about strengthening the behavioral health system and the work between both departments. She talked about childcare and the recommendations for subsidies for childcare for those individuals related that have special needs. She moved to the effort around preventing suicides and overdoses, looking at prevention and early intervention, increasing access for harm reduction and treatment, recovery, and then the workforce. They did have legislation passed creating the medical review organizations which would be looking at suicide and opioids and how to use that data to inform the recommendations moving forward. She acknowledged the House Bill 202 bill signing and that there will be access to Naloxone in the schools. House Bill 344 becomes law on August 31st, which allows the Department of Health to apply for a waiver on health-related needs. That is nutrition, food as medicine, housing, and case coordination. She added that there were a lot of foundational changes that the Department of Health is engaging in in partnership with the Trust, the Department of Family and Community Services, Department of Corrections, Department of Public Safety, working together to promote the health, well-being and self-sufficiency of all Alaskans.

COMMISSIONER KOVOL stated that the Department of Family and Community Services appreciated the Trust's support of their division and program, and she gave a quick overview. They have three areas of focus that they were moving forward with. One of the focuses has always been on the individual patients and clients, that they are person-centered and recognized, and promoted the uniqueness of all the individuals they work with. Second, their focus was always on their staff, work culture, recruitment and retention. They have had a very creative talent acquisition team and have cut down recruitment time by nearly 30 to 40 days. What used to take up to two months to hire someone can now be done in ten days. The third focus was to insure that they were lifting up in collaboration with their partners that this work could not be done in a silo and that, without the assistance of leadership, cooperation and collaboration with the partners, this work would not be able to get done. She continued that the Department encompasses four divisions and two units: Department of Juvenile Justice, Office of Children's Services, Alaska Psychiatric Institute, Alaska Pioneer Homes, the complex care unit. She went through the status of each and mentioned the omnibus crime bill, HB 66, the public touch point

with the Department. She added that the rehabilitation study for the Family Justice Center, which was done in partnership with Public Safety, has wrapped up.

TRUSTEE MORRIS asked Commissioner Hedberg about The Arc. He noted that the Trust hired a consultant to help them with the processes, and he asked how they were doing.

COMMISSIONER HEDBERG replied that they are in a much better position and were able to receive their employee retention credit. They were able to secure a line of credit from a bank. The board was expanded, and they have been filling their vacant seats and are working at the administrative level to fill their vacant position. They are not yet out of the woods, but are in a much better position. The Department of Health continues to support them and continues to track their progress.

TRUSTEE MORRIS thanked her for the good news.

TRUSTEE FIMON congratulated and welcomed Dr. Lawrence aboard. He stated concern on the structure changes and updates on The Arc, and asked Commissioner Hedberg what the board could do to make that process faster.

COMMISSIONER HEDBERG replied that the Medicaid rate methodology was key to answering a lot of those questions. The contract that Guidehouse has is looking at if the methodology being used is accurate.

TRUSTEE FIMON appreciated the reply and asked for continued updates.

CHAIR HALTERMAN thanked both Commissioners for their engaging conversations, especially about the budget, and appreciated working with them both. She called a quick break.

(Break.)

PUBLIC COMMENT

CHAIR HALTERMAN called the trustees back to order and began with some introductory words on the public comment period. She talked through the process and stated that the Chair maintained the right to stop public comment that contained inappropriate or inflammatory language or behavior. She recognized Jeff Jessee.

MR. JESSEE stated that he was the former CEO of the Trust, happily retired. He talked about The Arc and the Trust putting their interests ahead of the beneficiaries. Whatever was intended, nothing happened. No formal offer was made, no ongoing discussions were had, and he stated appreciation for Trustee Morris asking about what happened over the four months. He continued that The Arc was able to get a line of credit from a private institution and got their IRS money, but are not yet out of the woods. There is more that the Trust can do to help them. He suggested inviting The Arc back in, communicating with them that you want to help them. They need help. Their management structures, their board structure may still need help for them to become sustainable. Get the process of getting that discussion going again and getting the community to believe that the Trust is out there to support the beneficiaries. He added that there are great concerns about how long the review process would take and whether the existing agencies can make it to the end. He encouraged Trustee Fimon to not be patient; bring in the contractor, the Commissioner; try to get a timeline of how long each of the pieces will take; and find out what

might have to be done in order to help them get through it. Explain the deliberative process after an Executive Session so people understand what you were trying to do. The CEO search, losing Steve is a huge void, and this is totally out of the realm of possibility. He suggested finding Steve and to try talking him into trying this again, because it is darn hard to find someone that is qualified to do this job, particularly in this environment. He applauded the staff for putting forward the listening sessions, and the expectation should be having all the trustees in the room to hear all the stories. He encouraged staff not cutting them off at the end of the amount of time, not the five minutes, but the amount of time for all that public testimony. Do not leave beneficiaries and their families hanging after they come to try to tell their stories. He stated that he was very impressed with how a few trustees launched into trying to look again at how you are conducting business, and he appreciated it. The Trust has some of the best staff possible; listen to them. Listen to the boards. Listen to the beneficiaries. This can be turned around.

CHAIR HALTERMAN thanked Mr. Jesse, and recognized Karen Heath.

MS. HEATH stated that she is the director of the UAA Center for Human Development and thanked the Trust for the support of beneficiaries throughout the years. She addressed two projects currently funded by the Trust at the center: the Interpersonal Violence Prevention for Beneficiaries, and the Supported Employment Workforce Program. Initially, the Interpersonal Violence Prevention Program was slated to be recommended for Mental Health/GF, but was eliminated entirely in the most recent budget. This program can serve as part of the menu of services at Intercept Zero, the Sequential Intercept Model being proposed for the Disability Justice Focus Area as it focuses on prevention of violence. She asked for a transition in FY26 so that this project could transition to either sustainable funding or, at least, have the opportunity to sunset this evidence-based project with the least amount of disruption to the Trust beneficiaries. It was currently funded at \$80,000, and she requested it be funded in FY26 for \$50,000, or to be moved back into consideration for GF/Mental Health funds in FY25. She continued to the Supported Employment Workforce project which was being reduced from \$100,000 to \$75,000 in FY26, and then \$25,000 in FY27. She stated that new regulations came out last Thursday for public comment on employment services for the State, and she requested the consideration of maintaining the budget at \$85,000 for FY26, and reducing it to \$75,000 for the FY27 year so they had the opportunity to respond to the employment service needs of Trust beneficiaries. Without this funding, they would not be able to provide the proposed required national certification training to the employment service program administrators and job developers as in the regulations and proposed regulations, and would not be able to develop a curriculum to provide the appropriate training to job coaches. The center would like the opportunity to be responsive to the regulations, and stable funding would provide that. She thanked them for their service on the board, and was available to answer any questions.

CHAIR HALTERMAN thanked Ms. Heath and called on Tom Grafton and Kim Champney, and checked online for anyone interested in giving public comment.

MR. HABEGER stated that is a wellness coordinator for the Juneau Reentry Coalition, a position he held since the inception of the Trust funding for communities. He appreciated that, and the opportunity to speak to the Trust. Part of his reason for his comments was because there was consideration of defunding of community coalitions. He provided some comments on some of the great things the Trust had done in that funding, and asked that they reconsider that position. He encouraged them to find a way to keep community involvement at the grassroots level, and to continue that downward march in their recidivism rates.

CHAIR HALTERMAN thanked Mr. Habeger, and recognized Tom Grafton.

MR. GRAFTON stated that he is better known as Jena's dad, and is a proud Alaskan. He continued that he got to travel with Jena many times to conferences Outside to Washington, D.C., to the White House, and it has always been a really proud pleasure of his to talk about the Mental Health Trust Authority. He talked about the mini-grants, which are actually effective and helpful, unlike many of the systems that do not work for many. He had to step out of the workforce; Jena comes first in his life; and he is lucky that his wife works hard to support them. He added that they get by and were okay. The mini-grants have helped. He cannot afford a membership for Jena or himself to the Alaska Club, and the Trust helped her for a couple of years. That is really important for Jena's health and her social determinants of health. The other thing he did not understand was the trust in the staff losing Steve. He and Jena both think the world of Steve. He encouraged them to get back to what it was that made them so proud talking about the Trust, how you help the recipients, and doing that work and spending some of that accrued billion dollars on the recipients in the State. He thanked trustees for what you do.

CHAIR HALTERMAN thanked Mr. Grafton, and recognized Kim Champney.

MS. CHAMPNEY stated that she is the director of the Alaska Association on Developmental Disabilities, a statewide nonprofit. They have approximately 104 members who are organizations that serve people with intellectual developmental disabilities. She has been the director for two years, and in the DD field for 26 in Alaska. She was there to validate that the system is fragile. She also recognized how important the Trust is to beneficiaries and families. She continued that the State of Alaska had just started a Medicaid rate project, and added that the long-term services and supports to AADD had been prepared to engage in that process for over two years. We were more than organized and were waiting for the call. The other step forward was the NRI, the new assessment tool. The hope is that it will build a system for tomorrow, but the changes will not be fully implemented for three to five years, and it is very complex. As an association, they are working very hard to support organizational leaders and have projects strengthening workforce, providing technical assistance, building partnerships both on the road system and in remote areas so that providers can support each other. This could not be done without the Trust support. She stated that today services are 98 percent Medicaid, and that is not flexible. If people do not fit in a certain category, they really cannot be served. There are hundreds of small providers that really changed the business of doing services. Yet the large nonprofits are needed. They are the ones that serve the complex people. She talked about the history of the Trust and having children and adults outside of Alaska in institutions waiting to come back. She realized the uncertainty of the Trust role in providing operational assistance to organizations. It is with this uncertainty that AADD recommends that the Trust consider doing a system assessment.

CHAIR HALTERMAN thanked Ms. Champney, and moved to Marsha Oss online.

MS. OSS stated that she is the Fairbanks Reentry Coalition Coordinator and is concerned about the Trust deciding not to fund this position after FY26. She talked about what had happened with this position since she had been in it since November of '22. They were allocated funds for FY24, and she was able to serve over 105 with those Trust funds and funds from the Governor's budget. This year she received another grant from the Trust and had 37 people come through the program and the funds dropped. She has housed ten of those people since August 1st. They

come through the coalition, through the coordinator. These folks were not reaching out to any other services in Fairbanks and were not in a relationship with housing and coordinating services. If her position was eliminated, where were these people going to go to get services, and who were they going to be referred to? She stated that she has worked in reentry since 2017, and recidivism rates are dropping, and people were getting stabilized. She added that recidivism was increasing since the allocation with the budget has dropped.

CHAIR HALTERMAN thanked Ms. Oss, and recognized Faith Myers.

MS. MYERS stated that each board member was given a copy of the seven-page document called “Improving Lives for Trust Beneficiaries.” She continued that there were approximately 10,000 Trust beneficiaries that rotate in and out of locked psychiatric facilities or units each year for a forced evaluation or a treatment. She estimated the number because the State does not keep these important statistics. She testified that, in 2003, when she was released from the Alaska Psychiatric Institute, she underwent expensive trauma therapy, not because of her mental illness, but because of the mistreatment she endured while locked up. The Legislature passes laws to protect Trust beneficiaries, but there is often no enforcement mechanism. In 1992, psychiatric patients were given the right by State Law AS 47.30.847 to bring a grievance to an impartial body. It has been 32 years, and no psychiatric facility has been required to set up a fair, impartial body for patients to bring their grievances. In 2008, they were given a right by State law to have gender choice of staff for intimate care as a way to cut down on a patient’s trauma. In 2023, of the 12 facilities visited, only one had written a policy to comply with the gender choice law. Psychiatric hospitals do not write policies that require them to comply with patient protection laws they do not like. And there is no State enforcement mechanism. Trust beneficiaries are being mistreated. Please use the statutory influence of the Trust to improve rights for Trust beneficiaries.

CHAIR HALTERMAN thanked Ms. Myers for her testimony, and for being a wonderful advocate. She recognized Jess Angel.

MR. ANGEL stated that he is a certified trauma support specialist, and works with the justice-impacted population, not just in Alaska but across the nation. He thanked the Trust for being a critical supporter of reentry coalitions across the state. Their funding has allowed the coalitions to provide much needed services to those reentering communities after incarceration. He is aware that the Trust announced discontinuing Trust funding for reentry coalitions come FY26. This transition presents both a challenge and an opportunity. The challenge lies in the fact that the coalitions must now seek out alternative funding sources to insure the sustainability of their programs. This is no small task, but it is necessary. This shift also presents an opportunity for the reentry coalitions to diversify their funding streams. There is a chance to build a more resilient financial base for the coalitions. He saw this firsthand with the Mat-Su Reentry Coalition, and others can and should be seeking resources that are out there. It was equally important to recognize the ongoing role the Alaska Mental Health Trust can and should play in this work. It remains a vital source for mental health and substance use initiatives, areas that are deeply intertwined within reentry efforts. He asked for the Trust’s continued support in funding specific projects within the coalitions, particularly those that align with the mission of improving the lives of the beneficiaries. While the Trust decision marks a significant change, it is not an end; it is a call to action for all to innovate, collaborate, and insure that this critical work continues. Together, this transition can be navigated and continue to make a meaningful impact on the lives of those served. Thank you for the Trust contributions during almost ten years, and

he looks forward to continue working together.

CHAIR HALTERMAN thanked Mr. Angel, and stated that Doreen Schenkenberger was online.

MS. SCHENKENBERGER stated that she is the CEO for Partners for Progress in Anchorage, Alaska since 2014. Prior to that, she was on the board of directors for Partners for Progress since 2006. She continued that Partners for Progress runs a large reentry program, and she was calling in to testify in support of the statewide reentry coalition program that the Trust has been funding for the last eight years, and she thanked them for that. She added that there has been a 13 percent decrease in recidivism since these efforts started. She stated that that change did not happen overnight, and all of these efforts working all of these years is paying off. They are seeing a decrease, and there were reductions at Partners. There is a reduction in repeat crimes. She continued that there are more parole/probation violations among the participants, but definite reduced new crimes. What they are doing is working. She understood that the funding may be discontinued in FY27 and encouraged the State to help to find a way to continue this important statewide program. When this work first started, there was a lot of stigma and discrimination for people that had been incarcerated. No one wanted to hire a felon. Today, we hear, "How can we help?" There are more employers, landlords and community partners understanding the importance of reentry and how it affects everyone. She thanked the Trust for all the years of support for the Trust beneficiaries. Over 80 percent of their participants in the center are Trust beneficiaries, and they really need support so they do not go back. The reentry coalitions are a huge part of that. She asked that they please continue to help with the funding somehow.

TRUSTEE FIMON thanked Ms. Schenkenberger for her testimony, and for her 18-plus years of service at Partners for Progress.

MS. SCHENKENBERGER thanked Trustee Fimon, and stated appreciation for him.

CHAIR HALTERMAN thanked Ms. Schenkenberger, and recognized Mary Jane Michael.

MS. MICHAEL was pleased to announce that she joined The Arc board of directors. She stated that she was the executive director for The Arc for 18 years, from 1981 to 1999, and also served as a Mental Health Trust Authority trustee for ten years; three as Chair. She added that she knows the challenges they share. She went through how The Arc began. It has been 43 years since she started her career at The Arc. She had the honor and pleasure to work under the guidance of the founding parents who in the '50s and '60s chose to raise their children with disabilities at home, despite all odds and with no services existing in our state. In 1960, they saw the need to begin building facilities and provide programs, and successfully negotiated a lease with the State of Alaska to preserve 50 acres of land in the heart of Anchorage. Five acres went to Hope; five acres went to Assets; and The Arc retained the 40 acres. In 1966, they opened the first school for children with disabilities on that site. That was prior to public law when they were required to be served in public schools. They went to work with the Anchorage School District to develop some of the finest special education programs in the country. In 1971, they built the building known as Assets and operated the first sheltered workshop in the state. They also helped set the stage for the rights of individuals to work in the general workforce. In 1981, on the original site, they expanded the old schoolhouse, added a kitchen, a gym, and opened The Arc activity center to provide social opportunities for their adult children and others. In 1985, they built Arc House because they were aging and wanted to insure their children would have a place to call home. That house was built solely with private dollars and donated labor. It also

set the stage for The Arc to expand and provide an array of services throughout the community. When the Mental Health Trust was created in 1995 and it was determined that the land would constitute part of the settlement, it made sense to include the land, as they were already providing services for the beneficiaries. They believed the 1960 land lease would be protected; it would be honored. Those buildings were made with their blood, sweat, and tears. Assets, Hope, The Arc are all part of the history of this landmark property. The Trust should be doing everything in its power to insure these lands continue to provide services to the beneficiaries and not seek to further burden the organizations. The Arc, like similar providers, face financial pressure, but the Trust has the authority, the capacity, the incredible professional and dedicated staff that can lead into the next generation as a strong and vibrant system. Please help them sustain what they have and grow the future.

CHAIR HALTERMAN thanked Ms. Michael for her testimony, and she also thanked her for what she was doing and continues to do. She recognized Michelle Girault.

MS. GIRAULT stated that she is the COO of Hope Community Resources, a provider agency based in Anchorage serving Trust beneficiaries with intellectual and developmental disabilities, as well as those with mental illness, for the last 56 years. Hope services nearly 500 Trust beneficiaries in six regions of the State. She continued that she was also the board president of the Key Coalition of Alaska, a statewide advocacy group made up of people with disabilities, their families and supporters, provider agencies, and the staff providing support. She worked in the disability support sector for 40 years in Alaska and has the perspective of history. She was there to continue to amplify the comments they were hearing. In the '80s and '90s they were actively working to bring Alaskans out of institutions and build community systems that were supportive and sustainable. When Harbor View was closed, they assured reluctant parents who felt the institutional setting provided more security, that living in the communities of choice across Alaska would give more opportunity for growth and joy, and assured them the supports delivered would be secure and sustainable. The Key Coalition was formed in the '80s after a 16 percent cut to community disability support services by Governor Sheffield. For the past 38 years, the Key Coalition continued advocating for sufficient investment in programs and services so that no Alaskan would have to wait for services. Although many steps of progress had been accomplished in nearly four decades, they are still working on the same goals. Trust beneficiaries do not have easy or flexible access to supports and services. The system is complicated. Many are still waiting; others have left Alaska in frustration; and others were being served in out-of-state institutions because Alaskan providers do not have the capacity to serve at the current rates of reimbursement. She added that the pandemic exacerbated an already challenged workforce, and providers struggle to raise wages in order to compete with for-profit companies, as well as each other. There has been an erosion of confidence from parents, providers and beneficiaries that the network of community service providers would be able to sustain into the future. Hope and the Key Coalition, as a group of invested partners, met with both the current and previous Commissioners to alert them that the system is very fragile and that long-term providers are in deficit spending positions that could not be sustained if the status quo does not shift. Advocacy during the past legislative sessions have produced positive steps, one of which was the allocation of funds for a rate restructuring system. She stated that, through the years, the Trust had been a partner to collaborate, innovate, and address gaps in services, and she is grateful for the many steps of progress she witnessed. She asked, in developing budgets and prioritizing projects, that the heart of that planning include actions that help to assure the provider system does not collapse, and we continue to work together to build and sustain a system where beneficiaries and their families can live with confidence for flexible access to the

supports they need now and in the future.

CHAIR HALTERMAN thanked Ms. Girault, and recognized Christina Shadura, online.

MS. SHADURA stated that she represented the Anchorage Reentry Coalition and was speaking as a lifelong Alaskan, a member of the Anchorage community, and an advocate to address the issue related to Trust beneficiaries. She explained that the Anchorage Reentry Coalition is a collective formed by various agencies and community members with the goal of supporting individuals transitioning from incarceration back into the community, AKA, reentrants. Over the past decade, the Coalition worked to enhance public safety, reduce recidivism, and assist those with criminal justice by addressing challenges faced during reentry back into both Alaska and statewide. The Coalition steering team has a role in collecting resources and building capacity tied by gaps and barriers in the reentry process. It works alongside local, State and Federal partners to develop and improve community-based reentry systems. The reentry coalitions represent an effort to create a supportive environment for criminal-justice-involved folks, contributing to be safer and more inclusive. She stated that she has been the designated case manager, served on the steering team, and now has the honor of serving as the new Coalition coordinator. She thanked the Mental Health Trust for shouldering the funding burden to support reentry coalitions statewide and implored them to take a closer look at the collateral consequences that could incur should these coalitions be defunded. They want to support Anchorage by supporting rehabilitation in the reentry workforce; support the Department of Corrections and their mission; and, most importantly, continue serving their communities and the many reentrants who identify themselves as Mental Health Trust beneficiaries.

CHAIR HALTERMAN thanked Ms. Shadura, and recognized Ann Ringstad.

MS. RINGSTAD stated that she is the executive for NAMI Alaska and was there to build awareness. NAMI Alaska, National Alliance on Mental Illness, was started by two moms in Wisconsin. Their kids had schizophrenia and had no place to go. They needed help, and they needed hope. It is now the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. Their mission is to end the stigma of mental illness and advocate for access to mental health services, treatments, support and research, and is committed to raising awareness and building hope. NAMI Alaska was founded in 1987 by a number of families that were looking for help and hope in trying to form an organization, and is the statewide organization for NAMI. She continued that their board's top strategic goal is to reach out into rural Alaska in a more robust fashion, and are devising creative ways to do that in the near future. Their state funding was cut in 2008, and they survive on foundation grants, organization grants, individual grants, and they are being asked to do more. She thanked the Trust for the money they gave to them and their affiliates, and for all they do for the Trust beneficiaries. Her last word: You don't know you need NAMI until you do.

CHAIR HALTERMAN thanked Ms. Ringstad, and recognized Anthony Cravalho.

MR. CRAVALHO stated that he is from Kotzebue, Alaska, and thanked the Trust for all the support around the Crisis Now model. Maniilaq Association received funding for the planning efforts around the Crisis Now program, which has a chance to be the most significant program around substance abuse, mental health, and helping people stay out of jails or RSRs. He talked about the Trust programs, support grants, and how people with traumatic brain injury do not like

to go to a clinic in a community where everyone knows everyone. He continued that with the State Mental Health Essential Program Equipment Grant funded through the Trust, Maniilaq Association has been able to use those types of funds to get programs and equipment that provide services to Trust beneficiaries. Trust funding for programs like that is vital. He added that he is the father and guardian of a 26-year-old son with severe intellectual disabilities. He is their client, and he resides in their disability group home. He stated his support for everything everyone had been saying about The Arc, and added that helping to get organizations like Arc and Hope the support they need to recruit and retain staff that are passionate about this work is vital, but also insuring the proper access to training, especially for those disabilities that are very severe. There is a need to find better ways to access the training for staff needed so they can do their jobs properly, and to help support the clients that need those vital services.

CHAIR HALTERMAN thanked Mr. Cravalho, and recognized Trustee Fimon.

TRUSTEE FIMON stated appreciation to Mr. Cravalho for his comments when he said access to patients and the terminology. Getting access and taking it to them is extremely important.

MR. CRAVALHO added the example that a roundtrip ticket from Kobuk or Amble to Kotzebue, the hub community, is about \$585 and then, if they have to go to Anchorage, it is another \$500. The type of equipment supported through the Trust to help providers get access to clients virtually is vital.

CHAIR HALTERMAN recognized Jim Gottstein.

MR. GOTTSTEIN stated that he was one of the Plaintiff's lawyers in the lawsuit that was over the state dealing with Mental Health Trust lands, and he represents beneficiaries diagnosed with mental illness. He was in API for a month in 1982, which was what got him to become an advocate, and he was lucky to have escaped being made permanently mentally ill by the system. He founded Law Project for Psychiatric Rights, PsychRights, and won five Alaska Supreme Court cases where involuntary commitment and forced drugging proceedings were violating people's rights. Allison said she would send the white paper that Faith Myers and he wrote, along with some top-notch researchers, in response to HB 172, which was designed to provide input into that. It was basically ignored. He continued that it meticulously documented, with citations, that the current system with its virtual ubiquitous reliance on psychiatric drugs was reducing the recovery rate from a possible 80 percent to 5 percent. Those drugs reduce people's opportunity to recover and reduce life spans on average by 20 to 45 years. The white paper identified what should be done instead. He urged the Trust to, frankly, implement this. The programs he thought the most important to start with were peer respite, charity houses, and the open-dialogue approach. He added that one of the other things that would be really beneficial in improving people's outcomes was for the Trust to fund effective representation in involuntary commitment and forced drugging cases. It is too easy for people to be locked up and drugged against their will, which is not good for them.

CHAIR HALTERMAN thanked Mr. Gottstein, and recognized Kendra Sticka.

MS. STICKA stated that she is the president of the board of directors for Hope Community Resources and was there to speak on behalf of the individuals served at Hope, as well as the broader disability community. She continued that the Hope board has grappled with the crumbling State infrastructure for disability services. Paramount is a Medicaid rate structure that

has not kept pace with costs, as well as a lack of a mechanism to base rates on the intensity of an individual's needs. It has become apparent that the individuals most likely to be negatively impacted by any changes in operations they have to make to sustain fiscal viability are those with the most significant disabilities and the most intensive needs -- some of the most vulnerable Alaskans. She stated appreciation for the reception to input and the understanding of the critical nature of the need. The Department of Health is committed to a rate restructuring process which should help with supporting the clients with highest needs. The five years expected for those rate restructures to come into play is more than some disability services organizations will be able to hang on for. She now asked for the help of the Mental Health Trust Authority to put the Alaskans with developmental and intellectual disabilities on the priority list. The help could come in the way of research support around disability services which could come in bridge funding while organizations await the rate restructure. It could come in a range of other forms that could help reposition the disability services landscape in Alaska to move towards a sustainable future. She thanked them for their service for the Trust and for the ample time taken for public comment today.

CHAIR HALTERMAN thanked Ms. Sticka, and recognized Eric Gurley.

MR. GURLEY stated that he has been the executive director of Access Alaska for the past five years, and before that worked for FRA, Hope Community Resources, and Assets, Inc. He also spent a lot of time in Juneau, the North Slope and Utqiagvik helping build homes, and also facilitated a lot of assisted living homes across the state. He was there to advocate for Access Alaska, which is the Center for Independent Living. One of the five core services is systemic and individual advocacy, and part of that is that they are a team. Being a support to their partners is critical, and support for the work the Trust does is important. He added the need to come back and present in full of what Access Alaska does. He appreciated the opportunity to talk, and hoped to get to know them and be helpful in the future.

CHAIR HALTERMAN thanked Mr. Gurley, and also thanked him for what he did. She worked with Access a lot over the years and appreciates the work they do for the beneficiary populations. She recognized Cindy Yeager online.

MS. YEAGER stated that she is the program coordinator for the Mat-Su Reentry Program in Wasilla and was there to comment about her concern regarding the coalition coordinator positions being taken off the Trust budget. She worked with many of the region's coalition coordinators and very closely with the Mat-Su reentry coordinators. These positions are vital in connecting community organizations in an enormous effort pertaining to the reentry population who are mostly Trust beneficiaries. Coalition coordinators work to orchestrate public events such as reentry simulations to community-wide meetings, private presentations, and to community organizations. They are seen as the glue for assisting the reentry programs, community organizations and the Department of Corrections to streamline their efforts the best way they can to efficiently assist the reentrants, Trust beneficiaries, and the community in being successful. She felt that getting these positions funded in other ways could be a struggle, and detrimental if the positions were to vanish. She hoped there would be a compromise solution for funding this in the future. It is a vital role in each region's reentry programs and community planning on reentry success. It is a team effort, with the need to keep pushing the awareness of reentry and working with the community in the hopes the Trust would continue to assist and help fund in some fashion.

CHAIR HALTERMAN thanked Ms. Yeager, and recognized Amanda Faulkner.

MS. FAULKNER stated that she is the executive director of a diverse nonprofit provider agency on the Central Kenai Peninsula and the AADD president. She has been with Frontier Community Services for 23 years. It is a large provider agency with 160 employees, and they service over 300 people in a year. That was a significant decrease over the last ten years. They provide services from birth to end of life, with a variety of programs based on the needs of their community. FCS does provide home and community services and rehousing, infant learning programs, and does support employment. They have an FASD diagnostic clinic, provide elder care, adult day, and in-home care for elders. They heard that there was a need and added a recidivism program. In 2011, Medicaid rates were standardized with the promise of re-basing based on information from cost studies completed only by large provider agencies. Since the provider field had diversified and increased significantly by small providers, that rate re-basing based on cost surveys was not done. This rate methodology caused an imbalance in the reimbursement for home- and community-based services. She asked for considerations for a system assessment and help to stabilize the large providers like FCS and The Arc. She stated that Fronter has been running in the red and had to side hustle for extra funding and diversifying. That is not enough to close the gap much longer. She can only advocate and hustle these grants for probably two more years before they have to close, and is not sure where those 300 recipients would go because the other provider agencies cannot absorb that as well.

CHAIR HALTERMAN thanked Ms. Faulkner, and recognized Lance Johnson.

MR. JOHNSON stated that he is the COO for the Alaska Behavioral Health Association which represents about 90 behavioral health providers in the state, and we have 97 Medicaid accepted providers. They do a lot of advocacy work and are allowed to do that because of the support from the Trust. He continued that the Trust support has been very instrumental. He talked about the Trust staff that take the time to really look at all the requests that come in and scan through all of those requests for support, providing them to the trustees because they know they are very important programs. He commended them on the staff hires and encouraged them to keep Steve Williams. He has lived in Nome for 19 years and opened up a treatment facility there because of support from the Trust. He added that he is part of the reentry program in Nome, and it is so important. He also encouraged them to support the reentry programs and the reentry coordinators.

CHAIR HALTERMAN thanked Mr. Johnson, and recognized Brenda Monger. She stated that she was the last person on the list unless other folks have interest in public comments.

MS. MONGER stated that she serves as the coalition coordinator for the Mat-Su Reentry Coalition and expressed her sincere gratitude to the Trust for establishing and funding the reentry coordinator positions in Anchorage, the Mat-Su, Juneau, and Fairbanks. She was calling in regard to the Trust consideration of the funding for these positions around the state in fiscal year '27. In her role the past five years, they significantly advanced the awareness level of the Mat-Su community regarding the necessity of reentry services to reduce recidivism and enhance community safety. The reentry coalition coordinators play a crucial role in organizing and managing the work of the reentry coalition steering team. The coordinators are responsible for raising awareness and fostering community engagement through various initiatives. They also work diligently to build and maintain robust partnerships with community service organizations and the Alaska Department of Corrections to facilitate the coordination of resources and services

for individuals reentering their communities. They also spearhead the research, writing, and position of grants to secure funding for reentry housing and other essential services. She noted that about 42 percent of Alaska inmates are identified as Trust beneficiaries each year, and keeping these positions is essential to providing comprehensive community reentry support and services. They are diligently seeking additional funding opportunities to sustain these critical positions and hope that there could be a compromise on funding from the Alaska Mental Health Trust Authority to insure continuing operations.

CHAIR HALTERMAN thanked Ms. Monger, and recognized Brenda Moore.

MS. MOORE thanked the trustees, the Trust and the staff. She has seen that impact over the years on systems, organization and individuals. It is an amazing legacy of service to the state. She stated that she was a former Mental Health Board member and beneficiary. She served from 2004 to 2023 and was there because she is dismayed at the decision that was made regarding The Arc. She was also disconcerted by the process that was used that seemed to lack transparency, which concerned her. She hoped, in moving forward, they would take some of the concerns into consideration. She thanked them for taking the time and giving attention to the myriad of needs that are brought forward each and every time you meet. She thanked them all for their service.

CHAIR HALTERMAN thanked Ms. Moore, as well, for her service and her public comment. She recognized Bill Herman.

MR. HERMAN stated that he had been in this room many, many times as a staff person. He got hired in '95 and it was a joy to work there because the beneficiaries are No. 1 and always were. It was a very gratifying place to work, and he was thankful for that opportunity. He continued that he was focused on people that worked on the management side, the land and the money side and sees that that seems to be looking good. Then there was a rough spot a few years ago with the money becoming more of the focus and thinking they could work outside of state law. He was really concerned then, and that was the last time he did testimony here at the Trust. He stated that he had a lot of support for the trustees and added that every decision made should be towards how the beneficiaries are getting better, and it should be measured. He heard about the situation with Arc, and felt that it was important to come here and just say to keep the beneficiaries first. Everything else is secondary. That is the whole reason that the Trust was created, and they need to really focus on that mission.

CHAIR HALTERMAN thanked Mr. Herman, and asked if there was anyone else that signed up in the room. There being no one, she asked if there was anyone else online.

MR. JESSEE asked to hear from the trustees.

CHAIR HALTERMAN stated that she had been asked for the response and was going to give a written response and would read it:

“We appreciate all who provided comments today and every public comment opportunity. On behalf of the Board, I’d like to respond to some comments we heard about The Arc. Before I do so, I’d like to make it clear the Trust has a duty to our beneficiaries. That means beneficiaries in all of our beneficiary populations and across Alaska. That also means beneficiaries today and beneficiaries in the future. Decisions related to Trust resources are always made in the best interest of the Trust and our beneficiaries. Trustees need to serve as stewards of the Trust fund and the Trust lands and noncash resources and have a fiduciary

responsibility to insure all are being maximized to improve outcomes for our beneficiaries. The Trust has a longstanding relationship with The Arc, and we value their decades of service to the Trust beneficiaries and our community. It is because of that relationship and because of the residential and community-based services that The Arc provides that our organization has been working closely with The Arc and the Department of Health leadership to help The Arc -- which has experienced years of financial loss -- to get on a path to sustainability. Leaders from ours and each of these organizations have been meeting regularly, almost weekly, since last Spring, to identify important solutions and a path forward for The Arc and those that they serve. In addition, the Trust recently funded a small contract for the organizational analysis of The Arc, sharing the results with The Arc's board, with the goal of sustainable operations for the organization. We appreciate all that The Arc has been doing to help reach financial sustainability, and we know that work they will continue to do. With regard to comments regarding Open Meetings Act and the secrecy of meetings, the trustees have always followed the law and did not violate the Act during the Arc meetings. Contrary to the allegations stated, the Executive Sessions were necessary to discuss the financial difficulties faced by The Arc so as not to inflame or exacerbate the situation adding to the impact of the financial problems if they were discussed in public. There would have been no vote or straw poll during the trustee Executive Sessions; just discussion and information-gathering. Given the nature of the sensitive topics discussed, including partner organization finances, these sessions can include extensive dialogue and analysis, which is exactly what the Executive Sessions are designed for. Again, we appreciate all comments shared. We share an interest of commenters in doing all that our organization can do to improve the lives and the circumstances of Trust beneficiaries."

I'm just going to add with a final comment of my own. I know that the Department of Health has prioritized the work for this population. I know these rate studies feel like they're going to take forever, but the Department has recognized the need to focus some attention to this particular population. I trust that we will continue to engage in constructive dialogue with our partners, with our advisors, and we will support the organizations that serve our beneficiaries now and into the future. It is critical that we make decisions that are in the best interest of all as we do so. She then thanked everyone for their public comments and appreciated the work they all do and their advocacy for the beneficiaries. We all serve the same purpose, and all have the same missions in mind. She read some commentary to end the public comment period: It is 4:58. We are at the end of the public comment period on the agenda. If you wish to give public comment and you have not yet been heard, written comments are always welcome and may be submitted to the trustees at any time. You can send your public comments via e-mail to public.comment@MHtrust.org or via fax (907)269-7966, or you can mail public comments to 3745 Community Park Loop, Suite 200, Anchorage, Alaska 99508. She instructed trustees to look through the packet. There was a lot of written public comment to read, as well as listening to the feedback received today. Thank you for your time. She asked for any comments or questions. There being none, she recessed the meeting.

(Alaska Mental Health Trust Authority Board of Trustees meeting recessed at 5:00 p.m.)

**ALASKA MENTAL HEALTH TRUST AUTHORITY
FULL BOARD OF TRUSTEES MEETING
August 29, 2024
8:30 a.m.**

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

Trustees Present:

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

Trust Staff Present:

Allison Biastock
Katie Baldwin-Johnson
Miri Smith-Coolidge
Valette Keller
Julee Farley
Luke Lind
Carrie Predeger
Michael Baldwin
Eric Boyer
Kat Roch
Kelda Barstad
Debbie DeLong
Tina Voelker-Ross
Eliza Muse
Janie Caq'ar Ferguson

Trust Land Office staff present:

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

Also participating:

Gene Hickey; Jeff Jessee; Kathy Craft; Patrick Reinhart; Jena Grafton; Stephanie Hopkins;
Jonathan Swinton; Mariya Lovishchuk; Michael Burke; Tia Sneath; Brenda Riley; Ann Corbett;
Jann Mylett; Karen Heath.

PROCEEDINGS

CALL TO ORDER

CHAIR HALTERMAN called the meeting to order and asked for any announcements. She stated that Trustee Moran was still excused because of the situation in Ketchikan and added that the entire community was in their prayers as they go through this tragic episode of the landslides. She hoped that the danger would pass and all would be well in Ketchikan. She moved into business and began with approvals.

APPROVALS

ACTING CEO BIASTOCK was pleased to bring forth some grant approvals for trustee consideration. She asked for the motion to be read into the record.

GASTINEAU RECOVERY SUPPORTIVE HOUSING

MOTION: A motion that the Board of Trustees approve a \$99,000 Fiscal Year '25 partnership grant to Gastineau Human Services for the Gastineau Recovery Supportive Housing Project. The motion was made by TRUSTEE FIMON; seconded by TRUSTEE MORRIS.

MS. FERGUSON explained that Gastineau Services was seeking funding for predevelopment for recovery housing with 51 units located in Juneau that would serve the Southeast Region. All 51 units would be dedicated to servicing all Trust beneficiaries. Some examples of predevelopment activities may include market study, architectural design, engineering, project management, development, and cost estimation. She stated that predevelopment is crucial for obtaining remaining funds for the capital project. Feasibility studies had been made, and they determined that this project would be self-sustaining for the Trust beneficiaries and residents for the long-term through different avenues such as subsidized housing vouchers and monthly rent from the Trust beneficiaries. She added that Jonathan Swinton, executive director of Gastineau Human Services and Mariya Lovishchuk from the Juneau Housing First collaborative were on the call. She asked for any questions.

TRUSTEE FIMON asked to hear what is known about the pending obligations for securities.

MR. SWINTON replied that they secured \$2 million from the City and Borough of Juneau, and they have a \$5 million request through Senator Murkowski's office, with a lot of confidence in it coming through committees. He continued that they would hear in December on the \$3 million ask made to the Federal Home Loan Bank program, and are working on the goal grant now. They also secured \$100,000 from the Tlingit-Haida Regional Housing Authority, and \$50,000 from the Juneau Housing Foundation.

MS. FERGUSON added that the intention would be supporting these units and dedicating them to expanding long terms of Recovery Housing to reduce things like individuals experiencing homelessness, preventing individuals cycling through shelters or correctional facilities, and providing new opportunities for Trust beneficiaries currently faced with limited housing options, with the emphasis in recovery through the different supports that Gastineau Human Services provides in the community, as well as other providers.

CHAIR HALTERMAN asked for any questions from the trustees. There being none, she called the question.

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

CONCUSSION LEGACY FOUNDATION, INC.

MOTION: A motion that the Board of Trustees approve a \$75,000 Fiscal Year '25 partnership grant to the Concussion Legacy Foundation, Incorporated, for the CLF Patient Services Project/Alaskan Continuation Project. The motion was made by TRUSTEE MORRIS; seconded by TRUSTEE FEIGE.

MS. BARSTAD stated that the Concussion Legacy Foundation is a national organization that has been working with the Brain Injury Council of Alaska and others in Alaska to really round out and improve brain injury services and education. They are an incredible help in lifting up medical practitioner education. Part of the request is to support their CME program, and part of this request is for a needed online support group. The Concussion Legacy Foundation will help to set that up in Alaska, and will be able to train other agencies to maintain that online support group. They have been a critical partner in helping build some of the infrastructure, and it is a pleasure to rely on their national expertise to help Alaska pull together the continuum of care that is critical to build for this group of beneficiaries. She highlighted some of their past projects and added that Michael Burke, director of patient programs, and Tia Sneath, director of development, were online for any additional program questions.

TRUSTEE FIMON asked if they were actually creating it. He hoped that if the Trust was helping to build a CME, that may be something that could be used and carried forward.

MS. BARSTAD replied that they are creating this material from scratch, targeting specifically for Alaska's needs; but more broadly to be available nationally. They have a partner with Boston University to create these different educational programs.

MR. BURKE added that the CME does have an AMA and APA joint partnership with Boston University. They would be creating two new scanning courses from scratch for this grant year: one focused on TBI care in the military community, and one focused on behavioral and mental health crisis in relation to TBI or as it may relate to traumatic brain injury. They had previous CMEs created for AMA accreditation, APA accreditation, nursing credentials and social work credentials. They are going to strive with their budget, and with support from the MJ Murdock Charitable Trust, to include as many of those provider accreditations as possible to incentivize fee participation. This would be free to participants, their credit hours, and would be something that could be created during this grant year. Because they have the ability with Boston University to create this on-demand video, it would last for as long as the best practices included and presented are still legitimate, and could be used for accreditation or credit through BU, or for educational purposes for as long as the status of the medical science is still valid.

TRUSTEE MORRIS asked why this was being created.

MR. BURKE replied because of their expertise in concussion, traumatic brain injury, persistent systems, as well as chronic traumatic encephalopathy. There are other organizations and accredited providers sharing education, and sharing with their providers, that come to them at every opportunity. He added that, in this case, some of the nuances that the Concussion Legacy

Foundation and their network of providers and experts that advise, can offer an opportunity here. Their mission is to get the word out, and they are very happy, with AMHTA support, to provide it for free.

CHAIR HALTERMAN asked for any other questions. There being none, she called the question.

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

FAIRBANKS HOPELINK LEGACY WARMING CENTER

MOTION: A motion that the Board of Trustees approve a \$50,000 Fiscal Year '25 partnership grant to the North Star Community Foundation for the Fairbanks Hopelink Warming Center. The motion was made by TRUSTEE FIMON; seconded by TRUSTEE FEIGE.

MS. BARSTAD explained that the Fairbanks Hopelink Warming Center, also referred to as “The Warming Center,” provides a warm place for unsheltered single adults in the Fairbanks area to stay overnight. This is targeting homeless individuals who may not be able to meet the requirements of other shelters in the area. She continued that it is identified as a low-barrier shelter, and is very much needed because there are a growing number of homeless Trust beneficiaries who are not able to stop their substance use or have not yet been able to engage in mental health treatment or other treatment needed so that the symptoms are not disruptive to others in the current shelter system. This was started last winter out of the growing need. Being homeless in Fairbanks is not just unfortunate, but is dangerous and life-threatening. This overnight warming shelter serves as a solution for the small population of individuals who are not a good fit for the current shelter system. She added that the warming center was pulled together by a group of activists in the community, and it is amazing to see how it developed over just a few short months. A lot of private funding and donations were pulled together to get it off the ground, and that community support is continuing into this next year. She stated that additional grant funding is necessary to start the program more formally, secure a larger space that can be maintained for individuals consistently throughout the winter, as well as meet the need of everyone in the community that will require this low-barrier source. They are estimating roughly 200 people to be serviced.

TRUSTEE FEIGE asked about the funding sources with the fundraising drive and support pending, and if that needed to be raised from outside support services in order to qualify for grants.

MS. BARSTAD replied that she believes that was funding simply to round out the budget. She stated that Brenda Riley, the treasurer of the organization, was online to answer specific financial questions.

MS. RILEY stated that was just additional fundraising to round out the budget.

TRUSTEE MORRIS stated that he had two concerns about this project. The broad-based community support under funding services listed a single anonymous donor supporting the program for \$100,000. He was curious as to whether or not there is community support for this

warming shelter. Second, the first paragraph reads, “While an overnight warming center is not intended to facilitate connections to services, staff will provide referrals, as requested.” He did not understand why they would intentionally not try to connect people to services.

MS. BARSTAD replied that, in addition to the donor listed on funding sources, this past year Tanana Chief Conference donated space and the City of Fairbanks has been very supportive of the idea, and there is a very active homeless coalition. She continued that this is a new service being embraced by that continuum of care, and the in-kind support had been critical to getting this off the ground last winter. The overnight warming shelter is not stepping away from making referrals, but would just separate it out in the continuum of care from a more traditional shelter service. She added that it was not simply intended to be a service center, but has the potential to grow into one.

MS. RILEY explained that the warming center was open from 10:00 p.m. to 7:00 a.m. and at 7:00 a.m. the guests then go down to the breadline for breakfast. The staffing model is to employ care support specialists and to have a robust staff. They were only able to have two staff on duty at night when there were no stores open. A lot of the guests were able to walk around during the day, go to a store, the library, or other places that were open to stay warm during that time. This addresses the need in the evening where there is absolutely nowhere else to go inside.

A brief discussion continued.

CHAIR HALTERMAN asked for anything further. There being none, she called the question.

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

HOSPICE OF ANCHORAGE

MOTION: A motion that the Board of Trustees approve a \$15,000 Fiscal Year '25 partnership grant request to Hospice of Anchorage for the Dementia Care Connection Project. The motion was made by TRUSTEE FIMON; seconded by TRUSTEE MORRIS.

MS. BARSTAD stated that the Hospice of Anchorage serves as a community resource, not just for patients at the end of life, but also for patients with Alzheimer’s disease and related dementias. They also have a considerable percentage of patients at the end of life with ADRD. Part of the work they had been doing is offering a resource center to families and beneficiaries with dementia so that there was a robust offering of tools and resources. This request was specifically for consumable items to soothe a patient with dementia and continue their productivity in their final months of life. That includes things like robotic pets, music players, fidget blankets, and dementia care toolkits for the family to use when hospice staff are not available. She continued that the Hospice of Anchorage does coordinate with the Alzheimer’s Resource of Alaska to maximize the resources available and relies on Alzheimer’s Resource to provide caregiver education and support groups. She added that this grant is primarily focused on those consumable items.

TRUSTEE FISHER stated that hospice is prospective payment and kind of a bundled payment that pays for a variety of different things that is all inclusive. He asked for more information.

MS. BARSTAD stated that Ann Corbett, the operations and grants manger, was online and could speak to their payment sources.

MS. CORBETT explained that the community resource center is not just for end of life, but for anyone in the community experiencing need. This particular grant is specific to Alzheimer's and dementia patients or families and caregivers of those patients; not necessarily end-of-life resources. It does not include anything medical. They are just consumable resources to help families and caregivers make connections and give peace to their loved ones they are caring for at end of life. She explained this further and in more detail. She added that it was for any consumer in the Anchorage community who comes to them and says they have this need. Over the past few years, they found that had been most beneficial.

TRUSTEE FISHER stated that he worked in hospice, but it was a number of years ago. He asked if all the patients were included in hospice care and getting reimbursement for hospice care.

MS. CORBETT replied that they did not, and added that Hospice of Anchorage is a nonmedical hospice, and they do not have a longer than six-month end-of-life for anyone to be a client with them. They prefer clients who are considering end-of-life care and think of it as a bridge into hospice for those who are not ready to give up their care. But this resource center is open to every single person in the community, not just their clients, and not just hospice clients. Anyone can access the resource center and can, on a daily basis, receive incontinent supplies and durable medical equipment. This is for everyone in the community experiencing the struggles.

TRUSTEE BOYLES complimented them for addressing the need of the tangible things that are often dropped out of care for dementia patients and not covered any other way. She talked about her experiences with her husband and the final stages of Lewy body and the different needs. She thanked Trustee Fisher for his questions and added that it was an educational opportunity. She thanked Ms. Corbett for starting a step in the right direction for dementia care with tangible items that patients cannot just write a check for over \$140 for a mechanical dog.

CHAIR HALTERMAN agreed on the comments about this being a population that we could not put a definitive number on, especially in Alaska. There are some unique challenges for this population, and she fully supported hospice and appreciated the requests and the commentary and questions. She asked for any other questions. There being none, she called the question.

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

ACTING CEO BIASTOCK stated that the next three grants on the list were all conference sponsorships.

SPONSORSHIP OF THE 2024 ALL ALASKA PEDIATRIC SYMPOSIUM

MOTION: A motion that the Board of Trustees approve a \$2,500 Fiscal Year '25 partnership grant to the All Alaska Pediatric Partnership sponsorship for the 2024 All Alaska Pediatric Symposium. The motion was made by TRUSTEE MORRIS; seconded by TRUSTEE FEIGE.

MR. BOYER stated that this is a \$2,500 conference sponsorship for the pediatric symposium to be held at the Marriott on November 8th and 9th. It is a partnership with four other hospitals in Alaska and two Outside that were providing funding for this conference. It is a premier event to look at integrated care for pediatric support from fiscal healthcare and mental health. It is a great event and pretty well supported.

TRUSTEE MORRIS stated that this is a relatively small grant amount and failed to see how this was necessary to beneficiaries or directly impactful to them.

MR. BOYER replied that this looks at the broad-brush spectrum with families across the state trying to raise the bar with providers around the state who have a family with a pediatric issue going forward, just being able to address that, raising their expertise and knowledge around that.

TRUSTEE BOYLES stated that she was impressed by the funding sources that the hospitals have secured and thought that this was the new grant process for \$2,500.

TRUSTEE FISHER asked if there was an agenda, the speakers for the conference, and what they would speak on, and whether they were addressing issues related to Trust beneficiaries.

MR. BOYER replied that he did not have that and would track that down.

ACTING CEO BIASTOCK stated that, as someone in the process of planning a conference, that may not be available for some time, but she anticipated that an agenda would certainly be forthcoming.

TRUSTEE MORRIS highlighted the fact that the Trust was already listed as a sponsor.

MR. FOUTS stated that she was Aggie Fouts with the All Alaska Pediatric Partnership and was online. She pointed out that the sponsorships listed on the website were actually from last year's conference, the 2023 symposium. This event has been held since 2016. She added that they were still formulating the agenda, which was in the draft phase at this time. She continued that one of the talks is about trauma-informed alternatives in institutional care. They have approach skills training for anxiety-free, evidence-based treatment tools for pediatric providers; they have some keynote speakers; and a panel on the future of pediatrics. It is an evolving agenda, and she would be happy to share it with the Trust when finalized.

CHAIR HALTERMAN asked for anything further. There being none, she called the question.

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

ALASKA HOSPITAL & HEALTHCARE (AHHA) ANNUAL CONFERENCE

MOTION: A motion that the Board of Trustees approve a \$2,500 Fiscal Year '25 partnership grant to the Alaska Hospital & Healthcare Association for the Alaska Hospital & Healthcare Annual Conference. The motion was made by TRUSTEE BOYLES; seconded by TRUSTEE FIMON.

MS. FERGUSON stated that this was another conference sponsorship for \$2,500 for AHHA, Alaska Hospital & Healthcare Association. They were previously known as ASHNA, representing members of the hospitals, as well as nursing home associations. This will be hosted at the end of September with an anticipated 180 to 190 medical and behavioral health providers. All of the training is from healthcare delivery to administration, and provides a didactic and fundamental service delivery for providers with the goal of increasing their competency and skills so those providers can immediately implement those skills with delivering care to patients. She stated that this is a unique opportunity for healthcare providers to get together and learn about crucial issues that serve the Trust beneficiaries across the state.

CHAIR HALTERMAN stated that she has attended an AHHA conference and found it to be very informative. She was fully supportive of these kinds of requests.

TRUSTEE FEIGE asked if there was a charge to participants to attend the conference.

MS. MYLET replied that there was a registration fee for the conference attendees, with a cap at three members from the same facility. She stated that they were fully registered and sold out with 220 attendees; a huge increase over last year, which was around 185.

TRUSTEE BOYLES stated that \$2,500 is a message that the Trust supports what they are doing, and is a marketing message, which they may want to think about with some of the small grants.

TRUSTEE MORRIS agreed that the purpose of this would be for marketing, and he stated that AHHA is a politically active organization which represents a number of institutions, including some remarkably profitable hospitals. He could not see how this grant would directly benefit a beneficiary and did not think that it was the type of thing they should entertain.

COO BALDWIN-JOHNSON highlighted that AHHA has been a really important partner in executing some of the systemwide assessments related to behavioral health needs. Several years ago, the Trust funded some of the acute behavioral health system of care which looked at the pressures of emergency rooms and hospitals for the beneficiaries, which led up to the work around the Crisis Now initiative. She wanted to point out that it was kind of the support of the conference and those themes, and they do actually focus quite a bit on behavioral health as an issue. They have an ongoing, regular committee meeting with different providers in the state looking at behavioral health needs and its intersection with healthcare.

ACTING CEO BIASTOCK noted that it is not uncommon to support conferences with partners and with topics that are pertinent to Trust beneficiaries. There is the component of visibility, and we are making great strides in increasing awareness of who we are and what we do, but there is still a lot of work to do there. She stated that staff could explore some other ways to look at approvals for Trust conferences.

TRUSTEE FIMON was happy for the smaller items to come before the board for discussion. It is good for the public perception and people listening in and knowing that they are aware of all these events. He continued that putting the Alaska Mental Health Trust Authority in front of over 200 participants at a conference would not be a negative, and he supports it.

CHAIR HALTERMAN asked for anything further. There being none, she called the question.

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

ASAGA ANNUAL CONFERENCE: FUELING OUR FOUNDATION

MOTION: A motion that the Board of Trustees approve a \$2,500 Fiscal Year '25 partnership grant to the Alaska State Association for Guardianship and Advocacy for the ASAGA Annual Conference. The motion was made by TRUSTEE FIMON; seconded by TRUSTEE MORRIS.

MR. BOYER stated that this was a one-day conference October 4th at the BP Energy Center and is a very low-budget affair because it is put on by volunteers. This Alaska State Association for Guardianship and Advocacy is a volunteer organization that works with the Alaska Court System and public guardians. This is where they bring together the partners with the court system, public guardian, families and advocates and build that sense of community and support for the beneficiaries. They use this money to secure the BP Energy Center, and for one of the speakers. The \$2,500 is just a little over half, and the volunteers put in the rest.

TRUSTEE MORRIS stated that this was for the beneficiaries and every single line item on the agenda directly impacts beneficiaries. He added that this was a fantastic request for a grant.

TRUSTEE BOYLES asked staff if this grant funding would be allocated from the Trust non-focus area partnership budget line, and if the trustees approved that budget.

COO BALDWIN-JOHNSON replied that the trustees approved that budget as the bucket, and it frequently receives requests for conferences and partnerships and sponsorships as part of that.

CHAIR HALTERMAN asked for anything further from the trustees. Hearing none, she called the question.

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

CHAIR HALTERMAN called a quick break.

(Break.)

CHAIR HALTERMAN called the meeting back to order. She moved to the Resource Management Committee report, and recognized Jusdi Warner.

RESOURCE MANAGEMENT COMMITTEE REPORT/UPDATE TRUST AUTHORITY BUILDING OPTIONS SUBDIVISION DEVELOPMENT PROGRAM

E.D. WARNER asked for a motion.

MOTION: Wherein regarding the Trust Authority Building, the TAB, the Board of Trustees has reviewed the eight future TAB management options that were presented by the Trust Land Office at the July 30, 2024, Resource Management Committee Meeting and the Board then directs the TLO to research those options and to provide additional

information about those options to the Board at a later date. The motion was made by TRUSTEE FEIGE; seconded by TRUSTEE MORRIS.

E.D. WARNER stated that this was read at the committee, and discussed were eight different options. The committee was interested in hearing about all eight options. That was the direction that was being planned to take. She noted that, from 2017 to most recently, under the governance for the TLO, if the TLO brought an approval to the CEO, they have the authority to not take it to the Board or the committee.

CHAIR HALTERMAN stated appreciation for the reminder to the change of process. She asked the trustees for any questions or comments.

TRUSTEE MORRIS asked if one of the options was that the Trust Authority and the TLO would be in the same offices.

E.D. WARNER replied, yes, that was one of the options.

TRUSTEE FEIGE requested that, as part of the analysis, that some sort of cost/benefit analysis be done so that the trustees could look at total cost against pros and cons of each one. That would give greater clarity when making the final decision.

CHAIR HALTERMAN asked for any questions. There being none, she called the question.

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

CHAIR HALTERMAN moved to Consultation 3.

CONSULTATION 3 MINERAL LEASE (MHT 9400902)

MOTION: The Alaska Mental Health Trust Authority Board of Trustees concur with the negotiated lease of Trust mineral estate on FM 0909 and FM 0910 on Ester Creek and Willow Creek for the exploration and development of placer gold, as proposed. The motion was made by TRUSTEE FEIGE; seconded by TRUSTEE MORRIS.

E.D. WARNER stated that this was in front of the committee and is about 200 acres. It is a \$5,000 annual fee which is pretty standard for this type of operation at this stage. She explained that it is a three-year initial term, and we have to do some work to continue after that three years. Aside from the monetary benefit, a huge benefit to the Land Office and the Trust as a whole for value is their data as provided to the TLO.

CHAIR HALTERMAN asked for any questions or comments. There being none, she called the question.

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

CHAIR HALTERMAN moved to Consultation 4.

CONSULTATION 4

TERM EASEMENT (MHT 9201024)

MOTION: The Resource Management Committee recommends that the Alaska Mental Health Trust Authority Board of Trustees concur with the executive director of the Trust Land Office on a decision to issue a term easement on a portion of Trust parcel, SM 1747, as depicted in Exhibit A, attached, for the purpose of fiber optic infrastructure. The motion was made by TRUSTEE FEIGE; seconded by TRUSTEE MORRIS.

E.D. WARNER stated that this was also at committee and is about 3.7 acres. It is 30 feet in width, which is very standard for a fiber optic cable going across anyone's land. It was near Point Mackenzie, and under a master utility agreement. That fee had been negotiated far in the past.

CHAIR HALTERMAN asked for any questions or comments. There being none, she called the question.

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

CONSULTATION 5

MINERAL LEASE AMENDMENT (MHT 9400248)

MOTION: The Alaska Mental Health Trust Authority Board of Trustees concur with the decision to amend MHT 9400248, a negotiated mineral lease to include approximately 3,016 additional acres of Trust lands described and attached hereto in Exhibit B surrounding Livengood, expanding to an aggregate of 12,986 acres, more or less, of Trust property. The motion was made by TRUSTEE FEIGE; seconded by TRUSTEE MORRIS.

E.D. WARNER explained that this is about a 30 percent increase in their subsurface land estate. It will bring that annual rental up to nearly half a million dollars to the benefit of the Trust. There are about nine years left on that original lease. This is the Livengood area, Tower Hill, and is a long-standing project. The hope is that someday they would make that project economical, and the Trust would reap the reward there.

CHAIR HALTERMAN asked for any comments or questions. Hearing none, she called the question.

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

FINANCE COMMITTEE REPORT/UPDATE

CHAIR HALTERMAN moved to the Finance Committee report. There were a couple of motions and issues in front of the committee coming forward for Full Board approval. She began with Motion 1.

MOTION: The Finance Committee recommends that the Full Board of Trustees ratify the Legislature's Fiscal Year '25 MHTAAR and MHT admin budget amounts as appropriated, and therefore increase its previous Fiscal Year '25 trustee authorization by \$668,500. The motion was made by TRUSTEE MORRIS; seconded by TRUSTEE FEIGE.

CFO FARLEY stated that the information here was discussed at length at the Finance Committee meeting. She added that if there were any additional questions, she would be happy to answer them.

CHAIR HALTERMAN asked for any questions from the trustees on this motion. Hearing and seeing none, she called the question.

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

MOTION: The Finance Committee recommends that the Full Board of Trustees approve the Fiscal Year '26 Trust Authority office MHT agency budget of \$5,306,800. The motion was made by TRUSTEE MORRIS; seconded by TRUSTEE FIMON.

CHAIR HALTERMAN stated that there was a great deal of discussion on this item at the committee level, and it was coming forward for Full Board approval. She asked Ms. Farley if she had any additional commentary.

CFO FARLEY replied that she would be happy to answer any additional questions.

CHAIR HALTERMAN seeing none, called the question.

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

MOTION: The Board of Trustees approves the Trust Land Office agency budget for Fiscal Year '26 in the amount of \$5,556,600. The motion was made by TRUSTEE MORRIS; seconded by TRUSTEE FEIGE.

CHAIR HALTERMAN asked for any questions or comments from the trustees. There being none, she called for the question.

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

CHAIR HALTERMAN called a break.

(Break.)

CHAIR HALTERMAN called the meeting back to order and stated they were at the point in the

agenda to discuss the Fiscal Year '26-'27 budget and budget deliberations. She asked Ms. Biastock for some brief commentary.

ACTING CEO BIASTOCK stated that they looked forward to a dialogue related to deliberation for the budgets. She emphasized the fantastic work of the team putting forth this document. It is the result of not only a year-around stakeholder engagement, but some very deliberate budget information collection activities that helped inform the recommendations the program team put forth. She turned it over to COO Baldwin-Johnson.

COO BALDWIN-JOHNSON provided some context for the process for engaging in budget deliberations using two pertinent documents: the budget spreadsheet, and the proposed budget detailed report, which provided the narrative detail for the budget recommendations. She briefly touched on some of the changes from the budget, and then walked section by section through each component of the budget. She referred to yesterday's public testimony and stated that this would be an opportunity for trustees to reflect on that and give staff some direction. She added that if trustees were interested in proposing amendments at any point during the walk-through, they would be moved by motion. She explained that the reason for requesting the motion process was that it would give staff clear direction from trustees on how to proceed with amending the budget. They would work through the entire budget and at the end of discussion would take a pause so final updates could be made for any of the amendments that had been moved and passed, and would reflect those changes. That would then be brought back to trustees, and trustees would take up the motion to approve the budget and call for the question. She began with the spreadsheet and the non-focus area allocation of the budget.

TRUSTEE BOYLES asked to talk about a system assessment.

COO BALDWIN-JOHNSON replied and recommended that trustees add a line item that would specify that as a project, and then we could discuss an approach of funding for that.

A discussion ensued on the process.

MOTION: A motion that the Board of Trustees direct the administration to research feasibility, projected costs, and scope of a system assessment from the 2025 budget and report back to the Trust as soon as possible. The motion was made by TRUSTEE BOYLES; seconded by TRUSTEE MORRIS.

The discussion and commentary continued.

TRUSTEE FIMON called the question.

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

COO BALDWIN-JOHNSON asked for any other non-focus area for discussion.

A discussion on mini-grants ensued.

TRUSTEE FISHER asked about the \$2,500 cap and if that should be raised.

The discussion continued.

COO BALDWIN-JOHNSON stated that the mini-grant program was presented in '25 as a budget placeholder, and there are ways staff wanted to improve that. There are access issues. She continued that there are challenges with having a contract, even though the contractor was doing a very good job. This had been done the same way for a long time, and we are rethinking on how to do it better. Part of that is looking at how to gather inputs from the partners and stakeholders on ways they think this might be done better.

The discussion on mini-grants continued.

CHAIR HALTERMAN added that she thought the mini-grants warranted some additional analysis, and if they are supplanting something that Medicaid might fund. She stated that there may be a need to put some effort towards looking at whether there were deficiencies in other areas to help meet these needs. She recommended looking at this with meaningful, thoughtful reflection on what was being done in those grants so some informed decisions could be made in moving forward.

TRUSTEE FISHER asked about the original intent of this program.

MR. LIND gave a brief history of how the mini-grant program began and developed. He stated that one of the key things was having statements in that other funding sources, Medicaid, private insurance, were exhausted. Staff verified that to the best of their ability, but over time it shifted to gap funding, not available through other funding sources that depend on the current needs of the beneficiaries.

ACTING CEO BIASTOCK stated that in the proposed budget detail report there was a quick snapshot on the aggregate data around that mini-grant program that has some great data.

The discussion continued on the grant money.

MR. REINHART stated that their recommendation was that it had been stale and needs improvement, and the limits need to be increased. He continued that mini-grants are an important incredible value, and they fulfill those gaps in service that cannot be gotten anywhere else.

TRUSTEE FIMON appreciated the dialogue and stated that he was not prepared to make a motion at this time. There is a need to learn a bit more about how it works exactly.

CHAIR HALTERMAN agreed. This would allow staff an opportunity to reflect on the commentary and make recommendations that trustees could support and get behind. It takes years to develop these budgets, and the advisors were engaged the entire time. She looked forward to some future recommendations in this area.

MOTION: A motion that the Board of Trustees approves increasing Fiscal Year '26 funding amount for line item 25, grant-writing technical assistance, by an additional \$100,000. The new line item 25 will be \$300,000, with a corresponding decrease of \$100,000 in line item 13, partnerships/designated grants, which would now have a sum of

\$2,050,000. These changes do not impact the total of Fiscal Year '26 budget. These changes will continue forward through the Fiscal Year '27 budget. The motion was made by TRUSTEE MORRIS: seconded by TRUSTEE FIMON.

COO BALDWIN-JOHNSON stated that this is an exceptional resource for the Trust. It is utilized in a way to expand capacity where they are limited; and because of the number of staff working at the Authority, it helps leverage more dollars into the State. It is targeted towards system change and working with partners to help accomplish priorities and system change for the different beneficiary groups.

TRUSTEE MORRIS stated that he would like to see some of the money used to advertise the program; a significant amount of it.

TRUSTEE FISHER asked who initiated the requests for grant-writing assistance; and if anyone had ever been declined because there were no funds.

MS. BARSTAD replied that they have not declined anyone because of lack of funding. Sometimes the timing is such that the contractor already had multiple grants in process, and they were unable to add a third. Sometimes the grants were not appropriate for that particular kind of assistance. They do try to insure that they are statewide grants or that there was a sole regional applicant. They do not want to create unfair competition among grantees that may be applying for the same grants.

CHAIR HALTERMAN asked for any further questions. There being none, she called the question.

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

COO BALDWIN-JOHNSON pointed out that, for FY27, the budget will be revisited in the spring, and further edits and recommendations could be made at that time for FY27. She continued through the non-focus area allocations, which included the coordinated transportation and the essential program equipment. She moved to the mental health and addiction focus area which supports the continuum of care insuring that beneficiaries have access to prevention, early intervention, ongoing community-based care, treatment for mental health and substance use disorders, recovery support across various care settings. It is also where the initiative of improving the crisis system of care for individuals in acute behavioral health crisis resides.

TRUSTEE FIMON asked about line 9.

COO BALDWIN-JOHNSON replied that is the strategy to support expanding capacity. They would work collaboratively with partners across the state looking at expanding beds. She then moved to Disability Justice which focused on reducing Trust beneficiary involvement in the justice system, focusing on reducing recidivism rates, enhancing care for beneficiaries that were justice involved. She brought forth the recommendation of reduction of the General Fund.

A brief discussion ensued.

TRUSTEE FIMON brought up an interest in discussing the second year of the reentry coalitions.

COO BALDWIN-JOHNSON stated that reentry coalitions have been funded for nine to ten years. And after three years, they were working on finding Federal funding through the Second Chance Act. There were changes in commissioners and administration, and new leadership at the time who decided not to pursue Second Chance Act funding. It was not an option.

The discussion continued.

MOTION: TRUSTEE FIMON proposed that the interpersonal violence prevention for beneficiaries with \$50,000, not from General Funds, but from partnerships for Fiscal Year '26 for now; seconded by TRUSTEE BOYLES.

The discussion on the motion continued.

COO BALDWIN-JOHNSON clarified that staff recommendation for the \$50,000 was that it would be easier to withhold that from partnerships for the interpersonal violence prevention beneficiaries in '26.

TRUSTEE FIMON called the question.

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

CHAIR HALTERMAN called a lunch break and asked for a working lunch.

(Lunch break.)

CHAIR HALTERMAN asked COO Baldwin-Johnson to continue.

COO BALDWIN-JOHNSON stated that they were still in Disability Justice.

MOTION: TRUSTEE FIMON made a motion for Fiscal Year '27 for lines 34, 35, 36, and 37, all reentry coalition coordinators in Anchorage, Mat-Su, Juneau, and Fairbanks, that those positions be funded at \$60,000 per year from Authority Grants, for a total of \$240,000; seconded by TRUSTEE MORRIS.

COO BALDWIN-JOHNSON stated that when staff revisits the budget they would work on refining the budget, bringing that back to the trustees to approve.

A brief discussion ensued.

CHAIR HALTERMAN called the question.

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

CHAIR HALTERMAN encouraged the reentry coalition to look for options for other funding sources, and that we would help them.

COO BALDWIN-JOHNSON moved to Beneficiary Employment and Engagement, the area of work focused on improving outcomes and promoting recovery for beneficiaries through integrated, competitive employment and meaningful engagement opportunities.

TRUSTEE FISHER asked for any information on whether they were getting requests for Microenterprise grants that cannot be funded because there was no money.

A discussion ensued.

MOTION: TRUSTEE FIMON made a motion to add \$25,000 to the Microenterprise Fiscal Year '26 proposed amount, moving it up from \$175,000 to \$200,000; and then the Fiscal Year '27 proposed amount, which may not require where those funds were coming from, to move the total to \$225,000; seconded by TRUSTEE MORRIS.

COO BALDWIN-JOHNSON stated that under Mental Health and Addiction Intervention, which is the crisis continuum of care line, is a fairly large bucket. They were anticipating the projects that would be coming forward, but do not have a plan for that entire \$4,000,000. The initiative was still carrying forward, but could easily accommodate that recommendation.

MOTION: TRUSTEE FIMON amended the motion to include that the \$25,000 increase for Fiscal Year '26 come from the \$4,000,000 now allocated to crisis continuum of care; seconded by TRUSTEE MORRIS, as amended.

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

COO BALDWIN-JOHNSON moved to Housing, Home- & Community-Based Services, which concentrates on insuring beneficiaries have access to housing and a continuum of services and supports that maximize independence in their home and their communities. The amendment there was the removal of the matching \$250,000 in General Funds. This is part of the overall effort to be conservative in the General Fund recommendations. Hearing no questions, she moved to Workforce Development.

MR. BOYER talked about the peer support certification which has been a seven-year project in partnership with the Division of Behavioral Health to provide leadership and implementation support as the peer support specialist position was professionalized.

COO BALDWIN-JOHNSON clarified the highlighted green was a reduction of \$50,000 incremented General Funds.

There was a brief question-and-answer discussion.

COO BALDWIN-JOHNSON moved to Early Childhood and Youth with a short discussion.

CHAIR HALTERMAN thanked all the advisors and staff for the amount of work done into the

amendments that were made to the budget. There were a lot of behind-the-scene conversations with advisors. Staff has been doing double time to be responsive to the request for adjustments. The budget is reflective of early listening, ongoing listening, and current listening. It is appreciated.

TRUSTEE FIMON stated appreciation for the way the budget was lined; it was very helpful. He also appreciated the trustees and thanked the advisors that helped.

COO BALDWIN-JOHNSON stated that they needed to pause to adapt the adjustments and update the motion.

CHAIR HALTERMAN called a break.

(Break.)

CHAIR HALTERMAN called the meeting back to order, and requested that a trustee read the motion.

MOTION: A motion that the Full Board of Trustees appropriate MHTAAR, MHT Administration and Authority Grant Funds for Fiscal Year 2026 in the amount of \$40,179,500. This consists of \$21,060,200 of MHTAAR, MTA Admin and \$19,119,300 Authority Grants. These funds are to be used for the programs and activities described in the detailed Fiscal Year '26-'27 Budget Recommendations documents prepared for the August 28 and 29, 2024, Board of Trustees Meeting, and as amended during the course of those meetings. Included in this motion is a recommendation by the Full Board of Trustees for a State of Alaska appropriation of \$8,939,000 of General Fund/MH funds. The motion was made by TRUSTEE MORRIS; seconded by TRUSTEE FEIGE.

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

MOTION: A motion that the Full Board of Trustees approve MHTAAR, MHT Administration and Authority Grant funds for Fiscal Year 2027 in the amount of \$38,243,500. This consists of \$20,090,500 of MHTAAR and MHT Administration and \$18,153,000 Authority Grants. These funds are to be used for the programs and activities described in the detailed Fiscal Year '26-'27 Budget Recommendations document prepared for the August 28 and 29, 2024, Board of Trustees Meeting, and as amended during the course of those meetings. Included in this motion is a recommendation by the Full Board of Trustees for a State of Alaska appropriation of \$9,166,400 of General Fund/MH funds. The motion was made by TRUSTEE MORRIS; seconded by TRUSTEE FEIGE.

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

CHAIR HALTERMAN stated that was a lot of work and thanked the trustees and the staff. She moved to the Governance Discussion. She continued that a lot of prep work was done on this,

and trustees have had a lot of time to review the edits recommended by Mr. Hickey.

GOVERNANCE DISCUSSION

MR. HICKEY stated that the plan was to get through the redlines and fix whatever needed to be fixed and then, and if the trustees had any other area to revisit and suggest amendments, to do that. He began the process of reviewing the redlines beginning with the Charter of the Board of Trustees. He then proceeded to the Charter of the Chair of the Board. There was language about eliminating the secretary, but ad hoc committees do not have anyone designated to take minutes of the meetings. His recommendation would be that the committee designate an individual to take minutes, as needed. He continued through and added to the Charter for the Vice Chair a provision that the Vice Chair becomes the spokesman in the event the Chair is not available. There was also additional clarification about the Chair appointing a spokesperson, as needed. There were no changes to the Charter of the Vice Chair or the Charter of the Secretary. He continued through the changes, with discussions and clarifications as he went along. He thanked all for following up on the changes.

CHAIR HALTERMAN asked for any additional comments or questions about the governance process. There being none, she called a break.

(Break.)

BOARD ELECTIONS

CHAIR HALTERMAN stated that this was the point in the agenda where they were ready for Board elections. She highlighted a couple of sections under Article 5 that talked about officers and their duties. She opened the Board elections with the first position being for Board Chair. She asked for any nominations.

NOMINATION: TRUSTEE FIMON nominated TRUSTEE BRENT FISHER for the position of Chair; TRUSTEE FISHER accepted the nomination; TRUSTEE BOYLES seconded the nomination.

CHAIR HALTERMAN asked for any other nominations for the position of Chair. She called for any nominations for Chair three times. Hearing no other nominations, she called the vote.

Vote for Chair: Trustee Feige, yes; Trustee Boyles, yes; Trustee Morris, yes; Trustee Fimon, yes; Trustee Fisher, yes; Chair Halterman, yes.

(Applause.)

CHAIR HALTERMAN moved to the nomination for Vice Chair, and asked for any nominations.

NOMINATION: TRUSTEE FIMON nominated TRUSTEE AGNES MORAN for Vice Chair; TRUSTEE BOYLES seconded the nomination.

CHAIR HALTERMAN stated that she checked with Trustee Moran, and she is willing to serve and to accept the nomination. She asked for any other nominations for Vice Chair three times. Hearing no other nominations, she called the vote.

Vote for Vice Chair: Trustee Feige, yes; Trustee Boyles, yes; Trustee Morris, yes; Trustee Fimon, yes; Trustee Fisher, yes; Chair Halterman, yes.

CHAIR HALTERMAN congratulated Trustee Moran. She stated that the position of Secretary was open, and called for nominations for Secretary.

NOMINATION: TRUSTEE FEIGE nominated TRUSTEE JOHN MORRIS for Secretary.

CHAIR HALTERMAN asked for any other nominations for Secretary.

NOMINATION: TRUSTEE FIMON nominated TRUSTEE RHONDA BOYLES for Secretary; TRUSTEE FISHER seconded the nomination.

CHAIR HALTERMAN asked for any other nominations for Secretary three times. There being none, she stated that the standing motion was for Rhonda Boyles to serve as Secretary. She called the vote.

Vote for Secretary: Trustee Feige, yes; Trustee Boyles, yes; Trustee Morris, yes; Trustee Fimon, yes; Trustee Fisher, yes; Chair Halterman, yes.

CHAIR HALTERMAN congratulated Trustee Boyles, and moved to Trustee Comments.

TRUSTEE COMMENTS

TRUSTEE FEIGE thanked all the beneficiaries who came and gave comment yesterday. She also thanked the folks engaged in the budget process, staff of the Trust Authority and the TLO that were engaged in developing the budget and then helping and supporting the trustees through this morning's discussion. A special thank you to Trustee Fimon for this morning's terrific discussion. She learned a tremendous amount about how the budget was structured, about how programs are impacted, and about how budget projections in this organization are designed to work. She thanked everyone for coming to the table and being prepared.

TRUSTEE BOYLES thanked the Attorney General's office for leading the trustees through those governance documents. She also apologized because she saw the boss socially and wished for the frame of mind to thank him. She added that it was not the personnel sent, it was the fact of having to go through the governance and not being able to focus on the beneficiaries. She was happy those are done and was especially happy that they heard from beneficiaries or representatives of the beneficiaries yesterday. That is what this is all about.

TRUSTEE MORRIS stated regret that he was not able to stay until the end of the public comment period and really appreciated the standing room only. In his year on the Trust, that was the first time he had seen that level of engagement, and he was very happy to see that. He would have liked to have been there to respond to a lot of the comments made. They seemed to fall into the reentry program funding and the advisory boards, which were acted on today. He addressed the commentary on The Arc and the processes with that. He stated that he was the maker of the motion that created a lot of the conversation, and he erred in not reiterating for the public comment section the things discussed as a Board in the Executive Session -- the parts that would be appropriate for the public. A lot of thinking and discussion occurred in the Executive Session. He pointed out that they do not use Executive Sessions simply to protect the reputation of the

Trust, but also external agencies and folks who come before us for funding or a matter of discussion. He continued that the Trust priority is and always has been the beneficiaries. Service organizations are not the priority of the Trust, but are a means to an end. Millions and millions of dollars have been provided in grant funding over the years to various service organizations. Other forms of support in terms of expertise and information, partnerships, introductions are provided in many different ways, but all as a means to help them help beneficiaries. The end point is beneficiaries; not an end point for any particular service organization, no matter how large, esteemed or historic it may be. He stated that The Arc has an unusual lease; it is a perpetual lease. But more importantly, it has a clause that if The Arc was to cease providing services, they were to return the land back to the Trust without the improvements or the buildings on it. It would, at a minimum, create a legal hurdle for continuing operations at that facility with that physical plant. The actual proposal was to buy this property, which, frankly, the Trust already owns, and then lease it back to The Arc for a dollar a year for however many years it was. What does happen, it clears up the odd lease and sets the stage that if further assistance was necessary for The Arc, that it could be done in cooperation with the Department of Health and others, and maintain those services for beneficiaries. He continued that all of those things could and should have been discussed in public at the time it was done. He regretted, as maker of the motion, not relating some of those comments at the time. He added that it would have prevented a lot of heartache and consternation on the part of the stakeholders, and would definitely be done better in the future. He stated that it was a great meeting. A lot of very frank conversation, a lot of work from staff that demonstrated a remarkable flexibility for changing an organization in its 30th year.

TRUSTEE FIMON picked up on a bit of where Trustee Morris spoke. He stated that any lack of information or lack of clarity or maybe even further discussion in the public realm, he wished they had done more. He did not think that what was not done was with any malicious intent. He continued that he took defense to how it was hard to explain the emotion or what was in the hearts when trying to come to a resolve. He stated appreciation for to all the comments that came forth and added they were all heartfelt, honest. The passion and the emotion are important, a reminder that, as trustees know, was a good reminder that the beneficiaries come first. He added that seeing the room as full as it was and to have that much public comment on the screen, to see people come back from an organization they had worked with or worked for many years ago come here and give their three minutes, that spoke volumes to him. He believed that it did to the rest of the trustees, as well. He was happy to hear some good news and his pledge to Arc and all the agencies fearing what was going on with the rate reimbursement. They were heard, and we are not done. He stated that the last two days were very productive; we went through a lot of issues; made changes; and we have the best staff anywhere. He thanked all the staff. He enjoyed seeing the Brain Bus, interaction with the advisors, the good news of Stephanie's position, and all the integration. He was proud to sit on the panel with these trustees, and believes they have the intention of service to the beneficiaries to the best of their abilities. He was thankful to the outgoing chair, it was his honor, and he believed they worked well together. He was proud to be on this Board and hoped to live up to the title.

TRUSTEE FISHER thanked his fellow trustees for the confidence in voting him to be the Chair. He stated that this is a strong Board of Trustees, and it was not just the Chair that made things happen. It is a privilege to serve together with them on the Board of Trustees. He stated appreciation for the number of people that came and shared their comments on a variety of different topics. It was good to see a lot of people sharing their passions and concerns. He was appreciative of the time and effort that Gene Hickey put in working with Chair Halterman;

making changes to governance documents is a huge lift. A lot was accomplished with the fine decisions made of the governance documents which are the foundation on how to get the work done as quickly as possible when everyone understands what the responsibilities are. He stated appreciation for the leadership Chair Halterman provided in making sure that got done. He thanked staff for everything that happened the last two days, and looks forward to working with them in his new role.

CHAIR HALTERMAN thanked staff and all of the public commenters, all the advisors and all of the advocates that came into the room. She talked about the Commissioners that have been instrumental in making some serious recommendations to budget changes for this budget cycle. There was a whole new process that unfolded with a lot of change and direction given to staff. They were completely responsive and appropriate in addressing the changes in a meaningful way, and the meetings moved along despite all the additional requests that came before the trustees. She continued that the Department listened to the conversations on The Arc and were moving quickly and prioritizing so the needs can be addressed in a more meaningful way. That leads to the system change needed to happen across the systems. The Arc is the tip of the iceberg, and all of the agencies are in crisis. She had been given assurances that there were priorities to the rate-setting review, and these populations would be looked at. She appreciated the advisors, the advocacy, the feedback, all the constructive dialogue, the responsiveness. She stated that Katie is a blessing with her ability to digest information in talking to the Commissioners and advisors. She understands their language, and is able to be very responsive, which showed with the budget. She thanked everyone for what they contributed to insure that it was a good process that is working well and aimed to serve the beneficiaries better. She has devoted an entire career to this population. This is a public service, and we are all volunteers. She thanked each for all they had done to make sure they were a successful team. It was an honor to serve, and she was humbled.

(Applause.)

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

There being no objection, the MOTION was APPROVED.

(Alaska Mental Health Trust Authority Board of Trustees meeting adjourned at 3:13 p.m.)

Current Trust Bylaws

1
2
3 ALASKA MENTAL HEALTH TRUST AUTHORITY
4 BYLAWS

5
6
7 ARTICLE I
8 NAME

9
10 The name of this organization is the Alaska Mental Health Trust Authority.
11

12
13 ARTICLE II
14 PURPOSE OF THE AUTHORITY

15
16 The Alaska Mental Health Trust Authority acts in the best interest of the beneficiaries
17 of the trust. It is accountable to:

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

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

27
28 Section 1. Trust Authority board of trustees composition:

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

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

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

ARTICLE IV
BOARD OF TRUSTEE DUTIES

Section 1: The role of the board is to:

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

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

ARTICLE V
OFFICERS AND DUTIES

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

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

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

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

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

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

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

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

8
9 (b) Vice Chair

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

13
14 (c) Secretary

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

20
21
22 ARTICLE VI

23 MEETINGS

24
25 Section 1. The board will hold four regular meetings each fiscal year. Committees will meet

26 as necessary to accomplish their responsibilities.

27
28 Section 2. Special or emergency meetings of the board may be held at such time and place

29 as the Chair may order; or upon the written request to the Chair of any four

30 trustees.

31
32 Section 3. Reasonable public notice of board and committee meetings shall be provided in

33 accordance with AS 44.62.310. Meetings of the board and its committees are

34 subject to the Open Meetings Act, AS 44.62.310 and 44.62.312.

35
36 Section 4. A quorum at all board meetings shall consist of four board members. A quorum at

37 committee meetings is a majority of the committee's members.

38
39 Section 5. No member of the board may designate a proxy.

40
41 Section 6. The board will schedule at least one period for public comment during each

42 regularly scheduled board meeting.

43
44 Section 7. Formal actions by the board are accomplished through adoption of

45 motions.

ARTICLE VII
COMMITTEES OF THE BOARD

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

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

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

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

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

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

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

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

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

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

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

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

7
8
9 ARTICLE VIII

10 CHIEF EXECUTIVE OFFICER

11
12 Section 1. The board shall select and employ a Chief Executive Officer as provided by law.

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

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

26
27
28 Section 4. The board will evaluate the Chief Executive Officer's performance annually in
29 writing. The board will define the process for conducting annual reviews and
30 include it in the Board Operations Manual.

31
32 Section 5. Termination of employment of the Chief Executive Officer is by majority vote of
33 the board.

34
35
36 ARTICLE IX

37 PARLIAMENTARY AUTHORITY

38
39 Unless otherwise provided by law or these bylaws, the board's procedures shall be
40 governed by Robert's Rules of Order Newly Revised. The Chair may appoint an appropriate
41 person to serve as parliamentarian.

42
43
44 ARTICLE X
45 ETHICS

46
47 Board members are required to comply with the Alaska Executive Branch Ethics Act
48 (AS 39.52) and AS 47.30.016(c)(2).

1
2
3 ARTICLE XI
4 AMENDMENT OF BYLAWS
5

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

11
12 ARTICLE XII
13 DEFINITIONS
14

15 In these bylaws,
16

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

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

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

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

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

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

Mary Jane Michael, Chair

Laraine Derr, Secretary

Audit & Risk Committee Report / Update

To: Brent Fisher, Chair
Through: Allison Biastock, Acting Chief Executive Officer
From: Julee Farley, Chief Financial Officer
Date: November 1, 2024
Re: Audit & Risk Committee Report

Meeting Summary:

The Audit & Risk Committee met on October 16, 2024. The meeting was attended in person by trustees Kevin Fimon (chair), Rhonda Boyles, Corri Feige, Brent Fisher, Anita Halterman, Agnes Moran, and John Morris.

Annual Audit Presentation for the Year Ending June 30, 2024: Bikky Shrestha, Assurance Partner at the Anchorage BDO office, presented the results of their annual external audit for FY2024, including the draft financial statements. The audit was completed in accordance with Government Auditing Standards and is substantially complete. Mr. Shrestha noted that the object of the audit is to obtain reasonable, not absolute, assurance about whether the financial statements are free from material misstatements, and they expect to issue an unmodified, or clean, opinion. He also noted that all records and information requested by BDO was freely available for inspection, and there were no disagreements with management. There were no new accounting pronouncements that were applied this year, Mr. Shrestha noted there were no uncorrected misstatements, and one corrected misstatement relating to net position not matching the prior year ending balance, and this resulted in a significant deficiency relating to internal controls.

Financial statement highlights: Total assets at June 30, 2024 were \$985,259,000 (rounded to the nearest thousand) Total liabilities and deferred inflows were \$65.8 million. The resulting net position is \$919,414,000.

FY2024 revenues were \$75.3 million and expenses were \$34.6 million, resulting in a total change in net position for the year of \$40.6 million.

Legislative Budget & Audit Update: *In accordance with the Open Meetings Act, AS 44.62.310(c), the Trustees went into Executive session for this agenda item.*

The next scheduled meeting of the Audit & Risk Committee is **January 8, 2025**.

Finance Committee Report / Update

To: Brent Fisher, Chair
Through: Allison Biastock, Acting Chief Executive Officer
From: Julee Farley, Chief Financial Officer
Date: November 1, 2024
Re: Finance Committee Report

Meeting Summary

The Finance Committee met on October 16, 2024. The meeting was attended by trustees John Morris (chair), Rhonda Boyles, Kevin Fimon, Corri Feige, Brent Fisher, Anita Halterman, and Agnes Moran.

Statutory Advisor Update - Alaska Permanent Fund Corporation

Deven Mitchell, CEO of the Alaska Permanent Fund Corporation (APFC), presented the annual Statutory Advisor Update to the Finance Committee relating to the Trust's investment funds managed by APFC. APFC investments earned 7.9% in FY2024, and the long-term target return is CPI+5%, which is a difficult target to beat. Mr. Mitchell discussed that lot of their work focuses on getting fairly compensated for the risk being taken. He framed the Trust's investment account as one in which the value of a land grant has turned into a revenue source driven by the performance of APFC's investment portfolio, which is driven by the world economy. Mr. Mitchell offered a future presentation by APFC's Chief Risk Officer and Chief Investment Officer to Trustees on the topic of evaluating risks and risk adjusted returns.

Dept. of Revenue Treasury Update

Steve Sykes, Investment Officer for the Department of Revenue, provided the Treasury update on funds managed including \$53.8 million of Budget Reserves and \$41.6 of GeFONSI as of June 30, 2024 with returns of 13.3% and 5.7%, respectively. In addition, Mr. Sykes presented an overview of the management structure and oversight of \$2.1 billion in direct real estate investments managed by Treasury for the Alaska Retirement Management Board. In the diagram presented, Mr. Sykes noted the staff overseeing the real estate investment manager(s), and the use of external consultants to provide additional and separate services that report directly to staff. Mr. Sykes noted that part of the structure is to minimize the cash held at the discretion of the investment manager and provide cash when needed for property management or capital expenditures so that investment returns can be maximized. The annual budget process with a detailed list of capital projects is a significant part of the budget approval process. The reporting process includes quarterly financial reports from the investment manager(s) and the external consultant reports on performance. Other important elements of the real estate oversight plan include an annual investment plan of each property, annual appraisals, and annual financial audits of each property. On an annual basis, the ARM Board approves the staff prepared plan which is also reviewed by the consultant.

Approvals

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

Background Motion 1:

The TLO requested an amendment to the FY2025 Commercial Real Estate and Program-Related Real Estate budget to include a \$280,000 expenditure for a replacement rooftop mechanical unit at the Amber Oaks asset that was included in the prior year's budget approval. Although the rooftop mechanical unit was ordered last year, it was not delivered until this year with payment due with installation. The motion was approved.

MOTION 1: FY2025 CRE Budget Amendment Request

The Finance Committee recommends that the Trust Authority Board of Trustees approve amending the previously approved Fiscal Year 2025 Commercial Real Estate/Program-Related Real Estate budget to include a \$280,000 expenditure this fiscal year for a rooftop mechanical unit at the Amber Oaks asset. The expenditures made in connection with this request will be paid from rents and/or reserves held at the property-level accounts with no further funding necessary from the Trust Authority.

Background Motion 2:

The TLO presented a \$75,000 Central Facility Fund (CFF) request to cover the costs of a new fire panel to ensure the building's fire protection system will continue to function properly. The Trust Authority Building (TAB) was constructed in 1985 for use as a social service building for nearly forty years. Presently, the building is occupied by the Trust Authority, Long-Term Care Ombudsman, and Anchorage School District. The motion was approved.

MOTION 2: Central Facility Fund Request – Trust Authority Building

The Finance Committee recommends that the Trust Authority Board of Trustees approve funding and instruct the CFO to transfer up to \$75,000 to the third-party property manager, as requested by the TLO, for capital expenditures to the Trust Authority Building from the Central Facility Fund for the Fiscal Year 2025. The expenditures made in connection with this request shall amend the Fiscal Year 2025 Expenditure Budget previously approved by the Board of Trustees.

Background Motion 3:

The CFO presented a request for the annual payout, including the calculation for the determination of the annual payout to fund the FY2025 budget. The motion was approved.

MOTION 3: FY25 Annual Payout Transfer

The Finance Committee recommends that the full board of trustees authorize the transfer of \$32,398,600 from the Alaska Permanent Fund Corporation Budget Reserve account to the Mental Health Settlement Income Account to finance the FY2025 Budget. The CFO may fulfill this motion with one lump sum or multiple transfers, and the full transfer must be made prior to June 30, 2025. The CFO will report to the Finance Committee when transfer(s) are made.

Background Motion 4:

The CFO presented a request to remove the minimum balance necessary for The Trust Authority Development Account (TADA), GeFONSI Fund 3320, so that funds in this account can be transferred to the principal account managed for the Trust as part of the Alaska Permanent Fund. The most recent motion establishing an account minimum balance was approved by Trustees on May 25, 2022 with a target minimum of \$699,279 to fund commitments for the USFS Land Exchange. With the recent closeout of the USFS Land Exchange in June 2024, this minimum balance is no longer needed. The motion was approved.

MOTION 4: Fund 3320 Balance

The Board of Trustees approve the removal of a target level for the Trust Authority Development Account (TADA), GeFONSI Fund 3320, and authorize the Chief Financial Officer to transfer funds in TADA to the Trust's Investment Fund as principal managed as part of the Alaska Permanent Fund, with a minimum transfer of \$500,000.

Staff Report Items

Dashboard update through June 2024:

- Expenditures: The Trust Administrative Office FY2024 Agency expenditures are below budget by \$469k and The Land Office (TLO) was under budget by \$663k, primarily due to staff vacancies and lower operational expenses. FY2024's authorized grant disbursements of \$18.1 million are under the annual budget of \$29.5 million. MHTAAR grants were 83% expended and Authority Grants are 51% expended, with expenditures that will continue to be paid in future years as the Authority Grant cycle is up to 4 years. For capital projects, \$1.8 million was expended on Icy Cape and \$300k for the Mineral Project in FY2024.
- Revenues: TLO generated stronger than budgeted revenues. Principal earnings of \$10.5 million were over budget due to a few large land sales, and Income of \$4.6 million was over budget due primarily due to interest earned on financed land sales. FY2024 investment income for APFC managed assets was \$49.7 million, and income from DOR managed assets is \$6.4 million, coming in just a little under budget. Commercial Real Estate (CRE) distributions were \$2.1 million, but reduced by \$1.4 million in Trust CFF contributions nets in approximately \$707k in CRE income to the Trust for FY2024.
- Trust Assets: As of June 30, 2024, the Trust had invested assets of \$789 million managed by APFC and DOR. For the year, APFC investment returns were 7.9%, DOR Budget Reserve returns were 13.3%, and CRE returns were 1.9%.
- Reserves as a percentage of annual payout was 327% compared to a target of 400%.

Commercial Real Estate Management Approvals

The following motions were considered:

Background: Trustee Morris led the discussion on the management of cash balances and opportunity to earn interest on the balances held at the property bank accounts, As the Commercial Real Estate manager, the TLO operates multiple checking accounts at Cadence Bank in Austin, Texas, among others. The motion was tabled.

REQUESTED MOTION – TABLED:

The Finance Committee recommends that the Alaska Mental Health Trust Authority Board of Trustees authorizes and directs the Trust Land Office (TLO) to take necessary and prudent steps to a) earn interest income on cash held at 3rd party bank accounts opened and managed by the TLO in their role as Operating Manager of the LLCs that own Trust commercial real estate, b) manage cash balances with an awareness of FDIC limits and maintain cash balances above FDIC limits only when protected by IntraFi, conversion to Treasury bills or other equivalent recommended instruments , and c) to establish that 3rd party banks for all CRE related bank accounts will provide monthly bank statements directly to the Trust CFO no later than 10 business days after end of month.

Background: Trustee Morris led the discussion on this motion for the TLO to distribute excess operating cash above the trailing 3 months of expenses to return all profits to the Trust as owners of the Commercial Real Estate. This motion specifies the policy for when this should occur and maintains adequate reserves for expenses. The motion was tabled.

REQUESTED MOTION – TABLED:

The Finance Committee recommends that the Alaska Mental Health Trust Authority Board of Trustees authorizes and directs the Trust Land Office (TLO) to distribute excess operating cash above trailing 3 months operating expenses held at the CRE bank accounts to the Trust, and provide a detailed analysis and reconciliation of property cash flow to this monthly CRE distribution amount to the CFO. Amounts held in property capital reserve bank accounts should not exceed budgeted capital expenditures approved by Trustees, adjusted for any actual expenditures during the fiscal year.

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

Background Motion 5:

This motion directs staff to update the CFO position description to clarify that there is Trust oversight over CRE finances. The motion was approved.

REQUESTED MOTION: CFO Position Description

The Finance Committee recommends that the Alaska Mental Health Trust Authority Board of Trustees direct the CEO and the CFO to promulgate a new CFO position description which clarifies oversight of CRE related financial matters.

The Finance Committee adjourned, and the next scheduled meeting of the Finance Committee is **January 8, 2025.**



To: John Morris, Finance Committee Chair
From: David MacDonald, Chief Real Estate Officer
Thru: Jusdi Warner, Executive Director
Date: October 16, 2024
Re: CRE/PRRE Budget Amendment Request
Fiscal Year: 2025
Amount: \$280,000 (Carry-Forward from Prior Year)

Approval

Proposed Motion:

Proposed Motion One: *“The Finance Committee recommends that the Trust Authority Board of Trustees approve amending the previously approved Fiscal Year 2025 Commercial Real Estate/Program-Related Real Estate budget to include a \$280,000 expenditure this fiscal year for a rooftop mechanical unit at the Amber Oaks asset. The expenditures made in connection with this request will be paid from rents and/or reserves held at the property-level accounts with no further funding necessary from the Trust Authority.”*

Background:

Introduction: At the April 24, 2024, Finance Committee Meeting and the May 22, 2024, Full Board Meeting, a \$10,993,685 budget was approved for the Commercial Real Estate and Program-Related Real Estate portfolios. This budget excluded consideration of a \$280,000 expenditure for a replacement rooftop mechanical unit at the Amber Oaks asset that was included in the prior year’s budget approval. Although the rooftop mechanical unit was ordered last year, it was not delivered until this year with payment due with installation. The past practice has been that expenditures with a payment date in the new fiscal year’s budget are made based on the prior year’s budget approvals. However, our CFO has requested that this past practice be discontinued. The new practice will be that those expenditures be included in the current year’s budget approvals. Consistent with this new practice, we are presenting this motion to amend the previously submitted budget, approved in the total amount of \$10,993,685, to include the \$280,000 expenditure for the replacement rooftop mechanical unit. With this amendment, the new budget to be approved for Fiscal Year 2025 will total \$11,273,685. Spreadsheets delineating the amended budget are attached.

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, 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 FY25 equal \$12.6 million from the Investment Portfolio and \$689 thousand from the Program-Related Real Estate. These projections account 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.

FY25 Real Estate Budget from Rent and Other Property Income

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, capital expenditures and debt service; 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 FY25 equal \$10,818,841 for the Investment Portfolio and \$454,844 from the Program-Related Real Estate.

In aggregate, the combined expenditures forecast for FY25 total \$11,273,685. (This does not include the CFF approval request that are also being presented to the Committee on October 16, 2024. Should the CFF approval request for \$75,000 and this request be Board approved then that will result in a combined expenditure forecast for FY25 totaling \$11,248,685.)

Property Description/Acreage/MH Parcel(s): Commercial Real Estate and Non-Investment Program Related Properties are as follows:

Commercial Real Estate Properties

2618 Commercial Drive; Anchorage AK
1111 Israel Road; Tumwater, WA
1973 North Rulon; Ogden, UT
2420 & 2500 Ridgpoint Drive; Austin, TX
9601 Amberglen Blvd; Austin, TX
17319 San Pedro Avenue; San Antonio, TX

Non-Investment-Program Related Properties

2600 Cordova Street; Anchorage, AK
650 Younker Court; Fairbanks, AK
1300 Moore Street; Fairbanks, AK
1423 Peger Road; Fairbanks, AK
2330 Nichols Street; Anchorage, AK
3745 Community Park Loop Road; Anchorage, AK

The anticipated distributions for FY25 equal \$2,069,000 from the Investment Portfolio and \$233,000 from the Program-Related Real Estate.

In aggregate, the combined distributable income to the Trust forecast for FY25 is \$2.3 million.

Trust Land Office Recommendation: The TLO recommends that it is in the Trust’s best interest to approve the incremental building expenditures for FY25 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.

Exhibits:

- Combined FY25 Budget – Investment Portfolio**
- Combined FY25 Budget – Program-Related Real Estate**

Combined FY25 Budget - Investment Portfolio

| | Cordova | Commercial | WA Parks | Rulon White | Prom. Point | Amber Oaks | North Park | Total | Expenditures |
|-----------------------|------------------|----------------------|-----------------|------------------|-------------------|------------------|------------------|--------------------|---------------------|
| Income | \$584,596 | \$264,600 | \$1,616,845 | \$2,352,291 | \$2,346,624 | \$3,632,913 | \$1,811,940 | \$12,609,809 | n/a |
| Operating Expenses | \$321,879 | <i>Paid Directly</i> | \$633,781 | \$922,412 | \$1,379,898 | \$1,593,304 | \$751,315 | \$5,602,589 | \$5,602,589 |
| Net Operating Income | \$262,717 | \$264,600 | \$983,064 | \$1,429,879 | \$966,726 | \$2,039,610 | \$1,060,625 | \$7,007,221 | n/a |
| Owner Expenses | \$29,345 | \$27,262 | \$44,856 | \$25,682 | \$9,450 | \$22,015 | \$11,116 | \$169,726 | \$169,726 |
| Lease-Up Costs | \$17,000 | \$0 | \$0 | \$0 | \$0 | \$511,317 | \$164,763 | \$693,080 | \$693,080 |
| Capital Expenditures | \$115,000 | \$0 | \$0 | \$157,500 | \$0 | \$529,000 | \$150,000 | \$951,500 | \$951,500 |
| Debt Service | \$0 | \$63,905 | \$908,822 | \$447,574 | \$635,942 | \$941,171 | \$404,533 | \$3,401,947 | \$3,401,947 |
| Net Cash Flow | \$101,372 | \$173,433 | \$29,386 | \$799,123 | \$321,334 | \$36,107 | \$330,213 | \$1,790,968 | \$10,818,841 |
| Distributions | \$101,000 | \$173,000 | \$29,000 | \$799,000 | \$321,000 | \$316,000 | \$330,000 | \$2,069,000 | |
| <i>Delta vs. FY24</i> | <i>-\$22,426</i> | <i>\$93,459</i> | <i>\$828</i> | <i>\$37,202</i> | <i>-\$360,957</i> | <i>-\$77,606</i> | <i>\$330,000</i> | <i>\$500</i> | |

| | | | | | | | | |
|-------------------|-----|----|-----|----|------|-----|----|-----|
| Existing Vacancy | -- | -- | -- | -- | -- | 4% | 9% | 2% |
| Lease Expirations | 21% | 0% | 85% | 0% | 100% | 16% | 8% | 36% |

| | | | | | | | | |
|------------|-----|-----|-----|-----|-----|-----|-----|-----|
| CFF Draws* | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
|------------|-----|-----|-----|-----|-----|-----|-----|-----|

* Future leases may necessitate CFF draws depending on terms and timing.

Combined FY24 Budget - Investment Portfolio

| | Cordova | Commercial | WA Parks | Rulon White | Prom. Point | Amber Oaks | North Park | Total |
|-----------------------|------------------|----------------------|-----------------|------------------|------------------|------------------|-------------------|--------------------|
| Income | \$559,267 | \$254,757 | \$1,616,845 | \$2,201,258 | \$2,341,787 | \$3,870,585 | \$1,615,206 | \$12,459,705 |
| Operating Expenses | \$301,621 | <i>Paid Directly</i> | \$571,541 | \$841,441 | \$1,136,836 | \$1,516,536 | \$614,000 | \$4,981,976 |
| Net Operating Income | \$257,646 | \$254,757 | \$1,045,304 | \$1,359,817 | \$1,204,951 | \$2,354,049 | \$1,001,206 | \$7,477,730 |
| Owner Expenses | \$6,232 | \$13,112 | \$5,096 | \$13,132 | \$9,450 | \$18,195 | \$6,320 | \$71,537 |
| Lease-Up Costs | \$0 | \$0 | \$0 | \$0 | \$0 | \$429,815 | \$1,287,896 | \$1,717,711 |
| Capital Expenditures | \$175,000 | \$0 | \$40,000 | \$150,000 | \$0 | \$0 | \$38,000 | \$403,000 |
| Debt Service | \$0 | \$63,905 | \$908,819 | \$447,574 | \$635,942 | \$941,171 | \$404,533 | \$3,401,944 |
| Net Cash Flow | \$76,414 | \$177,740 | \$91,389 | \$749,111 | \$559,559 | \$964,868 | -\$735,543 | \$1,883,537 |
| Cash Reserve Coverage | | | | | | | | \$184,963 |
| Distributions | \$123,426 | \$79,541 | \$28,172 | \$761,798 | \$681,957 | \$393,606 | \$0 | \$2,068,500 |

| | | | | | | | | |
|---------------------|-----|-----|-----|-----|-----|-----|-------------|-------------|
| CFF Draw - Circle K | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$820,112 | \$820,112 |
| CFF Draw - Spectrum | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$544,166 | \$544,166 |
| CFF Draws - Total | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$1,364,278 | \$1,364,278 |

Combined FY25 Budget - Program-Related Real Estate

| | Detox | Sobering Ctr | Fahrenkamp | Assets, Inc. | TAB | Total | Expenditures |
|-----------------------|-----------------|-----------------|------------------|------------------|--------------|------------------|------------------|
| Income | \$30,000 | \$90,465 | \$147,111 | \$72,613 | \$348,724 | \$688,913 | n/a |
| Operating Expenses | \$0 | \$4,659 | \$7,201 | \$0 | \$313,018 | \$324,878 | \$324,878 |
| Net Operating Income | \$30,000 | \$85,806 | \$139,910 | \$72,613 | \$35,706 | \$364,035 | n/a |
| Owner Expenses | \$0 | \$19,612 | \$19,612 | \$55,600 | \$35,142 | \$129,966 | \$129,966 |
| Lease-Up Costs | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Capital Expenditures | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Debt Service | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Net Cash Flow | \$30,000 | \$66,194 | \$120,298 | \$17,013 | \$564 | \$234,069 | \$454,844 |
| Distributions | \$30,000 | \$66,000 | \$120,000 | \$17,000 | \$0 | \$233,000 | |
| <i>Delta vs. FY24</i> | <i>\$3,932</i> | <i>\$9,919</i> | <i>-\$11,155</i> | <i>-\$44,291</i> | <i>\$0</i> | <i>-\$41,595</i> | |
| CFF Draws* | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

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

Combined FY24 Budget - Program-Related Real Estate

| | Detox | Sobering Ctr | Fahrenkamp | Assets, Inc. | TAB | Total |
|----------------------|------------------|-----------------|------------------|-----------------|----------------|------------------|
| Income | \$115,741 | \$94,082 | \$148,699 | \$71,891 | \$327,924 | \$758,337 |
| Operating Expenses | \$0 | \$28,390 | \$11,532 | \$0 | \$296,963 | \$336,885 |
| Net Operating Income | \$115,741 | \$65,692 | \$137,167 | \$71,891 | \$30,961 | \$421,452 |
| Owner Expenses | \$12,012 | \$9,612 | \$9,612 | \$10,600 | \$29,085 | \$70,921 |
| Lease-Up Costs | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Capital Expenditures | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Debt Service | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Net Cash Flow | \$103,729 | \$56,080 | \$127,555 | \$61,291 | \$1,876 | \$350,531 |
| Distributions | \$26,068 | \$56,081 | \$131,155 | \$61,291 | \$0 | \$274,595 |
| CFF Draws | \$0 | \$0 | \$0 | \$0 | \$10,784 | \$10,784 |



To: John Morris, Finance Committee Chair
From: David MacDonald, Chief Real Estate Officer
Thru: Jusdi Warner, Executive Director
Date: October 16, 2024
Re: Central Facility Fund Request – Trust Authority Building
Fiscal Year: 2025
Amount: \$75,000 (Not to Exceed)

Approval

Proposed Motion:

Proposed Motion One: “The Finance Committee recommends that the Trust Authority Board of Trustees approve funding and instruct the CFO to transfer up to \$75,000 to the third-party property manager, as requested by the TLO, for capital expenditures to the Trust Authority Building from the Central Facility Fund for the Fiscal Year 2025. The expenditures made in connection with this request shall amend the Fiscal Year 2025 Expenditure Budget previously approved by the Board of Trustees.”

Background:

Introduction: The TAB (formerly the Family Resources Center) was constructed in 1985 for, and has been in, use as a social service building for nearly forty years. The site is an irregular-shaped interior lot containing approximately 177,550 square feet (SF). The structure located on the lot is a steel frame construction building. The gross building area is approximately 24,850 SF, plus a 748 SF roof-mounted clerestory and a 336 SF mechanical penthouse. Approximately 21,900 SF is unit space available for rent. There is also approximately 1,000 SF of roof patio area accessible from the second story. Presently, the building is occupied by the Trust Authority (no rent or lease term), Long-Term Care Ombudsman (at market rent monthly; leased month-month, but renewed annually on July 1st with CPI adjustment), and Anchorage School District (at market rent monthly; lease terminates 7/31/2025).

The building is in need of upgrades overall, with planning underway to address the situation. A critical life and safety component needing immediate attention, however, is replacement of the building’s fire panel. A \$62,340 proposal to replace the fire panel was received. Including Colliers’ construction management fee and some contingency funds, we are requesting a not to exceed amount equaling \$75,000. This will ensure the building’s fire protection system will continue to function properly in a manner that supports the tenants and meets our contractual obligations as

landlord. The Trust is contractually responsible for this maintenance not only to the Trust Authority as a nonpaying tenant, but also the other aforementioned tenants in the building.

Property Description/Acreage/MH Parcel(s): Program-Related Real Estate

Commercial Real Estate Properties

3745 Community Park Loop, Anchorage, AK

Trust Land Office Recommendation: The TLO recommends that it is in the Trust’s best interest to approve the proposed expenditure to be funded by 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.

General Background: The leases include language obligating the landlord to cover the cost of items such as the fire panel by keeping the premises in good repair and tenable condition. The CFF which was approved in 2018 is funded by Commercial Real Estate income and has historically been used to pay for this type of expense.

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.

MEMO

To: John Morris, Finance Committee Chair
Through: Allison Biastock, Acting Chief Executive Officer
From: Julee Farley, Chief Financial Officer
Date: October 4, 2024
Re: Annual payout transfer
Fiscal Year: 2025

REQUESTED MOTION:

The Finance Committee recommends that the full board of trustees authorize the transfer of \$32,398,600 from the Alaska Permanent Fund Corporation Budget Reserve account to the Mental Health Settlement Income Account to finance the FY2025 Budget. The CFO may fulfill this motion with one lump sum or multiple transfers, and the full transfer must be made prior to June 30, 2025. The CFO will report to the Finance Committee when transfer(s) are made.

BACKGROUND

The revenue determination for supporting the Trust’s annual budget is outlined in the Asset Management Policy Statement. The Trust's primary funding is based on a "spending policy" that allows the Trust to draw 4.25% of the four-year average net asset value (NAV) of 1) principal and budget reserve year-end investment balances managed by the Alaska Permanent Fund Corporation (APFC) and 2) the budget reserve year-end investment balance managed by the Department of Revenue. The spending policy establishes that this withdrawal (or "payout") comes from APFC budget reserves.

The calculation for the FY24 payout and drawdown from APFC budget reserves is as follows:

| | FY Ending NAV |
|--|---------------|
| FY 2021 | 766,169,400 |
| FY 2022 | 736,377,000 |
| FY 2023 | 756,914,074 |
| FY 2024 | 788,591,100 |
| Average: | 762,012,900 |
| | x 4.25% |
| Payout disbursement calculation (rounded): | 32,398,600* |

This requested payout is \$2,145,300 above that authorized in FY2024. Budget reserves under APFC management are sufficient to support this FY2025 payout.

*Includes \$13,100 amount for the FY24 payout when the FY23 NAV was estimated instead of actual.

MEMO

To: John Morris, Finance Committee Chair
Through: Allison Biastock, Acting Chief Executive Officer
From: Julee Farley, Chief Financial Officer
Date: October 4, 2024
Re: Trust Authority Development Account Recommendation

REQUESTED MOTION #1:

The Board of Trustees approve the removal of a target level for the Trust Authority Development Account (TADA), GeFONSI Fund 3320, and authorize the Chief Financial Officer to transfer funds in TADA to the Trust's Investment Fund as principal managed as part of the Alaska Permanent Fund, with a minimum transfer of \$500,000.

Background:

The Trust Authority Development Account (TADA), GeFONSI Fund 3320, receives principal revenue from the Trust Land Office as principal revenue is generated by the Trust Land Office. These funds are subsequently transferred to the Alaska Mental Health Trust Authority Investment Fund managed as part of the Alaska Permanent Fund.

TADA has previously been used to fund certain development projects approved by Trustees and account minimums were established to ensure sufficient funds to meet these Trustee approved commitments. The most recent motion establishing an account minimum balance was approved by Trustees on May 25, 2022 with a target minimum of \$699,279 to fund commitments for the USFS Land Exchange. With the recent closeout of the USFS Land Exchange in June 2024, this minimum balance is no longer needed.

Recommendation:

With no remaining Trustee obligations to be funded from TADA, the recommended target level is now \$0, or the minimum amount required to the account. Funds exceeding the target amount will be transferred to the Trust's Investment Fund managed as part of the Alaska Permanent Fund, with a minimum transfer of \$500,000.

The regular transfer of these funds to the APFC-managed principal account in compliance with AS 37.14.031 (b) and 20 AAC 40.600.

MEMO

To: Finance Committee Members
From: John Morris, Finance committee Chair
Date: October 16, 2024
Re: Commercial Real Estate Management

REQUESTED MOTION 1:

The Finance Committee authorizes and directs the Trust Land Office (TLO) to take necessary and prudent steps to a) earn interest income on cash held at 3rd party bank accounts opened and managed by the TLO in their role as Operating Manager of the LLCs that own Trust commercial real estate, b) manage cash balances with an awareness of FDIC limits and maintain cash balances above FDIC limits only when protected by IntraFi, conversion to Treasury bills or other equivalent recommended instruments, and c) to establish that 3rd party banks for all CRE related bank accounts will provide monthly bank statements directly to the Trust CFO no later than 10 business days after end of month.

BACKGROUND

As CRE managers the TLO operates multiple checking accounts at Cadence Bank in Austin, Texas, among others. Often these accounts exceed balances above \$1 million dollars. These levels exceed FDIC insurance limits and earn zero interest. Having uninsured deposits does not meet the fiduciary duty of the Trust nor does carrying large non interest earning balances. This motion enables the execution of industry standard risk management practices as well as earning interest on the deposits. The exact financial instruments, whether they be inter institutional swaps, Treasury bills, or others, is left to the best judgment of TLO staff in consultation with CFO to determine. This motion was requested by TLO staff as follow up from previous request by Finance Committee Chair.

REQUESTED MOTION 2:

The Finance Committee authorizes and directs the Trust Land Office (TLO) to distribute excess operating cash above trailing 3 months operating expenses held at the CRE bank accounts to the Trust, and provide a detailed analysis and reconciliation of property cash flow to this monthly CRE distribution amount to the CFO. Amounts held in property capital reserve bank accounts should not exceed budgeted capital expenditures approved by Trustees, adjusted for any actual expenditures during the fiscal year.

BACKGROUND

As property managers the TLO has a duty to both see to day to day financial needs of the CRE properties as well as return all profits to the owners, the Trust. This motion specifies the policy for when this should occur and maintains adequate reserves for expenses.

REQUESTED MOTION: 3

The Finance Committee recommends that the Alaska Mental Health Trust Authority Board of Trustees direct the Trust Land Office (TLO) to list all properties not already listed in the Commercial Real Estate portfolio for sale with a minimum price at or above fair market value as determined via appraisal. This motion removes any possible ambiguity from Motions passed during the Resource Management Committee meeting of April 25, 2024 and approved by Trustees during the May 22, 2024 full Board meeting.

BACKGROUND

After introduction at the 16 February 2024 and 25 April 2024 RMC meetings, and approved on the following Board of Trustees meeting of 22 May 2024, the Trustees approved “disposal of [each commercial real estate property] at terms acceptable to the Executive Director (of the TLO) with a minimum price at or above fair market value as determined via appraisal.” All properties have not yet been listed for sale. This motion directs that any remaining properties be listed for sale, with final approval of same retained by the Trustees. This motion removes any perceived ambiguity from prior motion.

REQUESTED MOTION 4:

The Finance Committee authorizes and directs the Trust Land Office (TLO) to appeal the property tax assessment for Promontory Point as outlined in both the May 2023 and June 2024 appraisals as well as no later than November 15, 2024.

BACKGROUND

In both 2023 and 2024 appraisals, the property tax assessment was determined to be significantly higher than warranted. Moreover, appeal of property tax assessments was listed as a condition of appraisal valuations. As of last meeting this assessment appeal has not been conducted. This motion directs the TLO to execute this appeal process, which is anticipated to save the Trust approximately \$300,000 per year.

REQUESTED MOTION 5:

The Finance Committee recommends that the Alaska Mental Health Trust Board of Trustees confirm that the CFO has oversight of CRE related financial matters managed by the TLO, and instruct Trust staff to modify the CFO position description to reflect this.

BACKGROUND

This motion removes any possible ambiguity in current CFO position description and clarifies that there is Trust oversight over CRE finances. The existence of this oversight has been questioned by audit.

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: October 28, 2024
Subject: October 16 & 17 – Resource Management Committee Meeting Summary

The Resource Management Committee met on October 16 & 17, 2024, received an extensive update of key TLO activities from the Executive Director Report, was presented current updates on the Icy Cape Project, and a Commercial Real Estate Portfolio update with an Executive Session. Additionally, the committee received three (3) Consultations presented by TLO staff. All three (3) consultations require full board concurrence and move to the board of trustees for concurrence.

Board Action Required: *The following proposed actions requiring full board of trustees’ concurrence were recommended to the full board of trustees at the October 16 & 17 RMC Meeting:*

Meeting Summary:

1. Consultation – Disposal of Portion of Trust Parcel CRM-2060-02 – MHT 101396

MOTION: *“The Alaska Mental Health Trust Authority board of trustees concur with the Executive Director of the Trust Land Office’s (TLO) decision to dispose of a portion of Trust parcel CRM-2060-02, approximately 17 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 near Petersburg for \$307,000. This is 40% above the appraised fair market value of the property, plus, the reimbursement of the appraisal cost.

2. Consultation – Disposal of Portion of Trust Parcel FM-7009 – MHT 9400901

MOTION: *“The Alaska Mental Health Trust Authority board of trustees concur with the Executive Director of the Trust Land Office’s (TLO) decision to dispose of a portion of Trust parcel FM-7009, approximately 37.98 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 near Fox for \$82,280. This is 40% above the appraised fair market value of the property, plus, the reimbursement of the appraisal cost.

3. Consultation – Mineral Lease – MHT 9400763

MOTION: *“The Alaska Mental Health Trust Authority board of trustees concur with the negotiated lease of Trust mineral estate FM-0909 & FM-0910 Ester and Willow Creek for the exploration and development of placer gold, as proposed.”*

Anticipated Revenues/Benefits: Revenues will consist of an annual rent fee of \$5,000, which can be partially credited (50% of annual fee) 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 according to current state standards. Any and all data gathered from exploration efforts is to be submitted to the TLO which will aid in future management of the parcels. Along with data and monetary benefits, the added benefit of having a lessee on the property is an effective defense against potential trespass from an unknown party.

cc: *Board of Trustees*
Allison Biastock, Acting CEO Alaska Mental Health Trust Authority



To: Corri Feige, Chair
Resource Management Committee
Through: Jusdi Warner, Executive Director
From: Jeff Green, Deputy Director
Date: 10/16/2024
Re: MHT 9101396 – Negotiated Sale
Fiscal Year: 2025

Consultation

Proposed RMC Motion:

“The Resource Management Committee recommends that the Alaska Mental Health Trust Authority board of trustees concur with the Executive Director of the Trust Land Office’s (TLO) decision to dispose of a portion of Trust parcel CRM-2060-02, approximately 17 acres, through a negotiated sale or subsequent disposal.”

Background:

Revenue Projections: Principal \$307,000.00

Transaction/Resource: The proposed action is to dispose of a portion of Trust parcel CRM-2060-02 through a negotiated sale to the applicant, Reid Brothers Logging & Construction Inc. In the event the parcel is not sold to the applicant or a competing offeror, the parcel may be reoffered in a future land sale, through a competitive or over-the-counter sale, a negotiated sale, a subdivision development, or through a negotiated or competitive lease at or above fair market value.

Property Description/Acreage/MH Parcel(s): A portion of Trust parcel CRM-2060-02 consists of 17 acres legally described as:

Township 58 South, Range 79 East, Copper River Meridian, Alaska

Section 35: N1/2SW1/4SW1/4SW1/4, N1/2SE1/4SW1/4SW1/4, SE1/4SE1/4SW1/4SW1/4, W1/2W1/2SE1/4SW1/4, excluding Tract A of Alaska State Land Survey No. 80-100, filed in the Petersburg Recording District on January 11, 1983 as Plat 83-1 and further excluding Alaska Mental Health Trust Authority Quit Claim Deed No. 97-001 (ADL 105834) recorded on August 5, 2024 as Document Number 2024-000464-0 in the Petersburg Recording District.

Containing 17 acres, more or less, according to the survey plat accepted by the United States Department of the Interior, General Land Office in Washington, D.C. on October 28, 1929, and the supplemental survey plat

accepted by the United States Department of the Interior, Bureau of Land Management in Washington, D.C. on October 12, 1959.

General Background: On April 8, 2024, Reid Brothers Logging & Construction, Inc. applied to purchase a portion of Trust parcel CRM-2060-02, consisting of 17-acres, for the purpose of adding to and consolidating their existing land holdings of the adjacent parcels and to continue their use as a material storage and processing site. The Trust has already sold the gravel/material resources on this parcel through a material sale to Reid Brothers Logging and Construction, Inc. (MHT 9100908), which expires December 2024, generating approximately \$17,000 to date, with the potential to generate up to \$22,500 by the end of the contract. Prior to the completion of this land sale there will be little to no gravel resources remaining on the parcel because the material sale will have expired along with the remaining gravel resources thru the existing material sale contract.

The subject parcel is located south of the airport at the end of Quarry Road and known locally as the airport quarry.

Anticipated Revenues/Benefits: This proposal provides the Executive Director with an opportunity to dispose of the parcel for \$307,000. This is 40% above the appraised fair market value of the property, plus the reimbursement of the appraisal cost. In addition, the applicant intends to pay outright for the parcels, enabling the full land payment to be invested to generate further return to the Trust corpus.

Anticipated Risks/Concerns: Concerns include the applicant defaulting on the purchase and sale agreement. Risks are mitigated by receipt of a \$30,700 downpayment through an executed purchase and sale agreement which includes contemporary language to limit risks to the Trust, ensure performance by the buyer, and allow for termination in case of default with retention of the parcel in Trust ownership.

Project Costs: \$0. The parcel is being sold “as-is, where-is.”

Other Considerations: None.

Due Diligence: The purchase price was determined by an appraisal completed by Ramsey Appraisal Resource on September 3, 2024. The appraisal determined the fair market value of \$215,000. An additional 40% premium brings the purchase price to \$301,000. The applicant is reimbursing the TLO for the cost of the appraisal, \$6,000, bringing the full purchase price to \$307,000.

Alternatives: The alternatives include holding the property for sale in the future or disposing of it through a competitive land sale. These alternatives could potentially miss selling at the higher end of the market, delay receipt of revenues, fail to capitalize on the net present value of money returned to the corpus, and have the potential need to be actively managed due to trespass risk.

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 the TLO to maximize return at prudent levels of risk, prevent liabilities, and convert nonperforming assets into performing assets.

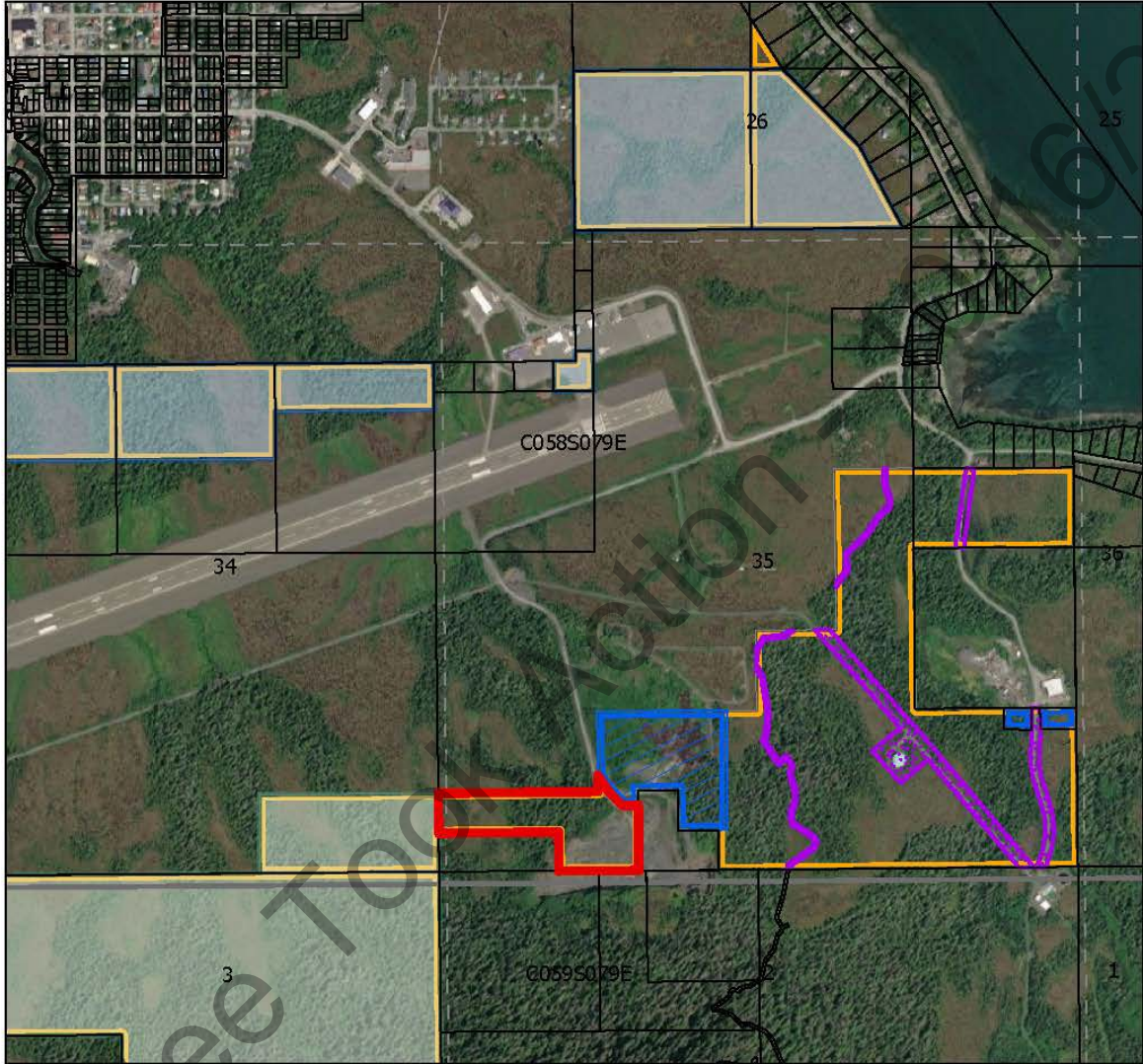
Trust Land Office Recommendation: The Trust Land Office recommends that it is in the Trust's best interest to offer these parcels in a negotiated sale. If not sold or determined to not be in the best interest of the Trust and its beneficiaries, the parcel may be disposed of in the future through the TLO's land sale programs, negotiated sale, or through a negotiated or competitive lease.

Applicable Authority: Alaska Statutes AS 37.14.009(a), AS 38.05.801, 11 AAC 99; Resource Management Strategy.

Trust Authority Consultation: This briefing document fulfills the consultation requirements that are applicable to the transaction. In the event that significant changes to the transaction are made necessary by the public notice process, the Trust Authority will be consulted regarding the changes.

Exhibit(s): Exhibit A: Parcel Map

Exhibit A:



MHT 9101396

- MHT 9101396
- PLSS Township
- PLSS Section
- MH Land Sales (Conveyed)
- MH Easement - Polygon
- MH Land Exchange
- MH Agreements
- Mental Health Parcels (Land & Fee)





To: Corri Feige, Chair
Resource Management Committee
Through: Jusdi Warner, Executive Director
From: Mariana Sanchez
Date: 10/16/2024
Re: MHT 9400901 – Negotiated Sale
Fiscal Year: 2025

Consultation

Proposed RMC Motion:

“The Resource Management Committee recommends that the Alaska Mental Health Trust Authority board of trustees concur with the Executive Director of the Trust Land Office’s (TLO) decision to dispose of a portion of Trust parcel FM-7009, approximately 37.98 acres, through a negotiated sale or subsequent disposal.”

Background:

Revenue Projections: Principal \$82,280.00

Property Description/Acreage/MH Parcel(s): A portion of Trust parcel FM-7009 (37.98 acres) with a legal description of:

TOWNSHIP 6 SOUTH, RANGE 4 EAST, FAIRBANKS MERIDIAN, ALASKA
SECTION 11: LOT 4,

CONTAINING 1.23 ACRES, MORE OR LESS, AS SHOWN ON THE SURVEY PLAT
ACCEPTED BY THE UNITED STATES DEPARTMENT OF THE INTERIOR, GENERAL LAND OFFICE, IN
WASHINGTON, D.C. ON JULY 12, 1938.

SECTION 11: LOTS 57 THROUGH 64, INCLUSIVE, LOTS 67 THROUGH 74, INCLUSIVE, CONTAINING
36.75 ACRES, MORE OR LESS, AS SHOWN ON THE SUPPLEMENTAL PLAT OF SURVEY ACCEPTED BY
THE UNITED STATES DEPARTMENT OF THE INTERIOR, BUREAU OF LAND MANAGEMENT, IN
WASHINGTON, D.C. ON JANUARY 6, 1954.

AGGREGATING 37 .98 ACRES, MORE OR LESS.

General Background: On July 31, 2024, Mr. Harriman applied for a negotiated sale of approximately 37 acres of land along Little Harding Lake. The subject property is described as wooded uplands, largely sloped leading down to wetlands. Mr. Harriman intends to use the subject property for a tourism stop / recreation area along the Richardson Highway. The TLO has explored the feasibility of developing a

subdivision, however, due to the cost of development of a subdivision and the anticipated returns on those lots the TLO concluded subdivision and subsequent sales is uneconomical.

Anticipated Revenues/Benefits: Having already explored, and exhausted the option for a subdivision, selling 37.98 acres 40% above the appraised value will generate revenue from a non-performing asset.

Anticipated Risks/Concerns: Concerns include the applicant defaulting on the purchase and sale agreement. Risks are mitigated by receipt of a \$7,728 downpayment through an executed purchase and sale agreement which includes contemporary language to limit risks to the Trust, ensure performance by the buyer, and allow for termination in case of default with retention of the parcel in Trust ownership.

Project Costs: \$0. The parcel is being sold “as-is, where-is.”

Other Considerations: There is no proper access to individual government lots on this parcel. The costs of subdividing lots and establishing easements/roads to Fairbanks North Star Borough’s standards are too costly. Market value is higher for a larger lot with access rather than investing into access for smaller, subdivided lots.

Due Diligence: A Title report was completed in early 2024 and the only other known interest on the subject parcel is a utility easement with MTA Communications.

An appraisal for the subject property was done on August 28, 2024, by Steven E. Carlson, MAI, of Black-Smith, Bethard & Carlson, LLC. The appraised value was determined to be \$55,200. An additional 40% premium on this figure brings the purchase value to \$77,280. The applicant is reimbursing the TLO for the cost of the appraisal, \$5,000, bringing the full purchase price to \$82,280.

Alternatives: The alternatives include holding the parcel for sale in the future or disposing of them through a competitive land sale. These alternatives could potentially miss selling at the higher end of the market, delay receipt of revenues, and fail to capitalize on the net present value of money returned to the corpus.

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 the TLO to maximize return at prudent levels of risk, prevent liabilities, and convert nonperforming assets into performing assets.

Trust Land Office Recommendation: The Trust Land Office recommends that it is in the Trust’s best interest to offer these parcels in a negotiated sale. If not sold or determined to not be in the best interest of the Trust and its beneficiaries, the parcels may be disposed of in the future through the TLO’s land sale programs, negotiated sale, or through a negotiated or competitive lease.

Applicable Authority: Alaska Statutes AS 37.14.009(a), AS 38.05.801, 11 AAC 99; Resource Management Strategy.

Trust Authority Consultation: This briefing document fulfills the consultation requirements that are applicable to the transaction. In the event that significant changes to the transaction are made necessary by the public notice process, the Trust Authority will be consulted regarding the changes.

Exhibit(s): Exhibit A: Parcel Map

Committee Took Action - 10/16/2024

Exhibit A: Parcel Map





To: Corri Feige, Chair
Resource Management Committee
Through: Jusdi Warner, Executive Director
From: Cole Hendrickson
Date: 10/16/2024
Re: Landview Excavating Inc. – Flume Creek – MHT 9400763
Fiscal Year: 2025

Consultation

Proposed RMC Motion:

“The Resource Management Committee recommends that the Alaska Mental Health Trust Authority board of trustees concur with the negotiated lease of Trust mineral estate on FM-0909 & FM-0910 on Ester and Willow Creek for the exploration and development of placer gold, as proposed.”

Background:

Revenue Projections: Principal Income (up to) Unknown (up to) \$25,000

Transaction/Resource: A negotiated placer lease of Trust mineral estate with a primary term of five years for the purpose of exploration, development, and production of placer gold on Flume Creek in the Fairbanks Mining District.

Property Description/Acreage/MH Parcel(s): Fox, AK / 30.5 acres / MH Parcel F70015

General Background: The area of interest is owned in fee estate by the Trust and is located in an area of historic placer mining activity, north of Fairbanks near the community of Fox. The surrounding area of Fox is known for its on-going placer mining throughout the valleys. The applicant, Landview Excavating Inc. (LEI), is experienced in Alaska placer mining operations, is well equipped, and is in good standing with the relevant agencies that regulate placer mining. LEI has twice conducted placer operations on Trust land previously in two separate mineral leases, in the same region. In both cases, LEI was successful in extraction and reclamation.

LEI was originally issued a placer mineral lease for the same Trust lands in 2015, which ultimately were modified to adjacent, more productive grounds and the lands proposed presently were relinquished from the lease. The lands that were originally mined in 2015/2016, after modifying the lease boundary, are now the proposed site of the wash plant associated with this request.

During LEI's original lease term, preliminary testing of the land proposed by this consultation was completed using basic tools and placer gold was identified but deemed not in economic quantities in 2015, thus the modification of the 2015 lease boundary. Now that the average price of gold has doubled since 2015, LEI believes economic quantities of placer gold may be present.

Early stages of this proposed authorization would be more exploratory in nature to confirm factors such as quantities of placer gold and depth to bedrock. If exploration proves successful, LEI will proceed with the extraction of placer gold.

Anticipated Revenues/Benefits: Revenues will consist of an annual rental fee of \$5,000, which can be partially credited (50% of annual fee) 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 according to current state standards. Any and all data gathered from exploration efforts is to be submitted to the TLO which will aid in future management of the parcels. Along with data and monetary benefits, the added benefit of having a lessee on the property is an effective defense against potential trespass from an unknown party.

Anticipated Risks/Concerns: There are no unusual risks associated with the proposed activity. Risks typically associated with this type of activity will be mitigated through compliance with the Application for Permits to Mine in Alaska (APMA) program and reclamation standards imposed and enforced by state mining regulators. In addition, the standard TLO Mining Lease terms will be enforced which were created to mitigate risks and concerns.

Project Costs: No unusual or significant costs are anticipated other than periodic site visits.

Other Considerations: The owner/operator of LEI, Doug Baker, has an excellent track record in reclamation makes for the ideal Trust lessee. Twice Doug has been the recipient of the DNR's Annual Reclamation Award for his efforts on Livengood Creek and Hope Creek, having gone above and beyond typical state requirements and adopting a sense of ownership in his work.

Due Diligence: The leasing process and the lease terms have been determined as a result of internal staff analysis and review of past practices. The TLO staff are generally familiar with the proposed lease area through desktop analysis and the site was seen during the 2024 field season in preparation for this consultation.

Alternatives: (1) Do not offer the land for lease; or (2) Offer through a competitive process, which is not warranted for the acreage amount, interest level at this time, and given the applicants previous knowledge of the property and track record, this may result in a less qualified lessee.

Consistency with the Resource Management Strategy: The proposal is consistent with the "Resource Management Strategy for Trust Land" (RMS), which was adopted in 2021 in consultation with the Trust and provides for the TLO to focus on land or resources at the high end of market values ("best

markets”). The current market values of precious metals are sufficient to create a demand for mineable land so the prospective mineral land affected by this decision is in a “best market” situation and, based on demand, should be offered now. Further, the action will generate revenues from Trust mineral resources, consistent with a key Trust land management principle of encouraging a diversity of revenue generating uses of Trust land.

Trust Land Office Recommendation: Lease the described area of interest on a negotiated basis to Landview Excavation Inc.

Applicable Authority: AS 37.14.009(a), 38.05.801, and 11 AAC 99.

Trust Authority Consultation: This briefing document fulfills the consultation requirements that are applicable to the transaction. In the event that significant changes to the transaction are made necessary by the public notice process, the Trust Authority will be consulted regarding the changes.







Exhibit(s):

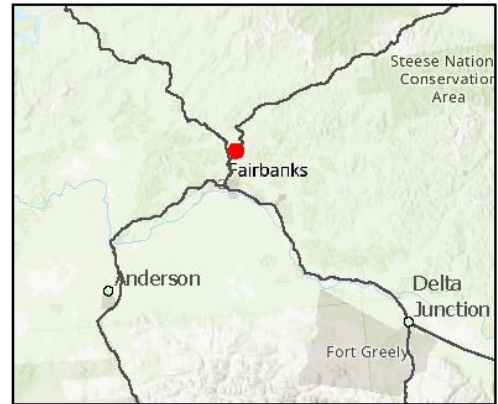
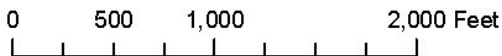
Location Map

Committee Took Action - 10/16/2024



MHT 9400763

-  MHT 9400763
-  PLSS Township
-  PLSS Section
-  MH Land Sales (Conveyed)
-  MH Easement - Polygon
-  Mental Health Parcels (Land & Fee)



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**



Statutory Advisor Update

ALASKA MENTAL HEALTH BOARD
ABADA

2025 Executive Committee

ABADA
Advisory Board on
Alcoholism and Drug Abuse

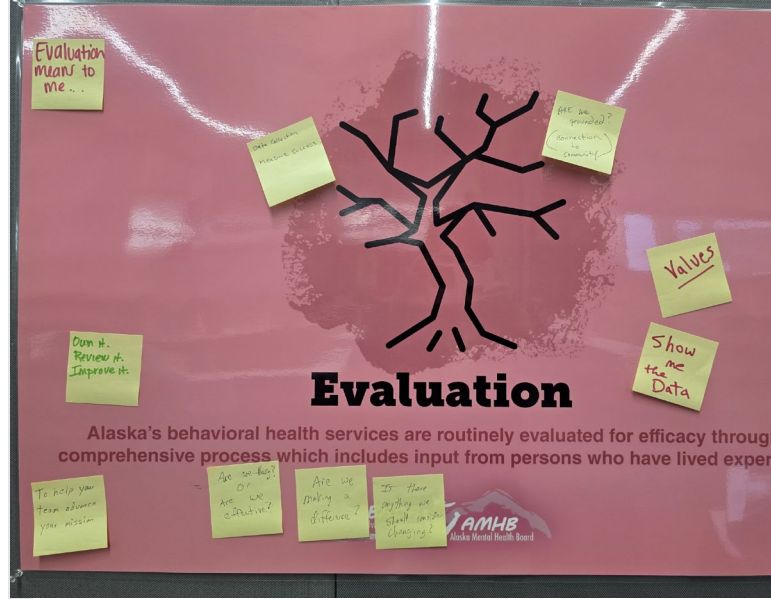


AMHB
Alaska Mental Health Board

Kara Nelson, Chair
Bobby Dorton, Chair Elect
Anthony Cravalho, Secretary
Philip Licht, At Large

Tonie Protzman, Chair
Sam Garcia, Chair Elect
Jen Galvan, Secretary
James Savage, At Large





Charity Lee

Youth and Crisis Planner

Alaska Mental Health Board

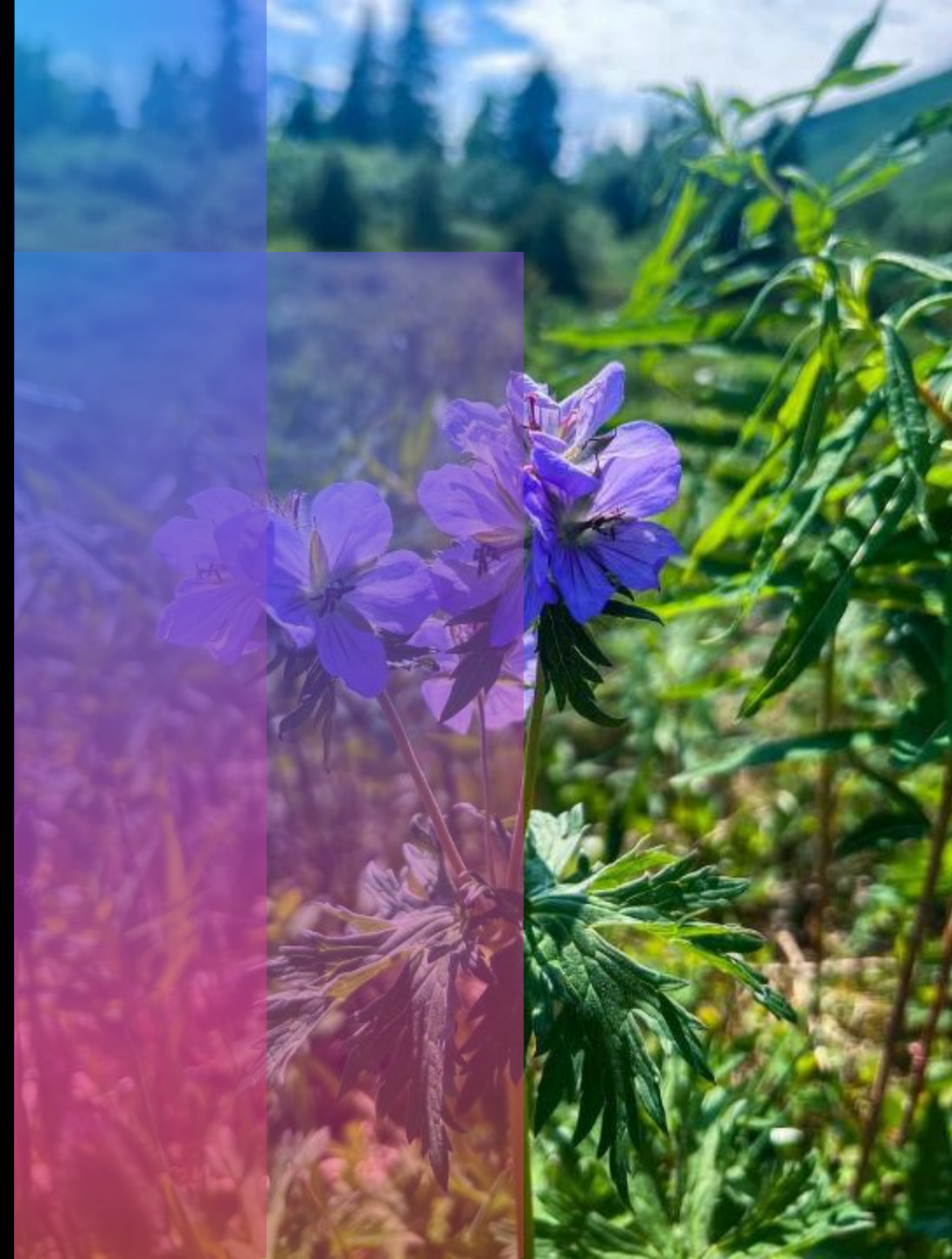
Statewide Suicide Prevention Council

Brief Youth Services Assessment



Youth Work Focus

“Anyone who is out there that is still struggling, remember it is ok to ask for help. You are worthy of love, support, and a brighter future. Your story is still being written, and with every step you take, you have the power to change your narrative. Stand tall, speak up, and know that you are not alone.” –Youth in Ketchikan



Youth Services Assessment

- Purpose
 - RSA of Block Grant funds
 - Youth Empowerment priority area
- Included:
 - Stakeholder Interviews
 - Service and Need Inventory
 - Thematic Analysis
 - Sentiment Analysis
 - Anonymous Community Survey

Empowerment

Alaska's behavioral health services are routinely evaluated for efficacy through a comprehensive process which includes input from persons who have lived experience.

Empowerment means to me...

Reach Back!
Bringing others with you.

Community Solutions
↳ not just regularly scheduled run

Youth engagement
Faith-based engagement

What are you doing to support youth?

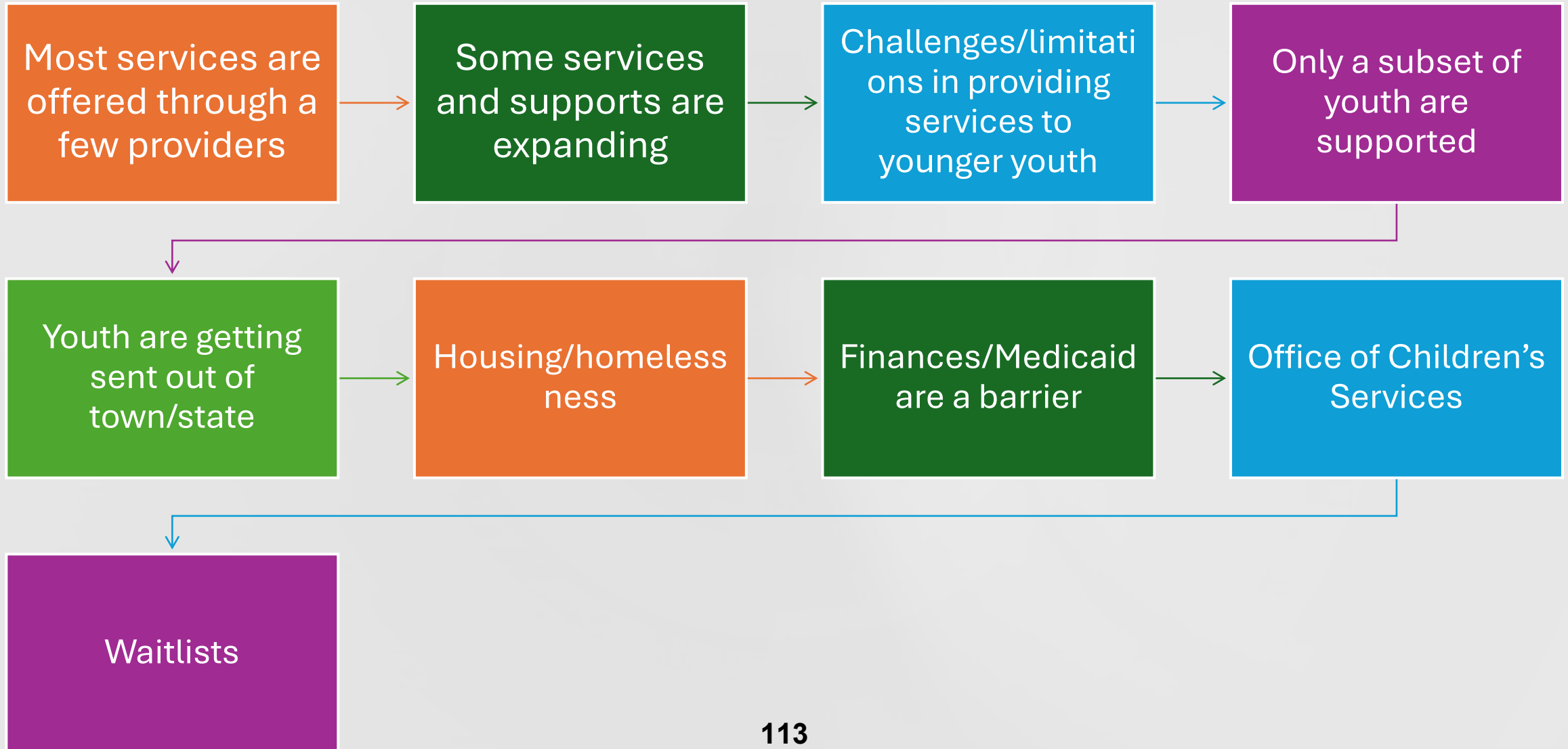
Family & friends

Alaska's Behavioral Health Services

Stakeholder Interviews: Inventory Key Takeaways

- More services identified than service needs:
 - Average of 17 services mentioned per interview
 - Average of 15.5 needs/gaps mentioned per interview
- Most youth services are offered through a few key providers: RYC, Community Connections, Ketchikan Wellness Coalition, Ketchikan Indian Community, School social work team
- Most mentioned barriers/gaps:
 - Housing and waitlists were mentioned by every interviewee
 - 75% of interviewees mentioned:
 - Loss of adult services
 - Crisis stabilization
 - Services outside of Medicaid defined services
 - Transportation

Stakeholder Interviews: Thematic Analysis

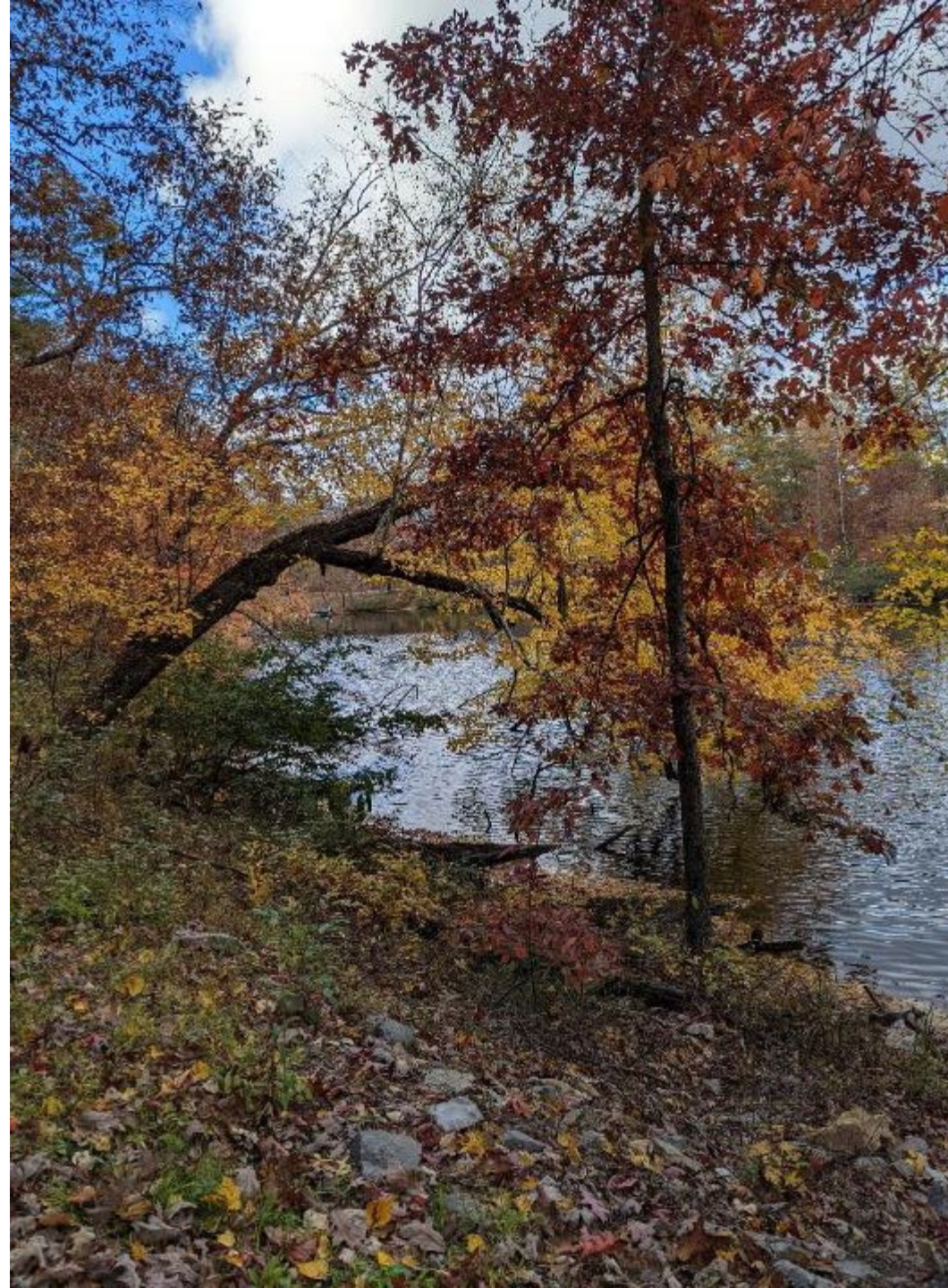




-
- “So I would say anywhere from, like, 11 and under is going to be extremely lacking in services.”
 - “That is where you’re placed (in Peacehealth). They bring in food, and they just house you until the next step can be made to, like, send you to a different facility like Bartlett or North Star, right, for youth.”
 - “Medicaid should be easier...to work with. I think it’s really hard. Private clinicians don’t want to do Medicaid. They don’t get paid...And it’s like if you don’t pay them, they’re not going to provide these services; therefore, an entire section of the population doesn’t get it.”
 - “...but we are at capacity. So when we do our staffing, we know that we’re saying no to 100% of the kids that come in.”

Housing/homelessness

- Frequency:
 - Mentioned 12 times
 - Mentioned in 100% of interviews
- “The state cannot ignore housing because it’s hitting us from both sides. We have families that can’t afford housing, but we also have staff that can’t afford housing. We cannot recruit. We had to turn away two therapists because they couldn’t find housing.”
- “So we had a youth come to us, they’re in a poor situation within their parental home. They can’t continue to stay there, they have nowhere to go, nowhere to get food. They can’t go to the overnight shelters for homeless individuals because they’re (a) youth, and, like, what does that look like?”
- “So a particular story of a 16-year-old female who is suffering with substance misuse...She came into First City Homeless Services and said, “I have nowhere safe to stay. My parents are not safe. I am hungry. I don’t know what to do. If I continue to stay where I am staying, I will continue to have to use my body to pay for that.” There was no place to help her in Ketchikan.”





“When you look at residential beds, in 4 years...we’ve lost 80 beds in Southeast. We’ve lost essentially all of Juneau Youth Services... They (Bartlett’s adolescent unit) were 6 months in...they’re closing. But we’ve lost Crossings, Raven’s Way moved to Juneau and instead of 15 beds is operating at like 12 or something...But the reason they’re being squeezed out is this administrative burden.”

“There was nowhere to go, nowhere to send her to, nowhere to connect her to.”



Stakeholder Interviews: Thematic Analysis of Future Vision

- Themes:
 - Medicaid: Not enough providers take it and it doesn't cover all needed services
 - Care Coordination
 - Sealevel-tied for most mentioned
 - Housing-tied for most mentioned
 - “And so, if we can't get people here because they can't find a place to live, and then our families are struggling for housing, we're just-we're stuck. There's just no way around it.”
 - Food security

Stakeholder Interviews: Sentiment Analysis Key Takeaways

- Accessibility: 43% positive, 57% negative
- Prevention: 62.5% positive, 37.5% negative
- Crisis Services: 62% positive, 38% negative
 - Sharp distinction between interviewees discussing youth with and without access
- State Planning: 26% positive, 74% negative
- Care Coordination: 59.5% positive, 40.5% negative
 - Sharp distinction between interviewees discussing youth with and without access
- Overall Services: 51% positive, 36% negative
 - Sharp distinction again observed



Community Survey

- Limited participation
- Access:
 - Hard to get into services
 - Takes a few weeks to get an appointment
 - Have to go out of the community for care often
- Transitions and Care Coordination: Rated as fair/neutral
- Main barriers:
 - Fear of judgment, having to leave the community for care
- Need more: support, resources/education, and services at all service levels
- Stigma and discomfort accessing services identified



Youth Panel Analysis

“Because there is not a single individual that feels these feelings and doesn’t want to not feel them, and that’s exactly why drug and alcohol issues start...” –Youth in Wasilla

Youth Panel Analysis

- Wasilla:
 - 4/17/24
 - 5 youth participated
 - Themes:
 - Connection (mentioned 19 times)
 - Behavioral health in schools (mentioned 15 times)
 - Education/awareness on mental health and substance use (mentioned 20 times)
 - Boredom (mentioned 5 times)
- Ketchikan
 - 10/2/24
 - 2 youth participated
 - Themes:
 - Connection (mentioned 16 times)
 - Strong adult relationships and support in accessing services (mentioned 9 times)
 - Subthemes: Parental permission, trustworthy and trusting adults
 - The impact of comprehensive integrated services (mentioned 4 times)



- “But enabling youth to help youth I think is going to be what has the most efficacy moving forward.”
- “Thinking about how many more people I could have lost in my high school career if we didn’t have (school counselors) is just heartbreaking.”
- “And I think that’s hugely saddening because it’s already bad enough not to have anybody to talk to, but even if you had that person to talk to, you have to be told that you can go talk to someone to know that you can.”
- “I really think that having a peer that has the ability to walk with a friend or walk with a classmate in these moments are critical.”
- “For example, opioids are not even currently mentioned in our health curriculum and it’s not even a topic that a teacher is allowed to discuss if a student asks about it.”
- “But we have (naloxone) in our schools just in case, but students don’t know about it and don’t know how to use it.”
- “These resources are available, but what is the use of a resource if you don’t know it exists?”
- “They would rather lose their job than lose a student and that has really touched my heart.”
- “And all the burden is taken off of them trying to navigate a system that they are in no way equipped to try to navigate.”

Recommendation and Needed Next Step

- ▶ Evaluative component missing:
 - ▶ Map service loss by region, focusing on youth services
 - ▶ Include comparisons to service need
 - ▶ Identify factors contributing to service loss and examine correlations (administrative burden?)
 - ▶ Provide insights from other state's processes
 - ▶ Develop a list of achievable recommendations for the next 5 years
- ▶ Aligns with previous and existing work
 - ▶ Trust funded AHA report: Child and Adolescent Behavioral Health Improvement Project
 - ▶ Behavioral Health Roadmap Project for Alaska Youth
 - ▶ Current work: TTI Rapid Access Landscape Analysis, CMHI Grant Advisory Committee

WINTER BOARD MEETING



January, 21 2025

Where: Virtual

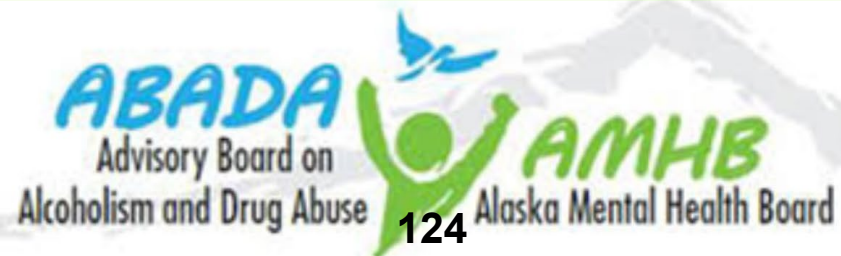
Time: 9:00am -3:00pm

Join by computer:

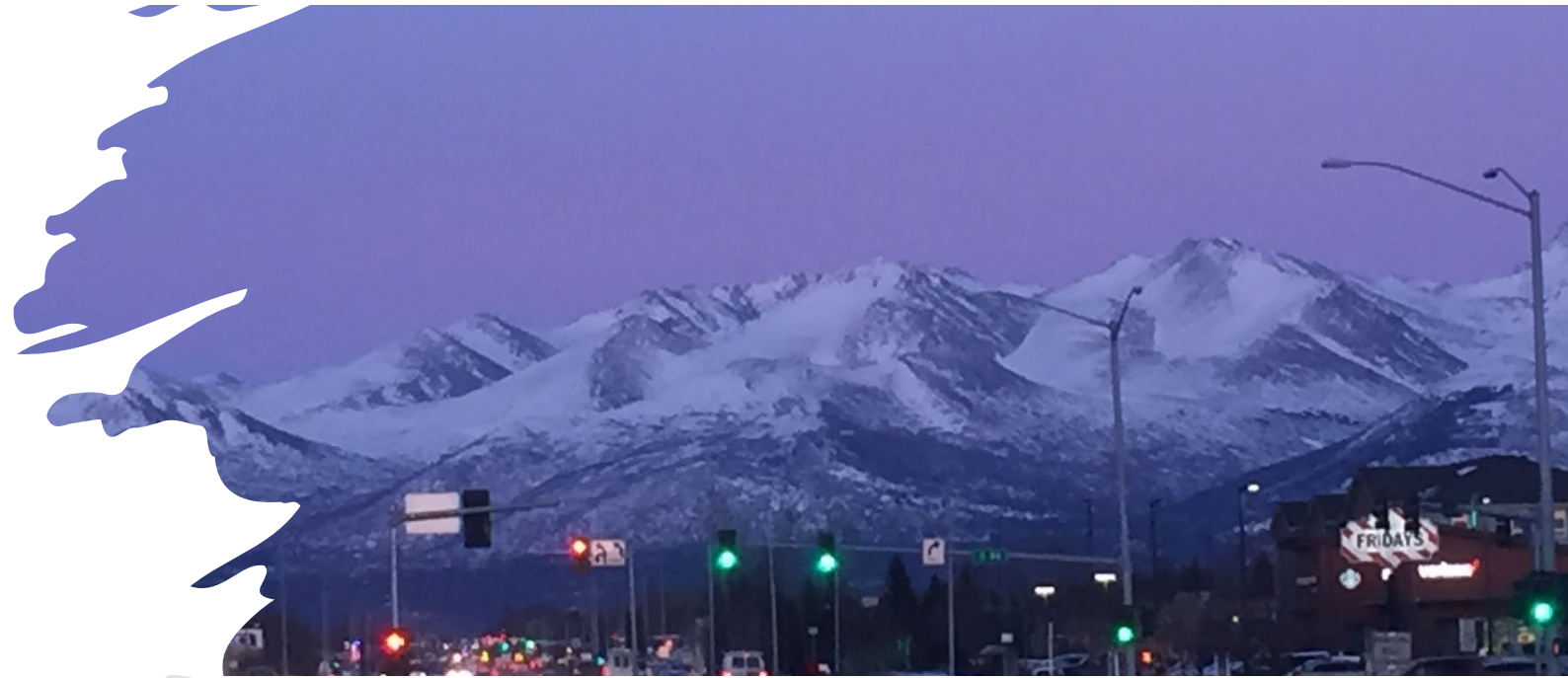
<https://us02web.zoom.us/j/83496185169>

Meeting ID: 834 9618 5169 | Passcode: 861055

Join by phone: 1-833 928 4608



Spring 2025 Meeting Anchorage, AK



ABADA
Advisory Board on
Alcoholism and Drug Abuse



AMHB
Alaska Mental Health Board

APRIL 15-17, 2025



*Statewide Suicide
Prevention Council* 125

APRIL 17-18, 2025



Charity Lee
charity.lee@alaska.gov

Stephanie Hopkins
stephanie.hopkins@alaska.gov

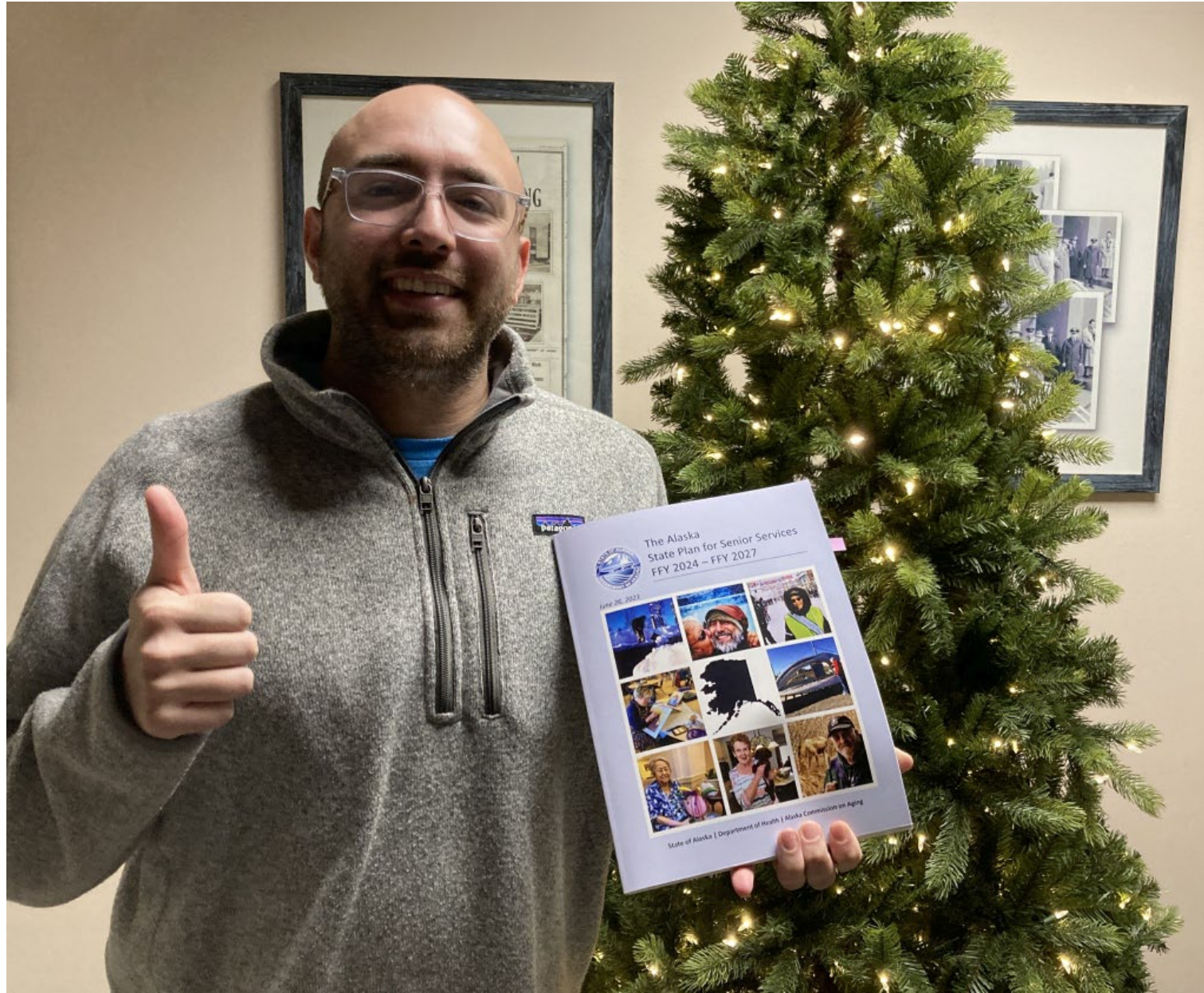


Alaska Commission On Aging

Aging With Dignity And Independence

PRESENTATION TO THE ALASKA MENTAL HEALTH TRUST AUTHORITY

NOVEMBER 14, 2024



Introduction





Senior Snapshot

Teleconferences

Rural Outreach



Legislative Priorities

Final Comments



If you need any resources from the Commission, please contact Yasmin.Radbod@alaska.gov



I would love to meet with each of you, please reach out anytime call or text my work cell: 907-419-4607



Council Report

Jena Crafton, Chair

**Patrick Reinhart,
Executive Director**

**Chelsea Burke,
Planner**

November 13- 14, 2024



Improving Lives Conference

The Alaska
Mental Health
Trust Authority



Recent Event Highlights

August

- ▶ Embracing Abilities

September

- ▶ FASD Breakfast
- ▶ Improving Lives Conference

October

- ▶ Disability and Aging Summit
- ▶ ACT Program Agency Night!
- ▶ IL Conference

November

- ▶ Employment First Conference
- ▶ Work Matters Task Force

Beginning our 5 Year State Plan Process

- ▶ **Public input** and analysis of all data collected
- ▶ Council decide on Values, Goals, Areas of Emphasis
- ▶ Create draft plan
- ▶ Public feedback period
- ▶ Council finalizes state plan
- ▶ Submit state plan- Summer 2026

**Public Input collected
at Community Forums
In person/Virtual
across AK**



5 Year Plan- Community Forums

Community forums will begin in early 2025. Ideally completed by Summer, however, may wrap up in fall 2025



- ▶ Anchorage
- ▶ Eagle River
- ▶ Matsu
- ▶ Homer
- ▶ Kodiak
- ▶ Kotzebue
- ▶ Bethel
- ▶ Ketchikan
- ▶ Sitka
- ▶ Juneau
- ▶ Cordova
- ▶ Kenai/Soldotna
- ▶ Fairbanks

Employment Events



EMPLOYMENT
FIRST CONFERENCE

November 6th,
2024

#NDEAM
dol.gov/odep



Dena'ina Civic & Convention Center, Anchorage, Alaska

The Employment First Conference is for **business owners and managers**. Come network with other employers and agencies and gain information on how to manage your business's culture and growth with employment and hiring practices that are effective today in the changing workforce of Alaska.

This one day conference focusing on **diversity and workplace culture** for business is complete with presentations and resources on topics including:

- utilizing untapped labor pools
- workplace accommodations
- artificial intelligence in the workplace
- mental health in the workplace
- tax incentives
- and local business owners experience to successful business growth
- universal design

Visit EmploymentFirstAlaska.com for more information!

Access to Good Jobs for All

National Disability Employment Awareness Month

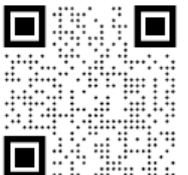
Hosted by:



Sponsored by:



Scan QR Code to
Register Now!



Disability Innovation Fund DIF/DEED Grant

- ▶ Disability Innovation Fund DIF/DEED Grant Council Employment Committee – 5 Year/\$10 M

Some of the programs supported by this grant:

- ▶ **SILC** – Youth Leadership Forum, Youth RISE (Ready in Safety and Emergency Management)
- ▶ **SAIL** – RecWORKS Southeast and RecWORKS Kenai Peninsula!
- ▶ **UAA CHD** – Alaska Native Post Secondary Transition Skills, DB 101 School and Youth Calculator, Tapestry
- ▶ **GCDSE** – Project SEARCH, Peer Power School Outreach
 - ▶ APIA Career Fair in Dutch Harbor, Unalaska

Recruiting for the DIF Grant Advisory Committee – currently 11 members, but **needs students**



Project SEARCH

Project SEARCH Current 2024-2025 Interns

- ▶ Anchorage Providence Medical Center: 6 Interns
- ▶ Fairbanks Memorial Hospital: 6 Interns
- ▶ Mat Su Regional Medical Center: 4 Interns



Project | SEARCH®
ALASKA



Microenterprise Grant Committee

- ▶ Support self-employment for Alaska Mental Health Trust Beneficiaries
- ▶ We need volunteers to review and provide recommendations on Microenterprise Grant Applications.
- ▶ Grant Applications are processed 2x per year
- ▶ Most Recent Application Period:
 - ▶ 9 applicants – 1 TBI/MI, 1 DD, 4 MI, 1 MI/Addiction, 1 DD/MI, 1 TBI
- ▶ **\$39 K requested, application reviews October 24/25, 2024**

NEXT APPLICATION DEADLINE

Spring 2025

Feature Microenterprise Grantee

EVERY SKAGGS; Abstract Expressionist Painter

Avery is an Alaskan artist and has been painting with his fingers all his life. He has had 7 solo exhibitions and has 2 upcoming shows in 2021. His pieces have been in numerous group shows both in Alaska and the Lower 48.

Each week, Avery spends 4-5 days creating with the help of staff members. With his support staff, he simultaneously works on about 10 pieces at a time, letting layers dry and selecting new colors.

Being non-verbal, Avery's art is a crucial form of his communicative repertoire. All of us who work as Avery's support staff strive to give him the opportunity to explore different mediums and styles with which to express himself. All of the original pieces are acrylic paint applied by Avery's hands on wood, unless stated otherwise.

► Written by Averyl Veliz, Avery's agent



EVERY ART

Products...

Products HOME: Disability & Creativity in a Pandemic Lockdown Original Paintings Sketchbooks & Journals

Totes & Cases Face Coverings Headbands & Scarves Leggings Home Decor



Division of Vocational Rehabilitation

- ▶ **1,947** individuals with disabilities received services
- ▶ **\$3,385,266** was spent on services to individuals in the VR program
- ▶ **320 individuals exited the VR program employed**
 - \$19.98 was the average hourly wage
- ▶ 50 students with disabilities received services from the VR program
- ▶ \$113,732 was spent on Pre-Employment Transition Services from the VR program

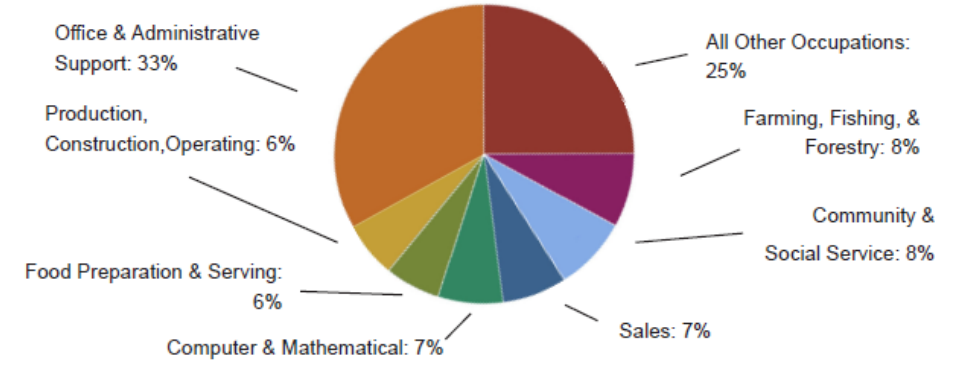
Potentially Eligible (PE) Students with a Disability Highlights

- ▶ 1,399 students with disabilities received services from the PE transition program
- ▶ 85 Alaskan cities hosted PE programs and 80% of them were held in rural Alaska
- ▶ \$1,599,051 was spent on Pre-Employment Transition Services from the PE program

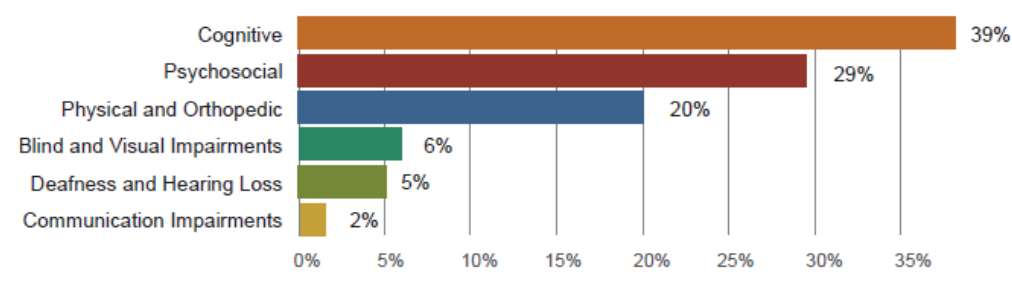
Disability Types (% includes all disabilities per participant)

- ▶ 35% Cognitive
- ▶ 35% Psychosocial
- ▶ 22% Physical and Orthopedic
- ▶ 4% Deafness/Hearing Loss
- ▶ 2% Blindness/Visual Impairment
- ▶ 2% Communication Impairment

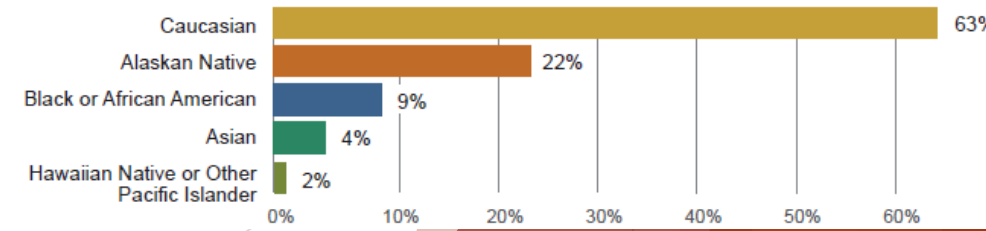
SFY 2023 Occupations of DVR Participants after Exiting the Program



Disabilities of DVR Participants SFY 2023



DVR Participants by Race SFY 2023



Community Inclusion Supports and Services (CISS) Committee

- ▶ Committee finalized revisions to Years 4 and 5 of the Workplan, FY25 and FY26
- ▶ Supporting Shared Vision 2.0 workgroups- passion to actualize the shared vision
 - ▶ Providing staff/council members to each of the 3 workgroups

CISS Committee Year 4 (FY25) Priorities



Focus on Housing activities

Goal of creating a PSA related to Housing for IDD



Creating Educational opportunities around understanding the waivers/waiver process

Are Prisons the new DD Institutions?

Olmstead v. L.C., held that unjustified segregation of people with disabilities in institutional settings constituted discrimination in violation of the Americans with Disabilities Act, or ADA.

- ▶ Nationwide overrepresentation of incarcerated individuals with developmental disabilities.

“Orange is the new asylum”

Becky Crow/Christine Drew| National Library of Medicine

Are Prisons the new DD Institutions? (cont. 1)

TABLE 1
Prevalence of disabilities among all state and federal prisoners, 2016

| Disability | All state and federal prisoners | |
|---|---------------------------------|----------------|
| | Percent | Standard error |
| Any disability ^a | 38.4% | 0.65% |
| Cognitive | 22.8 | 0.44 |
| Ambulatory | 11.5 | 0.42 |
| Vision | 11.4 | 0.39 |
| Told had an attention deficit disorder ^b | 24.4% | 0.51% |
| Ever attended special education classes | 23.8% | 0.47% |
| Told had a learning disability ^c | 14.1% | 0.36% |

Are Prisons the new DD Institutions? (cont. 2)

- ▶ 40% of people in state prisons have a disability.
- ▶ 23% of people on probation or parole have a disability.
 - ▶ Alaska--25% of Reentrants in the Fairbanks Economic Region have a Developmental Disability.
- ▶ Disabilities such as autism, Down syndrome, and learning disorders impact about 1/4 of incarcerated people, visual, hearing, and ambulatory disabilities are common.
- ▶ 25% of state prison inmates report a history of taking special education classes.
 - ▶ 46% of state prisons do not offer any special education classes.

SDS Registry / Waitlist #s (as of 10/2024)

- ▶ **IDD Registry Only:** 329 individuals, 300 on or offered ISW
- ▶ **IDD & ISW Registries:** 110 individuals
- ▶ **ISW Registry Only:** 10 individuals
- ▶ **Enrolled with the different waivers:** 2,105 on or offered IDD waiver, 575 on or offered ISW waiver
- ▶ **FY 2024 draws:** 22 people drawn for IDD waiver, 50 people for ISW.

Interagency Coordinating Council (ICC)/Infant Learning Program (ILP) Update

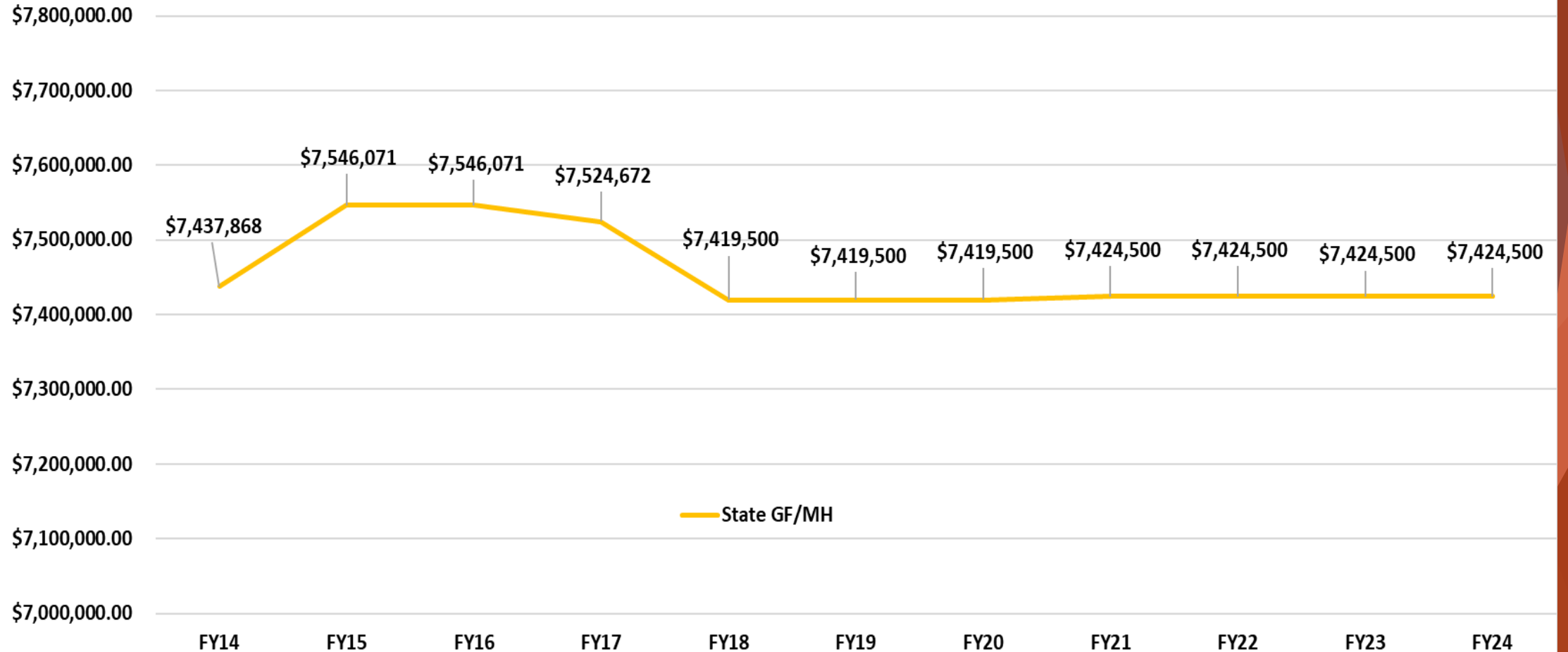
Funding concerns

- ▶ Flat funded for 11 years
- ▶ With inflation (see next slides) equals roughly a 26% cut in funding for ILP across the state.
- ▶ ILP is Federally mandated to serve all children who qualify
 - ▶ Fewer funds =
 - ▶ Less money to pay professionals to perform services =
 - ▶ Able to see children less often =

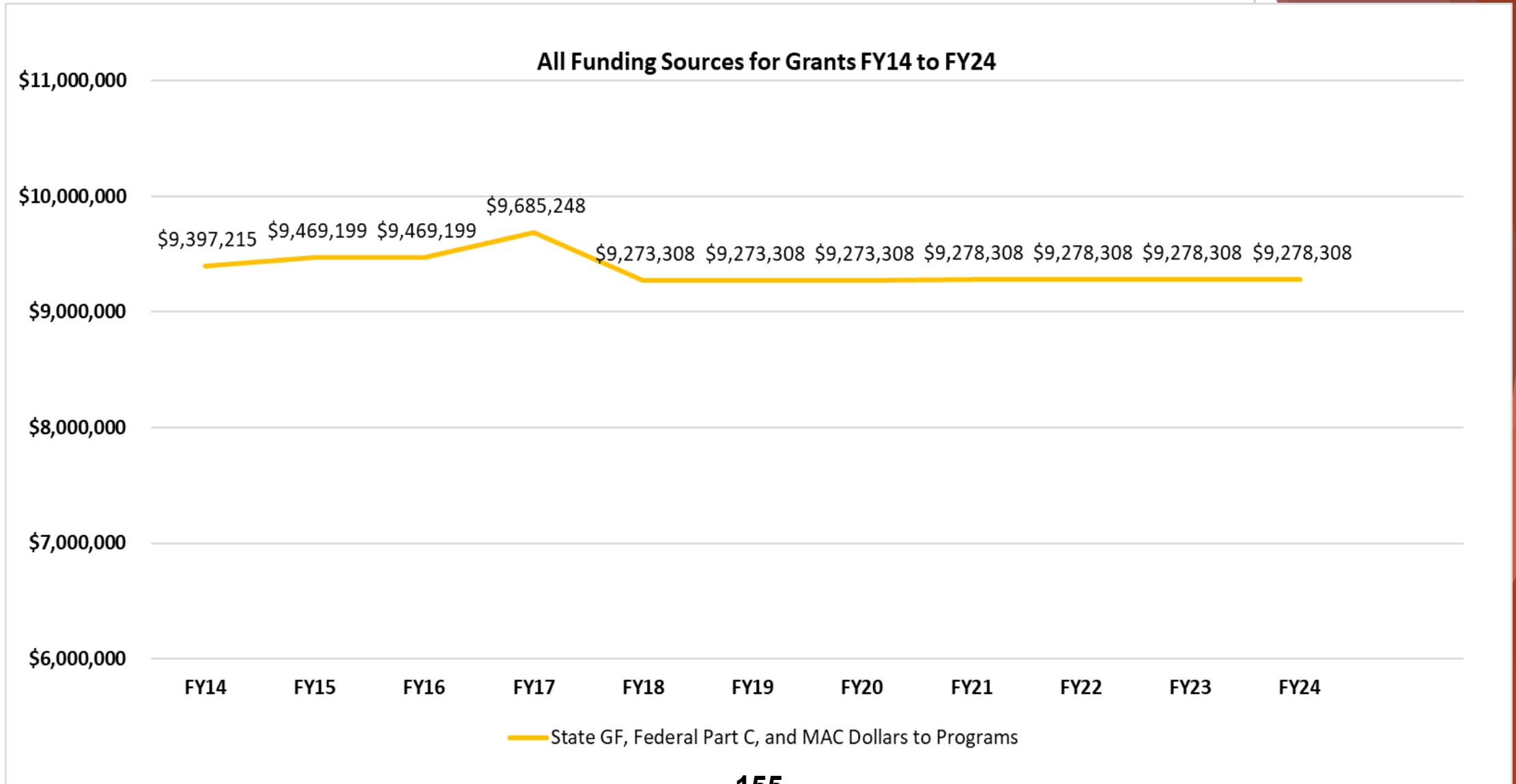
CHILDREN NOT GETTING WHAT THEY NEED TO SUCCEED

ICC/ ILP Update

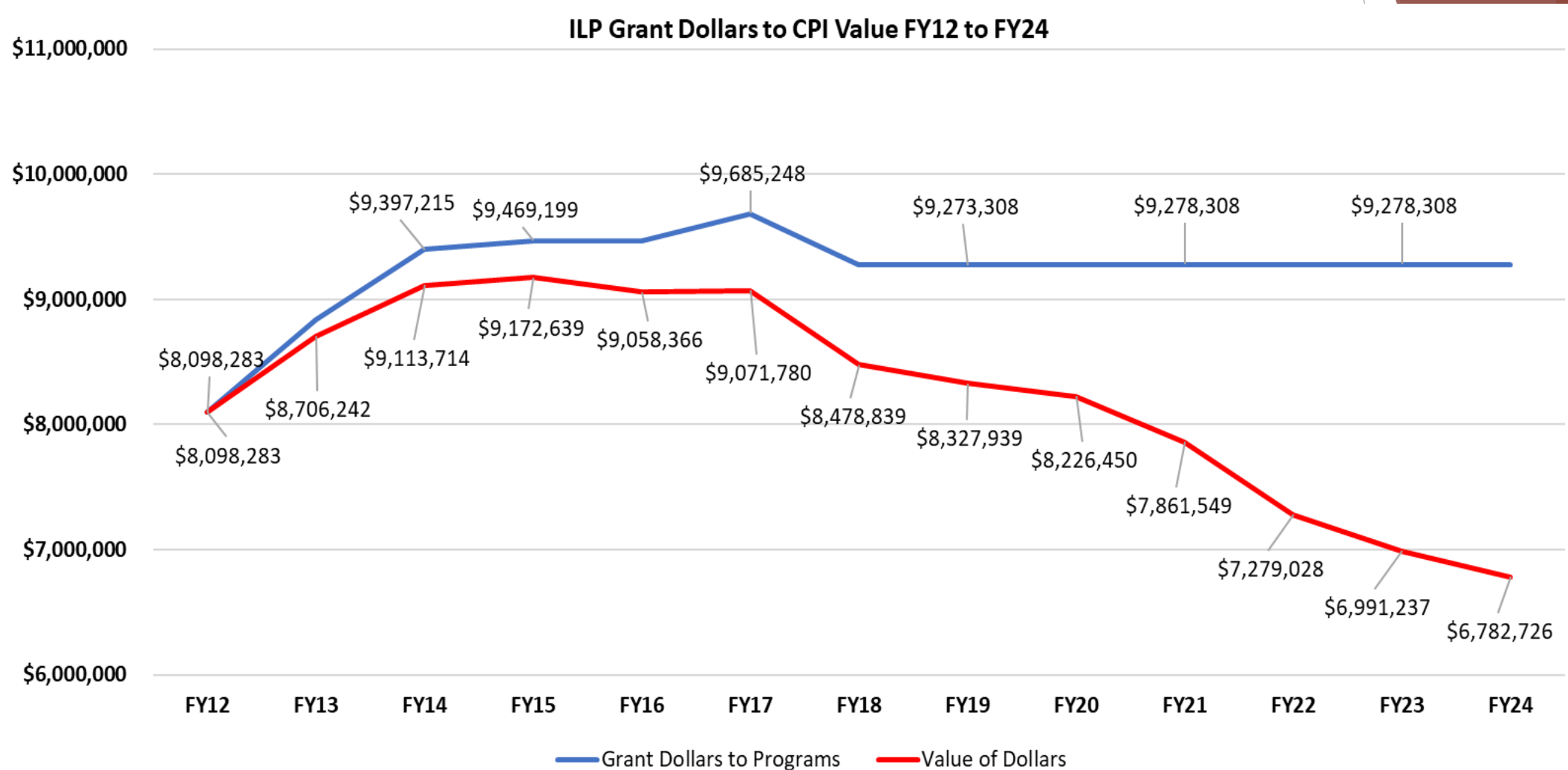
ILP State GF Grant Dollars FY14 to FY24



ICC/ ILP Update (cont. 1)



ICC/ ILP Update (cont. 2)



ICC/ ILP Update (cont. 3)

- ▶ Requesting roughly \$3 million increase for ILP to “make whole” from 11 years of flat funding.
- ▶ Introduce expansion report and plans
- ▶ Monthly ICC subcommittee meetings and weekly subcommittee leadership meetings to prepare request

Link to report:

- ▶ https://health.alaska.gov/gcdse/SiteAssets/Pages/default/Accessible_Alaska_ILP_PartC_report_final.pdf

Special Education Advisory Panel (SEAP) Update

- ▶ Monitoring progress of corrections from OSEP Part B audit of DEED in 2022 (FY23).
 - ▶ **Findings in the following areas**
 - ▶ District monitoring
 - ▶ Early childhood transitions
 - ▶ Grant monitoring and notifications
 - ▶ Dispute resolution and Mediation timelines
 - ▶ State Advisory Panel (SEAP) makeup
- ▶ Corrections have been made – awaiting OSEP response.

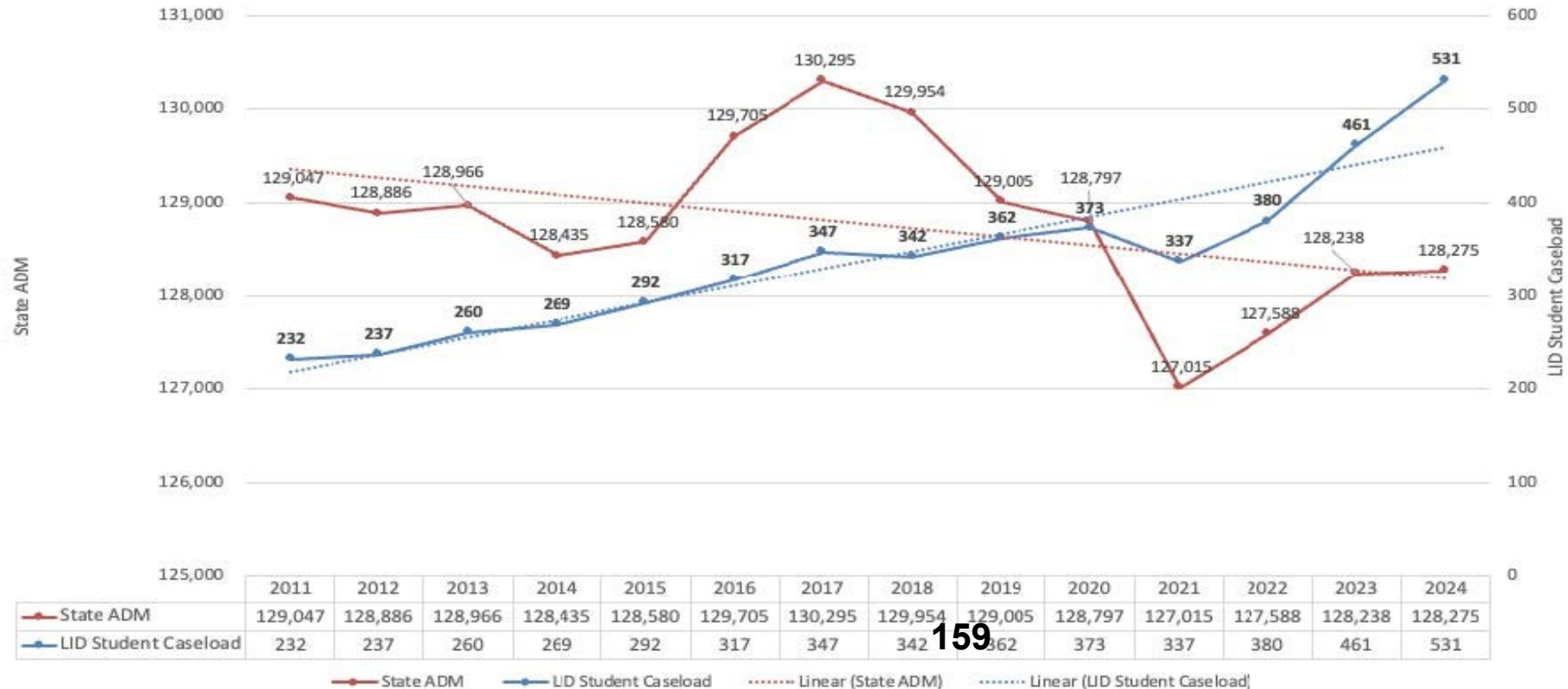
Full report can be viewed here:

- ▶ <https://education.alaska.gov/tls/sped/pdf/dms-ak-b-2023-report-final-09-25-2023.pdf>

Special Education Service Agency (SESA) Update

- ▶ LID Program Revenue Concerns
- ▶ SESA funding is based on Alaska's Average Daily Membership (ADM)
- ▶ Alaska's ADM is falling

State Average Daily Membership (ADM) vs. Low Incidence Disabilities (LID) Student Caseload
10 Year History



SESA

- ▶ Concurrently, the LID program enrollment has increased by 16% over the last 3 FYs



SESA Update (cont.)

- ▶ SESA FTEs for education specialists: 13.8
 - ▶ Maximum caseload per specialist to effectively serve students: 40
 - ▶ Maximum LID enrollment based on current FTEs and caseload: 550
 - ▶ Current number of students enrolled in LID program (end FY23 school year) 461
- ▶ At current rate of annual LID enrollment growth (16%) maximum caseloads will be exceeded in FY26
- ▶ SESA current funding level: ADM x \$23.13
 - ▶ Rate does not allow addition of FTEs to serve projected growth while maintaining competitive salaries.
 - ▶ Waitlist
- ▶ SESA board passed resolution to ask for increase to formula
 - ▶ ADM x \$26.89

Self-Advocacy and Leadership (SAL)

- ▶ **New Co-Chair**
 - ▶ Garrett Dominik (Self Advocate) and Christine Bohan (Parent)
- ▶ **Presentations**
 - ▶ Hopes, Dreams, and Dignity of Risk sy Improving Lives Conference
 - ▶ Self-Advocacy Panel: I Have Rights at Disability and Aging Summit



2025 Legislative Priorities - Early Look

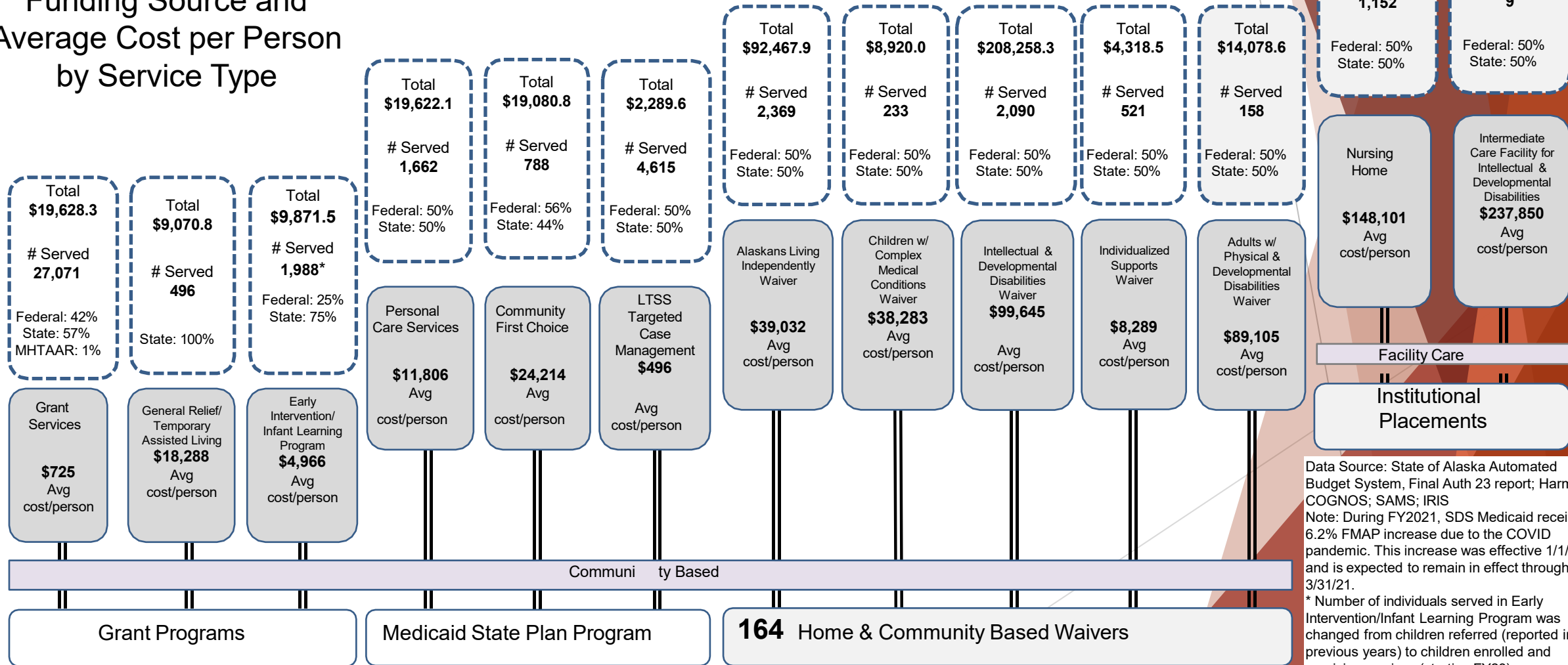
- ▶ Deaf and Hard of Hearing Bill of Rights
- ▶ Adult Changing Tables
- ▶ ILP Program Funding Increase
- ▶ SESA Funding Formula

State of Alaska Continuum of Care

Senior and Disabilities Services

SFY 2023 Costs by Funding Source and Average Cost per Person by Service Type

| Grant Services | Medicaid State Plan Programs | Home & Community Based Waivers | Institutional Placements | Total Costs | Total # Served (Duplicated Counts Across some Service Types) |
|----------------|------------------------------|--------------------------------|--------------------------|-------------|--|
| \$38,570.6 | \$40,992.4 | \$328,043.3 | \$172,752.9 | \$580,359.2 | 37,423 |



Data Source: State of Alaska Automated Budget System, Final Auth 23 report; Harmony; COGNOS; SAMS; IRIS
 Note: During FY2021, SDS Medicaid received a 6.2% FMAP increase due to the COVID pandemic. This increase was effective 1/1/20 and is expected to remain in effect through 3/31/21.
 * Number of individuals served in Early Intervention/Infant Learning Program was changed from children referred (reported in previous years) to children enrolled and receiving services (starting FY23).

Cost of Institutional Care without Home and Community Based Waiver Services Options

SFY 2023 Costs by Funding Source and Average Cost per Person by Service Type (based on FY 2023 Final Auth Report and number of people for whom payments were made during FY 2023)

Home & Community Based Waivers

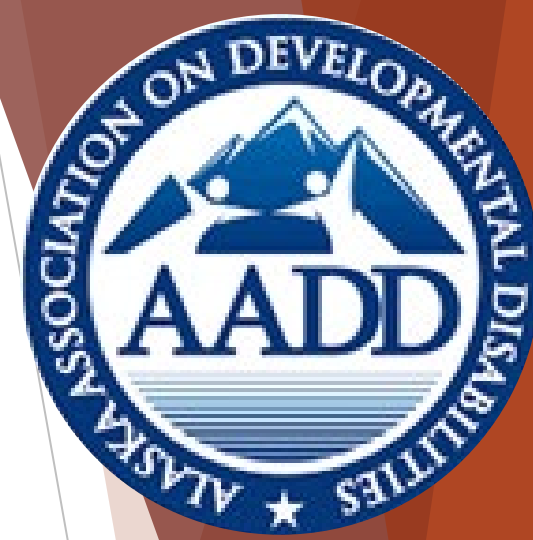
| Program | # served | Avg cost per person | Total costs |
|--------------------------|--------------|---------------------|----------------------|
| ALI Waiver | 2,369 | \$39,032 | \$92,467,947 |
| APDD Waiver | 158 | \$89,105 | \$14,078,594 |
| CCMC Waiver | 233 | \$38,283 | \$8,920,002 |
| IDD Waiver | 2,090 | \$99,645 | \$208,258,253 |
| ISW Waiver | 521 | \$8,289 | \$4,318,481 |
| TOTAL HCB Waivers | 5,276 | | \$328,043,276 |

Institutional Placements

| Program | # served | Avg cost per person | Total costs |
|---|--------------|---------------------|----------------------|
| Nursing Home | 1,152 | \$148,101 | \$170,612,264 |
| ICF/IID | 9 | \$237,850 | \$2,140,648 |
| TOTAL Institutional Placements | 1,161 | | \$172,752,912 |
| TOTAL HCB Waivers and Institutional Placements | | | \$500,796,188 |

| Institutional Placements if no HCB Waiver services existed FY2023 | # served | Total cost based on average cost per person for NH and ICF/IID services |
|---|------------|---|
| Nursing Home + ALI, APDD and CCMC Waiver service recipients | 3,742 | \$554,193,658 |
| ICF/IID + IDD and ISW Waiver service recipients | 2,557 | \$608,181,839 |
| TOTAL if HCB Waivers did not exist and individuals eligible for Nursing home or ICF/IID care received services in Institutional Placements (ICF/IID is based on current out of state placement). | 165 | \$1,162,375,497 |

Alaska Association on Developmental Disabilities (AADD)



- ▶ **AADD Fall Meeting October 15-16:** 84 people attended, presentations included keynote by nationally-recognized provider GoodLife Innovations about using technology combined with outside-the-box staffing patterns to address workforce shortages and improve retention.
- ▶ **GoodLife Innovations Pilot:** AADD is coordinating a pilot with five provider organizations; pilot includes an organizational assessment, customized recommendations and implementation of a plan based on GoodLife's workforce strategies.
- ▶ **Employment Systems Retreat October 17:** 32 people including the leaders of SDS, DVR and the Governor's Council and 10 DD employment services providers. Prioritized system barriers specific to Medicaid waivers and DVR that impact beneficiary employment opportunities.
- ▶ **Medicaid Rate Survey October 11-December 13:** AADD is hosting work sessions to support providers to complete survey that will inform current rate reform work.

Upcoming Council Meetings and Events

Reducing Recidivism & Reentry Conference, Nov 18-19, 2024

- ▶ Location: Sheraton in Anchorage –Trust Sponsored

Winter Council Meeting, Feb 10 – 13, 2025

- ▶ Location: State Office Building in Juneau

Key Campaign Fly-in, March 18-19, 2025

- ▶ Location: Juneau

Spring Council Meeting, May 2025 (TBD)

- ▶ Location: Atwood in Anchorage

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Disabilities and
Special Education**
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Anchorage, Alaska 99501
Phone: (907) 269-8990
Cell: (907) 727-6610



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



Questions?

Approvals

To: Brent Fisher, Chair of the Board of Trustees
Date: November 13, 2024
Re: Authority Grant Approval Memos

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 14 grant proposals that are recommended by Trust staff for approval by the Board of Trustees. This memo also includes 1 contract, and 2 amendments for existing authority grants for approval.

These requests have been evaluated by Trust program staff and a memo has been prepared that contains the grant 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.

| Focus Area Allocations | | | | | |
|-------------------------------|---|---|-------------------------------|--------------------------|---------------|
| | Proposed Motion | Budget Fund Source | Project Title | Organization | Page # |
| 1 | The Board of Trustees approve a \$850,000 FY25 Mental Health & Addiction Intervention authority grant allocation to Anchorage Community Mental Health Services, Inc dba Alaska Behavioral Health for the Fairbanks Mobile Crisis Team. These funds will come from the Crisis Continuum of Care line of the FY25 budget. | Focus Area – Mental Health & Addiction Intervention | Fairbanks Mobile Crisis Team | Alaska Behavioral Health | 174 |
| 2 | The Board of Trustees approve a \$850,000 FY25 Mental Health & Addiction Intervention allocation to True North Recovery, Inc. for the Mobile Crisis Team Year Three project. These funds will come from the Crisis Continuum of Care line of the FY25 budget. | Focus Area – Mental Health & Addiction Intervention | Mobile Crisis Team Year Three | True North Recovery | 179 |

| | | | | | |
|---|---|---|--|---|------------|
| 3 | The Board of Trustees approve a \$400,000 FY25 Early Childhood Intervention and Prevention authority grant allocation to the Alaska Impact Alliance for the FY25 Reimagining Child Welfare Project. These funds will come from the Foster Care and Child Welfare Systems Improvements line of the FY25 budget. | Focus Area/Priority Area– Early Childhood Intervention & Prevention | Reimaging Child Welfare in Alaska FY25 | Alaska Impact Alliance | 186 |
| 4 | The Board of Trustees approve a \$350,000 FY25 Housing & Home and Community Based Services Focus Area Allocation to Kenai Peninsula Housing Initiatives, Inc. for the Rainbow Flats & Eagle Heights project. These funds will come from the Supportive Housing Projects line of the FY25 budget. | Focus Area – Housing & Home and Community Based Services | Rainbow Flats & Eagle Heights | Kenai Peninsula Housing Initiatives, Inc. | 192 |
| 5 | The Board of Trustees approve a \$136,000 FY25 Mental Health & Addiction Intervention allocation to Covenant House Alaska for the Building Capacity for Crisis Intervention and Behavioral Health Support project. These funds will come from the Treatment Access and Recovery Supports line of the FY25 budget. | Focus Area – Mental Health & Addiction Intervention | Building Capacity for Crisis Intervention and Behavioral Health Support at Covenant House Alaska | Covenant House Alaska | 202 |
| 6 | The Board of Trustees approve a \$55,353.48 FY25 Early Childhood Intervention and Prevention authority grant allocation to the Rural Alaska Community Action Program Inc. for the FY25 Mental Health Consultation Project. These funds will come from the Infant & Early Childhood Mental Health Capacity Building line of the FY25 budget. | Focus Area/Priority Area– Early Childhood Intervention & Prevention | Mental Health Consultation Project | Rural Alaska Community Action Program, Inc. | 208 |
| 7 | The Board of Trustees approve a \$49,000 FY25 Early Childhood Intervention and Prevention authority grant allocation to New Life Development, Inc. for the Safe Families Project. These funds will come from the Improve Social Determinants of Health for Families and Young Children line of the FY25 budget. | Focus Area/Priority Area– Early Childhood Intervention & Prevention | Safe Families Project | New Life Development, Inc. | 214 |

| Partnership Grant Requests | | | | | |
|-----------------------------------|---|---------------------------|---|---|---------------|
| | Proposed Motion | Budget Fund Source | Project Title | Organization | Page # |
| 8 | The Board of Trustees approve a \$100,000 FY25 Partnership grant to Christian Health Associates for the Anchorage Project Access Pro Bono Counseling Program. These funds will come from the Partnerships/Designated Grants line of the FY25 budget. | Partnership Grant | Anchorage Project Access Pro Bono Counseling Program | Christian Health Associates | 221 |
| 9 | The Board of Trustees approve a \$75,000 FY25 Partnership grant to MapHabit, Inc. for the Expanded MapHabit Pilot Project. These funds will come from the Partnerships/Designated Grants line of the FY25 budget. | Partnership Grant | Expanded MapHabit Pilot Project | MapHabit, Inc. | 227 |
| 10 | The Board of Trustees approve a \$67,000 FY25 Partnership grant to United Nonprofits LLC for the United Nonprofits Boiler Replacement project. These funds will come from the Partnerships/Designated Grants line of the FY25 budget. | Partnership Grant | United Nonprofits Boiler Replacement | United Nonprofits, LLC | 232 |
| 11 | The Board of Trustees approve a \$46,000 FY25 Partnership grant to JAMHI Health & Wellness, Inc. for the SHARP Contracts at JAMHI - Continued project. These funds will come from the Partnerships/Designated Grants line of the FY25 budget. | Partnership Grant | SHARP Contracts at JAMHI - Continued | JAMHI Health & Wellness, Inc. | 236 |
| 12 | The Board of Trustees approve a \$27,000 FY25 Partnership grant to Kodiak Island Health Care Foundation dba Kodiak Community Health Center for the KCHC Behavioral Health Provider Recruitment. These funds will come from the Partnerships/Designated Grants line of the FY25 budget. | Partnership Grant | KCHC Behavioral Health Provider Recruitment | Kodiak Island Health Care Foundation dba Kodiak Community Health Center | 240 |
| 13 | The Board of Trustees approve a \$25,000 FY25 Partnership grant to the Alaska Association on Developmental Disabilities for the Strengthening Services by Sharing Stories of Lived Experience project. These funds will come from the Partnerships/Designated Grants line of the FY25 budget. | Partnership Grant | Strengthening Services by Sharing Stories of Lived Experience | Alaska Association on Developmental Disabilities | 244 |

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|----|--|-------------------|--------------------------------------|-------------------------|------------|
| 14 | The Board of Trustees approve a \$2,500 FY25 Partnership grant to the Alaska Children's Trust for the Alaska Out-of-School Time Conference. These funds will come from the Partnerships/Designated Grants line of the FY25 budget. | Partnership Grant | Alaska Out-of-School Time Conference | Alaska Children's Trust | 249 |
|----|--|-------------------|--------------------------------------|-------------------------|------------|

Other approvals (amendments, contracts, etc.)

| Proposed Motion | | Budget Fund Source | Project Title | Organization | Page # |
|------------------------|---|---------------------------|---|---------------------------------|---------------|
| 15 | The Board of Trustees approves an amount not to exceed \$250,000 for a contract for the evaluation of operations of Alaskan Intellectual and Developmental Disability provider organizations. These funds will come from the FY25 Comprehensive Program Planning & Consultative Services budget line of the Non-Focus Area section of the budget. | Non-Focus Area Allocation | Evaluation of IDD Provider Organizations Function | TBD | 254 |
| 16 | The Board of Trustees approve a change of project description for the FY21 Crisis Continuum – Crisis Stabilization project with Southcentral Foundation. The project scope will be updated to allow Southcentral Foundation to use the funds approved for design work for the new Behavioral Health Expansion building. | Grant Amendment | Crisis Continuum-Crisis Stabilization (FY21) | Southcentral Foundation | 258 |
| 17 | The Board of Trustees approve a budget amendment for the FY23 Mobile Integrated Village Health grant with the Copper River Native Association. | Grant Amendment | Mobile Integrated Village Health (FY23) | Copper River Native Association | 266 |

MEMO

To: Board of Trustees
Date: November 13, 2024
Re: FY25 Authority Grant Request – Mental Health & Addiction Intervention
Fund Source: FY25 Crisis Continuum of Care (Page 5, Line 19)
Amount: \$850,000.00
Grantee: Anchorage Community Mental Health Services, Inc dba Alaska Behavioral Health
Grant Term: January 1, 2025 to December 31, 2025
Project Title: Fairbanks Mobile Crisis Team

REQUESTED MOTION:

The Board of Trustees approve a \$850,000 FY25 Mental Health & Addiction Intervention authority grant allocation to Anchorage Community Mental Health Services, Inc dba Alaska Behavioral Health for the Fairbanks Mobile Crisis Team. These funds will come from the Crisis Continuum of Care line of the FY25 budget.

Assigned Program Staff: Eric Boyer

STAFF ANALYSIS

Alaska Behavioral Health (AKBH) requests \$850,000.00 to fund the continuing operations of the 24/7, 365 days year mobile crisis team (MCT) based in the Fairbanks region. This is the fourth year of a planned five-year MCT funding support for AKBH. Year four of operational funding will continue to build on the relationships with the Alaska State troopers as Alaska Behavioral Health Services expands as MCT response outside of the Fairbanks area including the jurisdiction of North Pole.

Improving the sustainability of MCTs continues to be a priority of the Trust and our partners. Deputy Commissioner Emily Ricci presented on DOH's Medicaid Rate Methodology review at October's Program and Planning Committee meeting. She shared that the mobile crisis teams and mobile crisis team follow-up rates are included in the review. DC Ricci also noted that their contractor, Guidehouse, will submit their results and rate modeling report in July 2025. It is hoped that this work will bring the reimbursement for MCT work in alignment with the actual cost of providing this service.

The MCT responded to 744 Trust beneficiaries out in the community and successfully stabilized 85% of them, which lowers the utilization of the emergency room and jail in the continuum of care. Fairbank's 911 operator dispatches the MCT, which works with Trust beneficiaries to stabilize them in

the community. Only 2% of the calls required a law enforcement resolution. Prior to the operation of the AKBH MCT, 100% of 911 dispatch calls involved law enforcement and emergency responders.

This project is recommended for funding as it aligns with the Mental Health and Addiction Intervention focus area, and enhances support for Trust beneficiaries in a mental health crisis.

COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|---------------------------|-------------------------------|----------|
| Goal 5 Suicide Prevention | 5.2 Crisis system improvement | |

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

Individuals experiencing a crisis require timely and appropriate care tailored to their specific needs. To establish a comprehensive crisis care system, it is essential to have a crisis call center, a mobile crisis team, and a crisis response center, which collectively facilitate multiple intervention opportunities at varying levels of care. This grant specifically seeks funding to sustain one component of the behavioral health crisis care system: the mobile crisis team. This team delivers crisis services to residents of the Fairbank’s region in their homes, workplaces, or other community-based locations. Key functions of the team include triage and screening, assessment, de-escalation and resolution, peer support, coordination with medical and behavioral services, collaboration with families and natural supports, information and referrals, appropriate transportation, and crisis planning and follow-up. Additionally, the mobile crisis team addresses recovery needs and provides trauma-informed care with a strong emphasis on suicide prevention.

The Fairbanks Mobile Crisis Team delivers essential crisis services to individuals in need, including those diagnosed with mental health conditions such as schizophrenia, delusional disorder, mood disorders, anxiety disorders, somatoform disorders, personality disorders, dissociative disorders, and other severe and persistent mental health challenges. The team also supports beneficiaries who struggle with chronic alcohol misuse, and experience psychosis. As outlined in the Alaska Statutes, the mobile crisis team, funded by The Trust, prioritizes service delivery for individuals who may require hospitalization due to a mental disorder or experience significant difficulties in self-care, self-direction, or social and economic functioning, necessitating ongoing or intensive support and follow up.

By offering mobile crisis services in Fairbanks, community members (Trust beneficiaries) in crisis receive timely and appropriate care in suitable environments. This has led to improved outcomes for beneficiaries, as the Mobile Crisis Team has significantly reduced the need for interactions with emergency departments, jails, and law enforcement while enhancing connections to appropriate care and treatment through effective triage, assessment, de-escalation, coordination with community resources, and crisis planning and follow-up.

PROPOSED PERFORMANCE MEASURES

How much did you do?

- a) Total number (#) of unduplicated Trust beneficiaries receiving services from the mobile crisis team during the reporting period.
- b) Number (#) of Trust beneficiaries receiving the following services:
 - i. Triage and screening for suicidality
 - ii. Assessment
 - iii. De-escalation/resolution
 - iv. Peer support
 - v. Coordination with medical and behavioral health services
 - vi. Collaboration with families and natural supports
 - vii. Information and referrals
 - viii. Transportation
 - ix. Crisis planning and follow-up.

How well did you do it?

- a) Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the reporting period. Please describe staff roles in the participation with the Crisis Now steering committee.
- b) Number (#) and percentage (%) of unduplicated individuals served who received follow-up after 48 hours by a Peer Support Professional.

Is anyone better off?

- a) Number (#) and percentage (%) of individuals who engage in recovery supports, housing, employment, and/or other treatment services.
- b) Number (#) of family members who located supports and resources for their child, spouse or parent.
- c) Number (#) and percentage (%) of individuals who are diverted from higher levels of care (including hospitalization) as a result of their participation in the project.
- d) Number (#) and percentage (%) of individuals reporting an increase in their quality of life as a result of participating in the project.
- e) Two statements from peer support professionals, participants and/or family members describing how their (client's/family member's) quality of life has been impacted by the project (personal experienced or observed).

SUSTAINABILITY

Numerous studies indicate that mobile crisis services are effective in diverting individuals in crisis from psychiatric hospitalization and in reducing arrests. These services play a crucial role in connecting suicidal individuals transitioning from the emergency department to appropriate care and are often more successful at linking individuals in crisis to outpatient services. Research has

demonstrated that this diversion leads to a lower average cost per period following the crisis episode. Throughout the program's duration, the Fairbanks mobile crisis team has consistently maintained a community stabilization rate of 80% or higher, exceeding the national target of 70% for mobile crisis teams.

In terms of sustainability, this service continues to depend significantly on grant funding and other financial resources, primarily due to the current reimbursement rates for crisis interventions in Alaska. The budget reflects the operational costs of maintaining a fully staffed 24/7 mobile crisis team, which includes both clinicians and peer support specialists. Given the nature of the services provided, the program's sustainability is highly contingent upon the availability of grant funding.

WHO WE SERVE

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

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

| | |
|---|-----|
| Mental Illness: | 781 |
| Developmental Disabilities: | 29 |
| Substance Abuse | 70 |
| Traumatic Brain Injuries: | 61 |
| Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries): | 972 |

BUDGET

| | |
|--|--|
| Personnel Services Costs | \$652,170.00 |
| Personnel Services Costs (Other Sources) | \$0.00 |
| Personnel Services Narrative: | Clinical Management - 0.15 FTE Clinician (24/7) - 4.0 FTE |

| | |
|--|-------------------------------|
| | Peer Support (24/7) - 4.0 FTE |
|--|-------------------------------|

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|------------------------------|-----------------|
| Travel Costs | \$4,800.00 |
| Travel Costs (Other Sources) | \$0.00 |
| Travel Narrative: | Training-Travel |

| | |
|---|----------------|
| Space or Facilities Costs | \$5,400.00 |
| Space or Facilities Costs (Other Sources) | \$0.00 |
| Space or Facilities Narrative: | Facility cost. |

| | |
|--------------------------------|--------------|
| Supplies Costs | \$330.00 |
| Supplies Costs (Other Sources) | \$0.00 |
| Supplies Narrative: | See Attached |

| | |
|---------------------------------|--------------|
| Equipment Costs | \$500.00 |
| Equipment Costs (Other Sources) | \$0.00 |
| Equipment Costs Narrative: | See Attached |

| | |
|-----------------------------|----------------------------------|
| Other Costs | \$186,800.00 |
| Other Costs (Other Sources) | \$0.00 |
| Other Costs Narrative: | Contract, Insurance and Indirect |

| | |
|--|--------------|
| Total Amount to be Funded by the Trust | \$850,000.00 |
| Total Amount Funded by AKBH | \$350,000 |

MEMO

To: Board of Trustees
Date: November 13, 2024
Re: FY25 Focus Area Allocation – Mental Health & Addiction Intervention
Fund Source: FY25 Crisis Continuum of Care (Page 5, Line 19)
Amount: \$850,000.00
Grantee: True North Recovery Inc
Grant Term: January 1, 2025 to December 31, 2025
Project Title: Mobile Crisis Team Year Three

REQUESTED MOTION:

The Board of Trustees approve a \$850,000 FY25 Mental Health & Addiction Intervention allocation to True North Recovery, Inc. for the Mobile Crisis Team Year Three project. These funds will come from the Crisis Continuum of Care line of the FY25 budget.

Assigned Program Staff: Heather Phelps

STAFF ANALYSIS

True North Recovery (TNR) requests \$850,000 from the Trust to fund year three of operations for the existing mobile crisis team (MCT) in the Mat-Su region. Funds are requested from the FY 25 Crisis Continuum of Care budget line and reflect year three out of a five-year project. Year three of operational funding will enhance services and broaden reach by expanding to two MCT teams, and strengthen response capacity through relationships with key partners, including the Alaska State Troopers, Palmer Police Department, Alaska State Park Rangers, and MATCOM dispatch.

Improving the sustainability of MCTs continues to be a priority of the Trust and our partners. Deputy Commissioner Emily Ricci presented on DOH's Medicaid Rate Methodology review at October's Program and Planning Committee meeting. She shared that the mobile crisis teams and mobile crisis team follow-up rates are included in the review. DC Ricci also noted that their contractor, Guidehouse, will submit their results and rate modeling report in July 2025. It is hoped that this work will bring the reimbursement for MCT work in alignment with the actual cost of providing this service. In addition to the requested Trust funding, TNR anticipates additional financing from the Mat-Su Health Foundation and Medicaid reimbursement.

The MCT responded to 583 Trust beneficiaries out in the community and successfully stabilized 85.7% of them, which lowers the utilization of the emergency room and jail in the continuum of care. The MCT also responded to 2,504 direct calls to TNR over their Hope Line, which resulted in 100% support at the community level. To date, TNR has demonstrated strong relationships with regional partners and their MCT response data has consistently surpassed benchmarks in the number of individuals stabilized in the community instead of accessing higher levels of care

This project is recommended for funding as it aligns with the Mental Health and Addiction intervention focus area and enhances support for Trust beneficiaries in a mental health crisis.

COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|---------------------------|-------------------------------|--|
| Goal 5 Suicide Prevention | 5.2 Crisis system improvement | Strategy: Develop a continuum of community-based crisis services to support beneficiaries in community settings whenever possible. |

PROJECT DESCRIPTION

PROJECT DESCRIPTION

True North Recovery will build upon the foundation established in the first two years of the Mobile Crisis Team (MCT) in year three by refining its capacity and reach while deepening community partnerships. Since its inception, the MCT has responded to 583 dispatched calls and 2,504 Hopeline calls and expanded its service area to a 30-mile radius of Wasilla. TNR will continue to provide immediate, on-site crisis intervention to individuals in the Mat-Su Valley, diverting them from unnecessary hospitalization or incarceration and connecting them to appropriate care.

To enhance services, broaden reach, and strengthen response capacity, TNR will strengthen relationships with key partners, including the Alaska State Troopers, Palmer Police Department, Alaska State Park Rangers, and MATCOM dispatch. MATCOM is the primary dispatch entity for the Mat-Su valley.

- State Troopers, Palmer PD, and Alaska State Park Rangers are new additions to these collaborations. The Alaska State Park Rangers reached out to TNR to request to be added to their memorandum of agreement so they can dispatch MCT to individuals in crisis on state park land. TNR will enhance relationships through ongoing communication, joint training, regular meetings, and exploration of opportunities for co-response to better serve individuals in crisis.
- TNR will work closely with MATCOM dispatch to encourage independent and co-responses, allowing for more proactive and efficient crisis intervention.

- TNR plans to partner with 988 and the Alaska Careline to enable them to dispatch the MCT when appropriate, creating a more comprehensive and integrated emergency response network for the Mat-Su Valley.

The MCT will transition to a primary/secondary team structure, ensuring 24/7 crisis coverage while dedicating resources to long-term crisis mitigation. The secondary teams focus on long-term crisis mitigation, increased Hopeline support, and proactive street outreach initiatives, which will aid in preventing crisis calls from happening. This refined approach allows TNR to respond to immediate crises, engage in preventative measures, and reduce the likelihood of future crises. This will also improve data collection efforts and inform the decision-making for future program development and refinement.

The budget increase is essential for refining the MCT's processes and impact, ensuring that more individuals in the Mat-Su Valley have access to timely and effective crisis intervention services.

- Shift from an east and west team to a primary and secondary team model. As described earlier, The MCT will transition to a primary/secondary team structure, ensuring 24/7 crisis coverage.
- Clinical supervision for the Mobile Crisis Team. Clinical supervision provides the team members to process events and develop new, emerging skills, ensuring they are equipped to handle crisis situations. Like the support systems available to police officers and first responders, the supervision framework fosters resilience, helping reduce burnout and maintain high standards of care for the communities served. This clinical consultative support is offered to crisis team workers in weekly group settings, individual settings, and as needed in real-time. In addition, the MCT will receive ongoing training and professional development related to best practices in crisis intervention.
- Investment in workforce. TNR has implemented a 401k plan with an employer match, vision, and dental insurance, an individual coverage health reimbursement arrangement plan, and increased payroll across all positions. TNR has expanded personal time off offerings to support work-life balance and professional development opportunities. These improvements are crucial for attracting, retaining, and supporting highly qualified staff who provide vital crisis services to Trust beneficiaries. True North Recovery was named the "Best Workplace in Alaska 2024."
- Budget increases also reflect operational costs associated with maintaining MCT services, such as vehicle expenses, equipment upgrades, and office space.

PERFORMANCE MEASURES

How much did you do?

- a) Total number (#) of unduplicated (unique) Trust beneficiaries receiving services from the mobile crisis team (MCT) during the reporting period.

- b) Unduplicated demographic information (age, race, gender) for all individuals receiving MCT services during the reporting period.
- c) Number (#) of Trust beneficiaries receiving the following services:
 - i. Triage and screening for suicidality
 - ii. Assessment
 - iii. De-escalation/resolution
 - iv. Peer support
 - v. Coordination with medical and behavioral health services
 - vi. Collaboration with families and natural supports
 - vii. Information and referrals
 - viii. Transportation
 - ix. Crisis planning and follow-up.
- d) Number (#) of individuals served per 8-hour shift (SAMHSA Key Performance Indicator) during the grant reporting period.
- e) Total number (#) of calls 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 reporting period. Be sure to address how the MCT has continued to expand throughout its third year, as well as progress made towards strengthening partnerships with emergency response divisions (e.g., leadership, dispatch, local/state law enforcement, fire departments, and the state park ranger team). Please describe staff roles in the participation with the Crisis Now steering committee. Additionally, include information on the processes used for collecting, tracking, and reporting data from the MCT's responses.
- b) Number (#) and percentage (%) of unduplicated individuals served who received follow-up after 48 hours by a Peer Support Professional.
- c) Average response time (SAMHSA Key Performance Indicator) during the grant reporting period.
- d) Percentage (%) of calls responded to within < 1 hour, < 2 hours, and > 2 hours (SAMHSA Key Performance Indicator) during the grant reporting period.

Is anyone better off?

- a) Number (#) and percentage (%) of individuals who engage in recovery supports, housing, employment, and/or other treatment services.
- b) Number (#) of family members who located supports and resources for their child, spouse or parent.
- c) Number (#) and percentage (%) of individual mobile crisis responses that are resolved in the community (SAMHSA Key Performance Indicator).
- d) Outcome of calls (resolved in community, transported to hospital, resolved with first responders).
- e) Number (#) and percentage (%) of individuals reporting an increase in their quality of life as a result of participating in the project.
- f) Two statements from participants or a family member describing (in their own words) how their quality of life has improved since participating in the project.

TNR recognizes that the current fee-for-service Medicaid reimbursement structure is not conducive to supporting mobile crisis teams. To further solidify the sustainability of the MCT, True North Recovery is actively pursuing a multi-pronged approach that addresses immediate funding needs and long-term systemic change. TNR recognizes that securing the future of mobile crisis services in Alaska requires a combination of diversified funding, strategic partnerships, and ongoing advocacy.

- Actively seeking grants from various sources, including the Mat-Su Health Foundation.
- Exploring opportunities for Medicaid reimbursement and other third-party payer contracts. Medicaid revenue generated from TNR's other program creates a more stable financial foundation for crisis services and reduces reliance on any single funding source.
- Leveraging 1115 waiver services to build a comprehensive continuum of care to increase same-day access to services.
- Engaging in advocacy efforts with the State of Alaska and the Department of Behavioral Health to explore alternative funding models. This includes advocating for the inclusion of mobile crisis teams in state grant funds.
- TNR will educate legislators in the capital and bring to light the successes that TNR has been able to generate through the MCT here in the Mat-Su Valley and ask for them to help with ensuring that the current fee for schedule payment methodology adequately supports the unique operational needs of these types of programs.
- TNR will engage community stakeholders in advocating for policies that support crisis intervention programs and sustainable funding models.

WHO WE SERVE

The Mobile Crisis Team (MCT) at True North Recovery is dedicated to serving Trust Beneficiaries, providing immediate support to those experiencing mental health and substance use crises. TNR services are designed to meet the diverse needs of everyone in the Mat-Su community, including those who have undergone a single traumatic event. The MCT has played a crucial role in improving outcomes for individuals and families in the community. The impact of TNR's programs is evident in the data:

- **Reduced Hospitalizations:** The MCT has helped decrease the number of hospitalizations for mental health and substance use crises. Since the operation's inception, the MCT has diverted 463 Trust Beneficiaries from entering the emergency room for a behavioral health or SUD crisis. Thirteen of these individuals went on to successfully complete a SUD treatment program with TNR. This number does not include individuals who actively engage in services with TNR or other services with other treatment providers.
- **Increased Access to Care:** Over the past 21 months the Launchpad program has provided immediate support to 1062 Trust Beneficiaries by offering a safe haven and immediate support during crisis. 77% of these individuals engaged in long-term care.

- Improved Client Outcomes: The Day One Center has helped numerous individuals stabilize and begin their recovery journey. It offers a safe and supportive environment to address their crisis and connect with ongoing care. Over the past 21 months, 396 Trust Beneficiaries have successfully completed the TNR withdrawal management program.
- The estimated beneficiaries served noted below was estimated by the current number served by TNR's MCT and in TNR's SUD programming. TNR estimated that between 1 and 3 secondary beneficiaries are associated with each client.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

| | |
|--|-------|
| Mental Illness: | 750 |
| Substance Abuse | 500 |
| Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries): | 3,000 |
| Number of people to be trained | 12 |

BUDGET

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|--|--|
| Personnel Services Costs | \$772,727.50 |
| Personnel Services Costs (Other Sources) | \$116,272.50 |
| Personnel Services Narrative: | <p>Crisis Mental Health Clinician: These skilled professionals are the backbone of the MCT, providing on-site crisis intervention, de-escalation, and resource connection. The requested funding will support their salaries and benefits, ensuring TNR can retain and attract qualified staff. Total cost: \$472,250</p> <p>Peer Support Specialists: Individuals with lived experience provide invaluable support to those in crisis. The grant will help cover their stipends and training, ensuring TNR can offer diverse perspectives and culturally relevant support. Total cost \$416,750</p> |

| | |
|------------------------------|--|
| Travel Costs | \$0.00 |
| Travel Costs (Other Sources) | \$17,000.00 |
| Travel Narrative: | <p>Fuel expense for both MCT vehicles per year, \$12,000</p> <p>Vehicle Maintenance covers regular maintenance upkeep, \$5,000</p> |

| | |
|---|-------------|
| Space or Facilities Costs | \$0.00 |
| Space or Facilities Costs (Other Sources) | \$72,600.00 |

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|--------------------------------|--|
| Space or Facilities Narrative: | Office Space and Utilities: A portion of the funds will support the operational costs of office space, including rent, utilities, and internet service. This provides a central hub for the team to coordinate services, conduct trainings, and maintain essential administrative functions. Total cost \$72,600 |
|--------------------------------|--|

| | |
|--------------------------------|--|
| Supplies Costs | \$0.00 |
| Supplies Costs (Other Sources) | \$2,000.00 |
| Supplies Narrative: | MCT Uniforms: Team members need high visible attire for when they are out on calls. Total cost \$2,000 |

| | |
|-----------------------------|---|
| Other Costs | \$77,272.00 |
| Other Costs (Other Sources) | \$50,000.00 |
| Other Costs Narrative: | <p>Outreach Materials: TNR will develop and distribute brochures, flyers, and other materials to raise awareness about the MCT and other crisis services available in the community. Total cost \$1,000</p> <p>Training and Professional Development: Ongoing training is essential for the TNR team to stay up to date on best practices in crisis intervention. The grant will support continuing education opportunities and professional development activities. \$10,000</p> <p>Contracted Clinical Supervision: TNR has contracted an outside entity to provide the weekly clinical supervision for both the peers and mental health clinicians for the MCT team. Total cost \$39,000</p> <p>Administrative Fee: TNR has included a 10% administrative fee for all non-service rated administrative costs associated to the program. Total cost, \$77,272</p> |

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|--|--------------|
| Total Amount to be Funded by the Trust | \$850,000.00 |
| Total Amount Funded by Other Sources | \$257,872.00 |

OTHER FUNDING SOURCES

| | |
|---------------------------------|---------------------|
| Matsu Health Foundation-Pending | \$250,000.00 |
| Medicaid Reimbursement | \$7,872.00 |
| Total Leveraged Funds | \$257,872.00 |

MEMO

To: Board of Trustees
Date: November 13, 2024
Re: FY25 Authority Grant
Fund Source: FY25 Foster Care and Child Welfare System Improvements (Page 15, Line 40)
Amount: \$400,000.00
Grantee: Alaska Impact Alliance
Grant Term: November 1, 2024 to October 31, 2025
Project Title: Reimagining Child Welfare in Alaska FY25

REQUESTED MOTION:

The Board of Trustees approve a \$ 400,000 FY25 Early Childhood Intervention and Prevention authority grant allocation to the Alaska Impact Alliance for the FY25 Reimagining Child Welfare Project. These funds will come from the Foster Care and Child Welfare Systems Improvements line of the FY25 budget.

Assigned Program Staff: Tina Voelker-Ross

STAFF ANALYSIS

Alaska Impact Alliance (AIA) requests Trust funding to continue its “Reimagining Child Welfare in Alaska” project, focusing on statewide prevention strategies that strengthen families and reduce involvement in the child welfare system. This FY25 funding, allocated from the Early Childhood Intervention and Prevention, Foster Care and Child Welfare Systems Improvements line in the FY25 budget, builds on AIA’s successful FY24 initiatives.

In FY24, the Board of Trustees prioritized child welfare and foster care system improvements, with AIA emerging as a key partner due to its alignment with state agencies and community organizations. AIA’s initial Trust grant supported several successful initiatives, including:

1. Implementing the Alaska Family Resource Center Network (AFRCN)
2. Establishing four Family Resource Centers in Fairbanks, Anchorage, and MatSu
3. Launching the UReCares Stipend & Respite Program, supporting 99 unlicensed relative caregivers
4. Completing community-led action plans in Kenai, Juneau, & Metlakatla
5. Initiating development of a family navigation app

The FY25 proposal aims to advance these programs, focusing on three key areas:

1. Expanding the UReCares Stipend & Respite Program
2. Further developing the AK Family Resource Center Network and its member centers
3. Completing and implementing the 907 Navigation App.

These programs strengthen families through increased access to resources and services, and the receipt of direct, tangible support to meet their needs. The population reached with AIA’s programming is presumed to have a considerable overlap with Trust beneficiary groups, such as substance abuse, mental illness, developmental delays, and traumatic brain injuries; it also directly impacts the priority focus area of early childhood and youth. Overall, AIA’s programming to strengthen families can impact multiple strategies identified in the early childhood and youth priority area to reduce the impact of ACEs, improve social determinants of health, and reduce the risk of involvement in the child welfare system.

COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|---------------------------------------|---|----------|
| Goal 1 Early Childhood | 1.3 Reduce the impact of ACEs | |
| Goal 6 Protecting Vulnerable Alaskans | 6.1 Prevent child maltreatment | |
| Goal 6 Protecting Vulnerable Alaskans | 6.2 Early intervention for child maltreatment | |

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

This project will support family and child wellbeing by serving those at risk of child protective services involvement.

In FY25, the AIA will continue to implement statewide prevention strategies that strengthen families and reduce the need for OCS involvement. The AIA FY25 Reimagining Child Welfare project consists of three main programs: 1) the UReCares Stipend & Respite Program, 2) the AK Family Resource Center Network and its member Family Resource Centers, and 3) the 907 Navigation App.

The UReCares Stipend & Respite Program provides Unlicensed Relative Caregivers direct financial support for the care of the child(ren) in their custody. An Unlicensed Relative Caregiver is a family member other than a child’s biological or step-parent who assumes the primary caregiving responsibility for the child(ren) AND is not a licensed foster parent. Through the UReCares Program, children and their Unlicensed Relative Caregiver receive direct financial support to maintain family connections and receive much-needed support to reduce caregiver

stress, increase childhood resilience, and eliminate the need for non-relative foster care. This grant provides the family stipends, administration and referral services, and program evaluation.

The Alaska Family Resource Center (FRC) Network is a statewide membership of Family Resource Centers located in schools and community agencies within Alaska. As a member of the National Family Support Network, Alaska's FRC Network is one of 41 state networks supporting over 3,000 centers nationwide. Currently, the network includes four sites in Anchorage, Fairbanks, and Mat-Su, with several more joining in FY25. These centers serve as welcoming hubs of community services and opportunities designed to strengthen families. Their activities and programs, typically provided at no or low cost to participants, are tailored to meet the specific needs, cultures, and interests of the communities they serve. This grant supports the administration of the Alaska FRC Network, provides training for staff in evidence-based family support models, and offers grants for existing and start-up FRCs.

The 907 Navigation App is a resource and system navigation app specifically designed to help Alaskans navigate local resources and systems. It integrates 211 services and features a resource hub that allows users to search for resources based on their location, providing direct links to those resources. The app also allows users to recommend local resources for inclusion. The 907 Navigation App also has built-in benefit eligibility calculators for programs like ATAP, SNAP, and housing assistance. The systems navigation element of the app provides step-by-step training and guidance for understanding and navigating complex systems like OCS, recovery, legal matters, housing, and medical services. These systems are built with videos and links directly to available resources and support. The app is available in multiple languages and can be used offline. Grant funding supports the administration of the app, content creation, and program evaluation, ensuring it remains a valuable resource for the community.

PERFORMANCE MEASURES

UReCares Stipend Program:

- a. Provide a narrative about the UReCares Stipend Program that describes the timeline, activities, successes, challenges, and any lessons learned regarding the during the reporting period.
- b. Total number (#) of applicants during the reporting period.
- c. Number (#) of awards during the reporting period.
- d. Provide a list and frequency of items requested and funded through the stipend program.
- e. Provide three testimonials from stipend recipients that describe how funding from the program has impacted them.
- f. Provide a synopsis of the data collected through the child and family well being assessment tools.
- g. Provide an electronic copy of the UReCares program evaluation.

AK Family Resource Center Network:

- a. Provide a narrative about the AK Family Resource Center Network that describes the timeline, activities, successes, challenges, and any lessons learned during the reporting period.
- b. Number (#) of Family Resource Centers (FRC) sites supported through the program.

- c. Number (#) of family units served during the reporting period.
- d. Number (#) of family units receiving case management during the report period.
- e. Provide a synopsis of the types and frequency of services being referred during the reporting period.
- f. Provide an electronic copy of the AIA's evaluation of efficacy for each FRC and the Network.

907 Navigation App:

- a. Provide a narrative about the 907 Navigation App that describes the timeline, activities, successes, challenges, and any lessons learned during the reporting period.
- b. Number (#) of downloads during the reporting period.
- c. Provide a list of favorited systems navigation.
- d. Provide a list of resources searched through the app during the reporting period.
- e. Provide a list of search request locations made during the reporting period.

SUSTAINABILITY

The UReCares Stipend & Respite Program will need continual stipend funding; however, we anticipate the administrative and technical assistance burden will be reduced as the program continues. It is our hope that the stipend fund grows as more funders come on board and we study the efficacy of the program's impact on families. We are making connections with private investors and foundations as well as speaking with the State about eligibility for TANF funding in the future.

The AK FRC Network is charging membership and technology fees and actively seeking funding from federal sources. The FRC Network funding is included in the conversations with the State regarding TANF funding, and we have requested funding from Casey Family.

The majority of the administrative burden for the 907 Navigation App will be in the first two years of the app as the system's navigation content is built out. The ongoing maintenance and app updating will be done with one part-time staff member, whom we will be fundraising for.

WHO WE SERVE

The UReCares Stipend & Respite Program directly serves families and children who are at risk for child protective services involvement. These families are disproportionately more likely to suffer from substance abuse, mental illness, and developmental disabilities due to the trauma they have or are currently enduring. The aim of the program is to provide financial assistance and wrap-around support and referrals to these families directly, as they are the most under-resourced caregivers in Alaska. This support encourages these caregivers, reduces childhood trauma by keeping families together, and reduces the need for stranger foster care and OCS involvement.

The AK Family Resource Center Network serves families through local FRC sites. The services these member sites offer are chosen by the families and agencies according to the community's needs. These services are often parenting classes, tutoring, concrete resource distribution, nutrition classes, and much more. The families FRCs serve are representative of their community,

and they utilize FRCs because they need support. Many are struggling with issues of substance abuse, mental illness, and developmental disabilities, which make them Trust beneficiaries.

The 907 Navigation App is for all Alaskan's use, but the systems navigation and eligibility calculator features will be particularly useful for Trust beneficiaries.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

| | |
|---|-------|
| Mental Illness: | 310 |
| Developmental Disabilities: | 220 |
| Substance Abuse | 450 |
| Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries): | 1,220 |
| Number of people to be trained | 76 |

BUDGET

| | |
|--|---|
| Personnel Services Costs | \$65,000.00 |
| Personnel Services Costs (Other Sources) | \$157,000.00 |
| Personnel Services Narrative: | UReCares Director/Administrator Salary \$20,000 AK FRC Network Director Salary \$20,000 FAMS Database Administrator Salary \$5,000 907 Navigation App Director Salary \$20,000 |

| | |
|------------------------------|--|
| Travel Costs | \$2,000.00 |
| Travel Costs (Other Sources) | \$1,000.00 |
| Travel Narrative: | AK FRC Network travel to national conference in Washington DC - \$2,000. |

| | |
|-----------------------------|--|
| Other Costs | \$333,000.00 |
| Other Costs (Other Sources) | \$130,000.00 |
| Other Costs Narrative: | UReCares Program Evaluation \$2,000 UReCares Program Marketing \$1,000 UReCares Stipends paid directly to families \$200,000 UReCares total for other costs \$203,000 AK FRC Network Site Visits/Convenings \$4,000 AK FRC Network FAMS Database Maintenance \$5,000 AK FRC Network and FRC Member Site marketing \$1,000 AK FRC Network and Site Evaluation \$10,000 AK FRC Network grants to Family Resource Centers \$100,000 |

| | |
|--|---|
| | AK FRC Network total for other costs, \$120,000 907 Navigation App Maintenance \$8,000 907 Navigation App Marketing \$2,000 907 Navigation total for other costs, \$10,000 |
|--|---|

| | |
|--|--------------|
| Total Amount to be Funded by the Trust | \$400,000.00 |
| Total Amount Funded by Other Sources | \$300,000.00 |

OTHER FUNDING SOURCES

| | |
|------------------------------|---------------------|
| State of Alaska - SECURED | \$300,000.00 |
| Total Leveraged Funds | \$300,000.00 |

MEMO

To: Board of Trustees
Date: November 13, 2024
Re: FY25 Focus Area Allocation – Housing & Home and Community Based Services
Fund Source: FY25 Supportive Housing Projects (Page 12, Line 19)
Amount: \$350,000.00
Grantee: Kenai Peninsula Housing Initiatives, Inc
Grant Term: November 13, 2024 to November 30, 2026
Project Title: Rainbow Flats & Eagle Heights

REQUESTED MOTION:

The Board of Trustees approve a \$350,000 FY25 Housing & Home and Community Based Services Focus Area Allocation to Kenai Peninsula Housing Initiatives, Inc. for the Rainbow Flats & Eagle Heights project. These funds will come from the Supportive Housing Projects line of the FY25 budget.

Assigned Program Staff: Kelda Barstad

STAFF ANALYSIS

Kenai Peninsula Housing Initiatives, Inc. (KPHI) has a mission to provide the low-income, very low-income, senior, and special needs residents of the Kenai Peninsula area the opportunity to take a more active role in their lives and communities by providing various affordable housing options. KPHI is a private non-profit formed through a community-led process to build more affordable housing on the Kenai Peninsula. It owns and manages Homer, Ninilchik, Seward, Soldotna, and Kenai properties.

The Rainbow Flats & Eagle Heights Project is recommended to provide gap funding for building two housing developments that have faced increased costs since the original budget was created in 2023. A total of twelve units will be built, with four units set aside for Trust beneficiaries. This project aligns with the goals of the Housing & Home and Community Based Services Focus Area and is expected to serve primarily the Trust beneficiary group with a mental health condition, though this project may serve any beneficiary type.

COMP PLAN IDENTIFICATION

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

| | | |
|--|--|--|
| | | |
|--|--|--|

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

There is a critical need for housing throughout the Kenai Peninsula, State of Alaska, and across the country. Housing for senior citizens, low-income households, and Trust beneficiaries, are disproportionality burdened by the lack of housing, due to limited resources, support, and available housing. Letters of community support show the variety of sectors in each community that recognize the need for housing. Market Studies by Novoagradic, completed for Eagle Heights in 2021 and updated in 2023, demonstrates the need for low-income housing in the Homer area. They estimate it will take one month to rent up the project and note that this project will not negatively impact other similar projects in the area, as there is a need for this type of housing. The need for senior housing is also in high demand, as the senior population in the Central Peninsula continues to grow. The Market Study completed for Rainbow Flats in 2021 and updated in 2023 indicates the need for such a project, does not believe the project will negatively impact other similar projects in the area, and estimates a rent-up time of two months. KPHI has received overwhelming community support for these projects, further validating their necessity.

Rainbow Flats is a development of 6 units of senior housing in Kenai. Eagle Heights is a 6-plex apartment for low-income households in Homer. Both projects offer additional services (case management) for Trust beneficiaries.

Eagle Heights is a 6-unit low-income complex in Homer, with 1 unit set aside for Trust beneficiaries with case management to be provided by KPHI. The project will have 2 one-bedroom units, 2 two-bedroom units, and 2 three-bedroom units. The building is located within walking distance of stores, medical care, schools, and the library. Households are restricted to those at or below 60% AMI-Area Median Income (2 units), 50% AMI (2 units) & 30% AMI (2 units). KPHI’s current waitlists for similar buildings have 52 households on a waitlist. These projects will significantly improve the quality of life for KPHI’s target populations, providing them with safe and affordable housing options.

Rainbow Flats is a 6-unit housing complex for seniors aged 55 or older. There are 3 units set aside for Trust beneficiaries, with special services to be provided by KPHI. The project will have 4 two bedroom units, and 2 one bedroom units. All units have a heated garage. All units are thoughtfully designed to be handicapped accessible and equipped for those with hearing and vision disabilities, ensuring that all tenants feel safe and included. The project is designed with seniors in mind so tenants can safely age in place. The project will have 3 market rate units, one unit restricted to those at or below 50% AMI (one unit), and those at or below 30% AMI (2 units). KPHI’s current waitlists for similar buildings have 61 households on a waitlist.

KPHI commits to providing case management to all Trust beneficiaries to ensure successful, stable, long-term housing. KPHI provides the following services to support housing stability: communication with case managers and or guardians, connecting tenants to other social service agencies they may be eligible for, and individualized support specific to the tenants’ needs.

PROPOSED PERFORMANCE MEASURES

Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the Rainbow Flats and Eagle Heights housing development project. Be sure to include the following information:

- Selection process of contractor(s)
- Final list of funders
- Electronic photographs of each construction phase (before, during, after)
- Electronic renderings of architectural plans.

SUSTAINABILITY

HUD funding requires a 25-year period of affordability for each project. KPHI has lengthened the commitment to 30-year periods of affordability for each project. Eagle Heights will remain an apartment building restricted to low-income households. Rainbow Flats will continue to be restricted to those 55 years or older, with three units set aside for low-income households. Case management will remain in place throughout the period of affordability. The projects will be completed in 2026 and will remain in service through 2056 at a minimum. Operating funds for the project will be sustained by earned rent revenue. HUD development grants require reserve funds for large repair items as the building ages. KPHI has preventative maintenance schedules to keep buildings in pristine condition.

WHO WE SERVE

Although KPHI has buildings restricted exclusively for Trust beneficiaries and set aside units for beneficiaries of the Trust, far more beneficiaries are served than required because of the number of beneficiaries needing housing. As KPHI has units set aside for beneficiaries, applications ask if anyone in the applicant household is a beneficiary. How long beneficiaries have been stably housed is tracked. KPHI data shows 156 units in operation throughout five communities on the Kenai Peninsula. KPHI currently has 5 buildings specifically dedicated to AKMHTA beneficiaries, 2 in Homer, and 3 in Soldotna, with a total of 41 units. An additional 59 beneficiaries live in KPHI's other buildings that do not have special use, totaling roughly 50% of KPHI tenants being beneficiaries. The two new projects are expected to serve Trust beneficiaries at the same ratio, even though there are only 4 set aside units for beneficiaries.

The Alaska Mental Health Trust Authority can be certain that money spent for Eagle Heights and Rainbow Flats will serve beneficiaries for many years to come. Although the number of units funded by these dollars will be a finite number of units, no maximum number of beneficiaries will be served by aiding in developing these projects. KPHI will house as many Trust beneficiaries as possible. The waitlist operates within the parameters of a tenant selection plan, and if beneficiaries are applicants, KPHI will continue to offer beneficiaries a variety of housing options and manage those housing options with the utmost care, compassion, and respect possible.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

| | |
|--|-----|
| Mental Illness: | 140 |
| Developmental Disabilities: | 20 |
| Substance Abuse | 10 |
| Traumatic Brain Injuries: | 20 |
| Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries): | 100 |

BUDGET

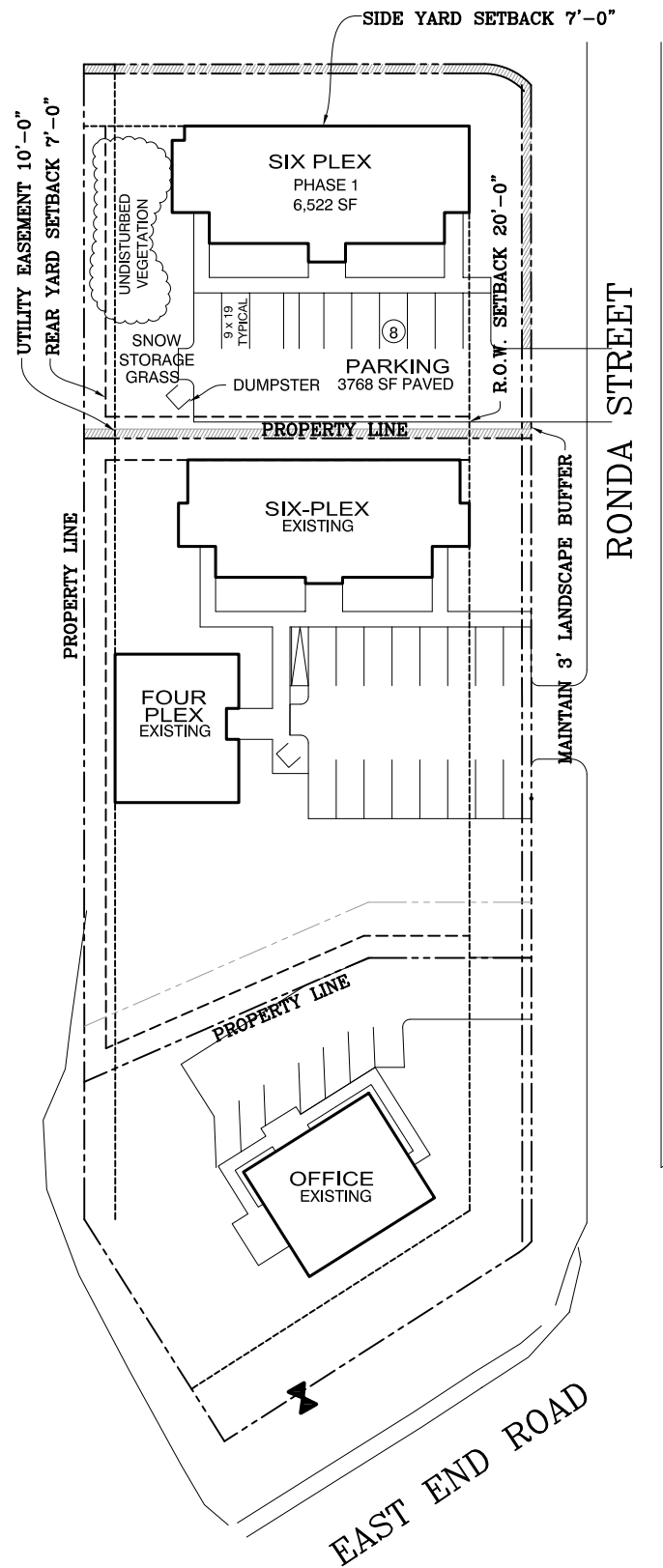
| | |
|---|--|
| Space or Facilities Costs | \$350,000.00 |
| Space or Facilities Costs (Other Sources) | \$5,424,624 |
| Space or Facilities Narrative: | <p>2023 Budgets for each project are attached. Total development costs are: Eagle Heights \$2,395,346 Equates to \$399,244.33/unit. Rainbow Flats \$2,622,000 Equates to \$437,000/unit.</p> <p>Development costs have increased by \$757,278 since development applications were submitted roughly 11 months ago. KPHI is in the process of raising funds to fill this gap.</p> |
| Total Amount to be Funded by the Trust | \$350,000.00 |
| Total Amount Funded by Other Sources | \$4,710,068.00 |

OTHER FUNDING SOURCES

| | |
|--|-----------------------|
| HOME (HUD)- Secured | \$1,489,758.00 |
| National Housing Trust Fund (HUD)- Secured | \$1,072,260.00 |
| Senior Citizens Housing Development Funds- Secured | \$878,050.00 |
| Rasmuson | \$120,000.00 |
| Mortgage held by KPHI- Secured | \$700,000.00 |
| State Farm Grant - Pending | \$250,000.00 |
| Key Bank Grant - Pending | \$200,000.00 |
| Total Leveraged Funds | \$4,710,068.00 |

Eagle Heights Apartments

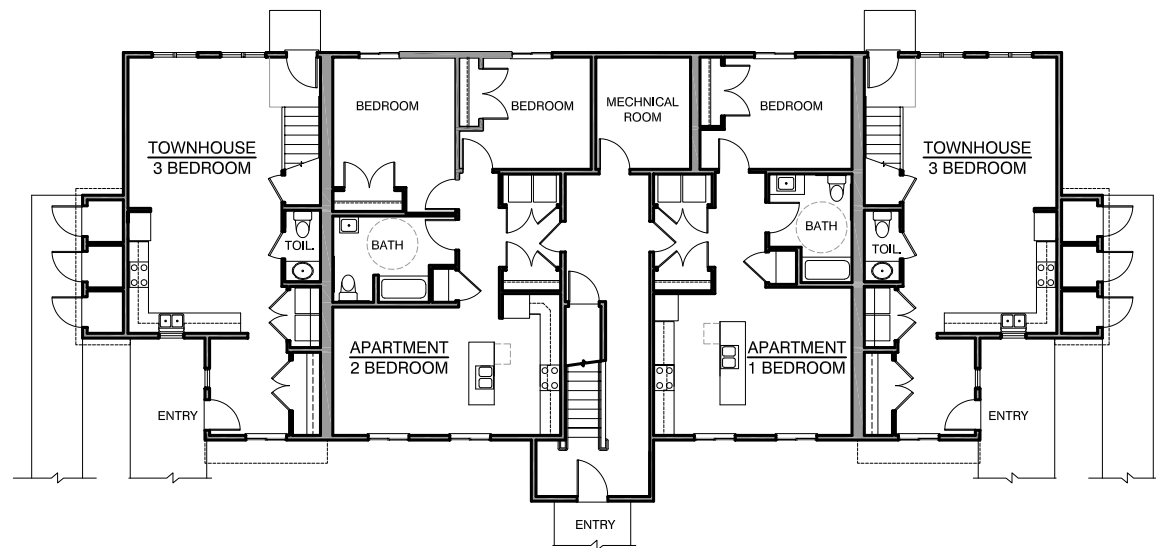
Homer, Alaska



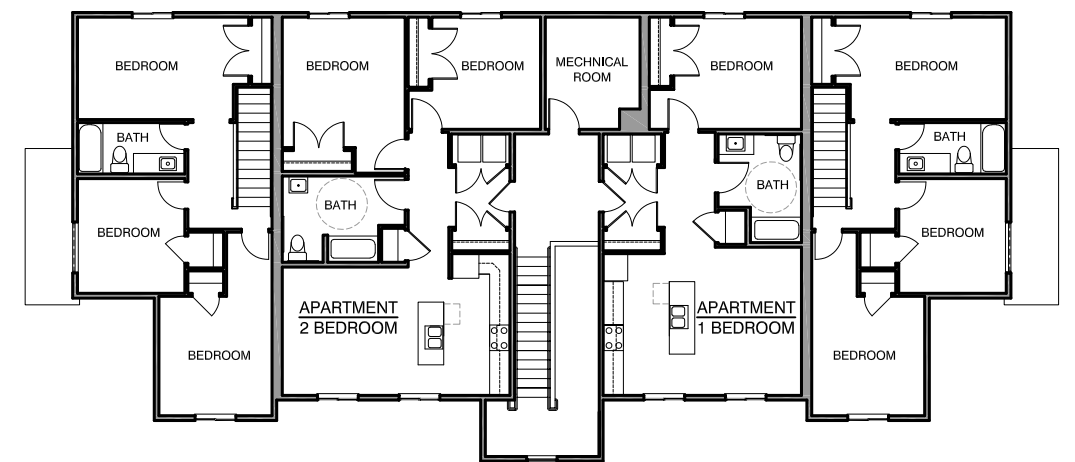
SITE PLAN



PHASE 1 - SIX PLEX - FRONT EXTERIOR ELEVATION



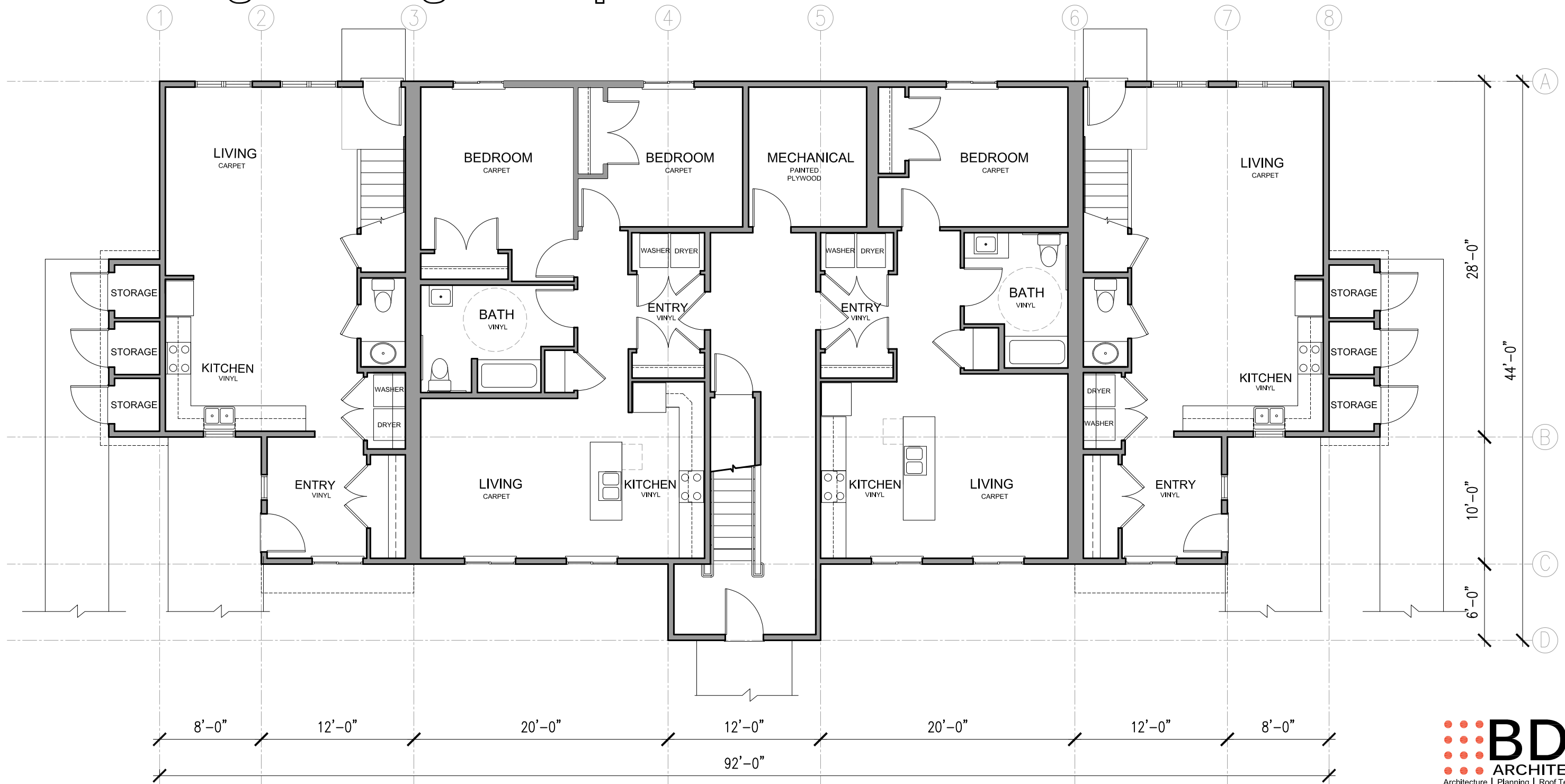
PHASE 1 - SIX PLEX - FIRST FLOOR PLAN



PHASE 1 - SIX PLEX - SECOND FLOOR PLAN

Kenai Peninsula Housing Initiatives

Eagle Heights Apartments

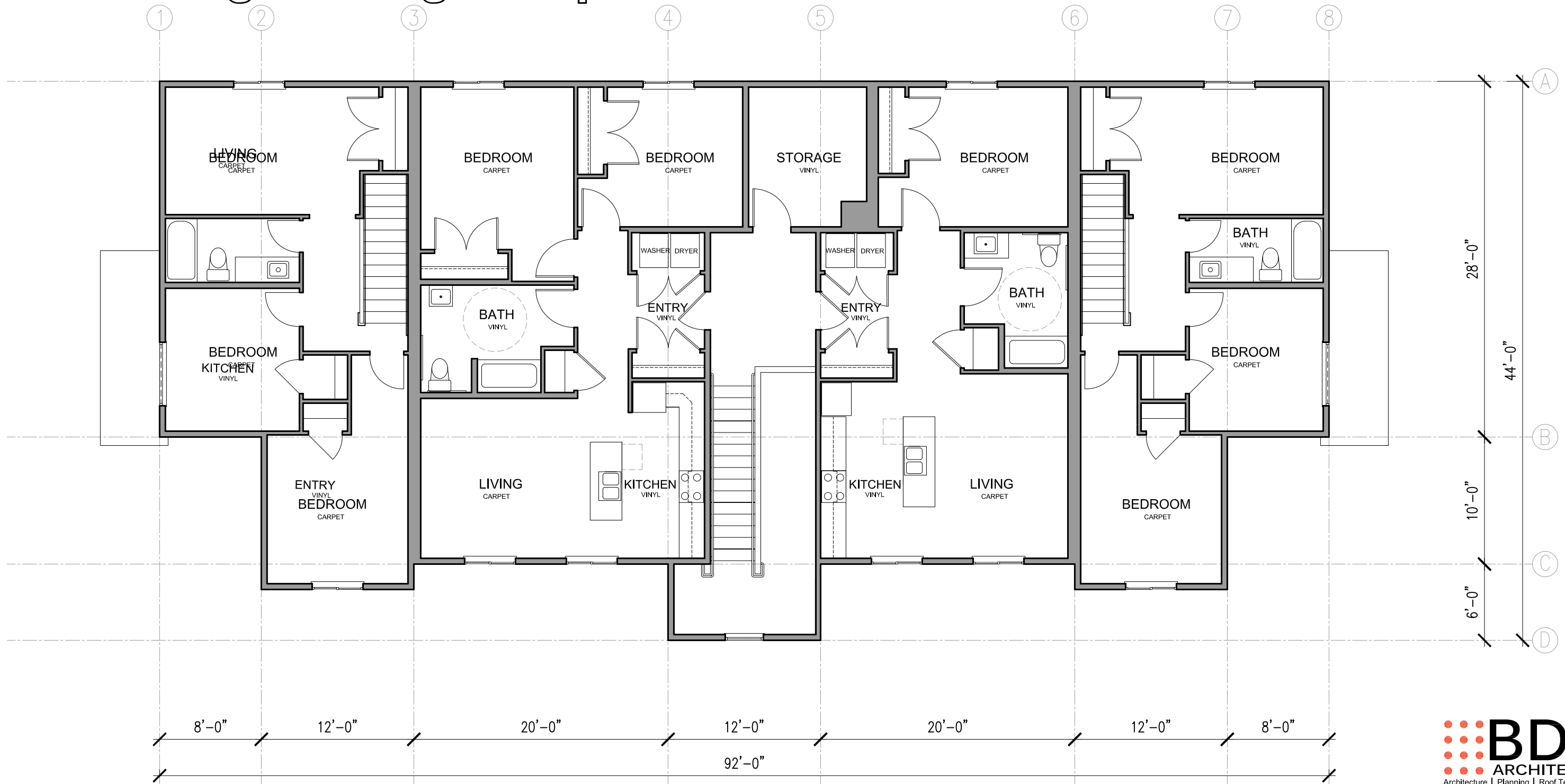


FIRST FLOOR PLAN

SCALE: 1/8" = 1'-0"

Kenai Peninsula Housing Initiatives

Eagle Heights Apartments

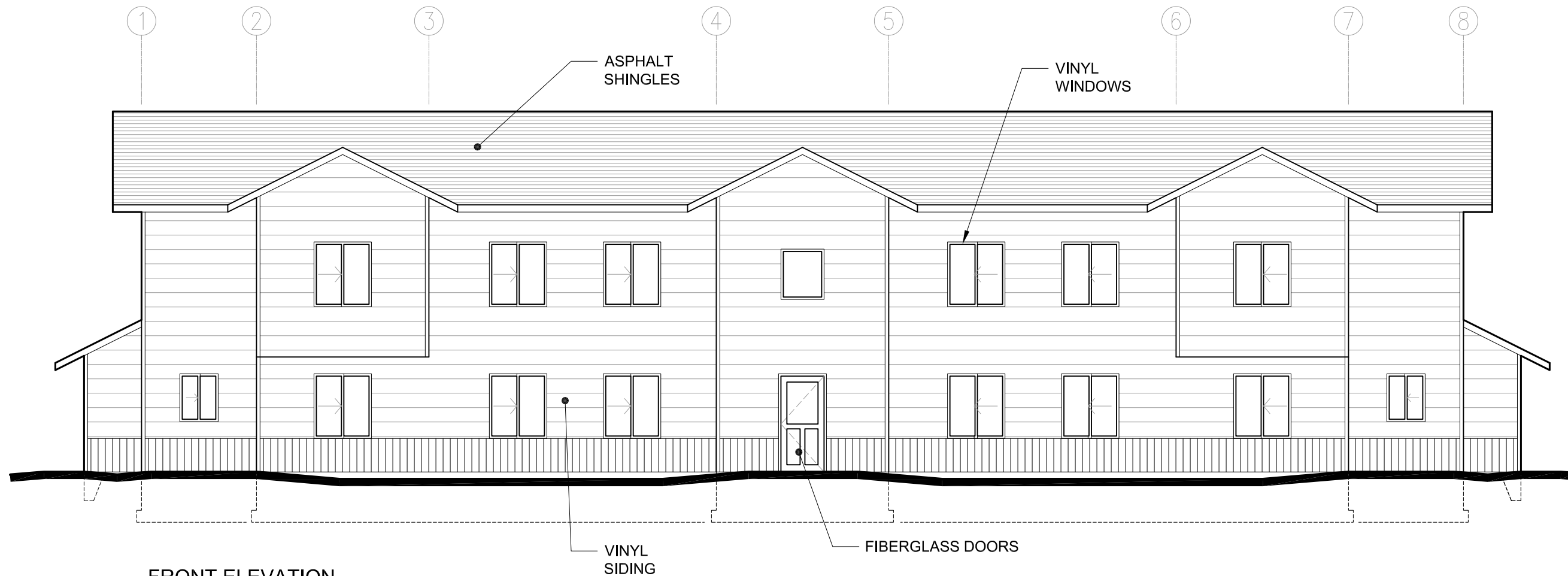


SECOND FLOOR PLAN

SCALE: 1/8" = 1'-0"

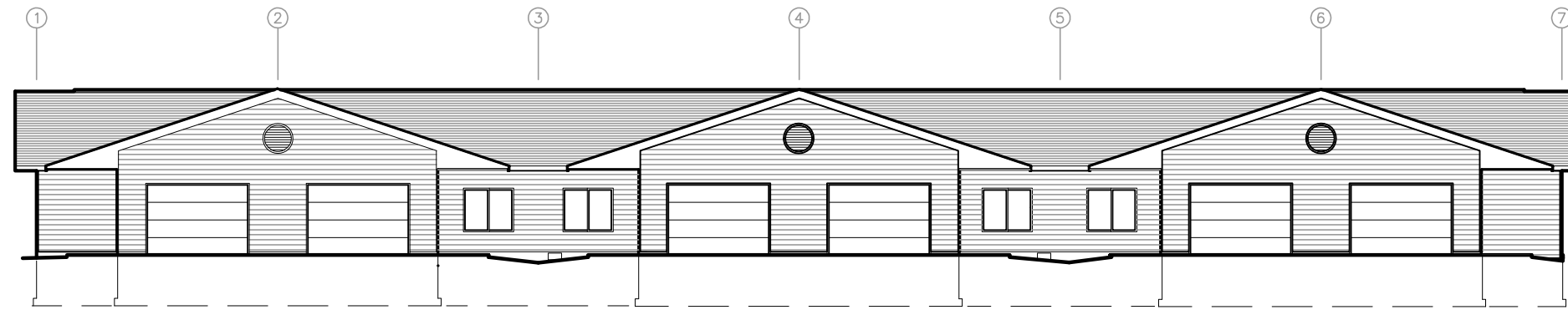
Kenai Peninsula Housing Initiatives

Eagle Heights Apartments



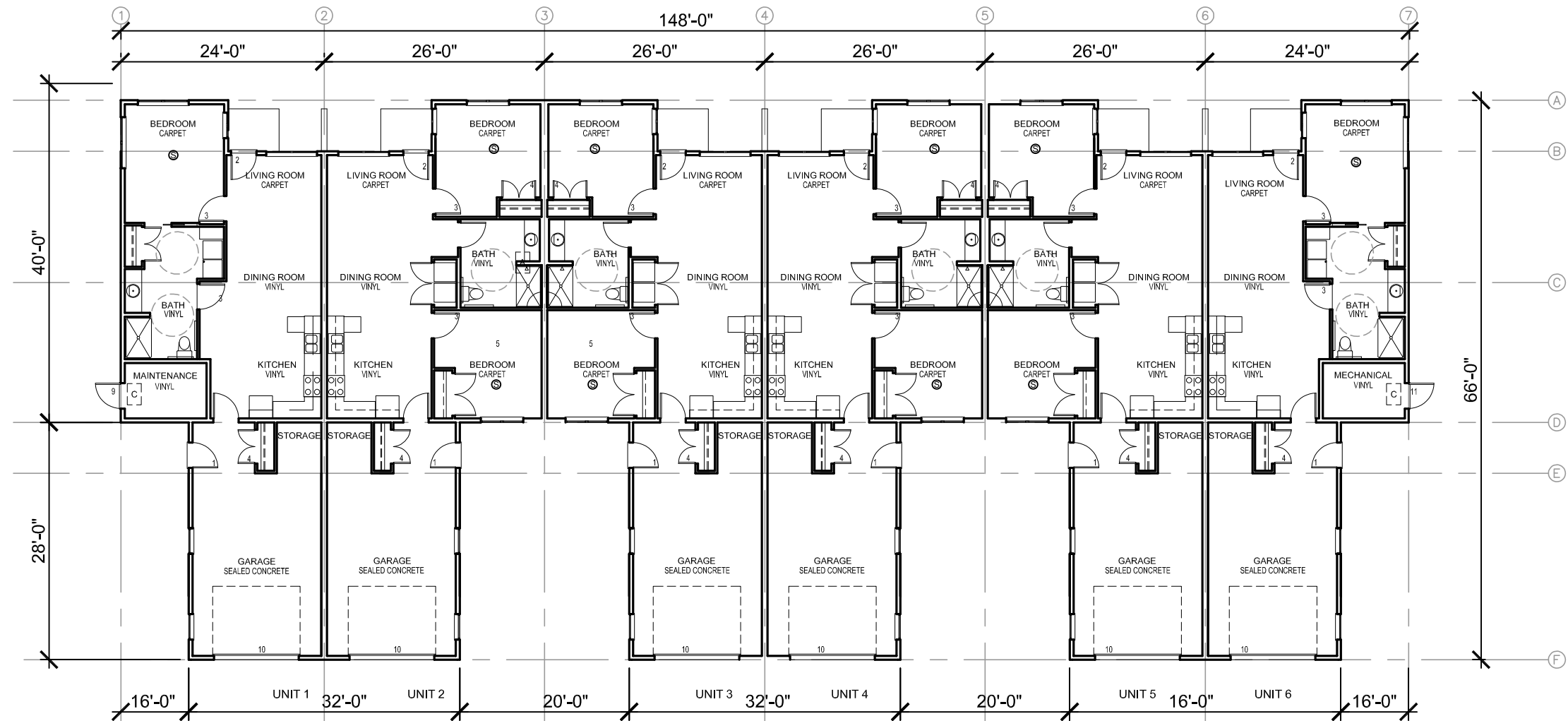
FRONT ELEVATION

SCALE: 1/8" = 1'-0"



Exterior Elevation

1/16" = 1'-0"



Overall Floor Plan

1/16" = 1'-0"

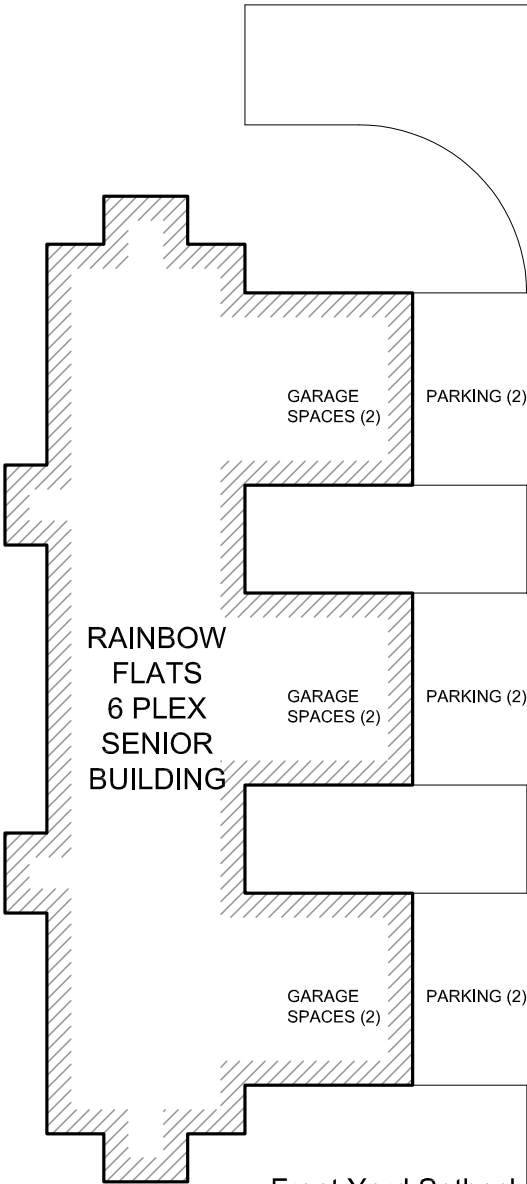
Kenai Peninsula Housing Initiatives
Rainbow Flats Senior Apartments

Property Line 250'

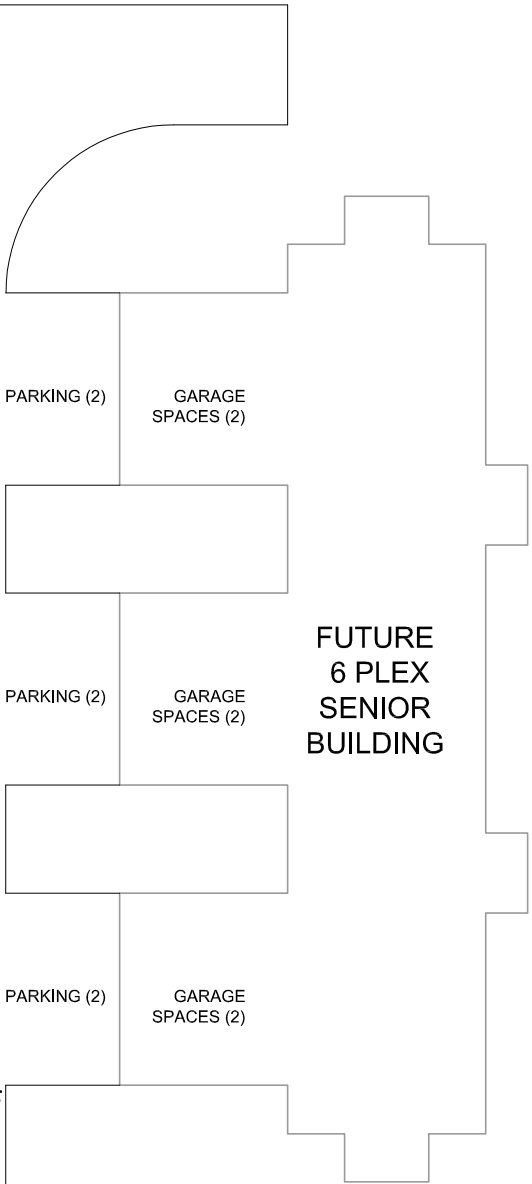
Rear Yard Setback 20'

Property Line 250'

Side Yard Setback 15'



RAINBOW
FLATS
6 PLEX
SENIOR
BUILDING



FUTURE
6 PLEX
SENIOR
BUILDING

Lot Size:
62,500 SF

Front Yard Setback 20'

Side Yard Setback 15'

Property Line 250'

SITE PLAN CONCEPT

SCALE: 1/32" = 1'-0"

Kenai Peninsula Housing Initiatives

Rainbow Flats Senior Apartments

BDS
ARCHITECTS
ARCHITECTURE | PLANNING | ROOF TECHNOLOGY
November 11, 2021

MEMO

To: Board of Trustees
Date: November 13, 2024
Re: FY25 Focus Area Allocation – Mental Health & Addiction Intervention
Fund Source: FY25 Treatment Access and Recovery Supports (Page 5, Line 12)
Amount: \$136,000.00
Grantee: Covenant House Alaska
Grant Term: January 1, 2025 to December 31, 2025
Project Title: Building Capacity for Crisis Intervention and Behavioral Health Support at Covenant House Alaska

REQUESTED MOTION:

The Board of Trustees approve a \$136,000 FY25 Mental Health & Addiction Intervention allocation to Covenant House Alaska for the Building Capacity for Crisis Intervention and Behavioral Health Support project. These funds will come from the Treatment Access and Recovery Supports line of the FY25 budget.

Assigned Program Staff: Kelda Barstad

STAFF ANALYSIS

The Building Capacity for Crisis Intervention and Behavioral Health Support at Covenant House Alaska (CHA) project is recommended to continue the work started in FY24, funding a Training and Support Specialist and a Talent Development & Training Specialist. Through previous Trust funding, Volunteers of America, Alaska (VOAA) provided an on-site Mental Health Clinician at the CHA's Youth Engagement Center (YEC), which conducted a needs assessment revealing that staff burnout was due to inadequate training for managing complex behaviors. In response, CHA has advanced the project to address industry needs by shifting the VOAA contract to include staff training and introducing a new Talent Development & Training Specialist position. As trained personnel at the time of hire become more scarce, additional in-house training resources are necessary to ensure that the direct services staff can therapeutically interact with youth through all services offered. An anticipated outcome is increased retention of the workforce serving homeless youth, who are Trust beneficiaries and to enhance the skillset of staff to best serve youth with mental health and behavioral health challenges. This project aligns with the Treatment Access & Recovery Supports as well as the Housing & Home and Community Based Services focus areas, enhancing access to behavioral health services for homeless youth.

COMP PLAN IDENTIFICATION

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

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

Covenant House Alaska (CHA) has seen a growing number of youth with severe behavioral and substance abuse issues, intensified by the fentanyl crisis. In FY24, CHA recorded 106 critical incidents, up from 38 in FY22. These incidents include overdoses, assaults, and suicide attempts, with CHA staff often acting as first responders. In partnership with Volunteers of America Alaska, the project will address this urgent need by providing comprehensive staff training and mentorship, ensuring that CHA's front-line team is equipped to respond effectively and offer the necessary care to help youth stabilize and heal.

Two years ago, Covenant House Alaska (CHA) expanded emergency shelter services up to the age of 24 and lowered service barriers to entry. As a result, CHA is seeing more street-acclimated youth who have complex behavioral and substance abuse needs. The high acuity of this beneficiary population has led to a significant increase in critical incidents, particularly overdose incidents. These conditions create a high degree of vicarious trauma for staff and exceed the team's capacity to respond and prevent these incidents most effectively. There are two objectives to this project:

1) Contract with Volunteers of America Alaska (VOAA) to provide an on-site Training and Support Specialist.

Through previous AMHTA (FY24) funding, VOAA provided an on-site Mental Health Clinician at our Youth Engagement Center (YEC). This was critical support for our youth and staff during the ongoing opioid epidemic. As part of her work, the Mental Health Clinician conducted a Program Needs Assessment at the YEC via an anonymous staff survey. It provided data to inform improvements in trauma-informed care and overall workplace satisfaction. Topics covered include psychological safety, program structure, compassion resilience in the workplace, burnout, secondary traumatic stress, and clinical support services.

Surveys were conducted in January and April 2024, and scores indicate improved staff psychological safety. However, approximately one-third of surveyed staff still reported a negative experience on teams, indicating a need for ongoing improvement. The survey also indicated burnout was due to a lack of training and preparation in dealing with complex behaviors. With this feedback, the MHC implemented regular 1:1 and group debriefs in combination with training in crisis intervention and strategies for coping. Subsequently, burnout improved between the first and second surveys.

This project will continue this vital work. In August 2024, VOAA replaced the Mental Health Clinician with a Training and Support Specialist (TSS), who is a certified Chemical Dependency Clinical Supervisor and Peer Support Specialist (see attached LOS). CHA staff report that the TSS has been an invaluable resource for young people with substance use and mental health issues. For example, CHA’s paraprofessional staff do not always understand how to respond to certain behaviors and how they relate to a client’s diagnoses, which are often undisclosed. The TSS has coached staff on creating spaces of healing with youth, as well as teaching about youth diagnoses and creating tailored interventions. These actions have helped improve young people’s experience and outcomes.

The scope of VOAA’s TSS duties include:

- provide staff mentorship and coaching,
- model effective de-escalation, peer support, and other techniques,
- lead incident debriefs, create moments for learning, and provide necessary support to staff in difficult times,
- lead support groups for staff, attend shift changes and staff meetings,
- assist in referral processes to VOAAK and other community services for CHA clients
- provide direct client services as needed and as directed

2) Hire a Talent Development & Training Specialist

This position, to be hired by CHA in January 2025, will meet the need for additional internal staff training. The Training Specialist will conduct and facilitate training to give CHA frontline staff the support and training needed to provide this highly vulnerable population with the connection, stability, and support needed to thrive. They will train staff on topics including Youth Mental Health First Aid, Trauma-Informed Care, Healing-Centered Engagement, Crisis Intervention, Human Trafficking, Suicide Intervention, Motivational Interviewing, and other best practices. Staff will also receive increased training on available community resources and connecting youth to those resources.

These two objectives will ensure that CHA’s staff have the optimal support, training, and structure to ensure the best outcomes for youth who come to us in crisis, most of whom are beneficiaries.

PERFORMANCE MEASURES

How much did you do?

- a. Total number of youth (beneficiaries and non-beneficiaries) who engaged with the VOA clinician during the reporting period.
- b. Total number (#) of unduplicated youth Trust beneficiaries served during the reporting period, broken down by primary beneficiary category.
- c. Number (#) of staff members who received guidance, tools and/or training from the VOA clinician during the reporting period.

How well did you do?

- a. Provide a narrative that describes the timeline, activities, successes, challenges, and any lessons learned during the reporting period.
- b. Number (#) of crisis incidents requiring de-escalation by a staff member during the reporting period, broken down by month.
- c. Number (#) and percentage (%) of youth participants who felt they were treated with dignity and respect while participating in the program.
- d. Number (#) and percentage (%) of youth participants who were satisfied with the services they received while participating in the program.

Is anyone better off?

- a. Number (#) of unduplicated youth who received any of the following by engaging with the VOA clinician during the reporting period:
 - i. On-site assessment
 - ii. Screening (i.e., mental health)
 - iii. Referral for services
- b. Two stories from youth describing how the services provided by the VOA clinician helped to improve their quality of life and overall well-being.
- c. Number (#) and percentage (%) of youth participants who demonstrate improvements in any of the three main indicators correlated most highly with negative outcomes (such as returning to homelessness, vulnerability to trafficking, incarceration, injury, early mortality): 1) lack of income; 2) lack of connections with stable adults, and 3) unaddressed barrier conditions such as mental illness, substance abuse or alcoholism, developmental disability, or traumatic brain injury.

SUSTAINABILITY

CHA takes a holistic approach to sustainability, focusing on long-term financial, programmatic, and operational strategies supported by a multifaceted fundraising approach. The \$16 million annual budget is supported by a blend of federal, state, local, corporate, individual, and foundation dollars. Approximately 70% of CHA's \$16 million budget is private, flexible dollars, which can be used for non-grant-funded positions.

VOAA has \$25,300 committed to support the TSS in 2025 through a combination of HUD, State of Alaska Division of Behavioral Health (DBH), and NFCS funding. Next July, VOAA is planning to increase allocations from these two grants, as well as weaving in other peer/family/housing grants to better support this position.

For additional long-term sustainability, VOAA will work with CHA to secure grants specifically focused on the TSS position. Both organizations attract different types of funding, such as mental/health substance abuse versus homelessness services. Braiding diverse grant funding sources will contribute to long-term sustainability. For example, CHA and VOAA will explore a partnership for a new DBH grant in the next grant cycle in spring 2026.

WHO WE SERVE

CHA is serving an increasingly large number of beneficiary youth who come to us with complex histories of trauma and co-occurring disorders, which is exacerbated by the current fentanyl crisis. The acuity of this population has led to an increase in critical incidents, which are defined as occurrences of assaults, suicide attempts, overdoses, weapons, and other serious incidents. The support provided by VOAA has been crucial in helping our staff respond to the epidemic. However, we still have a critical need for ongoing behavioral health training, resources, and supports. This project, in partnership with VOAA, will help meet those needs.

Anticipated impact on Trust beneficiaries includes:

1. Increased organizational capacity to respond to and deescalate crisis incidents;
2. A reduction in the number of critical incidents with increased on-site capacity for earlier interventions;
3. An increase in CHA staff's understanding of crisis response best practices and how to implement them;
4. Increased efficacy of CHA staff to debrief crisis incidents and process through potential vicarious trauma;
5. Improved pathways to behavioral health services for youth with increased on-site screening, assessment, and referral.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

| | |
|--------------------------------|-----|
| Mental Illness: | 400 |
| Developmental Disabilities: | 175 |
| Substance Abuse | 300 |
| Traumatic Brain Injuries: | 50 |
| Number of people to be trained | 125 |

BUDGET

| | |
|--|--|
| Personnel Services Costs | \$136,000.00 |
| Personnel Services Costs (Other Sources) | \$25,300.00 |
| Personnel Services Narrative: | 1 FTE Talent Development & Training Specialist, \$76,000 including benefits and fringe. 1 FTE Training and Support Specialist (VOAA), \$60,000 to pass through to VOAA. |

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|--|--------------|
| Total Amount to be Funded by the Trust | \$136,000.00 |
| Total Amount Funded by Other Sources | \$25,300.00 |

OTHER FUNDING SOURCES

| | |
|--|--------------------|
| VOA Alaska (via HUD: \$10,600, DBH CBHTR Peer \$9,800, NFCS: \$4,900) | \$25,300.00 |
| Total Leveraged Funds | \$25,300.00 |

MEMO

To: Board of Trustees
Date: November 13, 2024
Re: FY25 Authority Grant Request – Early Childhood Intervention & Prevention
Fund Source: FY25 Infant & Early Childhood Mental Health Capacity Building (Page 15, Line 36)
Amount: \$55,353.48
Grantee: Rural Alaska Community Action Program, Inc.
Grant Term: November 1, 2024 to June 30, 2025
Project Title: Mental Health Consultation Project

REQUESTED MOTION:

The Board of Trustees approve a \$55,353.48 FY25 Early Childhood Intervention and Prevention authority grant allocation to the Rural Alaska Community Action Program Inc. for the FY25 Mental Health Consultation Project. These funds will come from the Infant & Early Childhood Mental Health Capacity Building line of the FY25 budget.

Assigned Program Staff: Tina Voelker-Ross

STAFF ANALYSIS

Rural Alaska Community Action Program, Inc. (RurAL CAP) requests Trust funding for the Mental Health Consultation Project to continue to expand mental health services through an in-house consultant and expand support across the Family Services team. Previously funded in FY24, the project provided successful infant and early childhood mental health consultation through Alaska Behavioral Health (AKBH), benefiting children with challenging behaviors. Feedback indicated improved staff retention and job satisfaction, with 62% of educators reporting reduced stress and increased skills.

Due to workforce challenges, RurAL CAP plans to hire a dedicated mental health consultant to continue supporting the Child Development Center (CDC) and extend services to Family Services Programs. This consultant will provide weekly support, in-classroom coaching, and individual and small group meetings with staff in Anchorage to increase competencies and support the overall social and emotional environment in the CDC and Little Haven classrooms so the educators/staff will become more responsive to the children's needs and respond to behavioral challenges. Little Haven is a drop-in childcare program housed at RurAL Cap's Safe Harbor transitional housing facility. The

mental health consultation will also support the Family Services team programs in Toksook and Haines (Parents as Teachers home visiting program).

Aligning with Trust priorities in early childhood intervention and workforce development, this funding will be allocated from the FY25 Other Priority Area Allocation, specifically the Early Childhood Intervention and Prevention, Infant & Early Childhood Mental Health Capacity Building line.

COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|-----------------------------------|---|----------|
| Goal 1 Early Childhood | 1.2 Accurate identification & Tx for children | |
| Goal 9 Workforce, Data, & Funding | 9.2 Workforce competencies | |

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

RurAL CAP proposes to continue the work of its Mental Health Consultation Project by building on the project's successes by hiring an in-house Mental Health Consultant position. This position will expand the mental health consultation services from support of the CDC in Anchorage to include mental health consultation services for the Family Services Programs. Additionally, mental health consultation services will be expanded from the staff in Anchorage, to include staff in Haines and Toksook Bay. This will allow RurAL CAP to expand its efforts to build capacity, improve teacher/staff expertise, and address the mental health support needs of its clients, children, and families.

RurAL CAP has committed to continuing the Mental Health Consultation project in FY25, following the positive outcomes observed in FY24. During the initial implementation from February to June 2024, RurAL CAP partnered with Alaska Behavioral Health to provide contractual mental health consultation services. Although the provider had to discontinue the agreement due to workforce challenges, the project achieved significant results in its short duration.

The initiative delivered 225 hours of consultation, benefitting nine staff members. Through this intervention, seven children were identified as needing additional observation and support. Four of these children showed marked improvement in behavior challenges, eliminating the need for additional classroom support.

The project also yielded positive impact for staff well-being and effectiveness. Sixty-two percent of participating teachers reported increased job satisfaction, reduced work-related stress, and increased knowledge and applicable skills and tools in their work with children. These outcomes

underscore the value of mental health consultation in supporting both staff and children in educational settings.

In FY25, the mental health consultant will continue to provide weekly support, delivering services through in-classroom coaching and individual and small group meetings with the CDC and Little Haven teachers. Through coaching and feedback sessions, staff will learn how to support the overall social and emotional environment in their classrooms and with their clients, learning specific strategies to address specific identified needs or challenging behaviors.

RurAL CAP is expanding its mental health consultation services to include the Family Services team, broadening the impact to programs that serve children and families, including Parents as Teachers home visiting, and Little Haven (a drop-in childcare program housed at RurAL CAP's Safe Harbor Muldoon Transitional Housing facility). The project aims to develop a mental health team providing direct support across these related programs, serving both service providers and recipients.

The expanded model will offer on-site consultation 3-4 days per week, providing in-classroom coaching and group meetings for Family Services programs. This approach will help support the overall social and emotional environment in their classrooms and with their clients, learning specific strategies to address specific identified needs. While the consultant will not provide any direct clinical services, they will assist staff in making appropriate referrals.

Serving Anchorage, Haines, and Toksook Bay, the project will benefit RurAL CAP program staff and the children and families they serve. Key outcomes include improving staff capacity in teaching social-emotional skills and addressing mental health needs of children served, as well as reducing stress and burnout among staff.

The project will focus on beneficiaries with developmental disabilities and delays, impacting more families and young children through the inclusion of additional programs. This expansion will serve prenatal women, families with children under 5, and families in transitional housing, offering a range of support services to promote stability and healthy child development.

PERFORMANCE MEASURES

How much did you do?

- a. Number (#) of hours of total service provision provided by the mental health consultant, to include in-classroom coaching, individual meetings, small group meetings, and reflection hours.
- b. Number (#) of teachers and staff coached during the reporting period, broken down by program (Anchorage CDC and Little Haven).
- c. Number (#) of Parents as Teachers coached during the reporting period.
- d. Number (#) of case management requests during the reporting period.

How well did you do it?

- a. Provide a narrative that describes the project timeline, activities, successes, challenges, and any lessons learned during the reporting period. Include a brief synopsis of the entry and exit survey data conducted with relevant staff and Parents as Teachers.
- b. Number (#) and percentage (%) of teachers and staff who increased their knowledge of applicable skills and tools to help them in the classroom.
- c. Number (#) and percentage (%) of teachers and staff who increased their job satisfaction since participating in the project.

Is anyone better off?

- a. Number (#) and percentage (%) of teachers and staff who had a reduction in their job-related stress level since participating in the project.
- b. Percent (%) reduction in case management requests from FY24 to FY25, if applicable.
- c. Statements from three teachers or staff that describe how the tools and skills learned over the course of the project have helped to be more prepared in the classroom.

SUSTAINABILITY

While RurAL CAP envisions a multi-year collaboration with the Trust on this funding, support for the project will come from additional funding sources, including Teacher Apprenticeship funding, and supportive housing. At the conclusion of the cumulative three-year project, RurAL CAP will assess the needs of program staff, children, and families, identifying the best way forward in propagating the project's benefits to a wider body of client children and families. RurAL CAP will both maintain and build strong partnerships with related organizations and funders to support the growth of early childhood mental health consultation in our community.

Our hope is that, at the conclusion of the current work, staff will have a strong foundation of early childhood mental health skills that will be implemented in their daily work with children and families. Potential areas of continued need could include additional training for specific areas of early childhood mental health, ongoing access to consultation for high-need situations, and the ability to provide high-quality mental health consultation to any new staff onboarded after the conclusion of the project.

WHO WE SERVE

The proposed Early Childhood Center-Based Mental Health Consultation Project will focus, among beneficiary groups, on those with developmental disabilities as well as on secondary beneficiaries. Through the mental health consultation and training services led by the in-house mental health consultant, these beneficiaries will be better served by the staff they engage with and who directly serve them and their children.

By providing coaching and training to early childhood educators, this project will benefit all children and families in the programs by enhancing the quality of care and services. This helps to create a more inclusive and supportive environment for all children and is especially impactful for children experiencing extra needs or delays and disabilities in general childcare and home

settings. Educators will be better equipped to meet the social, emotional and behavioral health needs of all children and families and provide more nurturing and inclusive environments that establish a foundation of learning and development during the early childhood years.

It is the ultimate goal of this project to take the lessons of the initial pilot project and develop a framework that can benefit children and family clients across RurAL CAP's Family Services programming, further enhancing collaborations between mental health and early childhood education/childcare providers.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

| | |
|--|----|
| Developmental Disabilities: | 14 |
| Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries): | 28 |

BUDGET

| | |
|--|--|
| Personnel Services Costs | \$50,690.00 |
| Personnel Services Costs (Other Sources) | \$27,199.00 |
| Personnel Services Narrative: | <p>Annual Salary of Mental Health Trust Consultant: \$85,280 plus 31,553 in fringe. For 8 months of the year November to June the total salary is \$77,889 including 37% fringe.</p> <p>Salary and Fringe from other grant sources supporting Teachers Apprenticeship and from Thread is a combined 35% of position from November-June</p> <p>The MOA TAX grant \$15,000 including fringe</p> <p>Key Bank is covering \$12,199 including fringe</p> <p>AMHTA is covering\$ 50,690 including fringe</p> |

| | |
|---------------------------------|---|
| Equipment Costs | \$0.00 |
| Equipment Costs (Other Sources) | \$1,300.00 |
| Equipment Costs Narrative: | Laptop for Mental Health Consultant as supported by other funding |

| | |
|-----------------------------|--|
| Other Costs | \$4,663.48 |
| Other Costs (Other Sources) | 0 |
| Other Costs Narrative: | Indirect Costs - RurAL CAP's Negotiated Indirect Cost Rate is 9.2% |

| | |
|--|-------------|
| Total Amount to be Funded by the Trust | \$55,353.48 |
| Total Amount Funded by Other Sources | \$28,499.00 |

OTHER FUNDING SOURCES

| | |
|---|--------------------|
| Key Bank - Secured | \$13,499.00 |
| Municipality of Anchorage (Alcohol Tax Grant) - Secured | \$15,000.00 |
| Total Leveraged Funds | \$28,499.00 |

MEMO

To: Board of Trustees
Date: November 13, 2024
Re: FY25 Authority Grant Request – Early Childhood Intervention & Prevention
Fund Source: FY25 Improve Social Determinants of Health for Families and Young Children (Page 40, Line 39)
Amount: \$49,000.00
Grantee: New Life Development, Inc.
Grant Term: November 13, 2024 to December 31, 2025
Project Title: Safe Families Project

REQUESTED MOTION:

The Board of Trustees approve a \$49,000 FY25 Early Childhood Intervention and Prevention authority grant allocation to New Life Development, Inc. for the Safe Families Project. These funds will come from the Improve Social Determinants of Health for Families and Young Children line of the FY25 budget.

Assigned Program Staff: Tina Voelker-Ross

STAFF ANALYSIS

New Life Development, Inc. (NLD) requests Trust funding for the Safe Families Project aimed at addressing adverse childhood experiences that result from homelessness. This initiative supports homeless mothers with young children or expectant mothers, providing essential services such as temporary housing, food security, and case management. Since its launch in 2023, SFP has assisted 15 families, all of whom are trust beneficiaries, with referrals from various social service agencies. Trust funds will support equipment, supplies, facility costs, and beneficiary housing support related to this initiative.

Participants undergo an integrated behavioral assessment and must comply with conditions if involved with the Office of Children’s Services or the courts. The program includes requirements like parenting classes, nutrition courses, and CPR certification ensuring mothers gain new life skills. NLD partners with Partners in Progress for ongoing case management and provides rental support for up to a year post-program.

The SFP directly impacts mothers and their children at risk of adverse childhood experiences and aims to mitigate these risks while enhancing social determinants of health.

COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|---------------------------------------|-------------------------------|----------|
| Goal 3 Economic and Social Well-being | 3.1 Housing | |
| Goal 1 Early Childhood | 1.3 Reduce the impact of ACEs | |

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

The proposed project will provide immediate transitional housing, followed by permanent housing support for homeless women with small children. The project includes case management, a variety of life skills classes, food security, and other supportive services, including mental health and substance misuse services.

The Safe Families Project (SFP) is a new program at New Life Development (NLD) designed to serve homeless mothers with small children and expecting mothers nearing the end of pregnancy. Participants may be reentering society from incarceration or substance abuse treatment or coming from shelters such as Covenant House, AWAIC, or Claire House. The program works in close partnership with the Office of Child Services (OCS) when the participant has an open OCS case.

In early 2023, NLD created SFP with two main goals. The first was to address the crisis of the unhoused in Anchorage, particularly among women with small children who often avoid shelters due to safety concerns. The second objective aims to address Adverse Childhood Experiences (ACEs) that result from early homelessness, which can have lasting impacts on children's lives. SFP provides transitional housing for these mothers and their children, offering continued rental support for 6-12 months after they secure permanent housing. The program can accommodate up to nine mothers and up to eighteen children annually, with initial funding from the Municipality of Anchorage Alcohol Tax Grant.

SFP officially opened on June 1, 2023, starting with four mothers and seven children, along with two pregnant mothers. Since then, the program has housed a total of fifteen families. Each year, SFP hosts three Cohorts, accommodating 3-6 families per cohort based on funding availability. In addition to housing, other supportive services include food security, hygiene items, clothing, bus passes, and other necessities. In addition, NLD provides a curriculum of life skills courses as a requirement for participation in the project. These courses include CPR certification, parenting classes through Providence Hospital, a nutrition course, and a workshop on healthy relationships. All courses must be completed prior to graduation from the program.

Since SFP started, they have served fifteen families with ten graduating successfully and remaining in permanent housing. Three more families are expected to graduate by the end October 2024. This results in an impressive success rate of approximately 87% for families transitioning out of homelessness through the program.

PERFORMANCE MEASURES

How much did you do?

- a) Number (#) of unduplicated project participants who are mothers, broken down by primary Trust beneficiary category.
- b) Number (#) of unduplicated project participants who are children, broken down by primary Trust beneficiary category and age of child.
- c) Total number (#) of family units supported during the project reporting period.
- d) Number (#) and percentage (%) of family units with OCS involvement.
- e) Number (#) and percentage (%) of family units with legal involvement.
- f) Number (#) and percentage (%) of participants (mothers and children) with a behavioral health or substance abuse issue.

How well did you do it?

- a) Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the project reporting period. Be sure to address efforts made towards the sustainability of the Safe Families project beyond Trust funding.
- b) Number (#) and percentage (%) of participants who completed (graduated) the program. Please also note the number (#) and percentage (%) of family units this represents.
- c) Number (#) and percentage (%) of participants who felt the knowledge and skills gained through their participation in the program has better prepared them for parenting successfully in the community.
- d) Number (#) and percentage (%) of participants who felt they were treated with dignity and respect while participating in the program.

Is anyone better off?

- a) Number (#) and percentage (%) of family units who entered the project and subsequently succeeded in transitioning out of homelessness.
- b) Number (#) of unduplicated participants (mothers and children) who were provided the following items/services through the project during the reporting period:
 - i. Clothing
 - ii. Shelter
 - iii. Food
 - iv. Case Management

- c) Three statements from participants that describe how their participation in the project has improved their quality of life.

SUSTAINABILITY

The Safe Families Project is currently in its second year of a three-year Municipality of Anchorage Alcohol Tax Grant award. The grant term will end December 31, 2025, however prior to that date New Life Development intends to reapply for the same funding to extend the project another three years. Based on the success of the project and the level of interest it has gained over the past year, we are confident that further funding support will be in place for the calendar year of 2026, and if that funding comes through the same Alcohol Tax Grant, then the funding for SFP will be in place from 2026 through 2029.

If the Anchorage Health Department does not put out a specific RFP for the Alcohol Tax grant, New Life Development will approach the Anchorage Assembly directly to request funding under the Alcohol Tax Initiative. The Alcohol Tax Initiative was voted into law by the Anchorage voters, with the purpose of addressing issues of Adverse Childhood Experiences (ACEs). Thus, funding for Safe Families Project does not have to come directly from a new Health Department RFP in late 2025, it can come directly from a proposal to the Anchorage Assembly, which will be our route in lieu of an RFP from the Anchorage Health Department. We may also look for additional support through Alaska Housing Finance Corporation's "Basic Housing Assistance Program" and/or through a federal HUD grant. These additional efforts will begin after the start of 2025.

WHO WE SERVE

Trust beneficiaries have so far made up 100% of the program participants and will likely make up the majority of future program participants. This is because the target population is such a vulnerable group (homeless women with children) that referrals tend to come from partnering agencies who are already engaged with services dedicated to the applicants, whether it be the Therapeutic Courts, Dept. of Corrections, Office of Child Services, residential treatment, or one of the many shelters in town. In addition, SFP requires, as part of the program, an updated dual substance abuse/mental health assessment to take place prior to arrival at SFP or within the first two weeks of arrival.

All of the clients tend to have a substance use disorder (SUD), and/or a mental health disorder, which is often directly related to their current circumstance of being unhoused, incarcerated, or in residential treatment.

The children are also impacted by their parent's living situation and are themselves in danger of becoming Trust beneficiaries in the future. According to the CDC, negative experiences in childhood and teenage years may put children at risk for chronic health problems, mental illness, and substance use in adulthood. (https://www.cdc.gov/aces/risk-factors/?CDC_AAref_Val=https://www.cdc.gov/violenceprevention/aces/riskprotectivefactors.html). The children who live at the Safe Families Project may be considered as "Secondary Beneficiaries" for the purpose of this proposal, however, SFP is designed to mitigate this risk of them becoming Trust beneficiaries in the future.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

| | |
|---|----|
| Mental Illness: | 6 |
| Substance Abuse | 8 |
| Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries): | 12 |
| Number of people to be trained | 2 |

BUDGET

| | |
|--|-------------|
| Personnel Services Costs | \$0.00 |
| Personnel Services Costs (Other Sources) | \$50,520.00 |
| Personnel Services Narrative: | N/A |

| | |
|---|--|
| Space or Facilities Costs | \$18,000.00 |
| Space or Facilities Costs (Other Sources) | \$27,000.00 |
| Space or Facilities Narrative: | The Safe Families Project is housed at the New Life Development facility, in one of the 3-bedroom apartments previously used to provide transitional housing to five NLD male re-entry participants. In the past, the program fees from those male participants helped cover the organizations operation costs including utilities, staffing, amenities, supportive services. That loss of revenue is only partially made up for with the current Safe Families Project funding sources. Prior to SFP, the apartment generated approximately \$3550 a month in revenue, or \$42,600 a year. Currently with SFP exclusive use of the apartment, the Muni is invoiced \$2250 a month, or \$27,000 a year, and does not include expenses for utilities. NLD is requesting \$18,000 from AMHTA to help cover the costs associated with the transitional apartment, i.e. utilities, repairs, small household items, program administration and all other operational costs associated with that specific Safe Families Project apartment. |

| | |
|--------------------------------|---|
| Supplies Costs | \$1,300.00 |
| Supplies Costs (Other Sources) | \$1,500.00 |
| Supplies Narrative: | Supplies needed for this project include: 1) Cleaning supplies: because the living space is shared among three families, program participants are required to do laundry weekly, maintain clean living spaces to avoid rodent and bug problems, keep floors mopped and |

| | |
|--|---|
| | <p>vacuumed and rooms organized at all times. SFP covers the cost for all cleaning supplies.</p> <p>2) Office supplies are also required for project, this includes supplies for the mandatory courses provided by the program, but also supplies for the administrative office needs.</p> <p>3) New towels and bedding are purchased for each new cohort. SFP allows graduating participants to keep the towels and linens they were supplied with upon arrival into the program. There are three cohorts per year that require new towels and bedding.</p> <p>4) Lastly, all school-age children living at the Safe Families Project are expected to be enrolled in school, if not already. SFP will supply school supplies, book packs, and other necessary items to all of the students living at the program with their mothers.</p> |
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|---------------------------------|--|
| Equipment Costs | \$8,200.00 |
| Equipment Costs (Other Sources) | \$10,800.00 |
| Equipment Costs Narrative: | <p>NLD is in need of several large commercial size equipment purchases. Including a large commercial kitchen cooler for community food, purchased by NLD and provided for any and all program participants who are hungry. This usually helps new residents who are awaiting food stamp approval and have little to no other resources when they arrive. This makes up a large portion of our new arrivals. Our current cooler is very old, leaking unknown fluid, while the doors do not completely shut without something holding them shut. This cooler has been in the main kitchen since I first became involved with NLD in 2012. It is beyond repair. (Approximately \$3000 to purchase new cooler w/warranty).</p> <p>A new industrial washing machine is needed. We provide 2 commercial washers and 2 commercial dyers in the building where SFP is housed. We offer laundry machines at no cost to participants. Recently one of the washers completely stopped working and the warranty ended just two months prior. Repairing and parts would cost about the same as purchasing a new one along with an extended wait time. (Requesting \$1400 to replace the washing machine).</p> <p>The apartment used for the Safe Families Project needs a new electric stove. The current stove was purchased two years ago, used. Only 2 of the 4 burners currently working. NLD would also like to replace the televisions in the SFP apartment (1 in each room and one in the living room (4</p> |

| | |
|--|---|
| | total, estimate \$700 each = \$2800), and we would like to put a computer in the SFP apartment (Estimate \$1000) so that the women do not have to walk over to the main facility with their children to use the computer lab. |
|--|---|

| | |
|-----------------------------|--|
| Other Costs | \$21,500.00 |
| Other Costs (Other Sources) | \$52,000.00 |
| Other Costs Narrative: | <p>The largest area of financial support being requested by New Life Development is for permanent housing support offered to each Safe Families Project graduate. This is the largest incentive for completing the program. The Safe Families Project provides permanent placement assistance in the amount of \$6000 each. This amount will help get the participant into the apartment of their choice, and 4 or 6 months of rental assistance. This assistance may stretch out further if the participant pays a portion of their rent while accepting this assistance, gradually paying a larger portion until they are able to pay their full rent on their own. NLD is requesting Placement for 3 families at \$6000, each = \$18,000 requested.</p> <p>In addition, NLD is required to carry a set minimum amount of insurance, which has nearly doubled in cost since the implementation of the Safe Families Project, compared to what it was prior to housing the families. We are requesting \$3500 from AMHTA to apply towards our insurance policies, which include Professional Liability, General Liability, Workers Comp and the various areas of coverage from each of these polices.</p> |

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|--|--------------|
| Total Amount to be Funded by the Trust | \$49,000.00 |
| Total Amount Funded by Other Sources | \$200,000.00 |

OTHER FUNDING SOURCES

| | |
|--|---------------------|
| Municipality of Anchorage, Anchorage Health Dept. ATAX Grant SECURED | \$100,000.00 |
| Providence Alaska Foundation 2024 SECURED | \$50,000.00 |
| Providence Alaska Foundation 2025 PENDING | \$50,000.00 |
| Total Leveraged Funds | \$200,000.00 |

MEMO

To: Board of Trustees
Date: November 13, 2024
Re: FY25 Partnership Grant Request
Fund Source: FY25 Partnerships/Designated Grants (Page 2, Line 13)
Amount: \$100,000.00
Grantee: Christian Health Associates
Grant Term: January 1, 2025 to December 31, 2025
Project Title: Anchorage Project Access Pro Bono Counseling Program

REQUESTED MOTION:

The Board of Trustees approve a \$100,000 FY25 Partnership grant to Christian Health Associates for the Anchorage Project Access Pro Bono Counseling Program. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.

Assigned Program Staff: Kelda Barstad

STAFF ANALYSIS

Anchorage Project Access (APA) is Alaska’s healthcare safety net for Trust beneficiaries, which ensures access to donated specialty medical, dental, and mental health services. APA has many years of experience connecting people who need care with healthcare professionals who are interested in donating care. Using APA as a clearinghouse for donated behavioral health care will make it easier for counselors to offer pro bono services and for beneficiaries to obtain them. The Anchorage Project Access Pro Bono Counseling Program is recommended for Trust funding, which will support personnel and administrative costs to maintain a mental health counseling program manager position. This project will primarily serve low-income, uninsured beneficiaries who have a mental health condition, though all beneficiary categories may be served through the project. By improving access to care, the project aligns with the Trust’s Mental Health and Addiction Intervention Focus Area.

COMP PLAN IDENTIFICATION

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

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

Anchorage Project Access (APA) is Alaska's only health care safety net for Trust beneficiaries ensuring access to donated specialty medical, dental, and mental health services. Anchorage Project Access (APA) is continuing to expand its pro bono mental health services to meet the needs of low-income, uninsured Trust beneficiaries. APA provides donated mental health counseling through in-person and telehealth appointments with licensed clinicians and/or supervised master's level therapists. APA's comprehensive donated medical, dental, and mental health services address all seven categories of the Comprehensive Integrated Mental Health Plan 2025 – 2029, ensuring Trust beneficiaries have access to essential services in a timely manner. In addition, APA provides medication assistance, interpreter services, transportation, community resources, assistance to navigate complex systems of care, and direct assistance to apply for Affordable Care Act (ACA), Medicaid, or Medicare, health insurance. Trust beneficiaries suffer disproportionately with extensive wait times for mental health care, lack of access to specialty care, and a lack of support to navigate health systems, which leads to increased health disparities, lower quality of life, and significant emotional distress. The need for mental health services is a critical element in overall health and wellness, particularly for highly vulnerable Trust beneficiaries experiencing mental illness.

APA developed pro bono mental health counseling (MHC) services for adults and children to address anxiety, depression, grief issues, abuse, trauma, substance misuse, life transitions, parenting issues, etc. In collaboration with 988/Crisis Now initiatives in Anchorage, APA's services are an integral part of the comprehensive mental health services continuum in our community. Although in-person counseling sessions are offered in Anchorage and Fairbanks, telehealth services are available to Alaskan residents living anywhere in the state.

MHC clients contact APA and participate in an initial screening with a mental health professional. Clients may also be referred by APA's numerous healthcare partners. Individuals must be low-income and without health insurance to be eligible for the program. After enrollment, the client is matched with a donating therapist. MHC clients are also eligible for APA's donated medical, dental, and ancillary care services. APA provides trauma informed, whole-person care for eligible Trust beneficiaries.

APA has been providing Trust beneficiaries with limited income, and who are uninsured, with donated specialty health care for 19 years through the generosity of over 780 health care partners. APA added donated dental services in 2016 and mental health counseling (MHC) in 2023. We are the only project access in the country offering these three services. In 2023, the APA leadership team presented training in developing an MHC program at a national conference of donated care agencies.

APA's partnerships include over 13 counseling clinics, with over 40 individual clinicians, who have the capacity to donate to approximately 65 patients at any given time to Trust beneficiaries. APA produced and aired an MHC PSA to promote the program. APA conducted over 20 outreach sessions in 2024 to promote the MHC services. APA receives referrals for counseling from

individuals submitting the online form via APA’s website, and from other health care partners. APA recruits providers, screens and enrolls clients, and coordinates their counseling.

APA will enroll a minimum of 175 individuals to receive donated mental health, medical, and/or dental health care. APA will schedule a minimum of 1,000 appointments for donated care. APA will enroll a minimum of 300 individuals in a health insurance plan. APA will provide a minimum of 2,000 assists to facilitate enrollment in, and utilization of, health insurance. APA will provide access to treatment for mental health and substance use disorders, employment, housing, food, and other community resources.

APA leadership will continue to serve on local, statewide, and national, collaboratives to improve health equity, access to care, and optimal health for all vulnerable Alaskans. APA convenes a MHC Committee with local experts to support the program.

PROPOSED PERFORMANCE MEASURES

How much did you do?

- a) Total number (#) of Trust beneficiaries served through the project reporting period, broken down by Trust beneficiary category.
- b) Total number (#) of individuals enrolling in APA for donated care.
- c) Total number of (#) of individuals enrolling in a health insurance plan.
- d) Total number of (#) of individuals who received “assists” to access, or be informed about, health care through outreach services
- e) Total number of estimated dollar (\$) amount of donated care during the reporting period.

How well did you do?

- a) Provide a brief narrative describing the timeline, activities, successes, challenges, and any lessons learned during the project reporting period.
- b) Provide a brief narrative describing program recruitment and retention efforts.
- c) Total number (#) and percentage (%) of participants who were satisfied with the care, referral information, treatment, and/or services they received.

Is anyone better off as a result of this project?

- a) Number (#) and percentage (%) of participants who felt their quality of life has improved since participating in the project.
- b) Provide a summary of the Health and Wellness survey results demonstrating relevant outcomes quality of life outcomes.
- a) Provide two statements from participants describing (in their own words) how their quality of life has improved since participating in Project Access.

SUSTAINABILITY

Anchorage Project Access (APA) has provided essential services for Trust beneficiaries in our community for the past 19 years. The program is funded through numerous federal, state, and

corporate grants as well as private donations and an annual fundraising event. The program is sustained through funding from the State of Alaska Department of Health Division of Public Health, Providence Health and Services Alaska, Providence Foundation, United Way of Anchorage, the Alaska Mental Health Trust Authority, HRSA, the Mayor's Community Grant, and Rasmuson Foundation. Program staff apply for numerous additional grants every year as well as seek sustainable funding from as many sources as possible. It is APA's intention to maintain funding for the additional program component as it is an essential service to ensure all vulnerable Alaskans with mental illness can achieve and maintain optimum health.

WHO WE SERVE

Trust beneficiaries with mental health conditions often have complex and untreated health care needs as a result of fragmented health care systems. There is a lack of cohesive services for individuals with mental illness, adverse childhood experiences, poverty, homelessness, untreated substance misuse, violence, trauma, and involvement with the criminal justice system. These factors contribute to Trust beneficiaries needing multiple types of support to improve health outcomes. Adding MHC services to APA's existing donated specialty medical and dental health care services, enables APA to provide beneficiaries with comprehensive, trauma informed care. Individuals who may be working, but without financial resources to access mental health counseling, are more effectively served through APA's MHC program to address anxiety disorders, depression, grief issues, substance misuse, parenting, etc.

APA's trauma-informed staff will directly assist beneficiaries in accessing donated mental health, medical, and/or dental care and enrolling in health insurance. All participants will be connected to a primary health care home.

APA assists Trust beneficiaries to achieve the following goals and objectives of the 2025 – 2029 Comprehensive plan:

1. Early Childhood and Youth, Objectives: 1.4 & 1.5. | APA serves individuals of all ages.
2. Healthcare, Objectives: 2.1 & 2.3 | APA provides trauma-informed care, connects all patients to primary and donated specialty care, and enrolls patients into ACA Marketplace, Medicaid, and Medicare health insurance plans.
3. Economic and Social Well-being, Objectives: 3.1, 3.3, 3.4 | APA restores mental health and the ability to work and access essential services.
4. Substance Use Disorder Prevention, Objectives: 4.1, 4.2, 4.3, 4.4, 4.5 | APA's mental health screening and counseling increases awareness and access to treatment for Trust beneficiaries.
5. Suicide Prevention, Objectives: 5.1 & 5.2 | APA's MHC services, and extensive clinical network, are a vital part of Alaska's suicide prevention system.

6. Protecting Vulnerable Alaskans, Objectives: 6.1, 6.2, 6.3, 6.5 | At the heart of APA’s services are donated medical, dental, and mental health care for vulnerable individuals and families, removing barriers to care, supporting self-advocacy, and achieving optimal health.
7. Services in the Least Restrictive Environment, Objectives: 7.1 & 7.2 | APA’s mental health services are provided in outpatient clinical settings and via telehealth.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

| | |
|--|-------|
| Mental Illness: | 1,261 |
| Alzheimer’s Disease & Related Dementias: | 33 |
| Substance Abuse | 1,057 |
| Traumatic Brain Injuries: | 5 |

BUDGET

| | |
|--|--|
| Personnel Services Costs | \$77,000.00 |
| Personnel Services Costs (Other Sources) | \$524,284.00 |
| Personnel Services Narrative: | Personnel – Trust: Executive Director \$7,000 Mental Health Counseling Program Manager \$50,000 Support staff \$10,000 Benefits (15%) \$10,000 |

| | |
|------------------------------|----------|
| Travel Costs | \$0.00 |
| Travel Costs (Other Sources) | \$500.00 |
| Travel Narrative: | |

| | |
|---|------------|
| Space or Facilities Costs | \$0.00 |
| Space or Facilities Costs (Other Sources) | \$1,001.00 |
| Space or Facilities Narrative: | |

| | |
|--------------------------------|---|
| Supplies Costs | \$2,100.00 |
| Supplies Costs (Other Sources) | \$27,650.00 |
| Supplies Narrative: | Routine office supplies \$600 Postage \$500 Telephone \$1,000 |

| | |
|---------------------------------|------------|
| Equipment Costs | \$0.00 |
| Equipment Costs (Other Sources) | \$5,000.00 |
| Equipment Costs Narrative: | |

| | |
|-------------|-------------|
| Other Costs | \$20,900.00 |
|-------------|-------------|

| | |
|-----------------------------|---|
| Other Costs (Other Sources) | \$221,355.00 |
| Other Costs Narrative: | Other – Trust: Language interpretation \$1,000 Marketing/patient recruitment/provider retention \$2,400 Consulting services \$3,000 IT services \$1,500 Indirect Administrative \$13,000 |

| | |
|--|--------------|
| Total Amount to be Funded by the Trust | \$100,000.00 |
| Total Amount Funded by Other Sources | \$779,790.00 |

OTHER FUNDING SOURCES

| | |
|---|---------------------|
| State of Alaska Department of Health, secured | \$250,000.00 |
| State of Alaska Oral Health, secured | \$103,250.00 |
| United Way of Anchorage, secured | \$7,756.00 |
| Rasmuson Foundation, secured | \$75,000.00 |
| Fundraising Event, pending | \$90,000.00 |
| Individual and Corporate Donations, pending | \$54,500.00 |
| Providence Alaska Foundation, pending | \$100,000.00 |
| Program Support Funds, secured | \$99,284.00 |
| Total Leveraged Funds | \$779,790.00 |

MEMO

To: Board of Trustees
Date: November 13, 2024
Re: FY25 Partnership Grant Request
Fund Source: FY25 Partnerships/Designated Grants (Page 2, Line 13)
Amount: \$75,000.00
Grantee: MapHabit, Inc.
Grant Term: November 13, 2024 to November 30, 2025
Project Title: Expanded MapHabit Pilot Project

REQUESTED MOTION:

The Board of Trustees approve a \$75,000 FY25 Partnership grant to MapHabit, Inc. for the Expanded MapHabit Pilot Project. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.

Assigned Program Staff: Kelda Barstad

STAFF ANALYSIS

The Expanded MapHabit Pilot Project provides critical services through assistive technology for ongoing care challenges associated with Intellectual and Developmental Disabilities (IDD), Traumatic Brain Injury (TBI) and Alzheimer’s Disease and Related Dementias (ADRD). MapHabit uses a care management platform focused on visual map building to improve personal interactions, quality of life, and independence for individuals and their circle of support. The Expanded MapHabit Pilot Project is recommended for funding of the technology, a device upon which to use it, and personnel for consultation to offer the MapHabit service to beneficiaries with ADRD, IDD or TBI.

This project aligns with the goals of the Housing and Home and Community-Based Services focus area. Assistive technology allows beneficiaries to remain in the home and community of their choice, potentially reducing the number of staff hours used to maintain independence.

COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|--|-----------------------------------|---------------------------------|
| Goal 7 Services in the Least Restrictive Environment | 7.2 Long-term services & supports | Also 9.4 Technology Investments |

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

Working with collaborative partners, including the Alaska Association of Developmental Disabilities, Daybreak, Inc., and Health TIE with funding provided by the Alaska Mental Health Trust Authority, MapHabit launched an Alaskan pilot project in 2023. The first project focused on assisting those with IDD and TBI. MapHabit is a unique approach to behavioral health using a care management platform with visual map building that improves personal interactions, quality of life, and independence for individuals with Intellectual and Developmental Disabilities (IDD), Traumatic Brain Injuries (TBI), and Alzheimer's and Related Dementias (ADRD). Because MapHabit helps users achieve or maintain independence, it also reduces the care burden for those providing oversight, typically family, friends, or paid staff.

Although the first pilot project clearly demonstrated the effectiveness of using technical supports, such as MapHabit, to support individuals with IDD and TBI, making systemic changes requires deeper and wider outreach. While using MapHabit as part of the first pilot project, participants did become more independent, with 72.1% of the maps being used for Activities for Daily Living, including tooth brushing, morning routines, after-school activities, showering, and bedtime routines. It is important to note that MapHabit does not replace human interaction; however, it does leverage human care resources. The second project will build on the success of the first one and will add one more Trust Beneficiary group, those with ADRD, and has the aspirational aim of working with State of Alaska officials to change the Alaska Medicaid Waiver program so it includes reimbursements for Assistive Technologies like MapHabit, on par with fourteen other states that now include MapHabit in their Medicaid waiver programs.

Just as there are many people with TBI and IDD who need assistance with remembering day-to-day tasks, those with ADRD can also be supported using the MapHabit system. Due to the efficacy of the MapHabit system, MapHabit has received multiple grants to support their ADRD research, including a recent \$3.8 million award from the National Institute on Aging. Although short-term memory may be affected, the habit-forming part of the brain can allow those with ADRD to extend their independence while also simultaneously supporting their care providers.

PERFORMANCE MEASURES

How much did you do?

- a) Number (#) of unduplicated Trust beneficiaries served during the expanded pilot project, broken down by primary beneficiary category (IDD, TBI, ADRD).
- b) Number (#) of unduplicated support staff and family members who received guidance, tools and/or training to help support beneficiaries during the expanded pilot project.

- c) Number (#) of visual maps created and utilized for daily activities (e.g., tooth brushing) during the reporting period.

How well did you do?

- a) Provide a narrative that describes the timeline, activities, successes, challenges, and any lessons learned during the pilot project. Be sure to address how beneficiaries were recruited to participate in the pilot, as well as “next steps” for the project upon conclusion of the pilot.
- b) Provide a narrative on the Customer Care Experience – Net promoter score, Faux-Consumer Assessment of Healthcare Providers and System.
- c) Number (#) and percentage (%) of participants who felt they were treated with dignity and respect while participating in the pilot program.
- d) Number (#) and percentage (%) of participants who were satisfied with the services they received while participating in the pilot program.

Is anyone better off?

- a) Provide a narrative that addresses the Platform Utilization Metrics at the conclusion of the pilot. Be sure to provide insights on what participants and their support circle are doing with the platform (technical system usage stats and coach interaction)
- b) Provide a narrative that describes Member Engagement, including delineation of which ADL/IADL content is used most frequently by users (self-advocates, families, partner providers).
- c) Two stories from participants describing how their participation in the pilot project helped to improve their quality of life and overall well-being.
- d) Number (#) and percentage (%) of pilot participants who demonstrated improvements in quality of life and independent functioning upon conclusion of the project.
- e) Number (#) and percentage (%) of caregivers reporting reduced caregiver burden.

SUSTAINABILITY

The MapHabit system is very cost-effective. The set-up fee, along with a tablet is priced at \$1,143 and the monthly subscription is just \$50. If the user has a compatible device, the set-up fee is just \$400 along with the monthly subscription. Once they're introduced, many users can independently access MapHabit.

To ensure MapHabit is available to all Alaskans with IDD, TBI, and ADRD, MapHabit is working with advocates and the State of Alaska to request changes to the Alaska Medicaid Waiver so that it includes reimbursements for Assistive Technologies, including MapHabit.

WHO WE SERVE

The MapHabit System supports those that need short-term memory cognitive assistance as well as ongoing reminders or help with tasks, consequently, this project is focused on Trust beneficiaries with Intellectual and Developmental Disabilities, Traumatic Brain Injuries, and Alzheimer's and Related Dementias.

Individuals with these conditions, as well as their caregivers, have a wide range of capabilities and interests and the system is designed to support them at whatever level they need. Users can use the pre-loaded maps for common tasks like shaving, toothbrushing, and bathing, or easily substitute their own pictures for these tasks. They can also easily create maps for special purposes or activities. In addition to supporting day-to-day tasks, including work, the technology is a neutral guide that allows people to stay on task, lowers one-on-one oversight, and decreases the friction and frustration that sometimes occurs with human interactions.

MapHabit can assist Trust beneficiaries in a variety of circumstances, whether they live in Assisted Living or group homes, or in the community on their own or with friends and family members but is especially beneficial for those in the latter categories. Those with limited or no services often are left in very unsupported circumstances and both they and their care circles find it difficult to receive daily supportive services. Low-cost Assistive Technologies, like MapHabit, opens a world of possibilities that increases their autonomy, allows them to live more independently, and even work, all while also providing crucial support for those who care for them.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

| | |
|---|----|
| Developmental Disabilities: | 16 |
| Alzheimer's Disease & Related Dementias: | 16 |
| Traumatic Brain Injuries: | 8 |
| Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries): | 16 |
| Number of people to be trained | 5 |

BUDGET

| | |
|--|---|
| Personnel Services Costs | \$26,000.00 |
| Personnel Services Costs (Other Sources) | \$12,500.00 |
| Personnel Services Narrative: | Trust - Personnel: Training & Setup (\$250 each x 40 participants)=\$10,000.00 This includes individual setup on the MapHabit system and personal onboarding training. Monthly support fees (\$50 x 6 months x 40 participants)= \$12,000.00 System Setup & Enrollment Landing Page=\$ 4,000.00 |

| | |
|--|---|
| | Cost of creating Alaska-specific landing page for referrals, intakes, and data collection |
|--|---|

| | |
|------------------------------|--|
| Travel Costs | \$4,000.00 |
| Travel Costs (Other Sources) | |
| Travel Narrative: | Travel to conferences and meetings for MapHabit staff to ensure collaboration with stakeholders and recruitment. |

| | |
|---------------------------------|---|
| Equipment Costs | \$35,718.80 |
| Equipment Costs (Other Sources) | \$7,429.70 |
| Equipment Costs Narrative: | Trust – Equipment: MapHabit Device for each participant (\$742.97 each) Engage Kits for each participant (\$150 each) |

| | |
|-----------------------------|--|
| Other Costs | \$9,281.20 |
| Other Costs (Other Sources) | \$4,917.97 |
| Other Costs Narrative: | Trust – Other: Cost for recruitment materials, cost of FTE for fulfillment and cost of shipping of MapHabit devices and Engage Kits, and replacement devices. |

| | |
|--|-------------|
| Total Amount to be Funded by the Trust | \$75,000.00 |
| Total Amount Funded by Other Sources | \$24,847.67 |

OTHER FUNDING SOURCES

| | |
|------------------------------|--------------------|
| Mat-Su Health Foundation | \$24,847.67 |
| Total Leveraged Funds | \$24,847.67 |

MEMO

To: Board of Trustees
Date: November 13, 2024
Re: FY25 Partnership Grant Request
Fund Source: FY25 Partnerships/Designated Grants (Page 2, Line 13)
Amount: \$67,000.00
Grantee: United Nonprofits LLC
Grant Term: November 13, 2024 to July 31, 2025
Project Title: United Nonprofits Boiler Replacement

REQUESTED MOTION:

The Board of Trustees approve a \$67,000 FY25 Partnership grant to United Nonprofits LLC for the United Nonprofits Boiler Replacement project. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.

Assigned Program Staff: Eric Boyer

STAFF ANALYSIS

United Nonprofits, LLC (UNP) is the umbrella non-profit entity that is requesting Trust funds for a boiler replacement on the rooftop of their building. UNP owns the building, which houses eight non-profit agencies at below-market office leases in Anchorage. Several of the agencies serve 100% of Trust beneficiaries, such as NAMI (National Alliance for Mental Illness) Anchorage, and Standing Together Against Rape (STAR). STAR and the Alaska AIDS Assistance Association, aka Four As, are the co-owners of UNP. UNP does have a reserve account that is maintained from monthly lease fees from the tenants, however, that has been utilized recently for roof repairs. The boiler replacement would exhaust their reserves and would leave them in a tenuous situation with being able to maintain regular building maintenance should additional issues arise. It is recommended by Trust staff to fully fund this unique capital request.

COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|---------------------------------------|-------------------------------|----------|
| Goal 6 Protecting Vulnerable Alaskans | 6.3 Abuse & neglect reporting | |

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

United Nonprofits, LLC (UNP) provides below-market leased office, conference, and training space to eight nonprofits under one roof, allowing them to share expenses, collaborate, and further their missions. UNP's boiler is approaching its end of expected life and has developed a crack in its heat exchanger. We have been advised that we risk the possibility of catastrophic failure if we don't replace it soon. Ideally, the work would take place in May 2025. However, it would be advisable to purchase replacement equipment and have it ready if needed over Winter 2024.

United Nonprofits, LLC (UNP) was founded and incorporated as a nonprofit organization in 2008. UNP operates the former United Way building at 1057 W Fireweed Lane in Anchorage. UNP is co-owned and managed by Standing Together Against Rape (STAR) and the Alaska AIDS Assistance Association (4 A's). UNP was formed specifically to purchase the building, which several nonprofits have called home for decades, while guaranteeing affordable office space.

UNP needs a boiler replaced and related automated control system software. The current boiler appears to have been installed around or before 2008. UNP's HVAC vendor (Cool Air Mechanical) has relayed that the boiler is approaching its end of life, but, in addition to that, it has developed a crack in the heat exchanger. We have been told this means we are risking the possibility of catastrophic failure with no safety net this winter.

A factory boiler cleaning/service kit was installed/completed in the summer of 2023. That work is good for only two years (until the summer of 2025) since the vendor that services UNP's boiler will not tear it down for cleaning or maintenance again due to its age. UNP's current vendor demonstrated superior customer service following the 2018 earthquake with emergency HVAC work. Their response at that critical time saved our boiler system when they found the prior HVAC vendor had not secured the boiler to safety rails and the boiler had fallen over precipitously. We have relied on them to maintain the boiler ever since.

The cost of a boiler replacement is proposed to be \$98,552. The cost includes the use of a crane (as the boiler is located on the roof of UNP's building), demolition and disposal of the existing boiler, replacing one boiler with two, so there is redundancy as well as a backup, mechanical work, and electrical engineering. Automated boiler controls are also in need of upgrading, as the current software and hardware are well beyond the end of support. The bid for these controls is \$21,352. Lastly, a new server and laptop will be required for the operational controls. This is estimated to cost approximately \$5,000. The total estimated cost to replace the new boiler is \$125,000.

UNP is required to maintain an emergency fund of at least \$150,000. The cost for the boiler would almost completely expend these funds.

PROPOSED PERFORMANCE MEASURES

Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the installation of the replacement boiler and automatic control system. Be sure to include electronic photographs of the new boiler in place.

SUSTAINABILITY

This is a one-time capital project. Once the boiler and automated control systems are replaced, it is expected to last approximately fifteen years. During that time, UNP will be able to build up its savings and maintenance funds and be far more prepared to cover the cost of replacement in the future.

WHO WE SERVE

UNP is currently home to eight nonprofits, primarily serving presumed low-income and disadvantaged members of the community (victims of violent crime, individuals experiencing mental illness, homeless youth, and persons living with AIDS). While some serve Anchorage and surrounding communities only, many have a statewide service area. Current tenants include:

Standing Together Against Rape
Alaska AIDS Assistance Association
Covenant House Peer Outreach
Federation of Community Councils
Victims for Justice
National Alliance for Mental Illness, Anchorage
American Civil Liberties Union, Alaska
Big Brothers / Big Sisters Alaska

These nonprofits enjoy affordable lease rates through UNP (average price per square foot is \$1.50). Amenities of leasing from UNP include free utilities, daily janitorial services, off-street parking, high-speed internet access, and a conference/training room that comfortably holds fifty individuals. These cost savings help further the mission of each nonprofit co-located in the building. As well, many of the nonprofits share resources and collaborate more easily than they might if located across town.

UNP hosts free vaccination clinics for all tenants and those who use their services annually. Nonprofits throughout the community use UNP's conference room for meetings and training. All tenants share information about community resources and upcoming events and fundraisers. Benefits to the Trust's beneficiaries are innumerable. Making sure these agencies can continue serving Alaskans without interruption or delay is imperative.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

| | |
|--|-----|
| Mental Illness: | 600 |
| Developmental Disabilities: | 150 |
| Substance Abuse | 400 |
| Traumatic Brain Injuries: | 100 |
| Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries): | 100 |

BUDGET

| | |
|--|--|
| Equipment Costs | \$67,000.00 |
| Equipment Costs (Other Sources) | \$58,000.00 |
| Equipment Costs Narrative: | <p>The cost of a boiler replacement is proposed to be \$98,552. The cost includes the use of a crane (as the boiler is located on the roof of UNP's building), demolition and disposal of the existing boiler, replacing one boiler with two, so there is redundancy as well as a backup, mechanical work, and electrical engineering.</p> <p>Automated boiler controls require upgrading, as the current software and hardware are well beyond the end of support. The bid for these controls is \$21,352.</p> <p>A new server and laptop will be required for the operational controls. This is estimated to cost approximately \$5,000.</p> |
| Total Amount to be Funded by the Trust | \$67,000.00 |
| Total Amount Funded by Other Sources | \$58,000.00 |

OTHER FUNDING SOURCES

| | |
|------------------------------|--------------------|
| Rasmuson Foundation Pending | \$35,000.00 |
| United Nonprofits Secured | \$23,000.00 |
| Total Leveraged Funds | \$58,000.00 |

MEMO

To: Board of Trustees
Date: November 13, 2024
Re: FY25 Partnership Grant Request
Fund Source: FY25 Partnerships/Designated Grants (Page 2, Line 13)
Amount: \$46,000.00
Grantee: JAMHI Health & Wellness, Inc.
Grant Term: November 1, 2024 to October 31, 2025
Project Title: SHARP Contracts at JAMHI - Continued

REQUESTED MOTION:

The Board of Trustees approve a \$46,000 FY25 Partnership grant to JAMHI Health & Wellness, Inc. for the SHARP Contracts at JAMHI - Continued project. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.

Assigned Program Staff: Eric Boyer

STAFF ANALYSIS

JAMHI Health and Wellness requests these funds to secure behavioral health clinicians for their integrated clinic in Juneau, AK, through the State of Alaska's Healthcare Professional Workforce Enhancement Program, known as SHARP 3. This grant would equip JAMHI to retain clinicians to work in Juneau and increase their access to treatment and ongoing care. SHARP 3 loan repayments, once executed, are three-year contracts, which JAMHI proposes to match Trust funds for the positions 50/50.

Access to integrated health services are few, and equipping JAMHI to maintain its BH support will help Trust beneficiaries meet their needs. The increased BH access is anticipated to reach over 190 beneficiaries. SHARP contracts are an effective tool in rural Alaska for recruiting and retaining clinicians and stabilizing the workforce. JAMHI has been able to stabilize their workforce with the securing of these three clinicians over the last two years.

COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|----------------|----------------------|----------|
| Choose a Goal. | Choose an Objective. | |

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

Recruitment and retention continue to challenge JAMHI, due to lower amounts of providers and due to location in a small, geographically remote, town. Addressing these challenges, JAMHI has collaborated with the Trust to offer SHARP benefits to three employees: a licensed psychologist, a licensed professional counselor, and JAMHI's Director of Behavioral Health Services. These positions remain challenging to keep filled with high quality employees, and without the SHARP benefits, these employees may very well choose to find employment elsewhere.

JAMHI is a community-based, integrated care agency in Juneau providing a range of Behavioral Health services for both youth and adults. These services include outpatient clinical, rehabilitation, and wellness services; case management services; psychiatric emergency services; primary care services; and community housing for adults. JAMHI follows the CCBHC model and operates an FQHC look-alike and serves many trust beneficiaries of all groups through this work. Recruitment and retention continue to challenge JAMHI, due to lower amounts of providers and due to location in a small, geographically remote, town. Addressing these challenges, JAMHI has collaborated with the Trust to offer SHARP benefits to three employees: a licensed psychologist, a licensed professional counselor, and JAMHI's Director of Behavioral Health Services. These positions remain challenging to keep filled with high quality employees, and without the SHARP benefits, these employees may very well choose to find employment elsewhere. Working with the Trust, JAMHI has been and is striving to make itself a competitive employer by restructuring pay scales and employee benefits, which in turn benefits clients such as Trust Beneficiaries.

Within the first three months of 2024, JAMHI conducted a Community Needs Assessment (CNA) with multiple points of inquiry. This CNA garnered 254 results, with the majority of respondents (72.5%) reporting mental health concerns for themselves or their family. JAMHI is approaching the needs for its community on multiple fronts, with hiring and retaining staff as one of the key elements as staffing retention provides stability both for the organization and for the people JAMHI exists to serve. While our client population primarily resides within the City and Borough of Juneau, JAMHI can provide services to the entire state of Alaska through telehealth arrangements.

PERFORMANCE MEASURES

Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the reporting period. Be sure to describe efforts made towards sustainability that would support stable staffing into the future. Additionally, please identify whether each of the three professionals (licensed psychologist, licensed professional counselor, Director of Behavioral Health Services) is still employed at JAMHI Health & Wellness at the end of the grant reporting period.

SUSTAINABILITY

Staff retention of these three professional individuals will continue to be a focused effort for JAMHI after the Trust's funding ends. Support from the Trust has allowed our agency time to improve our pay scales, and time to add Behavioral Health services to our FQHC Look-alike scope. This addition has allowed us to capture significantly more funds for services provided by these three licensed professionals that we have been able to retain thanks to the funding of the Trust.

WHO WE SERVE

All identified groups of Trust Beneficiaries benefit from the success of this project, as staff retention significantly enhances the quality of services provided to the people an agency serves. When employees remain with an organization, they develop deeper, trusted levels of rapport with clients, leading to more personalized and effective support. Experienced staff bring valuable expertise and knowledge, which improves service consistency and fosters a sense of stability for clients. Additionally, high retention rates contribute to a positive workplace culture, which ultimately benefits clients through improved morale and teamwork among staff. This continuity not only strengthens trust and rapport but also enhances overall outcomes for those receiving services.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

| | |
|---|-----|
| Mental Illness: | 112 |
| Developmental Disabilities: | 3 |
| Alzheimer's Disease & Related Dementias: | 2 |
| Substance Abuse | 68 |
| Traumatic Brain Injuries: | 12 |
| Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries): | 6 |
| Number of people to be trained | 46 |

BUDGET

| | |
|-----------------------------|-------------|
| Other Costs | \$46,000.00 |
| Other Costs (Other Sources) | |

| | |
|------------------------|---|
| Other Costs Narrative: | <p>The following is the breakdown of loan repayments and incentive payments and the additional SHARP 3 SOA DPH administrative fee (5% of total contract award). Tier 1 contractual amounts: 1 licensed psychologist, full time year 3 = \$47,000 Tier 2 contractual amounts: 1 licensed professional counselor, full time year 3 = \$20,000 Tier 3 contractual amounts: 1 Director of Behavioral Health Services, full time year 3 = \$20,250 Sub-total: \$87,250 SOA DPH 5% administrative fee: \$4,362.50 JAMHI Health & Wellness, Inc. is requesting \$46,000 in grant funds from the trust and will provide their own contribution derived from service revenue to supplement the remaining project expenses.</p> |
|------------------------|---|

| | |
|--|-------------|
| Total Amount to be Funded by the Trust | \$46,000.00 |
| Total Amount Funded by Other Sources | \$0 |

MEMO

To: Board of Trustees
Date: November 13, 2024
Re: FY25 Partnership Grant Request
Fund Source: FY25 Partnerships/Designated Grants (Page 2, Line 13)
Amount: \$27,000.00
Grantee: Kodiak Island Health Care Foundation dba Kodiak Community Health Center
Grant Term: November 13, 2024 to December 31, 2025
Project Title: KCHC Behavioral Health Provider Recruitment

REQUESTED MOTION:

The Board of Trustees approve a \$27,000 FY25 Partnership grant to Kodiak Island Health Care Foundation dba Kodiak Community Health Center for the KCHC Behavioral Health Provider Recruitment. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.

Assigned Program Staff: Eric Boyer

STAFF ANALYSIS

The Kodiak Community Health Center (KCHC) requests Trust funds to secure a behavioral health (BH) clinician for their integrated clinic in Kodiak through the State of Alaska’s Healthcare Professional Workforce Enhancement Program, known as SHARP 3. This grant would equip KCHC to hire a BH clinician to work on the island, increasing beneficiary access to treatment and ongoing care. SHARP 3 loan repayments, once executed, are three-year contracts in which KCHC proposes to match Trust funds for the position 50/50 over the course of the three-year contract, contingent on Trustee approval in each year.

BH services on Kodiak Island are limited, and equipping KCHC to increase its BH support will help Trust beneficiaries meet their needs. The increased BH access is anticipated to reach over 140 beneficiaries. SHARP contracts are an effective tool in remote Alaskan communities for recruiting and retaining clinicians and stabilizing the workforce.

COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|------|-----------|----------|
|------|-----------|----------|

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

The prevalence of behavioral health needs, including mental health and substance use disorders, is high in the Kodiak community, we have been experiencing BH workforce shortages on the island. Our BH provider positions have been open for 3 years, to make our beautiful community more appealing we would like to offer student loan repayment, utilizing the State of Alaska SHARP Program. This will increase access to care and serve the Trust Beneficiaries by alleviating the stress of seeking care off the island, which may require waiting periods and substantial costs. We are requesting funding to support trust beneficiaries in the Kodiak Island Borough who are experiencing behavioral and mental health (BH) conditions including substance use disorders (SUD). This will require the recruitment of a BH provider to increase the behavioral health workforce on the island, meet our community's needs, and increase access to treatment. Our Integrated Behavioral Health Department started in 2018. Our current BH services include a MAT program, psychiatric evaluations, psychiatric assessments including treatment planning and follow-up, case management for BH and SUD, teletherapy, and community referrals to counseling services and psychiatry. When our patients need more extensive therapy than we provide, we refer them to our partner agencies that provide intensive outpatient groups and inpatient services. Our community partnerships are strong, our Behavioral Health Program has had success in working collaboratively with Providence Kodiak Island Counseling Center and the Kodiak Area Native Association. We currently have 1 full-time Telehealth LCSW, 1 part-time Telehealth Psychiatric Nurse Practitioner, 1 Licensed Addictions Counselor/Case Manager, and 5 MAT waived Providers. Telehealth visits are not ideal for all patients, it is critical that we recruit an in-person BH clinician to join our team, to further support this patient population and their recovery. Kodiak's remote location, high cost of living, and rainy climate are major factors of the mental health of the Kodiak residents. Residents experience increased stress, isolation, and difficulty meeting basic needs and struggle to gain access to needed behavioral health services. These factors are also a hindrance to our recruitment efforts, we would like to offer the Student Loan Repayment Program utilizing the State of Alaska SHARP program tier II, that provides Student loan repayments up to \$27,000 annually for hard-to-fill positions. Our BH health positions have been open for 3 years, offering this additional benefit to our recruitment package seems necessary to support the healthcare infrastructure of Kodiak and the well-being of Trust Beneficiaries.

PROPOSED PERFORMANCE MEASURES

Provide a narrative describing the recruitment timeline, activities, successes, challenges, and any lessons learned during the reporting period. Additionally, briefly describe the impact that student loan repayment had on the recruitment efforts of the behavioral health position. Be sure to describe efforts made towards sustainability that would support stable staffing into the future.

SUSTAINABILITY

As a Federally Qualified Health Center, we rely on a combination of Federal grants and patient revenues. We have a requirement, that we embrace, to not turn away any patient due to lack of ability to pay. We will be using retained earnings, if we are unable to acquire additional funding from other sources, for the success and sustainability of this project. It is our understanding that the Alaska Mental Health Trust can provide up to 27,000 towards student loan repayment for hard to fill positions for the first year, year 2 will be a split 50/50 and the third year will be the sole responsibility of KCHC, we are dedicated to the health and wellbeing of our community and will ensure the success of this project, as this is a much-needed resource to the healthcare infrastructure of Kodiak Island.

WHO WE SERVE

Telehealth is a great resource but, in some cases, it may not be ideal for meeting all needs of Trust Beneficiaries' treatment plans. An in-person provider can further support some behavioral health, mental health, and substance use disorders by helping a patient feel more comfortable by being in a more personal setting, this can also allow the provider to have the ability to pick up nonverbal cues such as body language, that can assist with successful treatment planning. In-person providers can also reduce the need to travel off the island for continued care which can cause additional barriers, such as stress from being away from home and additional expenses. An in-person provider will have immediate access to local resources and a better understanding of the Kodiak community, cultures, and lifestyle and provide a more relatable relationship between patient and provider.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

| | |
|---|-------|
| Mental Illness: | 111 |
| Developmental Disabilities: | 27 |
| Alzheimer's Disease & Related Dementias: | 10 |
| Substance Abuse | 1,834 |
| Traumatic Brain Injuries: | 10 |
| Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries): | 87 |

BUDGET

| | |
|-----------------------------|---|
| Other Costs | \$27,000.00 |
| Other Costs (Other Sources) | \$0.00 |
| Other Costs Narrative: | We are requesting support for year 1 of the State of Alaska Sharp Program Student Loan Repayment tier II hard-to-fill position, Year 2, contingent upon Trust approval, will be split 50/50 and the third year will be the sole responsibility of KCHC. |

| | |
|--|-------------|
| Total Amount to be Funded by the Trust | \$27,000.00 |
| Total Amount Funded by Other Sources | \$0 |

MEMO

To: Board of Trustees
Date: November 13, 2024
Re: FY25 Partnership Grant Request
Fund Source: FY25 Partnerships/Designated Grants (Page 2, Line 13)
Amount: \$25,000.00
Grantee: Alaska Association on Developmental Disabilities
Grant Term: November 13, 2024 to May 31, 2025
Project Title: Strengthening Services by Sharing Stories of Lived Experience

REQUESTED MOTION:

The Board of Trustees approve a \$25,000 FY25 Partnership grant to the Alaska Association on Developmental Disabilities for the Strengthening Services by Sharing Stories of Lived Experience project. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.

Assigned Program Staff: Tina Voelker-Ross

STAFF ANALYSIS

Alaska Association of Developmental Disabilities (AADD) requests funding for the project Strengthening Services by Sharing Stories of Lived Experience to support individuals with developmental disabilities (DD) and/or intellectual developmental disabilities (IDD) and their families to learn advocacy skills to provide testimony to elected officials about their experiences with home and community-based services, to build their confidence in advocacy, and to improve access to and the quality of Alaska's home and community-based services.

The Key Campaign is an annual fly-in event to Juneau, which the Key Coalition of Alaska coordinates. This will be the 37th year of this event, where individuals with DD and IDD and their families meet in Juneau to learn how to share their stories with legislators and advocate to ensure the community-based system of care has the resources it needs. This year marks a return to in-person events after four years of virtual advocacy due to the global pandemic. Trust funding will primarily cover travel expenses for beneficiaries and their families to participate in the fly-in. During the event, participants will receive orientation and training activities to learn to tell their stories, articulate system gaps, challenges, and personal experiences with community-based services, and attend legislative events where they can share their stories.

COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|--|-----------------------------------|----------|
| Goal 7 Services in the Least Restrictive Environment | 7.2 Long-term services & supports | |

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

Funding will provide Trust beneficiaries the support needed to share their lived experience with legislators and policy decision-makers in Juneau and in their regions by supporting their full participation in the annual Key Campaign. Support will include outreach to identify beneficiaries interested in advocacy, education around how to share their stories, coordination of access to advocacy opportunities, and financial assistance with travel to Juneau during the legislative session.

Problem we are addressing: This funding will ensure legislators and other state leaders hear directly from beneficiaries regarding the system gaps, challenges and importance of community-based services. Many beneficiaries and their family members who rely on these services face barriers to sharing their experiences and attending advocacy events. It is often the stories from constituents directly impacted by legislative decisions that have the most impact.

What we will be doing:

1. Outreach via provider organizations and community partners to inform beneficiaries and their family members about Key Campaign 2025 and the opportunity to participate.
2. Coordinate travel to Juneau for the Key Campaign event scheduled for March 18-19. These funds will pay for airline transportation, lodging, and event-related costs.
3. Orientation and training activities include creating a video to distribute to all participants that provides guidance on how to provide testimony and share stories with legislators along with an overview of the legislative priorities.
4. Distribution of information regarding Key Coalition membership and opportunities for ongoing participation in advocacy opportunities in their local communities throughout the year.

AADD's Executive Director will take the lead on managing this project with extensive support from the Key Coalition Board of Directors and the Key Campaign planning team.

Targeted population and geographic area served: This project is statewide and will target children and adults with intellectual and developmental disabilities and their family members.

Expected outcomes: 1) beneficiaries will be better equipped to inform elected officials regarding the impact of financial investment in the home and community-based service system, 2) the current system will receive the support needed from the State of Alaska to improve quality and access as a result of increased awareness regarding beneficiary experiences and 3) beneficiaries will build their experience and confidence in advocacy through their participation. The overarching outcome of supporting beneficiaries to be in front of their legislators in Juneau and sharing stories is a deeper commitment by elected representatives to ensuring the community-based system of supports has the resources it needs. While this project addresses many of the focus areas in the Comprehensive Mental Health Plan, it most directly supports Goal 7, which is ensuring that beneficiaries' needs are met in the least restrictive environment.

Community support: This is the 37th year for the annual Key Campaign, a fly-in coordinated by the Key Coalition of Alaska. In addition to a dedicated core group of parents and people with disabilities, the Coalition includes the following partner organizations – Peer Power Alaska, the Alaska Alliance of Direct Support Professionals, and the Governor's Council on Disabilities and Special Education. Key has a legacy of strong community support and is a recognized force in the hallways of the state capital. Thirty-six people have signed up for the planning committee, representing a diverse group of advocates and organizations.

PROPOSED PERFORMANCE MEASURES

How much did you do?

- a) Number (#) of primary beneficiaries who received financial assistance to travel to Juneau.
- b) Number (#) of secondary (family members or guardians) who received financial assistance to travel to Juneau.
- c) Total number (#) of legislators visited by primary and secondary beneficiaries to share their stories during the 2025 Key Campaign.

How well did you do it?

- a) Provide a narrative describing the activities, successes, challenges experienced, and any lessons learned during the grant reporting period. Additionally, be sure to include information as to how individuals were chosen to receive financial assistance to travel. Please provide a list of individuals who received financial assistance to travel to Juneau and the legislators that they visited with during the 2025 Key Campaign.
- b) Number (#) and percentage (%) of participants who felt the training video adequately guided and prepared them to advocate and share their stories with legislators and other policymakers in Juneau.

Is anyone better off?

- a) Number (#) and percentage (%) of participants who felt their stories were listened to by legislators and other policy-makers during the Key Campaign.

- b) Two statements from beneficiaries describing their experience at the Key Campaign.

SUSTAINABILITY

The Key Coalition has several fundraising initiatives it is kicking off this year with the goal of building a fundraising structure that supports the ongoing activities of the Coalition. There are two parts new to Key this year. The first is the Steve Lesko Legacy Club. Steve Lesko was the founder and inspirational leader behind Key for the first 25 years. He has since passed away, but there are many disability leaders who were followers of Steve - the Legacy Club will offer a vehicle to recognize Steve's legacy through a recurring donation to the Key Campaign. The other effort is to create a "Friends of Key" opportunity. People who can't give at the Legacy level can donate to Key easily to support activities.

WHO WE SERVE

This project ensures beneficiaries with developmental disabilities receive the support to share their lived experiences directly with legislators and other policymakers in Juneau. The Key Campaign has a long history of effective advocacy. Key leaders who have been part of this movement from the beginning state that the inclusion of beneficiaries and their family members has been the primary reason for the success of Key. Sitting face to face with a beneficiary who is sharing that he can't get out of bed in the morning if a direct support professional does not show up for work is difficult to ignore. It is these stories of lived experience that are vital. The global pandemic stopped these face-to-face experiences. 2025 will be the first year for the Key Campaign to be back in Juneau – Key has coordinated virtual advocacy visits for the past four years. The impact is far less and is growing weaker each year that passes. Beneficiaries who are supported to travel to Juneau and share their stories are better off as a result in two ways – first, they benefit from legislative support for the home and community-based service system. It is more difficult for legislators to disregard the Medicaid disability services when they have a face and name to connect with the service system. Secondly, generations of advocates across Alaska have shared how pivotal their participation in the Key Campaign was to their advocacy journey. Being part of a fly-in, attending orientation with 150 other advocates, marching to the Capital, and meeting with legislators is empowering. Supporting Key Campaign strengthens Alaska's DD advocacy community.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

| | |
|---|--------|
| Developmental Disabilities: | 7,400 |
| Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries): | 20,000 |
| Number of people to be trained | 150 |

BUDGET

| | |
|------------------------------|-------------|
| Travel Costs | \$20,000.00 |
| Travel Costs (Other Sources) | \$16,000.00 |

| | |
|-------------------|--|
| Travel Narrative: | Roundtrip Airfare to Juneau per person: approximately \$500 = 45 people X \$500 = \$22,500 Hotel in Juneau for 2 nights (\$150 X 2) per person: approximately \$300 = 45 X \$300 = \$13,500 |
|-------------------|--|

| | |
|---|--|
| Space or Facilities Costs | \$2,500.00 |
| Space or Facilities Costs (Other Sources) | \$0.00 |
| Space or Facilities Narrative: | Centennial Hall Rental Fee - approximately \$2,500 for a half-day rental. This will be the site of the legislative orientation session and legislative reception |

| | |
|--------------------------------|---|
| Supplies Costs | \$1,250.00 |
| Supplies Costs (Other Sources) | \$4,000.00 |
| Supplies Narrative: | \$250: Miscellaneous supplies (signs, decorations) \$5,000: catering costs for the Legislative reception |

| | |
|-----------------------------|---|
| Other Costs | \$1,250.00 |
| Other Costs (Other Sources) | \$2,500.00 |
| Other Costs Narrative: | Administrative Support Costs to coordinate travel, training video production, event support |

| | |
|--|-------------|
| Total Amount to be Funded by the Trust | \$25,000.00 |
| Total Amount Funded by Other Sources | \$22,500.00 |

OTHER FUNDING SOURCES

| | |
|---|--------------------|
| Governor's Council on Developmental Disabilities & Special Education - SECURED | \$10,000.00 |
| Mat-Su Health Foundation - PENDING | \$10,000.00 |
| Alaska Association on Developmental Disabilities administrative support - SECURED | \$1,250.00 |
| Multiple Partner Organizations helping to plan the event - SECURED | \$1,250.00 |
| Total Leveraged Funds | \$22,500.00 |

MEMO

To: Board of Trustees
Date: November 13, 2024
Re: FY25 Partnership Grant Request
Fund Source: FY25 Partnerships/Designated Grants (Page 2, Line 13)
Amount: \$2,500.00
Grantee: Alaska Children's Trust
Grant Term: November 20, 2024 to November 23, 2024
Project Title: Alaska Out-of-School Time Conference

REQUESTED MOTION:

The Board of Trustees approve a \$2,500 FY25 Partnership grant to the Alaska Children's Trust for the Alaska Out-of-School Time Conference. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.

Assigned Program Staff: Tina Voelker-Ross

STAFF ANALYSIS

Alaska Children's Trust requests Trust sponsorship in the amount of \$2,500.00 for the 2024 Alaska Out-of-School Time (OST) Conference with funding from the FY25 Non-Focus Area budget line-item Partnerships.

This conference (Nov. 20-22, 2024) provides essential training to a broad range of staff who work within the before and after-school and summer programs for school-aged children/youth, bringing together over 150 afterschool and summer program staff from communities state-wide. The conference provides training on cultural protective factors, family engagement, social-emotional learning, self-care, coping skills, behavioral health strategies to support children, youth, and families, STEM, literacy, math, and more. With the youth mental health crisis, OST programs are a lifeline for kids, providing a familiar environment for children to develop life skills and coping mechanisms. Through positive relationships with the OST staff, those children/youth who need additional services can also get help accessing needed services in their communities. Trust funds will specifically support travel and accommodation costs for participants from underserved and remote areas, ensuring broader statewide representation.

COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|-----------------------------------|----------------------------|----------|
| Goal 9 Workforce, Data, & Funding | 9.2 Workforce competencies | |

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

The Alaska Afterschool Network hosts the annual Alaska Out-of-School Time (OST) Conference, a crucial event for over 150 afterschool and summer program staff from communities across Alaska. This conference, to be held in Fairbanks, AK, is the only opportunity for Alaska OST educators to learn from one another, practice techniques, and connect with other afterschool professionals.

Alaska's OST programs are vital for children's mental health and development, providing a safe space for authentic self-expression and access to positive role models. The conference offers 40 workshop sessions covering topics such cultural protective factors, STEM, self-care, family engagement, and social-emotional learning. These sessions equip providers with trauma-informed and culturally sensitive methods to better service children and families.

The event impacts Trust beneficiaries indirectly by enhancing the skills of OST staff who serve thousands of children in 33 Alaskan communities. This support extends to whole families, offering a stress-free environment for children while parents work. The conference's reach and the subsequent improvements in the OST programs have wide-ranging positive effects on communities across Alaska.

PROPOSED PERFORMANCE MEASURES

How much did you do?

- a) Number (#) of unduplicated individuals in attendance.
- b) Number (#) and list of communities represented.

How well did you do it?

- a) Provide a brief narrative describing the activities, successes, challenges experienced, and any lessons learned during the planning phase of the conference, as well as the event itself. Be sure to attach an electronic copy of the conference agenda/program.
- b) Number (#) and percentage (%) of attendees reporting satisfaction with the conference.

Is anyone better off?

- a) Number (#) and percentage (%) of attendees who felt they gained skills/knowledge that will be used to improve the lives of the Trust beneficiaries they serve.
- b) Two stories from attendees describing (in their own words) how knowledge gained at the Conference will directly or indirectly help Trust beneficiaries within their community.

SUSTAINABILITY

The Alaska Out-of-School Time (OST) Conference is a key part of the Alaska Afterschool Network’s year-round support for OST providers, designed to have a lasting impact beyond the event itself. In addition to the conference, the Network offers ongoing resources such as the “Child and Youth Care Credential”, “Youth Mental Health First Aid” training, and weekly newsletters with curated tools and best practices. These year-round supports ensure that OST providers have the skills and knowledge needed to continually improve program quality and better support mental health in Alaska’s children and youth.

To sustain the conference after Trust funding ends, we will continue to leverage a diversified funding model that includes grants from foundations and sponsorships from local businesses. Strong partnerships with educational institutions, the state of Alaska, and community organizations also help provide both financial and in-kind support, such as facilities and expertise.

By building on these resources and relationships, we are creating a sustainable framework that enables OST providers to offer high-quality, impactful programs year-round. The professional development and tools they gain through the Network’s offerings, including the conference, help them continuously improve services for Alaska’s youth and families, creating lasting, positive change.

WHO WE SERVE

Out-of-school time (OST) programs offer vital support for children, youth, and families, especially those affected by mental illness. The upcoming Alaska OST Conference will gather educators and community leaders to strengthen these essential programs, which provide safe, nurturing environments where children can build resilience, learn life skills, and connect with caring mentors.

For beneficiaries of the Alaska Mental Health Trust Authority, OST programs go beyond afterschool activities—they offer critical mental health support. These programs help children and teens regulate emotions, develop coping mechanisms, and foster social connections, providing real-time assistance for struggling families. The impact extends to parents, offering them relief and reducing stress at home.

The Alaska OST Conference also focuses on professional development for those working in afterschool and summer programs. By equipping these professionals with skills like trauma-

informed care and behavioral health strategies, we ensure they can better support children facing mental health challenges.

Thanks to funding from the Alaska Mental Health Trust Authority, rural participants will have the opportunity to attend, helping ensure even the most underserved communities benefit. This investment will extend the reach of crucial knowledge and resources, creating more inclusive, effective programs for Trust beneficiaries across the state.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

| | |
|--------------------------------|-----|
| Number of people to be trained | 167 |
|--------------------------------|-----|

BUDGET

| | |
|---|---|
| Personnel Services Costs | \$0.00 |
| Personnel Services Costs (Other Sources) | \$6,382.00 |
| Personnel Services Narrative: | Personnel: Outside of normal staffing expenses, which are not outlined separately from regular operating expenses, the Alaska Children's Trust will also be paying for 6 staff members to fly to Fairbanks and stay for the conference, including hotel, flights, and care rental, this cost is \$6,832. |
| Travel Costs | \$2,500.00 |
| Travel Costs (Other Sources) | \$0.00 |
| Travel Narrative: | The full grant provided by the Mental Health Trust will go towards getting more rural providers to our conference. This is our biggest hurdle in ensuring ALL providers have access to the knowledge and skills taught at Conference, therefore, if awarded, all funds will be used for travel and hotel costs for afterschool programs struggling to attend from underserved and remote areas. |
| Space or Facilities Costs | \$0.00 |
| Space or Facilities Costs (Other Sources) | \$14,000.00 |
| Space or Facilities Narrative: | The Alaska Out-of-School Time Conference is in collaboration with the Department of Health. The Department of Health covers the facilities cost of our conference, which totals \$14,000. |
| Supplies Costs | \$0.00 |
| Supplies Costs (Other Sources) | \$26,800.00 |
| Supplies Narrative: | Preconference food & beverage 1,270 |

| | | |
|--|------------------------------------|-------|
| | Fees (preconference) | 254 |
| | Conference (Day 1 food & beverage) | 6,897 |
| | Conference (Day 2 food & beverage) | 3,675 |
| | Fees (Conference day 1 & 2) | 1,865 |
| | Network Reception | 3,000 |

| | | |
|---------------------------------|---------------------|-------|
| Equipment Costs | \$0.00 | |
| Equipment Costs (Other Sources) | \$8,378.00 | |
| Equipment Costs Narrative: | Coach/Bus | 2,000 |
| | Rental Car | 2,000 |
| | Whoa Conference App | 4,378 |

| | | |
|-----------------------------|-------------------------------------|-------|
| Other Costs | \$0.00 | |
| Other Costs (Other Sources) | \$3,790.00 | |
| Other Costs Narrative: | Welcome table | 200 |
| | Print Guidebooks & Signs | 200 |
| | Decoration | 400 |
| | Champion award & flowers | 200 |
| | Conference Planning Committee Gifts | 200 |
| | Door prizes | 400 |
| | Workshop supplies | 150 |
| | Takeaway Items for Attendees | 2,000 |
| | Website | 40 |

| | |
|--|-------------|
| Total Amount to be Funded by the Trust | \$2,500.00 |
| Total Amount Funded by Other Sources | \$58,350.00 |

OTHER FUNDING SOURCES

| | |
|-----------------------------------|--------------------|
| Mat-Su Health Foundation, SECURED | \$2,500.00 |
| Alaska 529, SECURED | \$2,500.00 |
| thread | \$1,000.00 |
| The Resource Basket, SECURED | \$1,000.00 |
| Recover Alaska, SECURED | \$500.00 |
| The Mott Foundation, SECURED | \$1,200.00 |
| Dept of Health, SECURED | \$30,000.00 |
| Alaska Children's Trust, SECURED | \$19,650.00 |
| Total Leveraged Funds | \$58,350.00 |

MEMO

To: Board of Trustees
Date: November 13, 2024
Re: FY25 Non-Focus Area Allocation - Contract
Fund Source: FY25 Comprehensive Program Planning & Consultative Services
Amount: Not to Exceed \$250,000
Contractor: TBD
Project Title: Evaluation of IDD Provider Organizations Function

REQUESTED MOTION:

The Board of Trustees approves an amount not to exceed \$250,000 for a contract for the evaluation of operations of Alaskan Intellectual and Developmental Disability provider organizations. These funds will come from the FY25 Comprehensive Program Planning & Consultative Services budget line of the Non-Focus Area section of the budget.

Assigned Program Officers: Kelda Barstad and Michael Baldwin

STAFF ANALYSIS

The purpose of this project is to secure a contractor to assess and evaluate the current care system landscape for larger organizations providing services to beneficiaries experiencing Intellectual and Developmental Disabilities (IDD) in Alaska. We will conduct a competitive procurement process to secure a consultant/consultants with the expertise and experience necessary to complete this project.

The Trust has received feedback from key partners and community stakeholders expressing concern about the health of the care system's provision of services to beneficiaries experiencing IDD. During the August 2024 Trustee Board meeting, in response to stakeholder feedback, trustees supported using funds to pursue an IDD systems assessment.

A collaborative effort between the Trust and key partners from the Department of Health (DOH), the Governor's Council on Disabilities and Special Education (GCDSE), and the Alaska Association on Developmental Disabilities (AADD) has resulted in a narrowed scope to provide important information about the health and sustainability of IDD providers. This project will complement and inform other current initiatives led by the Departments of Health and Family and Community Services, focused on improving the continuum of care for individuals experiencing IDD.

The information and results gathered from this project will be shared with Trustees, participating service providers, and partners in the DOH, GCDSE, and AADD to help guide support efforts and inform policy and systems change initiatives as identified.

When comparing similar past projects and scaling to the potential number of organizations to be included in the scan, it is estimated that an allocation of not more than \$250,000 will be sufficient to complete this project. If approved, the funds would be allocated from the FY25 Comprehensive Program Planning & Consultative Services funding line. Currently, this funding line has \$350,000, and if this project is approved, there will be \$100,000 remaining.

COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|--|-----------------------------------|--|
| Goal 7 Services in the Least Restrictive Environment | 7.2 Long-term services & supports | The project is also consistent with other Areas of Focus |

In addition to increasing access to effective and flexible person-centered, long-term services to support and avoid institutionalization, this project will provide evidence for data-driven decision-making. Other Areas of Focus include 9 (Workforce Development. Strengthening workforce capacity) and 10 (Data-driven policy and innovation).

PROJECT DESCRIPTION

The purpose of this project is to secure a contractor through a competitive procurement process to assess and evaluate the current care system landscape for larger organizations providing services to beneficiaries experiencing Intellectual and Developmental Disabilities (IDD) in Alaska. Specifically, the assessment will focus on the organizational operations and sustainability of the larger provider organizations that comprise the core continuum of services.

During the 1970s, parents of individuals with Intellectual and Developmental Disabilities (IDD) formed non-profit organizations across Alaska to provide services to the IDD population. The continuum of care comprises various organizations, ranging from large community non-profit organizations to small independent care businesses. Over time, these organizations have faced changing needs in service delivery, revenue generation, workforce management, and governance structures.

A number of initiatives are currently underway, led by the Departments of Health and Family and Community Services, focusing on improving components of the healthcare system that provide services to beneficiaries experiencing IDD.

Through the Trust's stakeholder and budget development process, key partners and community stakeholders expressed concern about the current health of the system providing services to Trust beneficiaries, particularly the status of larger organizations functioning as the core of the continuum of care. The need for a focus on larger agencies was recently underscored as the Trust

and its partners worked with a large community organization to address concerns about the organization's health and ability to serve Trust beneficiaries.

To address these evolving challenges, the Alaska Mental Health Trust, Alaska Department of Health, Governor's Council on Developmental Disabilities, and Alaska Association on Developmental Disabilities recommend providing consultative services to support large IDD provider groups. These consultation services will help provider groups assess and improve governance, operations, workforce alignment, service delivery, and financial sustainability, ensuring they are prepared to meet the current and future needs of the IDD population.

The Trust, DOH, GCDSE, and AADD identified the following scope of the consultation services to assess the status of the cohort of core provider organizations. The successful contractor will provide the following consultative services:

- Assess and evaluate whether the governance structure meets the organization's needs and provide tailored recommendations for improvement.
- Assess and evaluate the organization's operations and organizational structure and provide recommendations on delivery and system efficiencies.
- Assess and evaluate the workforce demands on the organizations and service lines compared to the mission set and provide recommendations to the organization.
- Assess and evaluate whether the community's services meet the population's needs and provide recommendations to the organization.
- Assess and evaluate the financial revenue cycle and provide recommendations to the organization.

A summary of recommendations will be provided to the Trustees, the Department of Health, the Governor's Council on Developmental Disabilities, and the Alaska Association on Developmental Disabilities. The summary will include observations of trends or shared challenges that may indicate a systemic or policy issue or need and provide short, mid, and long-term recommendations towards sustainability.

Organizational participation will be voluntary. However, participating organizations are expected to be responsive and fully engage with the contractors to facilitate the completion of deliverables.

Timeline—Preparatory work on this initiative has already begun. If funded, the proposed timeline includes a formal request for proposals issued by the first week of December 2024, with a tentative award in January 2025. The target for project completion will be December 2025.

Deliverables—Interim reports will be provided, and the final report will be delivered to the Trust by December 31, 2025.

EVALUATION CRITERIA

The consultative services will provide the Trust and its partners with a better understanding of the current care system landscape for the larger IDD provider organizations and a list of recommendations to support the sustainability of services to a vulnerable population. This will ensure that business practices continue to evolve alongside the community and beneficiary needs. Indicators of a successful project will include funding, program, agency, or policy efforts recommended based on the information gathered through the consultative services.

SUSTAINABILITY

The outcomes of this project will inform program sustainability and process improvement for each of the participating non-profit community organizations and support broader care system improvement.

WHO WE SERVE

This project is focused on providing consultative services to approximately 10 of the larger community organizations providing services to Trust beneficiaries experiencing IDD, who may also experience behavioral health-related issues.

ESTIMATED NUMBER OF INDIVIDUALS IMPACTED BY PROJECT

| | |
|--|-------------|
| Number of beneficiaries experiencing IDD served by the potential cohort of core organizations: | 2,500-3,000 |
| Number of Direct Service Professionals (DSP) and agency staff at the potential cohort of core organizations: | 2,500-3,000 |

BUDGET

| | |
|--|--------------------------------|
| Total Amount to be Funded by the Trust | Not to Exceed \$250,000 |
|--|--------------------------------|

MEMO

To: Board of Trustees
Date: November 13, 2024
Re: Authority Grant Amendment
Amount: \$500,000.00
Grantee: Southcentral Foundation
Project Title: Crisis Continuum- Crisis Stabilization (FY21)

REQUESTED MOTION:

The Board of Trustees approve a change of project description for the FY21 Crisis Continuum – Crisis Stabilization project with Southcentral Foundation. The project scope will be updated to allow Southcentral Foundation to use the funds approved for design work for the new Behavioral Health Expansion building.

Assigned Program Staff: Eric Boyer

STAFF ANALYSIS

Southcentral Foundation requests a grant agreement change on a grant previously approved by the Trustees in May 2021. The Phase I grant was for \$485,000 from the FY21 Mental Health & Addiction Intervention Focus Area, line-item Crisis Continuum of Care. The funds were approved for business planning, architectural design, and staffing key positions for a crisis stabilization center originally slated to be located adjacent to the Alaska Native Medical Center emergency room department.

The requested grant amendment supports the same activities at the new location on the SCF campus, located at the corner of Tudor Road and Elmer Drive.

The reason for the requested change is due to the iterative process SCF leadership is engaged in relating to facility planning with their board, including additional site visits, consultants, local partners in crisis planning and Trust staff. The original plan included a remodel of the 6,800 Sq. Ft. dental suite in the hospital; as the plan evolved with the support of the SCF Board of Directors, it expanded to a bigger concept (Behavioral Health Expansion Project) of a new construction buildout of 13,705 sq. ft on the corner of Tudor and Elmore Drive. The new location will allow for a comprehensive approach to stabilizing beneficiaries in crisis, which adds more services than originally planned under one roof: no wrong door, 23-hour crisis observation/receiving, short-term crisis residential stabilization, medically managed substance use detox, pharmacy, and outpatient behavioral health services.

SCF remains a committed partner in actualizing these new services on the ANMC campus and, as such, has moved to implement a broader vision of co-located crisis and ancillary services to better meet the needs of beneficiaries benefiting from a range of treatment interventions consolidated at one location.

AMENDMENT OVERVIEW

In May 2021, the Trustees approved a \$485,000 grant to Southcentral Foundation for the Crisis Continuum – Crisis Stabilization project. These funds were approved for planning and design activities to help establish a crisis stabilization operation in Anchorage. Included in the original approval was that the 23-hour crisis stabilization center would be located in the existing Alaska Native Medical Center. As the project has progressed, the plans have been updated to house the Center in a new Behavioral Health Program Expansion Building. This grant amendment will allow the project scope to be updated accordingly, approving the change of location.

MEMO

To: Verne Boerner, Program & Planning Committee Chair
Date: May 26, 2021
Re: FY21 Substance Abuse Prevention & Treatment Focus Area Allocation
Fund Source: FY21 Crisis Continuum of Care
Amount: \$485,000
Grantee: Southcentral Foundation
Project Title: Crisis Continuum- Crisis Stabilization

REQUESTED MOTION:

Approve a \$485,000 FY21 Substance Abuse Prevention & Treatment Focus Area Allocation to Southcentral Foundation for the Crisis Continuum – Crisis Stabilization project.

Assigned Program Staff: Katie Baldwin-Johnson

STAFF ANALYSIS

Southcentral Foundation is requesting Trust funds in order to help them establish a crisis stabilization operation in Anchorage. Southcentral Foundation is one of only two providers that are currently willing and able to provide this service in Anchorage serving customer owners of the tribal health system.

Southcentral Foundation has been a prominently engaged partner in planning efforts to address the gaps in crisis care services in Anchorage and across the state. These gaps result in beneficiaries not receiving timely mental health interventions, unnecessary suffering and despair, and frequent engagement with law enforcement. Neither a traditional emergency room department or a law enforcement response is designed to meet the unique needs of individuals in behavioral health crisis. Gaps in the availability of community-based crisis response and behavioral healthcare can result in individuals waiting in hospitals for hours to days and on occasion jails for an appropriate treatment setting, often because other options do not exist.

Improving the crisis response requires partnerships across agencies and sectors that enable committed parties to implement a vision for a continuum of enhanced crisis services that is intentionally designed and coordinated. These improvements will also require that organizations contemplating operation of services have access to capital and launch support. Recognizing this, Trustees authorized roughly \$11.6 million to support the Trust's prioritized work in this area over FY21-FY23.

In April of 2019 Southcentral Foundation and Providence Alaska established a joint planning workgroup focused on improving the behavioral health continuum of care in Anchorage, including crisis response. Inviting the Trust to intentionally partner on this effort, Southcentral Foundation joined Trust-led efforts in the fall of 2019 in evaluating existing crisis services. This evaluation was supported by RI International, a national leader in crisis care, which was contracted by the Trust to identify the gaps and opportunities to both optimize and develop the primary components of effective crisis system design. More specifically, effective crisis system design contains the three main components of the Crisis Now framework: a crisis call center, mobile crisis teams and crisis stabilization centers that are operated as part of an intentionally coordinated system to serve as a community solution that offers no wrong door (no to low barrier access) for people in psychiatric crisis.

Leadership from Southcentral Foundation also joined the Trust-led learning visit to the programs in Arizona that are exemplary operators of crisis response and stabilization services to help solidify partnership, learn from Arizona's successes, and conceptualize application in Alaska. After two years of engagement and exploration of various program models, Southcentral Foundation has stepped forward to enter into a two-phased (Phase 1, planning and Phase 2, implementation) approach with the Trust that will lead to operation of 23-hour crisis stabilization services in Anchorage in partnership with the Alaska Native Tribal Health Consortium. This proposal reflects the first phase of this effort.

With the support of the Trust, Southcentral Foundation has a strategic opportunity to stand-up crisis stabilization services for customer-owners in Anchorage and the broader statewide tribal health system. While the Trust and partners collectively work to reform our current system to reduce reliance upon law enforcement response to mental health issues, the 23-hour crisis stabilization center will be located on the Alaska Native Medical Center campus with the plan to expand some form of crisis residential stabilization capacity in the future. The 23-hour crisis stabilization center will be accessible by individuals that need immediate access to mental health intervention and will serve as the designated tribal health stabilization center for the community and for law enforcement as well as emergency services in Anchorage.

The primary outcomes of Phase 1 of this project include a well-integrated plan for 23-hour crisis stabilization, architectural design and capital cost estimates, as well as launch and operating estimates that will inform a Phase 2 implementation partnership with the Trust (expected by February 2022). Engaging with the Trust in Phase 1 is a commitment to finalizing facility renovations, hiring staff and launching services with additional Trust investment in Phase 2 (expected end of calendar year 2022).

Currently, there is no crisis stabilization service of this type in Anchorage, and once implemented this facility will be able to meet the needs of Trust beneficiaries in crisis and begin diverting them from emergency rooms and the criminal justice system. Data has shown that the 23-hour crisis stabilization centers have the capability to resolve crisis for a high percentage (90%) of individuals receiving care. Without access to stabilization services, most of these individuals would otherwise be served in higher levels of care, emergency room departments, jails, or remain in the community without supports.

The Trust program staff recommend this proposal be fully funded.

COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|---------------------------|-------------------------------|----------|
| Goal 5 Suicide Prevention | 5.2 Crisis system improvement | |

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

Southcentral Foundation (SCF) seeks funding to improve Alaska's crisis continuum of mental health care by opening a 23-hour crisis stabilization center (Center) in the Alaska Native Medical Center (ANMC). The Center will provide a "no wrong door" approach to appropriate pathways to behavioral health services, avoiding Emergency Department settings for individuals/families experiencing a mental health crisis. This planning phase includes the design remodel of ANMC space with the goal of working within Anchorage's larger continuum of behavioral health services and providing appropriate crisis support to the statewide Tribal Health System.

Southcentral Foundation seeks \$485,000 in funding to enhance and improve the crisis continuum of mental health care in Alaska by opening a 23-hour crisis stabilization center in Anchorage. This Center would provide a "no wrong door" approach and would allow an individual to avoid the Emergency Department setting when they are experiencing a mental health/behavioral health crisis. We are seeking to address the existing inequity affecting our customer owners in the Anchorage area and others in the statewide tribal health system, that leaves them and their families/ caregivers with very poor and limited options when experiencing a mental health crisis.

The Crisis Stabilization Center would include a 23-hour Crisis Stabilization Service Center in the Alaska Native Medical Center (ANMC) Hospital's former "Dental" space, which would need remodeling. It is approximately 6,900 square feet on the ground floor with a separate entrance. The remodel of this space will provide at a minimum, 6 stabilization chairs. The funds for this Planning Phase will be used to determine if additional space can be used for more stabilization chairs (6) or for 6 short term residential beds in the Center. The 23-hour Crisis Stabilization Center would provide immediate mental health care and an open pathway to appropriate behavioral health services for customer owners and their families or caregivers in the Anchorage area and for those coming from the statewide Tribal Health System outside the Anchorage area.

The Center's expected Outcome Goals include the reduction in Emergency Department visits for individuals in crisis; the reduction in the time spent in first responder custody by individuals in crisis; the reduction in overall costs from the timely intervention in the crisis at an earlier and more appropriate level of care; and the delivery of the appropriate tribal and community-based services for additional support, treatment and referrals of individuals and families/caregivers in crisis.

As part of the development and implementation of this Crisis Stabilization Center, additional community training and coordination will be needed to ensure partner agencies like the Anchorage Fire and Police Departments are aware of these services and when and how to refer to them. SCF also plans on hiring approximately 30 full-time staff, including 20 clinical and 5 operational positions. All staff would be trained on the NUKA system of care, Core Concepts, Crisis Now Model, Crisis Prevention Institute's nonviolent crisis intervention training and CERNER which is the electronic health record system that SCF utilizes.

We understand that some statutory changes are currently in process to ensure adequate and sustainable funding for these services provided. Additionally, we have already been working with community stakeholders/partners to ensure the success of this Center. Included among our many partners are the Careline, Alaska Native Tribal Health Consortium, Anchorage Fire Department, Anchorage Police Department, Alaska Regional Hospital, Providence Hospital, Cook Inlet Tribal Council, API, and the municipality of Anchorage, to name just a few.

SCF is committed to enhance and improve the crisis continuum of mental health care in Alaska through the implementation of this Crisis Stabilization Center.

EVALUATION CRITERIA

SCF has an existing, robust data collection and reporting process in our internal Data Mall system and an experienced program evaluation team to analyze results. To ensure the Center's successful implementation and a "no barrier" access, SCF will utilize a variety of metrics to closely monitor services and community relationships for the Center. Most metrics are extracted from our Electronic Health System and available for review at any time by clinical and non-clinical leadership with customer owner information redacted for use by non-clinical employees.

Metrics will include: 1) Utilization of Crisis Stabilization Center, 2) individual and repeat customer owners, 3) length of stay, 4) referrals from Stabilization Center, 5) successful enrollment in a SCF Behavioral Health/SUD program post Stabilization Center visit, and 6) referral source for stabilization services such as ED, Primary Care, CITC, or Peace Officers. Balancing measures will include Emergency Department Utilization data for those who have a mental health or substance use disorder.

Additionally, SCF uses a functional assessment screening tool called the Recovery Needs Level (RNL). The RNL was created by the Mental Health Center of Denver and adopted for use in SCF's programs in 2019. This assessment will be utilized at intake in the Crisis Stabilization Center and periodically once the beneficiary is enrolled in an outpatient Behavioral Health or Substance Use Disorder program. Utilizing the RNL assessment in this way will allow individuals

and their clinical team to assess and track functional outcomes and improvements. This data can also be reviewed and analyzed for system improvements.

SUSTAINABILITY

Southcentral Foundation is committed to meeting the needs of our customer owners, community members and trust beneficiaries by delivering critical behavioral health care to those experiencing a crisis. Ongoing support will be provided to the Crisis Stabilization Center (sub-acute clinic), through a diversified and sustainable funding stream to maintain operations. This program will be funded through SCF general funds where the payer mix is predominately from Medicaid and Medicare (60%), with the other 40% made up of revenue from Private Insurance and the Indian Health Service. Funding will also be provided through behavioral health 1115 waiver services billing. Infrastructure and administrative support will be jointly supported through Southcentral Foundation (SCF) and the Alaska Native Tribal Health Consortium (ANTHC).

ANTHC has allocated a 6,900 square foot location with a separate outside entrance to be remodeled for the Center – just off the Emergency Department in the ANMC hospital. The physical space is conveniently located at ground level and can accommodate people with varying physical abilities. Through service level agreements, SCF will provide the Behavioral Health services within the confines of the Center, in addition to operational and clinical oversight. Projected costs for design, construction and ongoing operations and revenue have been drafted for a proposed twelve chair capacity design.

Through the support of the Alaska Mental Health Trust Authority funding, Southcentral Foundation will be able to establish this Crisis Stabilization Center to meet the needs of customer owners, community members and trust beneficiaries to deliver critical behavioral health care for those in crisis.

WHO WE SERVE

Our Alaska Native and American Indian customer owners seeking services for a mental health crisis in Anchorage and across the state, currently have very limited options when they need a higher level of care. Most customer owners are sent to the Emergency Department (ED), where they meet with one of our Behavioral Urgent Response Team (BURT) providers to determine if they meet the level of care for either involuntary or voluntary hospitalization. The fact is that most customer owners do not meet the level of care required for involuntary hospitalization where additional and immediate care can be provided. This current system literally forces our customer owners to be discharged from the ED without ever receiving the appropriate level of care, support, or coordination that they deserve. This unfortunate situation creates an impossible and anxiety-filled dilemma for our customer owners and their families/caregivers, with only poor and potentially costly options outside the Tribal Health System. Many of them receive no additional mental health services, even though they are clearly in crisis at that time. This inequity for those most in need is exactly what SCF is seeking to remedy with the establishment of this Center through the support of the Alaska Mental Health Trust Authority. This 23-hour Crisis Stabilization Center would provide customer owners and their families/caregivers with

immediate, early mental health care in a crisis, an open pathway to appropriate behavioral health services, less time spent in first responder custody, and appropriate referrals to Tribal and community-based services.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

| | |
|--|--------|
| Mental Illness: | 19,794 |
| Developmental Disabilities: | 235 |
| Alzheimer’s Disease & Related Dementias: | 138 |
| Substance Abuse | 9,327 |
| Traumatic Brain Injuries: | 617 |
| Number of people to be trained | 30 |

BUDGET

| | |
|-----------------------------|---|
| Other Costs | \$485,000 |
| Other Costs (Other Sources) | \$5,843,000 |
| Other Costs Narrative: | Funding for this Phase 1 of the project is for the planning and design activities. Planning starts by documenting department needs, goals and objectives, defining the types and sizes of spaces needed, and performing a site analysis to document mechanical needs, electrical needs, and space size. Preliminary engineering and architectural work will translate program requirements into efficient design. We emerge from Phase 1 with 100% of the Construction documents for the project. Southcentral Foundation is committed to funding an additional \$15,000. for planning and \$5,828,000. in construction costs and FFE with SCF funds, in addition to applying for other grant funding for the bidding and construction phase. This includes total budget estimates of approximately \$5,843,000 for the project completion. |

| | |
|--|-------------|
| Total Amount to be Funded by the Trust | \$485,000 |
| Total Amount Funded by Other Sources | \$5,843,000 |

OTHER FUNDING SOURCES

| | |
|-----------------------------------|--------------------|
| Southcentral Foundation (PENDING) | \$5,843,000 |
| Total Leveraged Funds | \$5,843,000 |

MEMO

To: Board of Trustees
Date: November 13, 2024
Re: Authority Grant Amendment
Amount: \$391,089.00
Grantee: Copper River Native Association
Project Title: Mobile Integrated Village Health (FY23)

REQUESTED MOTION:

The Board of Trustees approve a budget amendment for the FY23 Mobile Integrated Village Health grant with the Copper River Native Association.

Assigned Program Staff: Eric Boyer

STAFF ANALYSIS

Copper River Native Association (CRNA) is requesting a grant agreement change on a \$391,089 grant previously approved by the Trustees in July, 2022 from the Mental Health & Addiction Intervention Focus Area, line item Crisis Continuum of Care. CRNA is requesting a line-item budget revision increase of \$42,400.16 in personnel service costs, which would concurrently reduce the travel and supply budget lines to accommodate this change. The cost overrun in personnel was due to staff expenditures around recruitment and retention.

AMENDMENT OVERVIEW

In July 2022, the Trustees approved a \$391,089 grant to the Copper River Native Association (CRNA) for the Mobile Integrated Village Health project. This grant was to assist with the development of a mobile crisis team to serve the Copper River region. The project is now nearing completion, and CRNA will need a budget amendment to move funds between the originally approved budget categories. The budget updates are outlined below. The final expended amount of the grant will be \$383,288.16, leaving an unused balance of \$7,800.84.

| Budget Category | Original Grant Agreement Amounts | Updated Grant Budget Amounts | Difference |
|-----------------|----------------------------------|------------------------------|------------|
| | | | |

| | | | |
|--------------------|---------------------|---------------------|---------------------|
| Personnel Services | \$254,656.00 | \$297,056.16 | \$42,400.16 |
| Supplies | \$15,652.00 | \$8,338.76 | (\$7,313.24) |
| Equipment | \$24,000.00 | \$19,292.76 | (\$4,707.24) |
| Travel | \$49,780.00 | \$14,562.60 | (\$35,217.40) |
| Other | \$47,001.00 | \$44,037.88 | (\$2,963.12) |
| Total | \$391,089.00 | \$383,288.16 | (\$7,800.84) |

MEMO

To: Verné Boerner - Program & Planning Committee Chair
Date: July 27, 2022
Re: FY23 Mental Health & Addiction Intervention Focus Area Allocation
Fund Source: FY23 Crisis Continuum of Care
Amount: \$391,089.00
Grantee: Copper River Native Association
Project Title: Mobile Integrated Village Health

REQUESTED MOTION:

Approve a \$391,089 FY23 Mental Health & Addiction Intervention Focus Area Allocation to the Copper River Native Association for the Mobile Integrated Village Health project. These funds will come from the Crisis Continuum of Care budget line in the FY23 budget.

Assigned Program Staff: Eric Boyer

STAFF ANALYSIS

This funding request from the Copper River Native Association (CRNA) is for an innovative mobile crisis team that will utilize behavioral health aides (BHA) and emergency medical technicians (EMT) working together in an integrated team response. CRNA serves one of the largest geographic regions in the state, even though they are on the road system, there is a dearth of emergency response personnel available to meet the combined behavioral and physical health needs of the people living there. The behavioral health crisis needs of the Copper River region are increasing and presently there is no mobile response that is integrated, timely, and equipped to meet this need.

This project request is a funding partnership of CRNA, AHTNA Inc., and the State of Alaska Department of Health/Division of Public Health, coupled with the request to the Trust. Funds would cover the cost of a new ambulance to be used in the mobile responses across the region. The three mobile integrated health (MIH) teams will cover all the shifts of the 7-day week. By utilizing the MIH model, rural based organizations like CRNA can maximize existing resources like EMTs and BHAs to work in an integrated approach that meet the whole person needs when they are in an acute BH crisis.

CRNA is seeing an increase in alcohol misuse emergencies, domestic violence, mental illness, Alzheimer's and related dementia, fetal alcohol spectrum disorder, and poly-substance misuse. The Copper River Region will be the first opportunity to expand support aligned with the Crisis Now

model to rural Alaska, which is only possible through the multiple partners that are collaborating on this project.

The first year of this project will involve assessing the community needs, while operationalizing the three MIH teams and implementing the rollout. The on-going plan will be one that uses the mobile outreach in partnership with the existing integrated health clinic at CRNA in Copper Center. Future funding for this project will involve utilizing existing insurance options through the clinic, as well as securing future grant funding opportunities at the local, tribal, state, and federal level. It is recommended by Trust program staff to fund this MIH request by CRNA.

COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|---------------------------|-------------------------------|----------|
| Goal 5 Suicide Prevention | 5.2 Crisis system improvement | |

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

Provide a MIH model for enhancing services in our most underserved communities within our region and expand the services that are currently available in those areas. The plan will focus on a Community Health Needs Assessment, establishing a Mobile crisis team that can provide more primary and urgent medical care, and make available a more robust mental health and substance abuse treatment plan for the region.

First responders in the Copper River Region face an increasing number of 911 dispatched responses for medical emergencies directly related to and/or caused by behavioral, mental health, and/or substance abuse issues. This project is designed to provide instruction to first responders in the areas of mental health first aid, substance abuse, domestic violence, child abuse and alcohol intoxication. In addition, all CRNA team members will complete the behavioral health aide training program.

Many of the native populations we serve are currently in an abusive situation or have suffered trauma from having lived in an abusive situation. Poly substance abuse is prevalent in our population and is all too often part and parcel with domestic violence, FAS and developmental disabilities that exist. Much like the rest of the US, the Copper River is experiencing rapid growth in our elderly populations. The development of Alzheimer's Disease or Related Disorders is a growing portion of our responses.

EVALUATION CRITERIA

1-A: CRNA will use the Community Health Needs Assessment to build all criteria for the evaluation tools and methods used to collect data, and to determine the effectiveness of

the services provided, implementation of those services, and the effectiveness of services provided by trained personnel.

2-A CRNA will evaluate partnerships and support networks by formulating a robust Policy and Procedures manual that will outline and detail the systems in place and the resources available for services in our region.

3-A-B: CRNA will keep documentation and certifications of all staff trained and hired for MIH/BH team. Rosters of frequent drills and meetings will be available for audit and review.

4A-D: CRNA will partner with Alaska Mental Health trust and other subject matter expert entities to organize each of the training courses and workshops needed. CRNA's project director will work closely with the Project Manager on recruitment, class logistics, and execution to ensure the highest standards of instruction and training are met during this project. Training pedagogy will adhere to best practices in teaching, using a combination of textbook, hands-on learning with real-time feedback to ensure solid understanding and effective skills development. Zoom teaching sessions will also be used should COVID-19 require restrictions on group activities and meetings.

5-A: CRNA will consult the leadership based on real-time evidenced based data collected from the field via patient questionnaires and other electronic surveys to implement other services as needed.

Other Data Collection tools:

The electronic data collection software will be Cerner System, currently being used by the CRNA medical clinic and the Village Services. The data collection in Cerner was designed specifically for the Native American/Alaskan Native populations; therefore, the language, norms, and values are based on the Alaskan Native population as the focus.

SUSTAINABILITY

CRNA will continue to seek funding opportunities to operate this service, as follows:

- Seeking Behavioral Health grants, both state and federal
- Seeking Primary Care Health grants, both state and federal
- Increasing Medicaid and 3rd party revenue from serving the non-native populations in our catchment.

WHO WE SERVE

The Copper River Native Association is a Comprehensive Tribal Healthcare Organization serving six Ahtna Tribes – Cantwell, Kluti-Kaah, Gakona, Gulkana, Tazlina, Mentasta and the non-indigenous communities throughout the vast Copper Basin, an area nearly the size of West Virginia.

Behavioral health issues, developmental disabilities and FAS are all either a cause of or a result of poly substance abuse. Poly substance abuse is prevalent in the Copper River Basin. By teaching the area's first responders how to respond and manage a 911 call, we can help to deescalate situations and have trained behavioral health and or healthcare providers move individuals through the process of seeking adequate, effective care where they live. Studies have shown that the provision of behavioral health and healthcare in general delivered locally can reduce the anxiety people have when seeking and/or actively participating in their care.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

| | |
|--|-----|
| Mental Illness: | 250 |
| Developmental Disabilities: | 50 |
| Alzheimer's Disease & Related Dementias: | 50 |
| Substance Abuse | 175 |
| Traumatic Brain Injuries: | 25 |
| Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries): | 450 |

BUDGET

| | |
|-------------------------------|--|
| Personnel Services Costs | \$254,656.00 |
| Personnel Services Narrative: | Trust/MIH Funded Project Director .1 FTE \$15,000 (1) FTE Project Manager \$95,355 (1) FTE BHA/EMT Lead \$59,416 Two additional BHA/EMT teams funded by the SOA and CRNA, to be supervised by the Project Manager. |
| Travel Costs | \$49,780.00 (MIH travel within the Copper River region) |
| Travel Narrative: | Travel at 29,920 miles @ \$.56 per mile = \$35,380* Lodging at 180 nights @ \$80 per night = \$14,400* \$35,380* + \$14,400* = \$49,780 |
| Supplies Costs | \$15,652.00 |
| Supplies Narrative: | (1) Training Materials Misc/various \$ 2,500 (2) Student Textbooks Misc/various \$ 4,000 (3) EMS Responder Kits \$300 each x 8 \$ 2,400 (4) IN Naloxone \$144/kit IN x 8 \$1,152 |

| | |
|--|---|
| | (5) EMS Training Supplies Misc/various \$4,000 (7) Personal Protective Equipment Hand Sanitizer, gloves, goggles, & masks necessary for donning/doffing practice and for personal protection from infectious illness during skills labs. \$1,600 |
|--|---|

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|---|--|
| Equipment Costs (Telehealth Infrastructure) | \$24,000.00 |
| Equipment Costs Narrative: | Tablets/Computers: 12 (Quantity) for three MIH Teams and Clinic staff, connected via telehealth. |

| | |
|--|--|
| Other Costs (Indirect and Contractual) | \$47,001.00 |
| Other Costs Narrative: | Indirect costs include senior administrative, human resource, finance, and plant operation salaries and fringe benefits and the associated expenses not directly attributed to program or grant-funded activities. |

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|--|----------------|
| Total Amount to be Funded by the Trust | \$391,089.00 |
| Total Amount Funded by Other Sources | \$1,108,432.00 |

OTHER FUNDING SOURCES

| | |
|---|-----------------------|
| 1. DOH/Division of Public Health- Projected MIH grant funding | \$250,000 |
| 2. CRNA- MIH funding | \$358,432 |
| 3. AHTNA- MIH funding support | \$500,000 |
| Total Leveraged Funds | \$1,108,432.00 |

Additional Documents

To: Brent Fisher, Chair
Through: Allison Biastock, Acting Chief Executive Officer
From: Katie Baldwin-Johnson, Chief Operating Officer
Date: October 22, 2024
Re: Program and Planning Committee Report – October 17, 2024

The committee meeting occurred on October 17, 2024 and was attended by trustees Kevin Fimon, Rhonda Boyles, John Morris, Corri Feige, Brent Fisher, Anita Halterman and Agnes Moran (chair).

Meeting Summary

The committee meeting agenda was abbreviated to accommodate carry over agenda items from the Resource Management Committee meeting on 10/16/24. There were no grant proposals for consideration.

Alaska Medicaid Rate Review

The Program and Planning Committee agenda included a presentation by the Department of Health Deputy Commissioner, Emily Ricci, on the Alaska Medicaid Rate Review Project.

The Deputy Commissioner walked through the goals of the rate methodology project which “should promote access to services, ensure budget sustainability, and allow for regular review, maintenance, and updates to reflect changing costs and resources in the Alaska health care market.” Guidehouse is the national consulting firm contracted to undertake the project and will prioritize behavioral health, long-term services and supports (LTSS), federally qualified health centers, and non-emergency medical transportation in the first phase. The target delivery date for final recommendations is July 2025.

Mini-Grant Program Overview

Eric Boyer, Senior Program Officer, Luke Lind, Grants Administrator and Carrie Predeger, Grants Accountability Manager, provided an overview of the Trust mini-grant program, which covered the history and structure of managing the three mini-grant programs including the Behavioral Health and Intellectual and Developmental Disability mini-grants, and the Alzheimer’s disease and related dementia grants managed by the Alzheimer’s Resource Agency. Eric touched on the application process, shared some data related to grantmaking, and highlighted opportunities to improve beneficiaries' access across the state.

A work session was recommended and will be scheduled in the near future to identify opportunities to improve the programs.

The Program and Planning Committee adjourned at 10:30 a.m. on October 17, 2024. The committee's next meeting is scheduled for January 9, 2024, in Anchorage.