

## MEETING AGENDA

**Meeting:** Program & Planning Committee  
**Date:** April 21, 2022  
**Time:** 8:30 AM  
**Location:** online via webinar and teleconference  
**Teleconference:** (844) 740-1264 / Meeting Number: 2450 843 6708 # / Attendee Number: #  
<https://alaskamentalhealthtrust.org/>  
**Trustees:** Verné Boerner (Chair), Rhonda Boyles, Chris Cooke, Kevin Fimon, Brent Fisher, Anita Halterman, John Sturgeon

Thursday, April 21, 2022

### Page No

<b>8:30</b>	<b>Call to order (Verné Boerner, Chair)</b> Roll Call / Announcements / Approve agenda / Ethics Disclosure Approval of Minutes: <ul style="list-style-type: none"><li>January 6, 2022</li></ul>	5
<b>8:35</b>	<b>CEO Update</b> <ul style="list-style-type: none"><li>FY24/25 Stakeholder Budget Process Overview</li><li>Trust Conference Update</li></ul>	17
<b>9:00</b>	<b>Child Welfare &amp; Foster Care in Alaska / Overview</b> <ul style="list-style-type: none"><li>Jimael Johnson, Trust Program Officer</li><li>Clinton Lasley, Deputy Commissioner DHSS</li><li>Kim Guay, Director OCS</li></ul>	23
<b>10:35</b>	<b>Break</b>	
<b>10:50</b>	<b>Child Welfare &amp; Foster Care in Alaska / Initiatives &amp; Opportunities</b> <ul style="list-style-type: none"><li>Jimael Johnson, Trust Program Officer</li><li>Nicole Borromeo, Executive Vice-President &amp; General Counsel AFN</li></ul>	44
<b>11:50</b>	<b>Lunch</b>	
<b>12:35</b>	<b>Crisis Now Update</b> <ul style="list-style-type: none"><li>Katie Baldwin, Chief Operating Officer</li><li>Eric Boyer, Trust Program Officer</li><li>Travis Welch, Trust Program Officer</li></ul>	57

## Thursday, April 21, 2022 (continued)

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<b>1:35</b>	<b>Approvals</b>	
	• Crisis Now Project Management Contract Funds	78
	• United Human Services of Southeast Alaska- Teal Street Center, Phase	82
<b>2:20</b>	<b>Break</b>	
<b>2:35</b>	<b>Approvals (continued)</b>	
	• Nome Community Center Inc – Nome’s Housing First Project	88
	• Bethel Community Services Foundation – Bethel Permanent Supportive Housing Project	93
	• Catholic Social Services – Complex Care Shelter	98
<b>4:05</b>	<b>Trustee Comments</b>	
<b>4:20</b>	<b>Adjourn</b>	

### Additional Documents

- Video – [Isaiah, Natilia & Katrina's Stories](#)
- Video – [Tony's Digital Story](#)
- [OCS Statewide Data 2017-2021](#)
- [Tribal State Collaboration Group - Statewide Data Indicators 2020](#)
- [Carmody Letter - Child Welfare in Alaska 031322](#)
- [Reimagining Child Welfare in Alaska Report](#)

## Future Meeting Dates

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

(Updated – April 2022)

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|--------------------------------|----------------------------|------------------------|
| • Audit & Risk Committee       | April 20, 2022             | (Wed)                  |
| • Finance Committee            | April 20, 2022             | (Wed)                  |
| • Resource Mgt Committee       | April 20, 2022             | (Wed)                  |
| • Program & Planning Committee | April 21, 2022             | (Thu)                  |
| • Full Board of Trustee        | May 25-26, 2022            | (Wed, Thu) – Kenai     |
|                                |                            |                        |
| • Audit & Risk Committee       | July 26, 2022              | (Tue)                  |
| • Finance Committee            | July 26, 2022              | (Tue)                  |
| • Resource Mgt Committee       | July 26, 2022              | (Tue)                  |
| • Program & Planning Committee | July 27-28, 2022           | (Wed, Thu)             |
| • Full Board of Trustee        | August 24-25, 2022         | (Wed, Thu) – Anchorage |
|                                |                            |                        |
| • Audit & Risk Committee       | October 19, 2022           | (Wed)                  |
| • Finance Committee            | October 19, 2022           | (Wed)                  |
| • Resource Mgt Committee       | October 19, 2022           | (Wed)                  |
| • Program & Planning Committee | October 20, 2022           | (Thu)                  |
| • Full Board of Trustee        | November 16-17, 2022       | (Wed, Thu) – Anchorage |
|                                |                            |                        |
| • Audit & Risk Committee       | January 5, <b>2023</b>     | (Thu)                  |
| • Finance Committee            | January 5, <b>2023</b>     | (Thu)                  |
| • Resource Mgt Committee       | January 5, <b>2023</b>     | (Thu)                  |
| • Program & Planning Committee | January 6, <b>2023</b>     | (Fri)                  |
| • Full Board of Trustee        | January 25-26, <b>2023</b> | (Wed, Thu) – Juneau    |

## Future Meeting Dates Statutory Advisory Boards (Updated – March 2022)

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

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

ABADA: <http://dhss.alaska.gov/abada/Pages/default.aspx>

Executive Director: Bev Schoonover, (907) 465-5114, [bev.schoonover@alaska.gov](mailto:bev.schoonover@alaska.gov)

- Executive Committee – monthly via teleconference (Second Tuesday of the Month)
- Spring Meeting: May 18-20, 2022 / Sitka & via Zoom.

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

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

Executive Director: Myranda Walso, (907) 269-8990, [myranda.walso@alaska.gov](mailto:myranda.walso@alaska.gov)

- Spring Meeting: June 1-2, 2022 / Anchorage & via Webinar

### **Alaska Commission on Aging**

ACOA: <http://dhss.alaska.gov/acoa/Pages/default.aspx>

Acting Executive Director: Lesley Thompson, (907) 465-4793, [lesley.thompson@alaska.gov](mailto:lesley.thompson@alaska.gov)

- Spring Meeting: May 2022 / TBD - Fairbanks

**ALASKA MENTAL HEALTH TRUST AUTHORITY**  
**PROGRAM & PLANNING COMMITTEE MEETING**  
**January 6, 2022**  
**9:15 a.m.**  
**WebEx Videoconference/Teleconference**

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

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**Trustees Present:**

Verne' Boerner, Chair  
Chris Cooke  
Brent Fisher  
Anita Halterman  
John Sturgeon  
Kevin Fimon  
Rhonda Boyles

**Trust Staff Present:**

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

**Trust Land Office staff present:**

Jusdi Warner  
Sarah Morrison  
David MacDonald  
Marisol Miller  
Hollie Chalup  
Jeff Green  
Becky Carpenter

**Also participating:**

Bev Schoonover; Stephanie Hopkins; Brenda Moore; Josephine Stern; Jillian Gellings; Heather Carpenter; Gennifer Moreau-Johnson; Sarah Koogler; Travis Greenstreet; Philip Licht; Barb Ruth; Ian Casey; Elizabeth Dickinson; Terese Catrona; Susanna Marchuck.

## PROCEEDINGS

**CALL TO ORDER**

CHAIR BOERNER called the meeting to order and began with a roll call. Trustee Halterman was excused. Chair Boerner asked for any announcements. There being none, she moved to the agenda.

**APPROVAL OF AGENDA**

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

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

TRUSTEE FIMON stated that Trustee Halterman had arrived.

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

**APPROVAL OF MINUTES**

CHAIR BOERNER stated that there were two sets of minutes to approve: August 26, 2021, and October 20, 2021.

**MOTION:** A motion to approve the minutes of the Program & Planning Committee meeting of August 26, 2021, was made by TRUSTEE COOKE; seconded by TRUSTEE STURGEON.

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

**MOTION:** A motion to approve the minutes of the Program & Planning Committee meeting of October 20, 2021, was made by TRUSTEE COOKE; seconded by TRUSTEE STURGEON.

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

## **CEO UPDATE**

MR. ABBOTT began with an update on the letter received from Governor Dunleavy in August and the requests in it. He continued that, in general, progress was being made on all of them. All five of the initiatives were moving forward, and the Opioid Task Force met once and is underway. The work on the 988 Program, which is the statewide suicide prevention and psychiatric careline, continues. The Trust continues to enhance that service and supports the Crisis Now model. The Trust Land Office sent the Governor the response he requested that identified ten parcels of State land that could be transferred to the Trust in order to develop them more quickly and efficiently. He concluded the CEO report.

CHAIR BOERNER moved to the report on Crisis Now.

## **CRISIS NOW REPORT**

CHAIR BOERNER stated curiosity about hearing how other trustees found their visit to Phoenix. She asked Trustee Cooke if he had received any communication on the Opioid Task Force.

TRUSTEE COOKE replied that he had attended a telephonic meeting of the Opioid Response Advisory Committee where various state officials talked about what the State was doing in response to the opioid crisis and the dimensions of the problem. They also discussed procedural matters for future meetings. He stated that the group will meet periodically, at least once a month. After speaking with Vice Chair Halterman, both from the fact she will be the incoming chair and her personal interest in the topic, she will replace him as a member of the task force. The next meeting is tomorrow, and they will go into more detail about what the legal settlement is, how it will affect Alaska, and what resources may be produced. He added that he had received a nice letter from the Governor thanking him for his service on the Opioid Recovery Task Force.

## **FY-2023 GOVERNOR'S BUDGET ANALYSIS**

CHAIR BOERNER thanked Trustee Cooke and moved to the FY-2023 Governor's budget analysis and recognized Mr. Williams.

MR. WILLIAMS stated that he would be providing the FY23 budget overview, and the recommendations by the Board of Trustees related to GF/MH increments. He went over the joint advocacy efforts with the advisory boards. He continued to the key legislation that will be tracked over the next session related to the Crisis Now work with the Department of Health and Social Services. He stated that Mr. Abbott did a good job of laying the groundwork of this particular budget process, as well as the recommendations that were forwarded to the Administration and the Legislature. He continued his presentation, explaining and answering questions as he went along. He talked about the Trust and the joint advocacy work as it related to the Legislative session, and the budget policy items that may come up.

CHAIR BOERNER thanked Mr. Williams and staff for their preparation on that work and moved to the comp plan update. She recognized Autumn Vea.

## **COMP PLAN UPDATE**

MS. VEA stated that her presentation was part of the regular quarterly Program & Planning update regarding the comp plan. She explained that the presentation would help to lay the groundwork for other presentations and would demonstrate the comp plan in action. She thanked the Trust for the continued partnership with the Department and the advisory board partners that made much of this possible. She introduced Jillian Gellings from the Commissioner's Office, who is returning from maternity leave and will present. She stated that there would be a slight change to the agenda as the Department's Deputy Commissioner Al Wall was not available for the presentation. She added that Heather Carpenter, the healthcare policy advisor in the Commissioner's office, and Gen Moreau, the director of Behavioral Health, would be presenting. She continued that there is a full house of speakers for this presentation that will focus on the more extensive crisis infrastructure and crisis system as the whole. She stated that Alaska's crisis infrastructure is the underlying foundation for the crisis system. These are the facilities, services and installations needed for the community to have the robust crisis system. The crisis system itself is composed of the relationships, the stakeholders, the staff, the legislation, and the regulations necessary to support the comp plan's numerous objectives to build the crisis infrastructure. She continued that Crisis Now is the chosen evidence-based model of care that the Trust, the Department, and the community stakeholders have been working on to implement. It is comprised of a high-tech crisis call center and a 24/7 Mobile Crisis Team. It includes a crisis stabilization program, and the essential principles and practices like the use of peers, utilizing trauma-informed care. She added that the last component of the crisis infrastructure is the sustainability which is needed and includes the braided funding and the long-term strategies necessary for the system to withstand and grow to meet the needs of today and the future. She asked Ms. Gellings to talk more about the comp plan from the Department's perspective.

MS. GELLINGS focused on a number of the 1115 objectives and strategies throughout the comp plan. She highlighted the Department's work on the behavioral health demonstration waiver and crisis stabilization with a few examples. She asked Director Gen Moreau-Johnson to continue.

MS. MOREAU-JOHNSON stated that the Crisis Now initiative is based on the concept of no wrong door in the concept, regardless of insurance status. This a critical area in order to expediently respond to crisis in the community. She continued that the 1115 is a Medicaid program that allows the State of Alaska to draw down Federal funds to support the publicly funded mandated system of care for providers that are enrolled as Medicaid providers and for individuals that are eligible for Medicaid. She explained this more fully as she went through her presentation. She added that specific to the crisis service there are currently 15 agencies that have received departmental approval. They meet eligibility and the criteria. She talked about some Federal funding opportunities that were leveraged to help bridge the implementation over the course of the pandemic, which included CARES funding.

CHAIR BOERNER stated that it was a great presentation and added that it was exciting to see the tools and the work that went into this.

TRUSTEE HALTERMAN stated that there are 15 agencies enrolled to provide crisis services in



Alaska. She asked for a sense of who those provider agencies are, and whether they are hospital-based or community-based.

MS. MOREAU-JOHNSON replied that a report with the list of agencies currently approved can be shared. This is where the 1115 is different from Crisis Now. The 1115 is a Medicaid program for crisis stabilization services for Medicaid-eligible providers. She continued that some of those providers have established crisis stabilization centers and short-term crisis residential targeting certain populations depending on the needs in the communities.

TRUSTEE FISHER talked about the higher suicide rates and asked if there was any information that could indicate what the rate in Alaska looked like.

MS. MOREAU-JOHNSON replied that the data was not yet available.

TRUSTEE BOYLES asked if there was any downside to the 1115 waiver program for the State of Alaska.

MS. MOREAU-JOHNSON replied that the 1115 waiver is evaluated by, approved by, and renewed by the Federal Government. Negotiation with the Federal Government is a potential downside. The big opportunity is that the 1115 waiver allows the State to innovate as long as the goals of the Medicaid program are met. She stated that she sees this as a winning situation for the State of Alaska due to its uniqueness and because the rules can be amended for the purposes of the state. She recognized Heather Carpenter, who has been involved in 1115 since SB 74.

MS. CARPENTER stated that when Senate Bill 74 was passed in 2016, the 1115 was the one waiver the Legislature told the Department they had to apply for, and she highlighted that it was the biggest game changer. These Medicaid services had to make sure there was a way to bill for it, and that makes that work being done so closely with the Trust possible. She added that there was still a lot of education that needed to happen with legislators and with stakeholders. She stated that the “ancillary services” are critical because they are the foundation for the community-based system. She continued that a robust and strong foundation to the community-based system should mean fewer people going to crisis. It is also critical that those into crisis have the continuum when returning back to the community so that the stability that was achieved to get through that crisis is maintained.

CHAIR BOERNER called a 15-minute break.

(Break.)

CHAIR BOERNER called the meeting to order and welcomed Katie Baldwin-Johnson, Eric Boyer, and Travis Welch for the next presentation.

MR. BOYER began talking about Crisis Now and the crisis stabilization system of care and where it is. He showed how the comp plan connects with the work done around crisis stabilization. He talked about the updates on the work progressing in the communities, and some highlights of the proposals for this afternoon. He added that they are also working up

proposals for the January 27<sup>th</sup> Full Board meeting in Juneau.

MS. BALDWIN-JOHNSON recapped the two-day trip to observe the Crisis Now program in Arizona.

MR. WELCH stated that they were excited about expanding the work to a community not on the road system that would definitely benefit from these services. In Rural Alaska, there are a number of different working groups that are ongoing and discussing issues about how to deliver Crisis Now services to those areas that may not have the same resources as in Anchorage.

MR. ABBOTT continued that most places that have implemented all or part of Crisis Now have a managed care system. Alaska does not have that, which is one of the fundamental challenges in adapting Crisis Now in Alaska. He continued that one of those challenges would be figuring out how to bill private payors.

MR. WELCH talked about the similarities and differences between the Solari system responding to a crisis call in Arizona. He stated that the structure and technology is similar, with the biggest difference being the 911 center and how dispatchers are trained to receive calls.

CHAIR BOERNER thanked all and called for a lunch break.

(Lunch break.)

CHAIR BOERNER reconvened the meeting and moved to the Fairbanks Mobile Crisis Team. She welcomed Sarah Koogle, Tundra Greenstreet and Christine Alvarez.

### **FAIRBANKS MOBILE CRISIS TEAM**

MR. WELCH introduced Sarah Koogle, who is the Alaska Behavioral Health Director of Fairbanks Adult Services, and Tundra Greenstreet, the Bridge Peer Support Coordinator.

MR. GREENSTREET stated that he was the program service director for the Bridge and had been working with the peers and clinicians for Alaska Behavioral to get this Mobile Crisis Team off the ground in Fairbanks. He explained that it was an amazing partnership, collaboration, and we have already seen some impressive outcomes. The presentation began with a rough timeline of how things have led up to the present. They also continued trainings with Fairbanks' dispatch, which he explained in more detail.

TRUSTEE HALTERMAN asked about the kind of need that UAF is seeing in their current crisis response.

MS. KOOGLE replied that the University has had very in-depth, in-service crisis response, which also services a very small radius outside the campus. She added that they work together to make sure services are not duplicated.

MR. GREENSTREET shared some success stories and stated that the Mobile Crisis Team was able to connect an elderly man with services he needed to make his transition to Fairbanks go

smoothly.

MS. KOOGLER moved to the data and outcomes of what the Mobile Crisis Team in Fairbanks has done. There had been a total of 78 calls with 64 unique individuals served, with the average call time being 25 minutes. She explained that the data can be so specific because the CAD app through the dispatch is used, and they are able to pull all that data out. She added that they have been able to keep individuals in the communities. She closed by thanking the trustees for the opportunity to talk about what Fairbanks has done with the Mobile Crisis Team. We are working together in partnerships to make a difference and changes in the community.

MR. GREENSTREET added that a key part of that success is the collaboration. No one agency in Fairbanks could have done this on their own. Some big strides have been made by reaching out and working together as partners.

CHAIR BOERNER stated that it was exciting to see this getting off the ground and having some great early experiences.

TRUSTEE FIMON asked about staffing and working around the University.

MS. KOOGLER replied that being part of Alaska Behavioral Health has given us the opportunity to work closely with the mental health agencies up at UAF, and this is just an extension piece of it.

MR. GREENSTREET stated that there have been opportunities to collaborate on some curriculum development through the University around peer services, and providing training and education on how to do that critical peer support work. He added that one of the most important parts of peer support is that lived experience.

TRUSTEE HALTERMAN asked if any proactive work had been done to identify potential crisis response clients before they actually come to a crisis.

MR. GREENSTREET replied that they work to make sure the individuals are getting connected to the resources and the services they need so they do not need to keep calling the police, are less of a burden on the system, and are going to the appropriate resources and providers.

MR. WELCH stated that this is a great collaboration among the partners in Fairbanks, with a lot of trust being built. He continued that the officers of the Fairbanks Police Department are excited about this program, and they have been working with the Mobile Crisis Team. They are feeling more confident in turning the calls over to the Mobile Crisis Team. He added that, as this program continues to build and expand their response area, it is expected that number to increase as these relationships with FPD, the state troopers and all the different entities continue to expand.

CHAIR BOERNER thanked the presenters for a great presentation, and moved to the next agenda item.

## **FY2022-FY2023 TRUST PROGRAM BUDGET UPDATE**

MR. ABBOTT stated that the budget is a big part of the Program & Planning Committee work. He noted that they would spend the rest of the time talking about a variety of different types of grant-making that affects both FY22 and FY23. He added that there would be approximately \$1 million of spending decisions, and he talked about some of those purposes. He also explained that the committee did not have the authority to amend the budget; the Full Board had to do it. He continued that, under approvals, there are three grants that are committee-level approvals.

CHAIR BOERNER called a break.

(Break.)

CHAIR BOERNER reconvened the meeting, and moved to the approvals.

**MOTION:** A motion that the Program & Planning Committee approve a \$250,000 FY22 Mental Health & Addiction Intervention Focus Area Allocation to Set Free Alaska for the recidivism reduction and recovery capital project. Funding from this project will come from the Crisis Continuum of Care budget line was made by TRUSTEE COOKE; seconded by TRUSTEE HALTERMAN.

CHAIR BOERNER clarified that this approval would move through once approved. It is not a recommendation to the Full Board. She recognized Eric Boyer.

MR. BOYER introduced Philip Licht, the CEO of Set Free Alaska.

MR. LICHT thanked all and stated that he was in long-term recovery and had worked with Set Free Alaska for over ten years. He stated that they had been celebrating helping fellow beneficiaries and individuals in the community; families that needed help with substance abuse, mental health and their struggles in life. He stated that Shannon Harris is the peer support manager and has worked for the quarantine program, as well as coordinating with other residential programs, the peer support teams working in outpatient, residential and the recovery residents.

MR. BOYER went through the highlights of the proposal and stated that they are seeking to secure some funding to braid with a lot of other funds to buy and purchase outright the Garden Gate Bed & Breakfast property, which is across the street from the Mat-Su Regional Hospital. He added that they are proposing getting additional money for securing it, and they are already there operating as a lease-to-own operator. He continued that 30 folks can be treated residentially on site, and they do much of their outpatient programming and community-based care.

CHAIR BOERNER called the vote.

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

CHAIR BOERNER stated that next on the approvals list is the Arc of Anchorage.

**MOTION:** A motion to approve a \$216,000 FY22 Mental Health & Addiction Intervention Focus Area allocation to the Arc of Anchorage for the 1115 Adult Mental Health Residential 1 & 2 project. Funding for this project will come from the Treatment Access & Recovery Supports budget line was made by TRUSTEE COOKE; seconded by TRUSTEE HALTERMAN.

MR. BOYER stated that this next proposal is to help the Arc stand up the adult residential services. He continued that, currently, Alaska Behavioral Health operated 30 adult residential beds in Anchorage. The three residences need some capital improvements and are owned outright. He introduced the team at the Arc. Barb Rath is the chief operating officer; Ian Casey is the chief finance officer; Elizabeth Dickinson is in charge of clinical services; Terese Catrona helps with the administrative support around this.

MS. RATH stated that they want to target individuals who are really challenged mentally, emotionally, behaviorally, who often have co-occurring disorders and get caught up in situations and the criminal system, which is not the place for them. She continued that they are interested in being part of the solution for the community.

CHAIR BOERNER called the vote.

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

CHAIR BOERNER moved to the third approval.

**MOTION:** A motion to approve a \$197,400 FY22 Mental Health & Addiction Intervention Focus area allocation to the Interior Alaska Center for Nonviolent Living for the Alaska Careline 988 Infrastructure Development. Funding for this project will come from the Crisis Continuum of Care budget line was made by TRUSTEE COOKE; seconded by TRUSTEE HALTERMAN.

MR. WELCH stated that Susanna Marchuck was online from the Interior Alaska Center for Nonviolent Living. He explained that the project is providing funding to build up capacity both with personnel and infrastructure for Careline to be able to handle the expected increase in call volume once 988 kicks off starting July 1<sup>st</sup>. He added that this specific request focused on the 988 Project.

CHAIR BOERNER called the vote.

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

CHAIR BOERNER thanked all for their presentations and moved to trustee comments.

## **TRUSTEE COMMENTS**

TRUSTEE BOYLES had no comments.

TRUSTEE COOKE thanked all for conducting a good meeting. He noted the passing of Ed Rasmuson, a founding father of the Rasmuson Foundation, which is the biggest private philanthropic entity in Alaska. He continued that they were often partners of the Trust in projects that were undertaken for the beneficiaries and were very important partners in all the efforts.

TRUSTEE FIMON thanked all for orchestrating a very good meeting and stated appreciation for all the presentations and additional information that made the decisions easier.

TRUSTEE FISHER thanked all for the presentations, and he appreciated the detail and the answers to all the questions.

TRUSTEE HALTERMAN thanked staff and Chair Boerner for leading a great meeting and stated appreciation for the feedback, which makes the job easier.

TRUSTEE STURGEON also thanked Chair Boerner for a great job and for running a tight meeting. He stated that he did personally know Ed Rasmuson and had gone hunting all over the world with him. Ed always helped anyone having a hard time. He was a very generous, nice person, and always had Alaska first and foremost on his mind.

CHAIR BOERNER appreciated Trustee Sturgeon for sharing his personal experience with Mr. Rasmuson, which means a lot. She thanked the staff and the trustees for being prepared for the meetings, which made facilitating them so much easier. She stated that she felt very privileged and honored to be here with all, and that her heart and thoughts go out to the beneficiaries and partners, wishing them the best for 2022.

MR. ABBOTT stated that this may be his last opportunity to speak in an official capacity and appreciated the chance to do that and the opportunity to share with the trustees and staff and the other stakeholders how much he appreciated all the support, all of the energy, and all the good wishes in the four years that he had the privilege to serve the Trust. He was grateful to the team he worked with, and to the trustees he reported to for all the support to work for and improve the lives of Trust beneficiaries. He was thrilled to have the opportunity, and was leaving with mixed emotions.

CHAIR BOERNER stated appreciation for all the care Mr. Abbott dedicated to the beneficiaries of the Trust. She called a break.

(Break.)

CHAIR BOERNER reconvened and invited Trustee Cooke for comments or a presentation.

TRUSTEE COOKE stated that the Trust is blessed with Greg Jones who makes wood bowls and brought one of his specialties for this occasion to present to Mr. Abbott from the trustees. He added that there was a card that should be opened.

MR. ABBOTT read “Mike, you came to the rescue and set the Trust fund on a solid path forward. You deserve thanks from all involved. Go in peace and health and be proud. Greg Jones.”

TRUSTEE COOKE continued that he was able to secure a piece of art created by a Trust beneficiary from the board, with their thanks. He added that Mr. Abbott would be leaving on the 14<sup>th</sup>, but this will be the last time with the board. He stated that Mr. Abbott did a magnificent job of mastering all the details of a very complex organization and kept all the parts functioning together and going in the same direction. He will be missed. He personally thanked him for everything he did, and wished him well in his next venture or adventure.

CHAIR BOERNER offered the trustees the opportunity to join in the comments.

TRUSTEE HALTERMAN thanked Mr. Abbott for preparing her for this journey in a matter of weeks. She stated that she had never seen a better onboarding process. She continued that he set them all up for success and that she appreciated his contributions to that. She thanked him for his time and added that he would be missed.

TRUSTEE STURGEON stated that it was a pleasure working with Mr. Abbott and added that one of his best attributes is that he talked loudly. He continued that he had a very distinguished career and wished him the best in all of his new ventures.

TRUSTEE FIMON thought back to the first day he got the call and came in. He appreciated Mr. Abbott’s good sense of humor and candor. There was so much information in the first 30 minutes, and he thought that Mr. Abbott had been there for 25 years. He was amazed at the grasp of his understanding and how he parlayed four years to him and others. He thanked him for all he did for the Trust, the beneficiaries, and for the trustees.

TRUSTEE FISHER stated that from the beginning he never felt that he had been left to hang and figure it out himself. He appreciated the time visiting and answering questions that he had and making sure that staff were prepared to answer some of the questions so that the trustees could move forward with some of the decisions that had to be made. He added that he was always impressed with the way Mike communicated and worked with the trustees, as well as in overseeing and leading the staff. He thanked him for the great contribution with the transition.

TRUSTEE BOYLES stated that she would miss Mr. Abbott. She continued that he was one of the most diplomatic directors and leaders that she had the pleasure of working with. She wanted him to know that before she took the position as a trustee, she did some homework on him and the executive director’s position he held. Everything came back positive, even from those who did not politically align with him. She added that he would be missed.

MR. ABBOTT thanked all and stated that his phone number was not changing.

CHAIR BOERNER stated that she started as a trustee not long after Mr. Abbott was hired, and one of the things she appreciated about him was his humility, self-deprecation, and especially the level of knowledge he had. He always recognized his staff and everything was always about the beneficiaries and the partnerships and what was needed to get as much as possible to help the beneficiaries. She also agreed with everything that had been shared by all the other trustees and their observations. It has been an incredible blessing working with him in this capacity. She wished him well on his next endeavors, and where his journey will take him. She entertained a motion to adjourn.

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

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

CHAIR BOERNER adjourned the meeting.

(Program & Planning Committee meeting adjourned at 4:00 p.m.)



# Trust Conference Update

April 20, 2022



**Trust**  
Alaska Mental Health  
Trust Authority

# Trust Conference - Fall 2022

Envisioned as an opportunity to:

- Share successes and best practices in serving beneficiaries
- Introduce new promising practices
- Share data of interest to attendees
- Provide a venue and reason to gather, network, make connections and share ideas
- Solicit information from and engage with partners





# Target Audiences

- Primary: Trust beneficiary serving partners
- Secondary:
  - Trust beneficiaries
  - Policy makers and policy influencers
- Statewide participation



# What we know about the event (so far)



- Planning for an in-person event
- Two days in Anchorage at the Dena'ina Center
  - Sept. 27 & 28 - Conference
  - Sept. 26 - Pre-Conf. Workshops
- Will solicit presentations/issue call for abstracts
- Planning to offer CEUs
- Format/Elements:
  - Combination of plenary and break-out sessions
  - 2-3 “tracts” for breakouts
  - Keynote address(es)
  - Panel presentation(s)
  - Poster session
  - Partner booths
  - Reception <sub>20</sub>

# Developing the Agenda

- Engaged with key partners as a part of planning efforts to solicit feedback and ideas

## Conference Themes:

- Behavioral health support across beneficiary groups and the lifespan, including co-occurring disorders
- Innovative and Promising Practices for Serving Trust Beneficiaries
- Strengthening our Continuum of Care
- Incorporating lived experience and beneficiary perspectives into programs and planning





# Conference Promotion

## Improving Lives Conference



The Alaska  
Mental Health  
Trust Authority

- Conference website
- Save the Dates, Call for Abstracts
- Partner assistance
- Promotion plan



# Child Welfare and Foster Care in Alaska

Trust Program & Planning Committee  
April 21, 2022

- Jimael Johnson - Program Officer, Trust
- Clinton Lasley - Deputy Commissioner, Dept. of Health & Social Services
- Kim Guay - Director, Office of Children's Services

# Objectives

- Hear voices of youth with lived experience in foster care and child welfare system
- Describe state agency structure changes, child welfare and foster care system, and Office of Children's Services

## Break

- Provide overview of Alaska Tribal Child Welfare Compact
- Discuss child welfare and foster care related initiatives and opportunities for Trust engagement





YOUTH VOICES:

Isaiah,  
Natilia & Katrina's  
Stories

<https://www.facebook.com/watch/?v=686600352703540>

# DHSS Restructure

- Clinton Lasley - Deputy Commissioner, Department of Health & Social Services



# Department of Family and Community Services

Executive Order 121

April 21, 2022

Deputy Commissioner Clinton Lasley



# Executive Order 121

Governor Dunleavy's [Executive Order 121 \(EO 121\)](#) to restructure the Department of Health and Social Services (DHSS) into two departments has now become law, official as of March 19, 2022.

On July 1, 2022, DHSS will become the Department of Family and Community Services (DFCS) and the Department of Health (DOH).

The restructuring allows for better alignment of mission sets and the time and space to work with providers, beneficiaries and federal partners to improve the system of care.

DFCS will focus on supporting our child welfare system and 24/7 facilities providing direct services to Alaskans. It will include the Division of Juvenile Justice (DJJ), the Office of Children's Services (OCS), the Alaska Pioneer Homes (APH) and the Alaska Psychiatric Institute (API). This will allow expertise and attention to be directed to supporting and improving the Alaska child welfare system and our facilities that serve Alaskans around the clock.

# Department of Family & Community Services

## Commissioner

### Deputy Commissioner *Clinton Lasley*

#### ALASKA PIONEER HOMES *Director Heidi Hamilton*

- Alaska Pioneer Homes Payment Assistance
- Alaska Pioneer Homes Management
- Pioneer Homes
  - ♦ *Alaska Pioneer Homes Advisory Board*

#### OFFICE OF CHILDREN'S SERVICES *Director Kim Guay*

- Children's Services Management
- Children's Services Training
- Front Line Social Workers
- Family Preservation
- Foster Care Base Rate
- Foster Care Augmented Rate
- Foster Care Special Need
- Foster Care Licensing
- Subsidized Adoptions & Guardianship
- Tribal Child Welfare Compact
- Indian Child Welfare (ICWA) & Tribal Partnerships

#### JUVENILE JUSTICE *Director Tracy Dompeling*

- Long-Term Treatment
- Detention
- Probation Services
- Delinquency Prevention
- Youth Courts
- Juvenile Justice Health Care
  - ♦ *Juvenile Justice Advisory Committee*

#### ALASKA PSYCHIATRIC INSTITUTE *Chief Executive Officer: Scott York*

- Acute, Inpatient Psychiatric Treatment
- Forensic Restorative Treatment
- Governing Body

### Assistant Commissioner **FINANCE & MANAGEMENT SERVICES** *Marian Sweet*

- Budget
- Grants, Contracts and Facilities
- Human Resources
- Information Technology Services
- Revenue, Finance and Allocation

### Commissioner's Staff

- Policy Advisors
- Legislative Liaison
- Regulations
- DES/DET Coordination
- Public Information
- Tribal Child Welfare Compact
- Department Reorganization Liaison

# DHSS Reorganization website



# Questions?

# Office of Children's Services and Foster Care System

- Kim Guay - Director, Office of Children's Services



## Office of Children's Services Overview Presentation to the Alaska Mental Health Trust

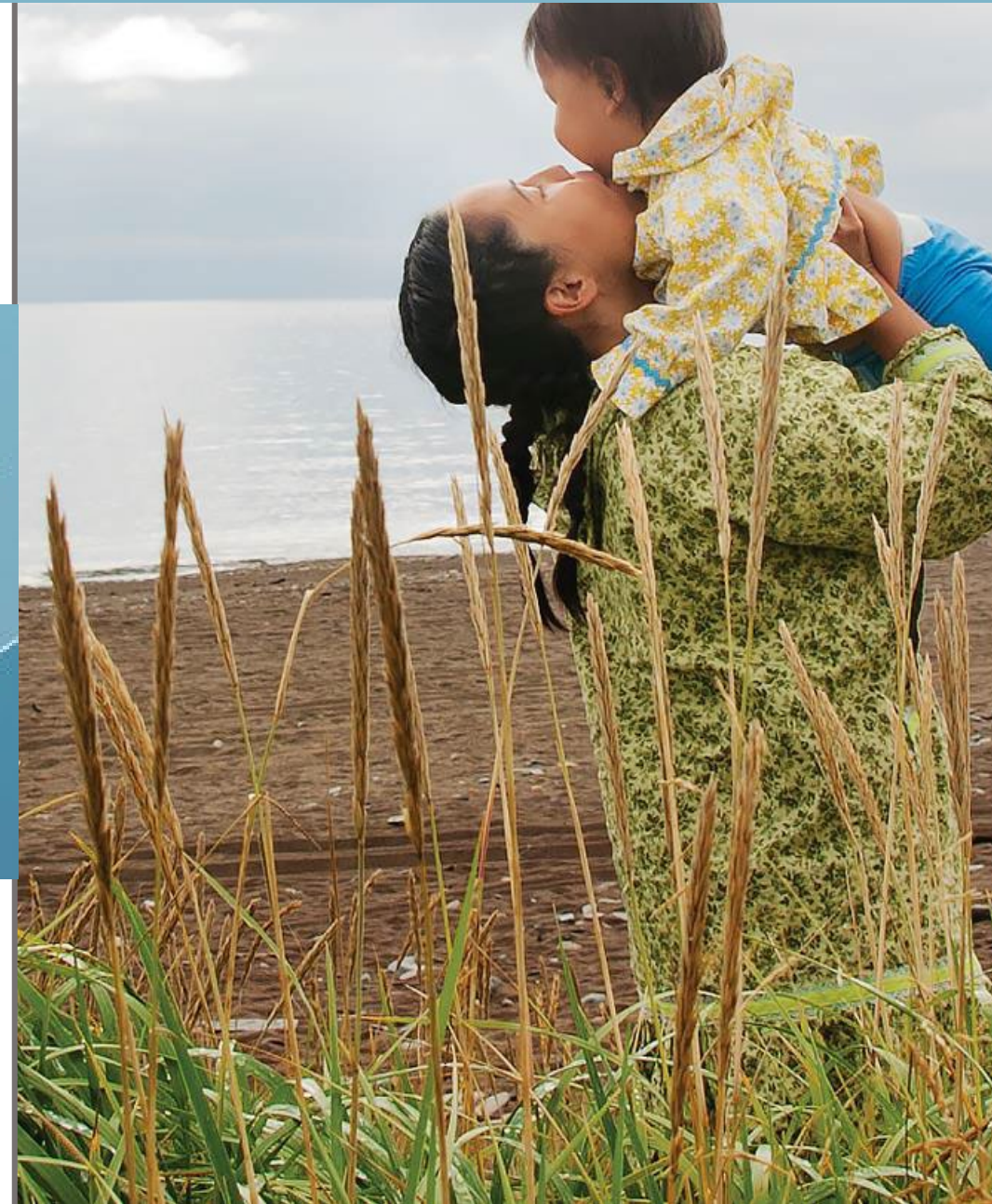
### MISSION

Ensuring the safety, permanency and well-being of children by strengthening families, engaging communities, and partnering with tribes.

### VISION

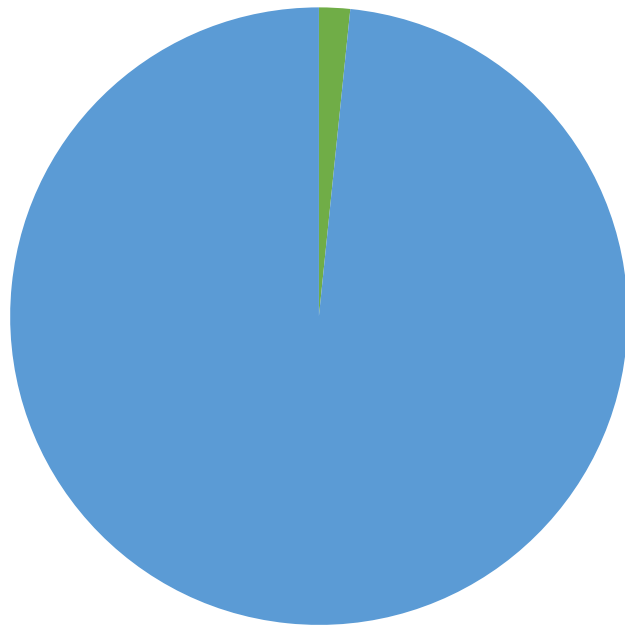
SAFE CHILDREN • STRONG FAMILIES

Director Kim Guay  
April 21, 2022

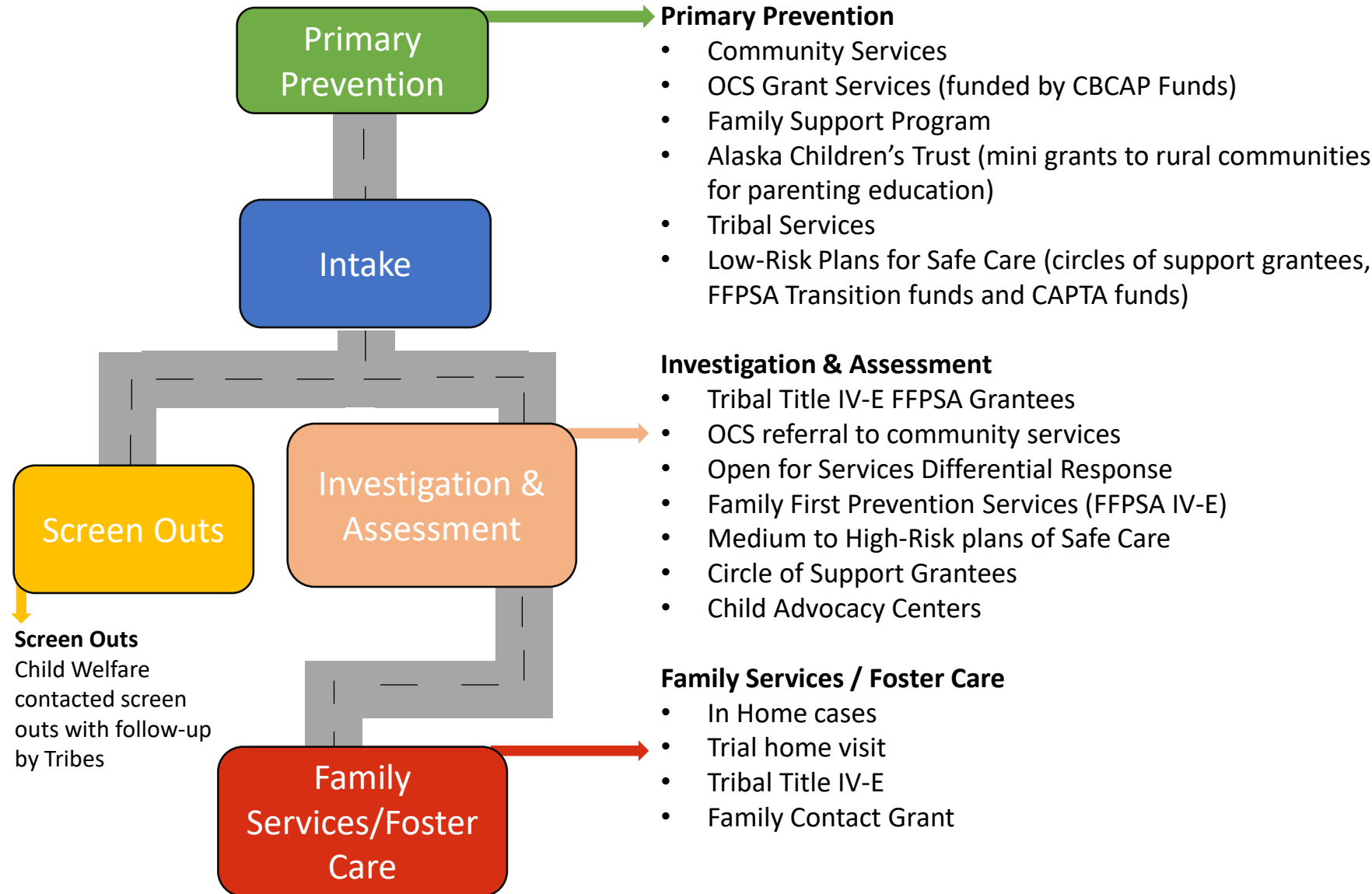


# Primary Prevention Programs & Services

1.6% of the OCS Budget is Spent on Primary Prevention Services



- Prevention Programs and Services
- All Other Child Welfare Services and Programs



Intake



Investigation & Assessment



Family Services



Service Array



Licensing



# Child in Need of Aid – Legal Proceedings

When OCS determines that a child is unsafe and further intervention is necessary, a court proceeding for the case is called a Child In Need of Aid (CINA) case

## Legal Parties to a CINA Case

- Office of Children's Services
- Parents
- Attorney General's Office
- Public Defender Agency
- Guardian Ad Litem (OPA)
- Indian Child's Tribe
- Indian Custodian

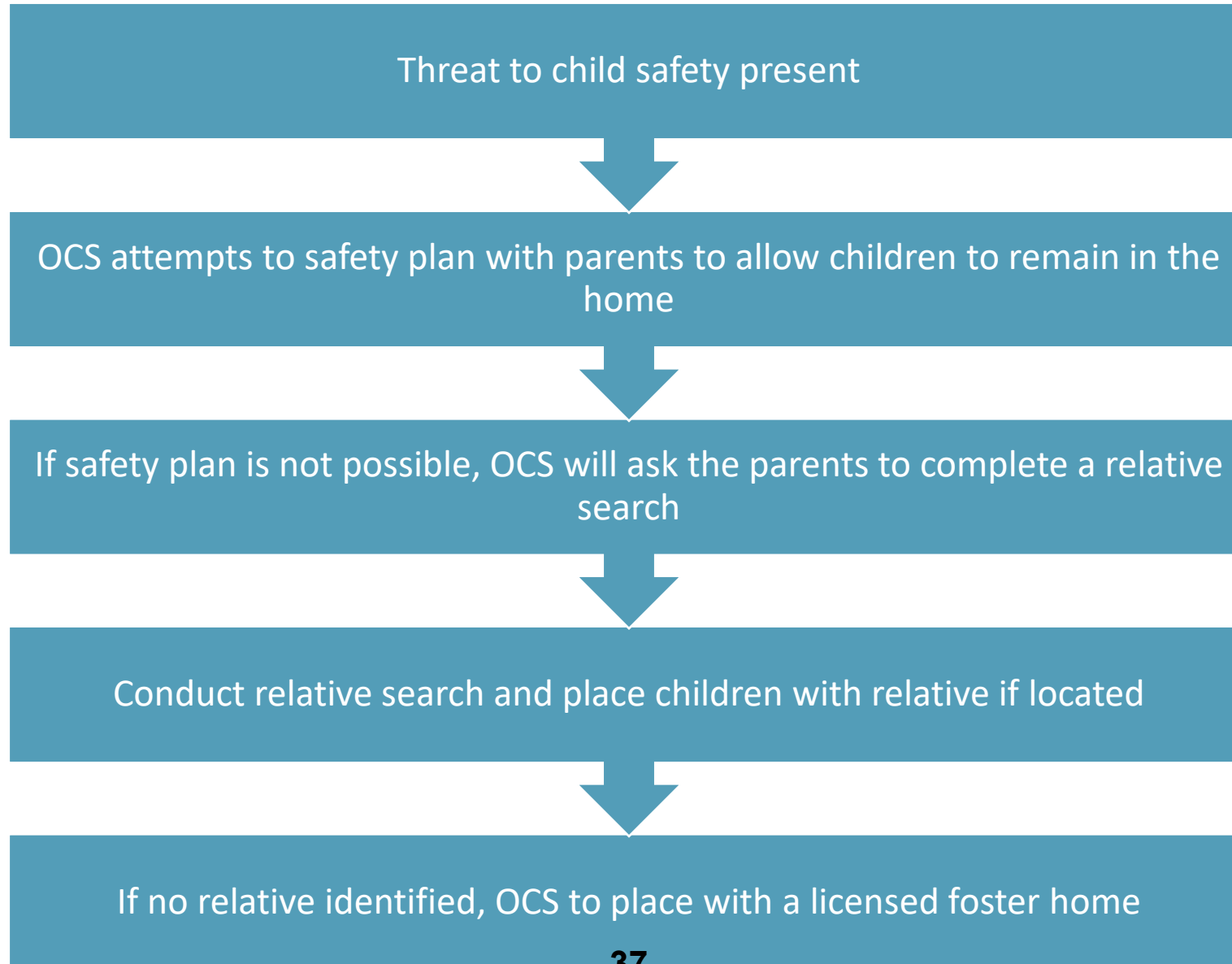


## Legal Rights / Due Process Provisions

- Notice of hearings
- Opportunity to be heard
- Representation by attorney or other
- Right to participate also includes:
  - Receive information about the case, including copies of OCS files
  - File motions
  - Question witnesses, testify
  - Appeals

**\*\*CINA hearings can impact processing of discovery requests, staff availability, audits, federal oversight, foster care payments**

# Out-of-Home Placements: Relative Homes & Foster Homes



# Foster Homes & Therapeutic Treatment Homes



## OCS Foster homes

- OCS licenses homes wishing to provide foster care for children in custody
- OCS licenses homes of relatives taking placement of kin
- Training of foster parents is provided through the Alaska Center for Resource Families

## Child Placement Agencies

- Complete a joint license with OCS, then become the parent agency for those homes
- Therapeutic Treatment Homes are a Medicaid covered, medical level of care
- Children must qualify for this level of care through an assessment
  - 1115 Waiver now requires a service authorization be completed through Optum
- Additional training and reporting requirements for therapeutic homes
- Meant to be temporary treatment for a child to then step down to a relative home, foster home, or reunification with parents.

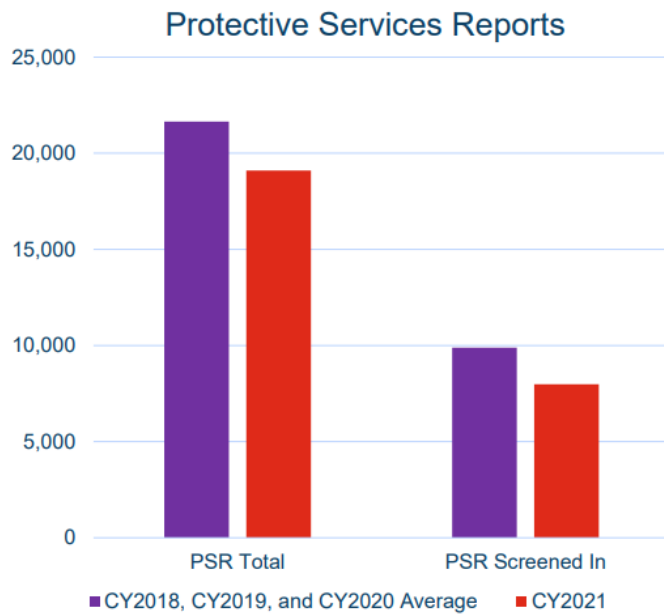
Region	OOH on 12/31/2021	Percent of Children OOH on 12/31/2021
Anchorage	1,096	36.7%
Southcentral	848	28.4%
Northern	530	17.8%
Southeast	208	7.0%
Western	300	10.1%
Total	2,982	100%



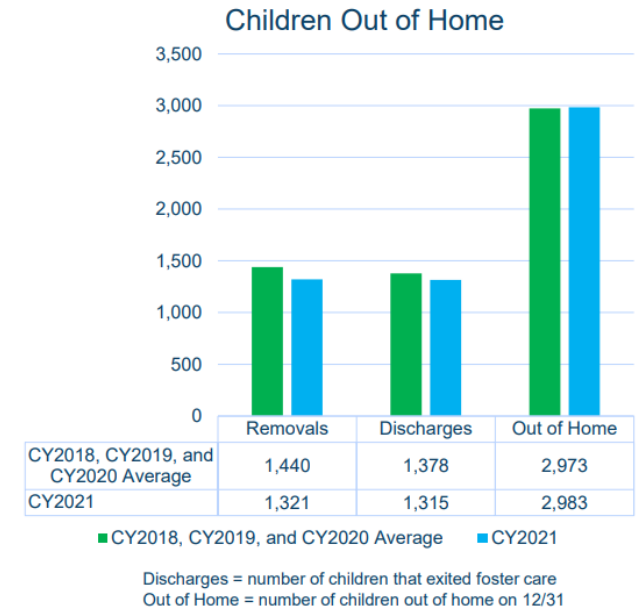
# Youth with Complex Trauma Placement Support



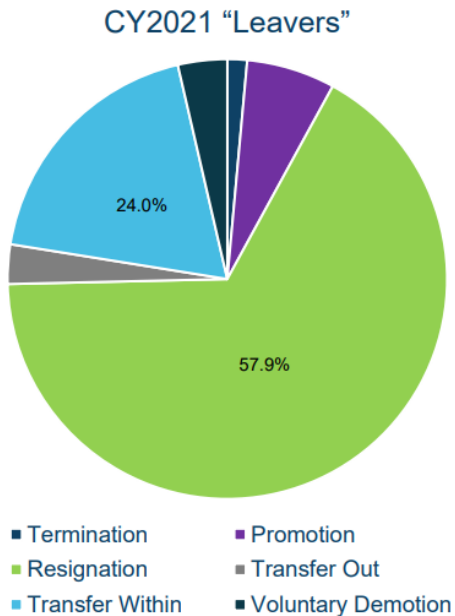
- Increasing challenge of placing youth in extremely high-cost placements that are not covered by Medicaid.
- Some of these youth could remain in Alaska in traditional foster homes with appropriate supports in place.
- Appropriate compensation for foster care providers caring for complex youth necessary to secure placements and keep children in Alaska whenever possible.



**19,097 REPORTS OF HARM**  
**7,593 INVESTIGATIONS**  
**4,257 OOH CHILDREN**  
**1,305 RELATIVE PLACEMENTS**  
**1,026 FOSTER HOMES**  
**CY 2021**

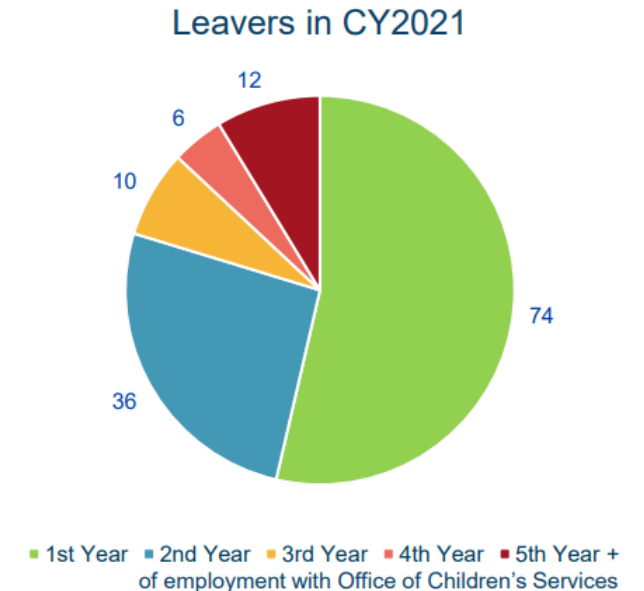


## Alaska's Child Welfare Workload & Workforce



Turnover			
Prior Four Quarter (1/1/2021 – 12/31/2021)			
Region	Case Carrying Positions	Total Leavers	Turnover Rate
Anchorage	76	43	56.6%
Northern	49	36	73.5%
Southcentral	60	27	45.0%
Southeast	22	17	77.3%
Western	22	15	68.2%
Statewide	229	138	60.3%

Turnover = Case carrying "leavers" for reasons including dismissal, resignation, promotion, demotion, retirement from position







## Workforce Stabilization & Managing Workplace Traumatic Stress

- Cyclical turnover leads to high caseload and high caseload leads to turnover with direct impacts on clients and Alaskan families.
- Staff exit surveys cite workload, stress and appropriate compensation as the primary reasons for leaving the Office of Children's Services.
- Child welfare staff experience direct and indirect exposure to trauma which can negatively affect how they deliver services to Alaskans.

- A Mental Health Clinician was requested in this budget to build a critical incident debriefing program for staff to reduce distress and restore workforce performance.
- Goals of the debriefings are to mitigate the impact of traumatic incidents, facilitate a recovery process in workers who are distressed by disturbing events and identify staff who might benefit from additional support services or referrals to professional care



# Questions and Discussion





**BREAK**



# Child Welfare and Foster Care in Alaska: Initiatives and Opportunities

- Jimael Johnson - Program Officer, Trust
- Nicole Borromeo - Executive Vice-President & General Counsel, Alaska Federation of Natives



# **Strengthening the System: Comp Plan in Action**

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

## Comp Plan Goal 6 (Protecting Vulnerable Alaskans):

Alaskans are free from abuse, neglect, self-neglect, and exploitation.

### **6.2 Objective:**

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

### **d. Strategy:**

Support tribes and Alaska Native tribal organizations to implement prevention services under the **Alaska Tribal Child Welfare Compact**





# YOUTH VOICES: Tony's Digital Story

<https://www.youtube.com/watch?v=LKQ075inVII>

# Alaska Tribal Child Welfare Compact Presentation

- Nicole Borrromeo - Executive Vice-President & General Counsel, Alaska Federation of Natives



# Comp Plan Goal 6 (Protecting Vulnerable Alaskans):

## **6.1 Objective:**

Prevent child maltreatment by ensuring resilient families

## **a. Strategy:**

Develop, in partnership with a collective network, a comprehensive statewide plan to prevent child abuse and neglect.

## **Project:**

Alaska Impact Alliance – National Family Support Network Training

# Alaska Impact Alliance



<https://alaskaimpactalliance.com/>

## **Goal 1 (Early Childhood):**

**Programs serving young children promote resiliency, prevent and address trauma, and provide access to early intervention services**

### **1.2 Objective:**

Provide ongoing support to ensure accurate identification and treatment of social-emotional needs for children and their caregivers, congruent with their cultural identification.

### **c. Strategy:**

Ensure programs have qualified staff who have training and understanding of various cultures

### **Project:**

**Intensive At-Risk Early Identification and Intervention Services (beginning FY23)**

# Intensive At-Risk Early Identification and Intervention Services

**\*\*New collaboration beginning FY23\*\***



**Goal: Early identification and developmental supports for young beneficiaries who may not otherwise be identified**

# Other Opportunities

## Data & Workforce

- Facilitated and Attuned Interactions (FANI) training with OCS staff (FY22 project)
- Adolescent Behavioral Health Continuum of Care
- Alaska State Hospital and Nursing Home Assn (ASHNHA) grant
- Youth Mobile Response & Stabilization Services (MRSS)
- Foster Care Data Integration project (potential project)
- Governor's Budget



# Next Steps





# Questions and Discussion



# Thank You

Jimael Johnson

Program Officer

[jimael.johnson@alaska.gov](mailto:jimael.johnson@alaska.gov)

907-269-7963

Trust

Alaska Mental Health  
Trust Authority

# ALASKA CRISIS SYSTEM OF CARE *UPDATE*

Katie Baldwin-Johnson, Chief Operating Officer

Travis Welch, Program Officer

Eric Boyer, Program Officer

Trustee Program and Planning

April 21, 2022

Trust  
Alaska Mental Health  
Trust Authority

**CRISIS NOW**

# Vision, Goals + Guiding Principles

## **Behavioral** Health Emergency

*Improved safety and wellbeing for all.*



### Implementation Project Goals

1. Design and implement a behavioral health crisis response system analogous to the physical health system.
2. Integrate new crisis response services with existing health care and social supports and ensure long-term sustainability.

### Guiding Principles

1. Engage with people and communities with lived experience.
2. Intervene, treat and connect people in immediate crisis to short and long-term supports that increase safety and well-being.
3. Collaboratively fund services with multiple investors and funding sources to operating gaps and sustain services.
4. Support interventions that are data-driven, evidence-informed, and/or culturally relevant with clearly defined outcomes.
5. Support interventions that are trauma-informed and healing-centered, and do not cause or perpetuate trauma.
6. Use a person-centered approach with clients and work as a team of providers across systems and agencies to address complex needs.
7. Commit to transparency: monitor progress using data, and regularly report out.

# What is the Crisis Now Framework?

Someone to Talk to, Someone to Respond and a Place to Go

- SAMHSA National Guidelines for Behavioral Health Crisis Care



Crisis Call  
Center



Mobile  
Crisis Team



23-hr Crisis  
Stabilization



Short-term  
Residential Beds

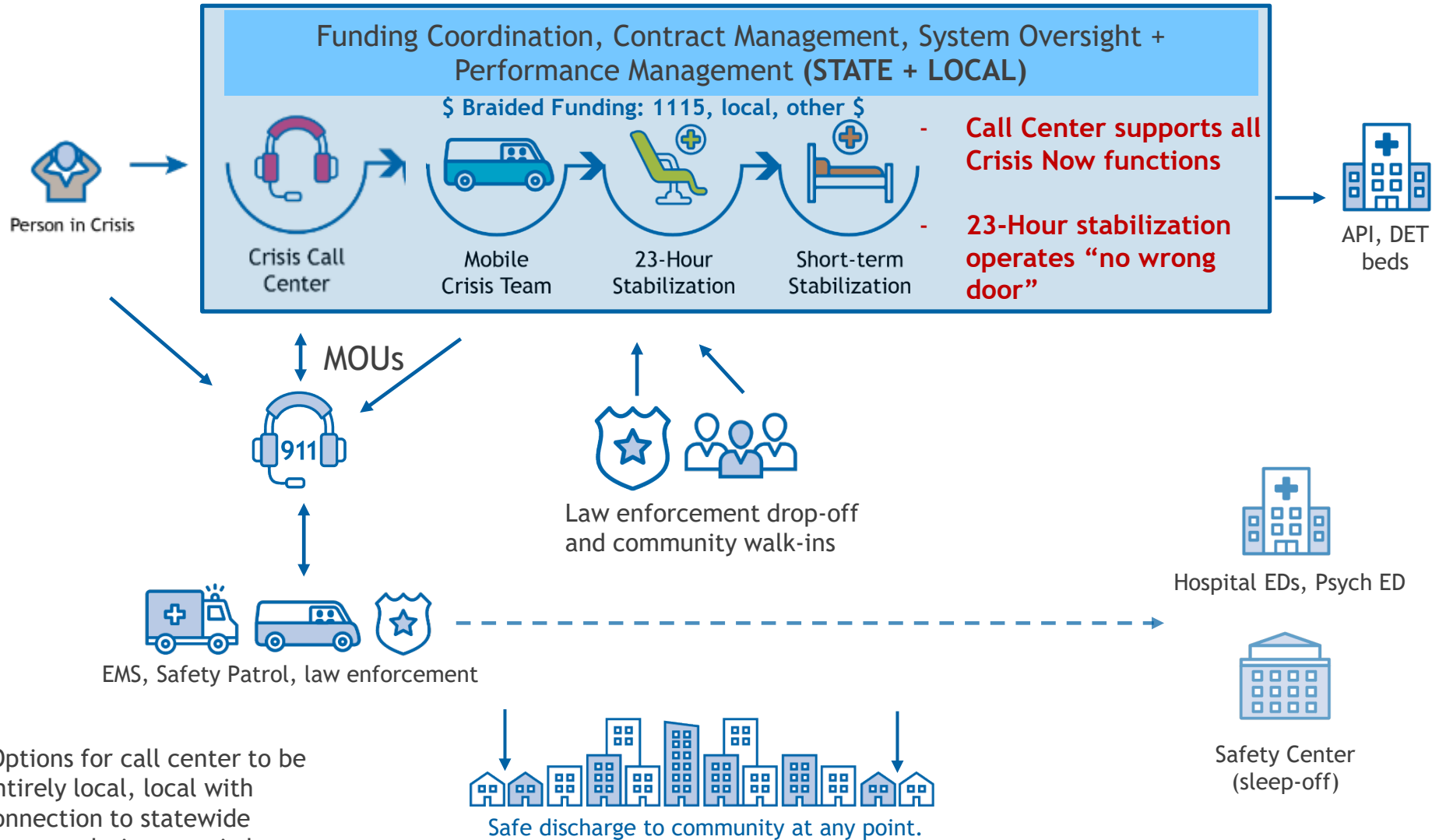
Behavioral Health Crisis  
Stabilization Center



Essential Principles & Practices

SAMHSA's National Guidelines for Crisis Care - A Best Practice Toolkit outlines minimum expectations and best practices for the design, development and implementation of a behavioral health crisis care continuum.

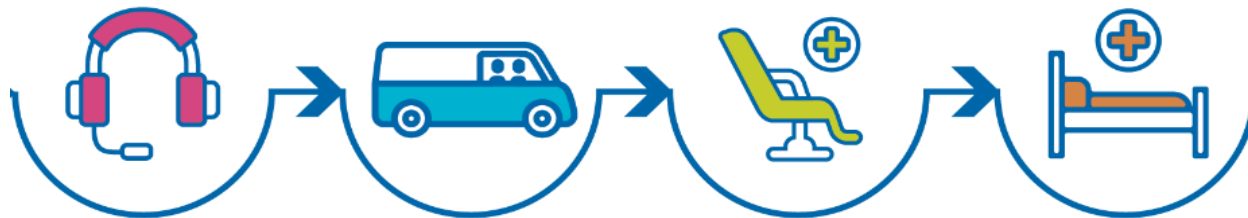
# Full “Care Traffic Control” Connectivity Throughout



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

# Implementation Updates

Agnew::Beck Project Management Contract



Crisis Call  
Center

Mobile  
Crisis Team

23-Hour  
Stabilization

Short-term  
Stabilization

- Alaska Careline/Dispatch Centers/988/ Open Beds

- Anchorage Fire Department
- Fairbanks- AKBH/The Bridge, TNR/Municipality
- Juneau- JAHMI
- Mat-Su/Glennallen

- Southcentral Foundation
- Providence
- Juneau- Bartlett
- Fairbanks/ Mat-Su

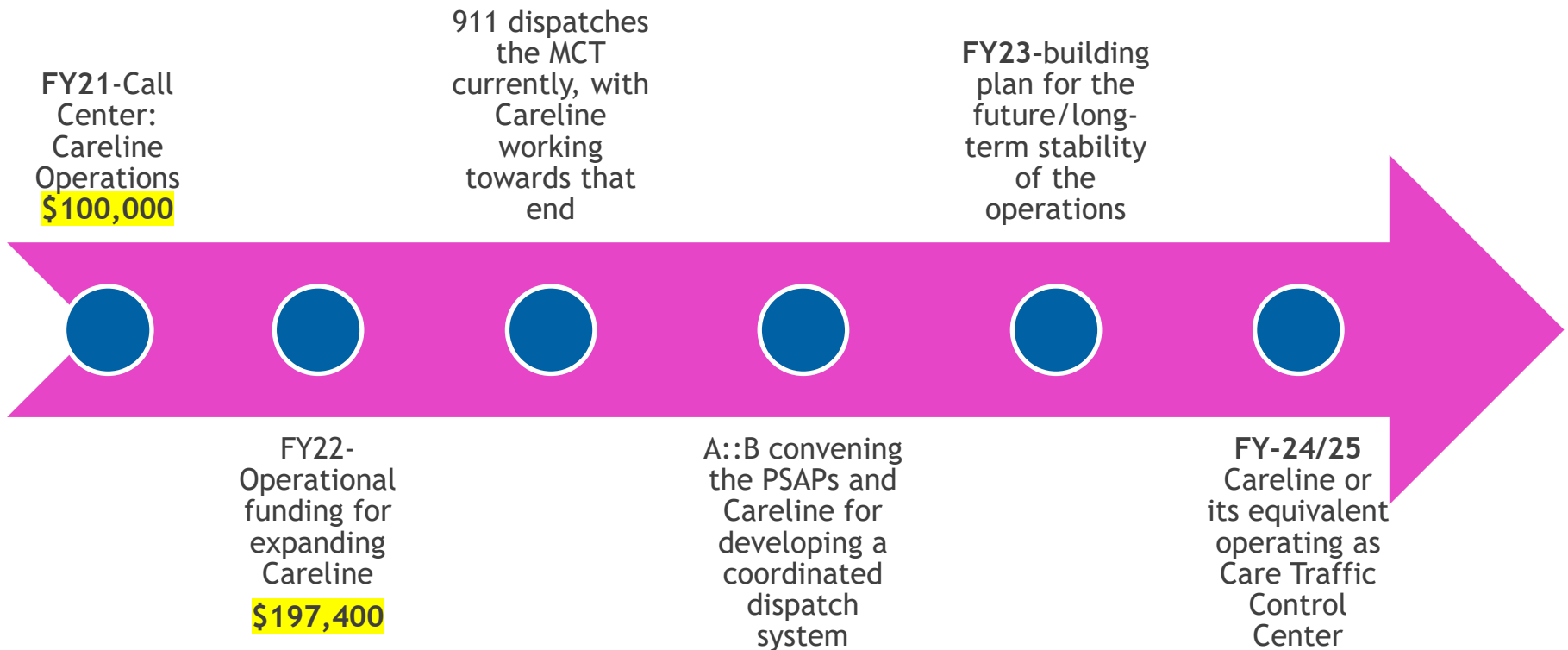
- Providence
- Fairbanks/ Juneau

# Crisis Now Timeline

## Call Center - “Someone to Talk To”



Crisis Call  
Center



FY21-25, Trust investments highlighted



# Crisis Now Timeline

## Mobile Crisis Teams - “Someone to Respond”



Mobile  
Crisis Team

**FY21-**  
Community  
stakeholder  
meetings: 12  
meetings/300  
participants/  
87 entities

FY22-Using RI  
and A::B data,  
AKBH and The  
Bridge stand  
up the first  
MCT in Alaska/  
Fairbanks  
**\$807,000**

**FY23-** Second  
year of  
funding for  
Fairbanks  
MCT  
(*Dependent  
on Trustee  
Approval*)

FY 22- Crisis  
Now  
Coordinators  
funded and  
hired in  
Fairbanks,  
Mat-Su,  
Anchorage,  
**\$230,400**

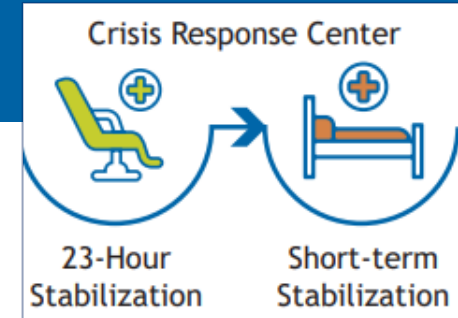
**FY23-** Working  
to replicate  
the MCT model  
in Wasilla,  
Juneau,  
Glennallen,  
Funding  
amounts will  
vary on  
site/need

**FY24/25-** MCTs  
across the state  
moving to full  
fidelity of the  
models

FY21-25, **Trust investments highlighted**

# Crisis Now Timeline - 23-Hour/Crisis Stabilization

## “A Place to Go”



FY21-  
Stakeholder  
Engagement,  
Contractor  
Support, RI  
Report

FY21/22-  
Crisis  
Now Site  
Visits w/  
Partners  
AZ/WA  
\$100,000

FY 22/23-  
Trustee  
Authorized  
Planning  
Grants  
Providence  
and SCF:  
\$950,000

FY21-  
Capital  
Bartlett  
Regional  
Hospital in  
Juneau  
\$200,000

FY22- Capital  
Funding for  
Set Free-  
\$250,000

FY24/25-  
funding for Crisis  
Stabilization  
Centers:  
Fairbanks, Mat-  
Su, Anchorage  
(Contingent on  
Trustee  
Approval)

FY21-25, Trust investments highlighted

# Bartlett Regional Hospital (Juneau) Stabilization Center Construction

## Crisis Stabilization - “A Place to Go”



23-hour



Short-term  
stabilization

*The Trust provided \$200,000 in FY21 to Bartlett to support the construction of this new facility.*



Katie, Eric and Karen Forrest, Bartlett's Chief Behavioral Health Officer at the new facility site this spring

# HB172/SB 124 is a Path Forward

## HB172 will:

- Effectuate a “No Wrong Door” approach to stabilization services
- Enhance options for law enforcement and first responders to efficiently connect Alaskans in crisis to the appropriate level of crisis care
- Support more services designed to stabilize individuals who are experiencing a mental health crisis
  - ✓ 23-hour crisis stabilization centers
  - ✓ Short-term crisis residential centers

## *Behavioral* Health Emergency



# Crisis Now Statewide Objectives

1. Maintain efforts to promote the Crisis Now framework, purpose, as well as partner roles and responsibilities.
2. Continue work towards complete implementation.  
“Wide front door, covered back porch.” Dr. Balfour
3. Pass HB 172/SB 124 - Mental Health Facilities bills
4. Ensure financial and program sustainability in the long term.

# Questions?



# Crisis Now Implementation: Project Workplan

Updated February 23, 2022

<b>Core Areas for Implementation, 2022-2023</b> (click link to jump to section)
<a href="#">Core Area 1: Project Management and Stakeholder Communication</a>
<a href="#">Core Area 2: Systems Development and Coordination</a>
<a href="#">Core Area 3: Crisis Call Center Development</a>
<a href="#">Core Area 4: Community Coordination</a>

Core Area 1: Project Management and Stakeholder Communication			
<i>Core Area Goal:</i> The Trust, Trust contractors and stakeholders are aligned on project objectives and regularly updated on implementation progress.			
Objective, Action Items and Deliverables	Who (Lead, Support)	Timeframe	RI Recommendation
<b>1.a. As needed, participate in national 9-8-8 Crisis Learning Community Jams, track best practice research, presentations, and conferences on crisis implementation.</b>	A::B, Trust	Ongoing	n/a
<b>1.b. Plan and convene monthly contract check-ins.</b> <i>Action Items</i> <input type="checkbox"/> Send recurring invite for first Monday of the month	A::B, Trust	Monthly	n/a
<b>1.c. Plan and convene bi-monthly project planning meetings.</b> <i>Action Items</i> <input type="checkbox"/> Send recurring invite for second and fourth Mondays of the month	A::B, Trust	Monthly	n/a
<b>1.d. Monthly updates to internal implementation workplan (this document).</b>	A::B, Trust	Monthly	n/a
<b>1.e. Plan and convene quarterly Statewide Project Management Team meetings</b> <i>Action Items</i> <input type="checkbox"/> Schedule meetings for the year (4) <input type="checkbox"/> Regularly review invitee list and add members as needed	A::B, Trust	Quarterly	n/a
<b>1.f. Plan and convene quarterly webinars for all stakeholders on key topics.</b> <i>Action Items</i> <input type="checkbox"/> Identify topics for up to 4 webinars: Workforce/training (SHARP, Sim lab, ??), peer support specialists in crisis, SAMHSA Essential Principles and Practices, other?	A::B, Trust	Quarterly	n/a
<b>1.g. Develop quarterly implementation update newsletter to be sent to all stakeholders.</b> <i>Action Items</i> <input type="checkbox"/> Identify key topics for 4 newsletters: Perhaps in conjunction with webinars?	A::B, Trust	Quarterly	n/a

1.h. Develop one-page overviews for each implementation community, crisis call center and systems efforts to be updated and shared with Project Management team and other key stakeholders on a quarterly basis.	A::B, Trust	Quarterly	n/a
1.i. Plan and convene statewide meeting for all stakeholders to update on project progress, key initiatives and next steps. <i>Action Items</i> <input type="checkbox"/> Identify target date for meeting	A::B, Trust	0-6 months; June 30, 2022	n/a

## Core Area 2: Systems Development and Coordination

*Core Area Goal:* Key systems and resources are aligned and coordinated to support full implementation of the Crisis Now framework.

Objective, Action Items and Deliverables	Who (Lead, Support)	Timeframe	RI Recommendation
<b>Subarea 2.1: Messaging</b>			
2.1a. Develop and implement public communication strategy. <i>Action Items</i> <input type="checkbox"/> Ongoing as system ramps up.	Trust (Allison)	Ongoing	n/a
2.2b. Develop initial messaging and change management process for State of Alaska Divisions and Departments <i>Action Items</i> <input type="checkbox"/> Identify goals for departmental communication regarding Crisis Now implementation.	State PM team, Trust	6 months - 1 year; December 30, 2022	n/a
<b>Subarea 2.2: OpenBeds/Alaska Treatment Connection</b>			
2.2a. Recruit providers to join and utilize the OpenBeds network. <i>Action Items</i> <input type="checkbox"/> Onboard 2-1-1 <input type="checkbox"/> Presented at ABHA meeting (March 9-10, 2022)	Trust (Eric), DPH (Elana)	Ongoing	Recommendation 7
2.2b. Coordinate ongoing opportunities for provider training and orientation to the OpenBeds system.	Trust (Eric), DPH (Elana)	Ongoing	Recommendation 7
2.2c. Develop guidelines and protocols for provider use of OpenBeds.	Trust (Eric), DPH (Elana), OpenBeds Working Group	1-2 months (Last mtg to finalize edits)	Recommendation 7
2.2d. Implement the OpenBeds crisis module.	Trust (Eric), DPH (Elana)	In Discussion with DBH	Recommendation 7
2.2e. Developing marketing plan for OpenBeds	Trust (Eric), DPH (Elana)	6 months - 1 year	Recommendation 7
2.2f. Identify short and long-term funding mechanism for OpenBeds platform.	Trust (Eric), DPH (Elana)	2+ years	Recommendations 4, 7
<b>Subarea 2.3: Workforce</b>			

<b>2.3a. Coordinate with and enhance existing behavioral health workforce development strategies.</b> <i>Action Items</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Communicate workforce development benefits of SHARP III to providers considering Crisis Now services.</li> <li><input type="checkbox"/> Support development of crosswalk of existing entry level BH positions.</li> <li><input type="checkbox"/> Support and increase awareness of UAA Crisis Stabilization Simulation Lab training opportunities</li> <li><input type="checkbox"/> Collaborate with, engage and support development of local CIT programs and connections between CIT and Crisis Now development.</li> </ul>	<b>Trust (Eric)</b> , SHARP Council, Alaska Healthcare Workforce Coalition, UAA  <b>Trust (Travis)</b>	Ongoing	Recommendation 5, 13
<b>2.3b. Support the growth and training of Alaska’s peer support specialist workforce.</b> <i>Action Items</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Develop and implement curriculum to train peer support specialists for crisis work.</li> <li><input type="checkbox"/> Develop pathway to connect peer support certification requirements to peer support apprenticeship opportunities.</li> <li><input type="checkbox"/> Expand or supplement UAS Behavioral Health Occupational Endorsement requirements with course(s) that meet requirements for peer support specialist certification program.</li> <li><input type="checkbox"/> Increase awareness of peer support specialist training opportunities that meet requirements for certification.</li> </ul>	<b>Trust (Eric)</b> , DOLWD, UAA, AK PCA, AHEC, UAS	6 months - 1 year	Recommendation 5
<b>2.3c. Support implementation of Crisis Now Essential Principles and Practices.</b> <i>Action Items</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Develop framework to evaluate crisis provider implementation of the six SAMHSA essential principles and practices.</li> <li><input type="checkbox"/> Identify technical assistance, training and resource needs of providers to implement the SAMHSA essential principles and practices into crisis settings.</li> <li><input type="checkbox"/> Ensure Crisis Now providers have connections to and implement trauma-informed care trainings for staff.</li> <li><input type="checkbox"/> Collaborate with DBH to ensure connection between Crisis Now providers and the Zero Suicide initiative.</li> </ul>	<b>Trust (Eric)</b> , DBH, A::B	6 months - 1 year	Recommendation 5
<b>Subarea 2.4: Funding and Sustainability</b>			
<b>2.4a. Support capital and start-up costs for providers to stand-up crisis services.</b>	<b>Trust</b>	Ongoing	Recommendation 4
<b>2.4b. Track and coordinate with partners on funding opportunities for crisis care as identified.</b>	<b>Trust, A::B</b>	Ongoing	Recommendation 4
<b>2.4c. Collaborate with providers to identify and propose alternative payment methods for crisis services as appropriate.</b>	<b>Trust, A::B</b>	Ongoing	Recommendation 4
<b>2.4d. Track national efforts related to commercial insurance parity and engage in Alaska-specific discussions as appropriate.</b>	<b>Trust, A::B</b>	Ongoing	Recommendation 12
<b>2.4e. Provide as needed support to community implementation coordinators and providers in use of business modeling tools developed for mobile crisis, 23-hour and short-term stabilization.</b>	<b>A::B</b>	Ongoing	Recommendations 4, 8, 9

<b>Subarea 2.5: Policy, Regulation and Funding Stream Alignment</b>			
<b>2.5a. Support development and passage of SB 124/HB172.</b>	<b>Trust (Steve, Travis); A::B (Jeff); DHSS</b>	0-6 months	Recommendation 3
<b>2.5b. Support development of 23-hour and short-term stabilization settings within existing statutory and funding mechanisms including identification of barriers to implementation.</b> <i>Action Items</i> <input type="checkbox"/> Communicate regarding development of Providence concept <input type="checkbox"/> Communicate regarding development of crisis service provision in the Mat-Su	<b>A::B, Trust</b>	0-6 months	Recommendation 3
<b>2.5c. Understand licensing requirements for 23-hour and short-term stabilization under current and proposed new statutory frameworks.</b> <i>Action Items</i> <input type="checkbox"/> Support connections between DHSS and RI International. <input type="checkbox"/> Work with DHSS and others to identify licensing and accreditation pathways under current statute. <input type="checkbox"/> Support development of licensing and accreditation pathways follow statutory changes.	<b>Trust, A::B</b>	0-6 months	Recommendation 3
<b>Subarea 2.6: Crisis System Accountability</b>			
<b>2.6a. Work with DHSS to determine future role of ASO in relation to oversight of crisis system.</b>	<b>Trust (Katie)</b>	6 months - 1 year	Recommendation 1
<b>2.6b. Explore contracted support for this function in the near-term.</b> <i>Action Items</i> <input type="checkbox"/> Re-engage with Beacon	<b>Trust (Katie); A::B</b>	6 months - 1 year	Recommendation 1
<b>2.6c. Identify core functions of accountability entity.</b> <i>Action Items</i> <input type="checkbox"/> Revisit previous version of concept and update as needed.	<b>A::B; Trust (Katie)</b>	6 months - 1 year	Recommendation 1
<b>Subarea 2.7: Data and Evaluation</b>			
<b>2.7a. Identify data metrics and key performance indicators for each type of crisis service, including reporting timeframes.</b> <input type="checkbox"/> Crisis call center <input type="checkbox"/> Mobile-crisis team <input type="checkbox"/> 23-hour stabilization <input type="checkbox"/> Short-term stabilization <input type="checkbox"/> Staff training	<b>A::B, Trust</b>	6 months - 1 year	Recommendation 2
<b>2.7b. Support community implementation coordinators with tools needed to track and report on crisis service delivery and system functioning at a local level.</b>	<b>A::B, Trust</b>	6 months - 1 year	Recommendation 2
<b>2.7c. Identify metrics and key performance indicators, including data sources, for systems change identified in the project logic model.</b> <i>Action Items</i> <input type="checkbox"/> Meet with Trust evaluation team (Mike, Autumn) <input type="checkbox"/> Engage with RI and other providers to identify metrics and tracking.	<b>A::B, Trust</b>	6 months - 1 year	Recommendation 2, 10

<input type="checkbox"/> Conduct scan of metrics and data sources used currently (Ex. Healthy Alaskans, HFDR Annual Report) <input type="checkbox"/> Meet with key providers and state agencies (HFDR/hospitals, local law enforcement, DOC) to identify available data, tracking mechanisms and ease of reporting.			
<b>2.7d. Develop RFP for data contractor to collect baseline data and conduct ongoing evaluation of systems change, including calculation of cost and FTE savings to affected systems.</b>	A::B; Trust	6 months - 1 year	Recommendation 2, 10
<b>2.7e. Develop plan to transition systems monitoring functions to a statewide accountability entity.</b>	Trust, A::B	2+ years	Recommendation 1, 2

Core Area 3: Crisis Call Center Development			
Core Area Goal: Key systems and resources are aligned and coordinated to support full implementation of the Crisis Now framework.			
Objective, Action Items and Deliverables	Who	Timeframe	RI Rec./988 Goal
<b>3.a. Identify funding streams for crisis call center operations.</b> <i>Selected 9-8-8 Action Items</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Determine number of states receiving Medicaid Administration funding, how much of operations is supported by that funding and what technology is needed.</li> <li><input type="checkbox"/> Explore other federal funding opportunities.</li> <li><input type="checkbox"/> Coordinate with the Trust to explore braiding funding opportunities.</li> <li><input type="checkbox"/> Explore the possibility of a State Plan or 1115 Waiver inclusion of call center Medicaid billing codes.</li> <li><input type="checkbox"/> Explore the feasibility of state legislative efforts that would support sustainability of 988.</li> <li><input type="checkbox"/> Evaluate need for additional space based on staffing increases.</li> </ul>	<b>DBH (Leah); 9-8-8 Coalition, Sustainability WG; Trust, Careline</b>  <b>DBH (Leah); Trust, Careline</b>	0-6 months; By June 30, 2022  1 - 2 years; By June 30, 2023	RI Rec. 4, 7 988 Goal 2.1b, 2.1d  988 Goal 2.2a, 2.2b
<b>3.b. Expand and sustain call center capacity to achieve and maintain an in-state call answer rate of 80% or higher for Lifeline calls.</b> <i>Selected 9-8-8 Action Items</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Create new positions in anticipation of increased call volume.</li> <li><input type="checkbox"/> Explore telework options and co-locating with other crisis serving organizations.</li> </ul>	<b>Careline (Susanna), DBH (Leah); Trust</b>	0-6 months; By June 30, 2022	RI Rec. 7 988 Goal 3.1a
<b>3.c. Create space for targeted discussions to engage people with lived experience and other key populations to inform the planning and delivery of equitable services.</b> <i>Selected 9-8-8 Action Items</i> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Develop a workgroup to focus on rural and Tribal coordination and to provide input and guidance on the design and implementation of 988 in rural and Tribal communities.</li> <li><input type="checkbox"/> Host focus groups facilitated by peer support specialists and engaging people with lived experience to provide recommendations and guidance to help improve delivery of call center services.</li> <li><input type="checkbox"/> Develop engagement opportunities for specific communities such as youth, people with disabilities, LGBTQ2IA, people of color and veterans.</li> </ul>	<b>DBH (Leah); 9-8-8 Coalition, Tribal/Rural WG; Trust</b>	1 - 2 years; By June 30, 2023	RI Rec. 6, 7 988 Goal 5.1a, 5.2a
<b>3.d. Understand and delineate State's resources and how people access them (statewide and regionally) as well as the resources' data collection capabilities.</b> <i>Selected 9-8-8 Action Items</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete a landscape analysis of state and regional resource platforms.</li> <li><input type="checkbox"/> Complete a landscape analysis of all crisis call lines in Alaska, including contact information, call volume, staffing, requirements and funding sources.</li> <li><input type="checkbox"/> Explore connections with Tribal clinics and the services they offer.</li> <li><input type="checkbox"/> Evaluate how Careline currently provides resources to contacts.</li> <li><input type="checkbox"/> Determine whether additional gaps in resources exist.</li> <li><input type="checkbox"/> Examine the information and data collected on state resources and services and make recommendations on streamlining available offerings to ensure the call center has access to a shared, comprehensive listing.</li> <li><input type="checkbox"/> Explore potential for 2-1-1 and iCarol integration.</li> </ul>	<b>DBH; 2-1-1 (Sue); 9-8-8 Coalition, Resources Subcommittee and Technology WG; Trust</b>	0-6 months; By June 30, 2022  1 - 2 years; By June 30, 2023	RI Rec. 7 988 Goal 6.1a  988 Goal 6.2b

Crisis Now/988 Implementation Shared Lead	<input type="checkbox"/> Connect with other states to explore potential for integration of platforms that support inpatient bed and outpatient provider availability.			
	<b>3.e. Increase the crisis call center's ability to connect people to appropriate services in their local communities.</b> <i>Selected 9-8-8 Action Items</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Coordinate with PES providers for warm hand-offs when appropriate.</li> <li><input type="checkbox"/> Coordinate with providers of outpatient services so warm hand-offs can be made when appropriate</li> <li><input type="checkbox"/> Develop a system to keep call center updated regarding on-call and outpatient services information.</li> </ul> <i>Crisis Now Action Items</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Connect Careline staff with training and support in use of OpenBeds/Alaska Treatment Connection as an outpatient appointment, referral and bed registry tool.</li> </ul>	DBH; Trust; 9-8-8 Coalition, BH Services Subcommittee; Careline  Trust (Eric), DPH (Elana), Careline	0-6 months; By June 30, 2022	RI Rec. 7 988 Goal 6.1b
	<b>3.f Build relationships between the crisis call center and emergency services dispatch to support increased coordination.</b> <i>Selected 9-8-8 Action Items</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Set up a statewide meeting to engage PSAPs to discuss warm transfers from 911 to 988.</li> <li><input type="checkbox"/> Create joint training/meeting opportunities for call center and PSAP staff.</li> <li><input type="checkbox"/> Work with PSAPs to develop a model decision tree for other PSAPs to use.</li> <li><input type="checkbox"/> Create a subgroup to being the development and facilitation of a standard training process and materials for dispatchers to deliver.</li> <li><input type="checkbox"/> Explore utilization of a backline for law enforcement organizations to make warm transfers.</li> <li><input type="checkbox"/> Work with PSAPs to get accurate 911 volume numbers.</li> <li><input type="checkbox"/> Launch a backline pilot in Fairbanks to make warm transfers to the call center.</li> <li><input type="checkbox"/> Examine data and determine where calls are coming from that lead to MCT dispatch.</li> <li><input type="checkbox"/> Develop a process for the crisis call center to request dispatch of mobile crisis teams without the need for dispatch reassessment of clients.</li> <li><input type="checkbox"/> Educate call center and mobile crisis team callers on when to call 988 vs. 911.</li> </ul> <i>Crisis Now Action Items</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Plan and convene work session with targeted PSAPs in Fairbanks for purposes of relationship building with Careline, identification and development of training, decision tree review, and other coordination efforts as identified.</li> </ul>	DBH (Leah), Trust (Travis); 9-8-8 Coalition, PSAPs/Law Enforcement Subcommittee; Careline, A::B  A::B, Trust (Travis), 9-8-8 Coalition, PSAPs/Law Enforcement Subcommittee; DBH (Leah)	0-6 months; By June 30, 2022  1 - 2 years; By June 30, 2023  0-6 months; By April 30, 2022	RI Rec. 7 988 Goal 6.1c  988 Goal 6.2b
	<b>3.g. Develop consistent criteria for the crisis call center to use to determine whether to dispatch a mobile crisis team in communities where that service is available.</b> <i>Selected 9-8-8 Action Items</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Reach out to other states to learn about their policies and procedures around mobile crisis team dispatch.</li> <li><input type="checkbox"/> Identify SMEs and obtain technical assistance around coordination between the crisis call center and MCTs.</li> </ul>	DBH (Leah), Trust (Travis); 9-8-8 Coalition, PSAPs/Law Enforcement and Behavioral Health Services	0-6 months; By June 30, 2022	RI Rec. 7, 8 988 Goal 6.1e



	<input type="checkbox"/> Engage MCTs that are currently operating in the state to provide input and feedback in the development of dispatch criteria.	Subcommittees; Careline; A::B		
Crisis Now Lead	3.h. Engage contractor(s) to provide technical assistance on best practice call center development, site visit tours and consultation.	Trust	0-6 months; By June 30, 2022	n/a

## Core Area 4: Community Coordination

*Core Area Goal:* Alaskans have access to a well-coordinated, best practice, crisis continuum of care.

Objective, Action Items and Deliverables	Who (Lead, Support)	Timeframe	RI Recommendation
<b>4a. Plan and convene monthly meetings for all community implementation coordinators.</b> <i>Action Items</i> <input type="checkbox"/> Send recurring calendar invite for second Monday of each month	A::B, Trust	Ongoing	Recommendation 1
<b>4b. Provide targeted, as needed, support to new and existing community coordinators.</b> <i>Action Items</i> <input type="checkbox"/> Onboard new Fairbanks Crisis Now coordinator <input type="checkbox"/> Onboard Ketchikan coordinator and plan initial trip	A::B, Trust	Ongoing	Recommendation 1
<b>4c. Coordinate and participate in site visits with providers to model crisis programs.</b>	Trust, A::B	Ongoing	n/a
<b>4d. Participate in initial conversations with communities and organizations interested in the Crisis Now framework.</b> <i>Action Items</i> <input type="checkbox"/> Participate in initial conversations in Juneau <input type="checkbox"/> Participate in initial conversations in Ketchikan	Trust, A::B	Ongoing	n/a
<b>4e. Regularly engage with Tribal Behavioral Health Directors and provide implementation updates.</b>	Trust (Katie), A::B	Ongoing	Recommendation 6, 11
<b>4f. Assess community demand for behavioral health crisis services using hospital data.</b> <i>Action Items</i> <input type="checkbox"/> Identify hospitals to include in HFDR data request <input type="checkbox"/> Analyze data and share back with hospitals	A::B, Trust	0-6 months	Recommendation 6, 9, 11
<b>4g. Develop framework for evaluating community progress towards implementation using Crisis Now Scoring tool and other available resources.</b>	A::B, Trust	0-6 months	Recommendation 8, 9

<b>4h. Develop community workplan template to be used by community coordinators that identifies objectives, action items and resources needed by local providers.</b>	<b>A::B; Trust</b>	<b>0-6 months</b>	<b>Recommendation 1</b>
<b>4i. Use HFDR data to prioritize and target rural communities for Crisis Now implementation efforts.</b>	<b>A::B, Trust</b>	<b>0-6 months</b>	<b>Recommendation 6, 11</b>
<b>4j. Engage identified rural communities and tribal organizations in conversations around Crisis Now implementation, resource needs, and possible adaptations for their communities.</b>	<b>A::B, Trust</b>	<b>6 months - 1 year</b>	<b>Recommendation 6, 11</b>

## MEMO

**To:** Verné Boerner - Program & Planning Committee Chair  
**Date:** April 21, 2022  
**Re:** FY23 Mental Health & Addiction Intervention Focus Area Allocation  
**Fund Source:** FY22 Mental Health & Addiction Focus Area – Crisis Now Initiative  
**Amount:** \$200,000  
  
**Project Title:** *Crisis Now* Initiative Project Management Contract Renewal

### REQUESTED MOTION:

*Approve \$200,000 of FY22 Mental Health & Addiction Intervention focus area – Crisis Now Initiative funding for a one year contract renewal on the Crisis Now Initiative Project Management contract services provided by Agnew Beck Consulting, Inc.*

**Assigned Program Staff:** Katie Baldwin-Johnson

### STAFF ANALYSIS

The Alaska Mental Health Trust Authority (the Trust), the Department of Health and Social Services (DHSS) and a multitude of other partners are working together to implement improvements to Alaska's system of care that responds to individuals experiencing a behavioral health crisis using the nationally recognized *Crisis Now* model as a framework.

In 2019, the Trust led stakeholder outreach in Anchorage, Fairbanks, and the Mat-Su, along with contractor RI International (RI), an operator and consultant on the *Crisis Now* framework, to recommend how best practice crisis response can be implemented in Alaska using the *Crisis Now* framework. RI authored a [report](#) that identified gaps in existing services, projected demand, feasibility and costs associated with implementation, and made recommendations for policy and regulatory changes to support the *Crisis Now* components in the three identified communities. In 2019 the Trust procured a contract with Agnew Beck Consulting, Inc. (Agnew Beck) to provide comprehensive project management support. This support has been critical to ensure the planning, coordination, facilitation and execution of the strategic work plan to implement recommendations identified through the Alaska *Crisis Now* Consultation Report (December 2019) and to ensure Alaska has the necessary conditions to support operation of *Crisis Now* programs.

This approval will designate funds for the Agnew Beck contract for the allowable third year renewal (through 2/28/23) to maintain project management support that is helping the Trust, DHSS and the three communities (Anchorage, Fairbanks, and the Mat-Su Valley) focused on moving this initiative forward.

Substantial progress has been made with Agnew Beck’s technical expertise, and the coordinated project management they provide supports the organizational structure for the entire initiative. The Trust will evaluate and determine the need to issue a new competitive request for proposals (RFP) for future contracted project management services beyond this contract.

Staff recommend trustees approve \$200,000 of FY22 Mental Health and Addiction Intervention focus area– *Crisis Now* Initiative funding for this third and final year of the existing *Crisis Now* project management contract with Agnew Beck Consulting, Inc.

## COMP PLAN IDENTIFICATION

Goal	Objective	Comments
Goal 5 Suicide Prevention	5.2 Crisis system improvement	

## PROJECT DESCRIPTION

The Trust, DHSS and other partners are evaluating the existing behavioral health crisis system of care in Alaska, and working to identify models which can demonstrate improved outcomes for those in mental health crisis. Not unique to Alaska, we rely heavily upon public safety officials/first responders and hospital emergency rooms as a primary, if not only, disposition for people in mental health crisis. The lack of the proper levels of care in communities across the state contributes to psychiatric boarding of patients in hospitals and other institutions, and diverts critical public safety resources away from crime prevention and other law enforcement activities.

With DHSS and other community partners, the Trust has been working to develop and implement the *Crisis Now* model in three Alaska communities: Anchorage, the Mat-Su, and Fairbanks, as well as examining potential application for rural areas. Recognizing that Alaska’s current system to manage individuals in crisis is not adequately meeting the need, the *Crisis Now* model seeks to best apply existing resources, to expand the psychiatric crisis continuum to improve outcomes for those in crisis, and to ease stress on first responders, public safety officers, and hospital emergency rooms and ultimately provide the best intervention for behavioral health crisis.

The objectives of this contract are to provide contractual project management and organizational capacity to develop and progress on key recommendations identified through the Alaska *Crisis Now* consultation report (December 2019), to address alignment or barriers to implementation of the model, and to work with local communities to develop planning and operational models to advance the implementation of new programs.

Agnew Beck ensures the planning, coordination, facilitation and execution of a strategic work plan to implement recommendations identified through the Alaska *Crisis Now* consultation report and through coordinated planning with DHSS and partners to improve behavioral health crisis response in Alaska. Agnew Beck has also been supporting community-specific planning for implementation of *Crisis Now* services in Anchorage, Mat-Su and Fairbanks as well as working with more rural communities.

The contractual services include the following:

**Project management/oversight of initiative**

- Using the *Crisis Now* Report's recommendations as a planning framework, coordinate/facilitate strategic planning meetings to define/develop work plans, timelines and responsible parties.
- Manage a project management team with DHSS to provide oversight to planning and identification of necessary resources to support and implement work plans.
- Coordinate, schedule, and assist with facilitation of necessary sessions with designated individuals to accomplish work.
- Use project management tools to organize action items in the developed work plan, including timelines, responsible parties and disposition.
- Communicate progress with key stakeholders.

**Advance planning and implementation of *Crisis Now* programming for identified communities including: Anchorage, Mat-Su and Fairbanks**

- Provide enhanced coordination and organization for local planning efforts with identified partners and community teams to advance the work on the community-specific recommendations from the *Crisis Now* report.
- Assist communities with development of strategic work plans including obtaining necessary data to inform planning.
- Coordinate site visits to include key community stakeholders.

**Develop program plans and business modeling for operating the components of the model in each community.**

- Customizable business models to include staffing models, billing revenue, facility capital and operating expenses, and any other data to test the feasibility of the model in that community.
- A program plan that can be customized to each of the communities. This would describe the components of the *Crisis Now* model to be implemented and the staffing, operator, services, treatment models, facility requirements, ancillary services, regulatory requirements, risk and security, and any other components of the program to be implemented.

- Work with each of the work groups to facilitate discussions, gather data, populate business models and program plans and iteratively work with community partners to determine a feasible approach to implementing the components of the *Crisis Now* model in each community.
- Prepare final versions of the business model and program plan for each community that determines a feasible approach that includes funding strategies.
- Develop recommendations with each community for best location of facilities.
- Work with *Crisis Now* consultants on facility requirements to inform facility planning/search and staffing models.
- Coordinate with the Trust and other funders on predevelopment and capital needs.

## BUDGET

Other	\$200,000
Other Narrative:	Contract services - Project Management

## MEMO

**To:** Verné Boerner - Program & Planning Committee Chair  
**Date:** April 21, 2022  
**Re:** FY22 Partnership Grant Request  
**Amount:** \$300,000.00  
**Grantee:** United Human Services of Southeast Alaska  
**Project Title:** Teal Street Center, Phase 3: Completion

### REQUESTED MOTION:

*Approve a \$300,000 FY22 Partnership grant to United Human Services of Southeast Alaska for the Teal Street Center – Phase 3 project.*

**Assigned Program Staff:** Kelda Barstad

### STAFF ANALYSIS

Like many recent capital projects, Teal Street Center faces sharp increases in the cost of construction that require additional fundraising to complete the project. Trustees approved a grant of \$150,000 in 2020 for the first phase of construction. Shortly thereafter, Teal Street Center received new estimates adding \$5 million to the cost of the project due to nationwide increases in cost of construction materials. While the total cost has risen dramatically, Teal Street Center was able to obtain significant support from a federal appropriation and the City and Borough of Juneau to fill \$4 million of that gap. The Trust request will leverage the final pending donation of \$700,000 from Murdock Charitable Trust. With this support, Teal Street Center will be open to serve beneficiaries and Southeast clientele by the end of 2022.

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

The Trust regularly invests in programs for beneficiaries that are delivered through the current agencies who have committed to long term leases including SAIL, Alaska Legal Services, Disability



Law Center and NAMI Juneau. Big Brothers Big Sisters, United Way and the Juneau Suicide Prevention Coalition are the other named commitments and are partners of the Trust, helping us serve beneficiaries and implement programs needed as part of the continuum of care. All categories of Trust beneficiaries are served by the collaborative of agencies who are dedicated to working together in Teal Street Center. The largest single beneficiary group when considering people served across all agencies, is people experiencing a mental illness.

The ease and convenience of one-stop service will also provide enhanced collaboration between professionals and clients for cohesive service and direct referral and greater awareness of the range of resources available in an accessible and inclusive community environment. This project is recommended for additional funding to leverage other grants and fill the gap to finish the project.

COMP PLAN IDENTIFICATION

Goal	Objective	Comments
Goal 9 Workforce, Data, & Funding	9.3 Funding the COMP program	

PROJECT DESCRIPTION

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

**PROJECT DESCRIPTION**

United Human Services of southeast Alaska (UHS), incorporated in 2009, is on the path to realize Teal Street Center, a 12,500 sq. foot multi-tenant nonprofit center and critical component of a larger campus of coordinated social services. Phase 1: Site control, construction documents, utilities, and site prep, is complete. Phase 2: Foundation, steel work, and roofing has been awarded, all funding secured, and construction is underway. UHS requests Trust support for Phase 3: Teal Street Center Completion!

Teal Street Center (TSC) is an impressively innovative and collaborative capital project, a social service hub, to be located at the heart of a larger campus. On one side is Juneau’s homeless shelter and on the other, low-income senior and transitional housing. In near proximity is Juneau Youth Services and Tlingit and Haida Head Start.

According to numerous HUD studies, locating strategic resources near homeless shelters and other low income, vulnerable populations is an absolute ‘best practice’ and results in improved outcomes.

The Alaska Statewide Independent Living Council (SILC) regularly conducts needs assessments to identify barriers to independent living. Transportation consistently ranks in the top two. TSC’s one-stop model squarely addresses this problem. Additionally, the assessment consistently identifies housing referral; legal aid; mental health support; SSI/SSDI navigation; advocacy; peer

support; and independent living skills training as barriers. All these services (and more!) will be found at TSC.

UHS has 10-year commitments from SAIL (Southeast Alaska Independent Living), Alaska Legal Services, Big Brothers Big Sisters, United Way of SE Alaska, NAMI/Juneau Suicide Prevention, Disability Law Center and Cancer Connection. Tlingit and Haida Central Council joined TSC with a 3-year commitment (and renewal option) to provide a tribal resources navigator on the ground floor.

TSC's Resource Room (RR) is an innovative solution to space constraints. The RR will house additional strategic providers on an itinerant and rotating basis. Commitments are secured from Alaska's Division of Vocational Rehabilitation (employment); Bartlett Hospital (Housing Navigator); SERRC (Adult Education/GEDs); and 4A's (Harm Reduction/Aids Prevention). Additionally, SEARHC will park their mobile clinic (vaccines and basic medical/behavioral services) in TSC's lot.

#### Target Population

TSC will primarily serve low-income seniors and people with disabilities. All Trust beneficiary groups will be served although the largest single beneficiary group is individuals with mental illness. Please see numeric breakdown of beneficiaries in an earlier section.

#### Geographic Area

UHS serves all of southeast Alaska through its tenant agencies. TSC will be located in, and primarily serve, Juneau residents.

#### Expected Outcomes

Ultimately, this project will result in stronger, more sustainable nonprofit tenants, and improved outcomes for beneficiaries and other individuals in need of services.

TSC's one-stop model will:

- ease the transportation burden on clients;
- enhance collaboration between professionals and clients for cohesive service and direct referral;
- create greater awareness of the range of resources available;
- create an accessible and inclusive community environment for employees and patrons;
- increase efficiencies for tenants by sharing space and resources like break and conference rooms;
- charge below market rents—saving tenants money so less is spent on operating, more on mission/services.

#### Community Support

TSC is fortunate to enjoy strong, broad-based community support. As examples, more than 325 individuals have contributed to the project and the City and Borough of Juneau granted \$1.1M in 2020 and on April 4, 2022, introduced an ordinance for an additional \$1.3M, expected to be approved later this month.

## EVALUATION CRITERIA

**Evaluation Team:** Project Evaluation is a specific responsibility of the Project Manager, Joan O’Keefe and Nancy Burke. Nancy has been involved with the project for more than 15 years, is currently employed at the United Way of Anchorage, and is the former Anchorage ‘Muni’ Housing and Homeless Service Coordinator. Nancy is skilled at monitoring relevant data and community indicators to evaluate progress on key outcomes.

We will evaluate our success based on the following outcomes:

**Timescale:** We will evaluate how well we did on how closely we adhere to our construction timeline, which calls for building completion in March 2023 (following December 2022 occupancy). Our project schedule includes an estimated duration for each stage of the project with precise deadlines. A Gantt chart will provide a graphical mechanism for tracking workers' progress on a task, triggering when action is required to stay on projected time schedules.

**Budget:** Capital project evaluations include comparing projected budgets against actual budget costs. This entails reviewing costs such as those associated with labor expenses, equipment, supplies and other general operating costs. This monitoring and review will happen monthly by the project manager through project completion.

**Facility Realized:**

- Building to include elevator, universal design, ample parking;
- Achieve co-location of strategic tenants coupled with easy access to public transportation;
- Below market rents charged to tenants.

**Specific Measurement Tools Developed and Deployed:**

- Teal Street Center will develop and implement a mechanism to accurately capture both quantitative and qualitative data, e.g., number of Trust beneficiaries served by the totality of tenants as well as outcome indicators; satisfaction of tenants and individuals receiving services. This data will be reported to the Trust.

## SUSTAINABILITY

This project, Teal Street Center, Phase 3: Completion! gets us over the construction finish line so that tenants can move in and begin delivering services.

Sustainability of Teal Street Center and our tenants is a core premise of our project. It’s far too common for renters in the open market to face unpredictable rent increases and even eviction at the whim of an owner. UHS is a perfect example. After nine years of rent spikes in a leased facility housing multiple tenants, the facility was sold. The new owners then evicted all tenants on the second floor. Teal Street Center will alleviate these issues by locking in below market rent and instituting long term leases.

Unlike the for-profit leasing model, UHS is not motivated by a desire to make a profit, rather, UHS is driven to address the needs of our tenants and the people they serve. Below market rent equates to more money available by tenants for service delivery and sustainability.

The proforma developed for Teal Street Center includes all building expenses, a vacancy factor, market rate reserves (roof repairs, etc.), and contingencies with no profit margin.

## WHO WE SERVE

Teal Street Center (TSC) will enhance the quality of life and well-being of Juneau and southeast beneficiaries and residents. Transportation barriers will be minimized and cross referral between tenants and campus organizations will benefit those seeking services.

As examples from TSC tenant organizations:

The Disability Law Center (DLC) provides legal and advocacy services and houses Juneau's SSI/SSDI Navigator. In 2020 the DLC served 61 Trust beneficiaries. This included individuals from every Trust beneficiary group.

Alaska Legal Services (ALS) provides legal and advocacy services. In 2020 ALS served 1 individual from Juneau and 13 total southeast residents who experience ADRD; 4 Juneau residents and a total of 10 individuals in southeast Alaska with I/DD; 44 Juneau residents and 71 southeast residents with mental illness; and 6 Juneau residents who experience TBI, 10 total in the southeast region.

NAMI Juneau provides support to people with mental illness and their families. In 2020 NAMI served 50 Juneau residents with an alcohol/substance abuse disability; 150 Juneau residents with mental illness; and 20 Juneau residents with a TBI.

SAIL provides a wide range of services for seniors and people with disabilities to promote maximum independence. This includes support groups including TBI and Autism support groups; our adaptive recreation program; Pre-ETS and other employment initiatives; affordable, accessible taxis, DDRC, ADRC, Assistive Technology, DME loan, housing assistance, and more. Trust beneficiaries served in 2020 include more than 225 Juneau residents from every Trust beneficiary group and more than 500 total beneficiaries served in the southeast region.

## ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	509
Developmental Disabilities:	178
Alzheimer's Disease & Related Dementias:	44
Substance Abuse	64
Traumatic Brain Injuries:	84
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	325

## BUDGET

Personnel Services Costs	\$0.00
Personnel Services Costs (Other Sources)	\$100,000.00
Personnel Services Narrative:	Project Management Juneau Community Foundation: \$60,000 SECURED City and Borough of Juneau: \$40,000 SECURED

Other Costs	\$300,000.00
Other Costs (Other Sources)	\$6,157,515.00
Other Costs Narrative:	Construction \$6,157,515  Our budget is based on 4/1/22 cost estimates from our contractor and design team. Costs include construction of the final phase of Teal Street Center.

Total Amount to be Funded by the Trust	\$300,000.00
Total Amount Funded by Other Sources	\$6,257,515.00

## OTHER FUNDING SOURCES

Congressional Appropriation, SECURED	\$2,500,000.00
City and Borough of Juneau, Pending 4-25-22 decision + \$200K Carryover SECURED	\$1,500,000.00
Rasmuson Foundation Top Off Grant and Program Related Investment, SECURED	\$750,000.00
Murdock Charitable Trust, Pending May 2022 decision	\$700,000.00
Conventional Financing, First Bank, SECURED	\$300,000.00
Alaska Community Foundation, SECURED	\$200,000.00
Capital Campaign, Pending	\$185,015.00
Avista Foundation, SECURED	\$62,500.00
Juneau Community Foundation, SECURED	\$60,000.00
<b>Total Leveraged Funds</b>	<b>\$6,257,515.00</b>

## MEMO

**To:** Verné Boerner - Program & Planning Committee Chair  
**Date:** April 21, 2022  
**Re:** FY23 Home & Community Based Services Focus Area Allocation  
**Fund Source:** FY23 Supportive Housing Projects  
**Amount:** \$375,000.00  
**Grantee:** Nome Community Center Inc  
**Project Title:** Nome's Housing First Project: HomePlate, LLC

### REQUESTED MOTION:

*Approve a \$375,000 FY23 Home & Community Based Services Focus Area Allocation to the Nome Community Center for Nome's Housing First Project: HomePlate, LLC.*

**Assigned Program Staff:** Kelda Barstad

### STAFF ANALYSIS

Nome Community Center (NCC) will coordinate the construction and operation of a new building with 16 units of permanent supportive housing for Nome's Housing First Project: HomePlate. NCC and community providers will provide wrap around individualized supportive services for Nome's most vulnerable chronically homeless individuals. Fifteen of the units will be studios specifically built to house this population, made up entirely of Trust beneficiaries, with one unit as housing for an on-site apartment manager with social services expertise. This is the first permanent supportive housing project in Nome and will fill a significant gap in the continuum of care. As the name suggests, the project will use the Housing First model using housing as the first and best intervention toward health, wellbeing, and recovery. This project is the result of a decade of advocacy, community education, and cross-sector regional partnerships.

Homeless beneficiaries are at great risk of institutionalization. Permanent supportive housing is an evidence-based intervention that disrupts the hospital, corrections, and homelessness cycle to assist people to remain stably housed and have the opportunity to engage in supportive services to meet their goals. A similar project in Juneau showed that after 6 months of being housed resident emergency room visits decreased by 65%, sleep-off center usage decreased by 99%, and police contacts decreased by 72%. Two years later, 25% of residents reduced drinking from daily use to once a month or less. This is significant for any population and especially impactful considering the median number of months of homeless for this group was 180 months - approximately 15 years.



The Nome's Housing First Project: HomePlate is recommended for funding as it aligns with the focus area of Housing & Home and Community Based Services and prevents the institutionalization of Trust beneficiaries. Permanent Supportive Housing is an evidence based intervention prioritized within the focus area because it serves practically 100% Trust beneficiaries and stably houses homeless beneficiaries. All the people served by the project are beneficiaries who have an addiction, mental illness, and an intellectual or developmental disability. If approved, the Trust would provide partner funding at 5% of the overall budget.

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**

It is literally exhausting to be homeless in Nome and impossible to focus on getting a job, let alone have enough money to pay for housing when a person’s basic needs are unmet. In Nome, the problem is there is no housing available for chronically homeless individuals that need supportive services. Where housing might be available, high fuel costs, rent and other housing expenses lead to extended families sharing a housing unit to split the financial burden of a home where a single-family could not afford it otherwise. This arrangement contributes to severe overcrowding as the housing units were not constructed with multi-family use in mind. An estimated 37% of households are considered overcrowded or severely crowded according to the 2018 Alaska Housing Assessment by AHFC. With a population estimate of 10,040 people in the Nome Census Area, this is more than eight times the national average and the third most overcrowded in the state. Much of the current housing stock in Nome is exceedingly expensive, making it hard for low-income families and individuals to find housing and utterly impossible for individuals experiencing homelessness.

HomePlate, Nome’s Housing First project, will provide housing for fifteen chronically homeless Nome residents. The project serves the Nome Census Area, which does not have enough housing to meet the needs of Nome nor the fifteen surrounding communities. NCC is proposing construction of a 16-unit apartment complex using the Housing First approach targeting Nome’s chronically homeless population. Fifteen of the units will be studios specifically built to house chronically homeless individuals, with one unit as housing for a 24/7 on site Apartment Manager with social services expertise. Permanent supportive housing is an effective strategy that combines affordable housing with intensive coordinated wrap-around social service supports. The Housing First model will be used to provide housing as the first and most necessary intervention. It not only helps to alleviate the unproductive and costly cycle through community

emergency services but addresses a part of Nome’s housing shortage and is a permanent solution toward ending chronic homelessness in Nome. 2021 research from the National Low Income Housing Coalition shows that using the Housing First model rapidly ends homelessness, is cost-effective, and improves quality of life and community functioning.

Each tenant will work with a Case Manager to complete an individualized Stabilization Plan to determine their short and long-term goals to ensure their success in maintaining housing at HomePlate. Case management services include, but are not limited to, applying for eligible benefits, job readiness, employment and job coaching, and connections to medical and behavioral health services. Practical assistance with transportation, life skill development, financial literacy and outfitting an apartment are all provided through the case manager and support staff. The final component of successful wraparound services is incorporating cultural and social elements into a person’s life. Moving into their own apartment, they often feel socially removed. HomePlate taking this into consideration has included indoor and outdoor visiting space within the facility. As a large portion of the target population for HomePlate will be of Alaska Native descent, cultural activities that bring healing such as native dancing, potlucks, access to a carving studio and skin sewing will be critical to stabilization.

Community support is region-wide including letters of support from Norton Sound Health Corporation, Kawerak, Inc., Norton Sound Economic Development Corporation, City of Nome, Nome Chamber of Commerce and Nome’s Public Safety Commission. Land has been purchased and construction is expected to begin as soon as weather and land conditions allow in 2022. The project plans to open to tenants in December 2023.

## EVALUATION CRITERIA

The first milestone to achieve is the completion of construction and preparing the building to be ready for occupancy by December of 2023. The HomePlate project manager will be tracking construction progress and budget throughout the project to ensure timelines are met and any emerging barriers are worked through to avoid delays.

After construction is complete, HomePlate will use occupancy rates and length of tenancy as two measures of success for stable housing. When tenants move in and periodically during tenancy, HomePlate will survey tenants about their quality of life and use of outpatient medical and behavioral health services. This survey will provide the project with information on the types of services used and needed by the tenants to ensure tenants are receiving the support they need to remain stably housed and to achieve other personal goals they may have such as behavioral health treatment and recovery, reconnecting with estranged family members, or participating in subsistence or employment activities.

## SUSTAINABILITY

HomePlate has been approved for project-based housing vouchers that are managed by the Alaska Housing and Finance Corporation, which will guarantee the

sustainability of the project once it is in operation. Once built, operating expenses will be funded by a combination of grants and donations. It is expected that tenants will pay a portion of their income for rent.

**WHO WE SERVE**

The beneficiary group that is the sole focus of this project is Nome’s most vulnerable homeless individuals. There are an estimated 30 chronically homeless individuals, over half of which are 50 years of age and older, all who have medical and behavioral health conditions, developmental disabilities and chronic alcohol and drug addiction; many with a history of substance misuse likely stemmed from generational trauma.

This project will use the Housing First model, a proven and effective strategy that allows tenants to maintain stable housing and receive a variety of onsite support services to address physical and mental health, education, employment, substance misuse, and build community stability. Providing this kind of housing stability with wrap-around supports gives chronically homeless individuals the first real opportunity for them to become productive citizens of Nome, living and thriving in their community.

**ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:**

Mental Illness:	15
Developmental Disabilities:	15
Substance Abuse	15

**BUDGET**

Supplies Costs	\$375,000.00
Supplies Costs (Other Sources)	\$243,450.00
Supplies Narrative:	<p>Trust funded: furnishings \$87,000, window treatments \$4,800, site handrails and ADA access \$124,650, security cameras \$5,000, fully accessible units: Additional \$26,500/unit (in unit ADA appliances, full hand rails, accessible flooring, lighting, lower cabinets, floor drains, etc.) Trust funding would cover \$153,550 of expense.</p> <p>Other Sources: \$7,292,206.00 Includes remaining cost of building accessible units and all other facility costs. A pro forma is available upon request.</p>
Total Amount to be Funded by the Trust	\$375,000.00
Total Amount Funded by Other Sources	\$7,292,206.00

## OTHER FUNDING SOURCES

Alaska Housing Finance Corporation GOAL funding SECURED	\$4,832,206.00
Senator Murkowski's Community Projects. SECURED	\$1,500,000.00
Norton Sound Health Corporation SECURED	\$250,000.00
City of Nome SECURED	\$200,000.00
Kawerak, Inc. SECURED	\$10,000.00
Premiera Blue Cross/Alaska Community Foundation PENDING	\$250,000.00
Norton Sound Economic Development Corporation PENDING	\$100,000.00
Nome Eskimo Community SECURED	\$50,000.00
Nome Community Center SECURED	\$100,000.00
<b>Total Leveraged Funds</b>	<b>\$7,292,206.00</b>

## MEMO

**To:** Verné Boerner - Program & Planning Committee Chair  
**Date:** April 21, 2022  
**Re:** FY23 Home & Community Based Services Focus Area Allocation  
**Fund Source:** FY23 Supportive Housing Projects  
**Amount:** \$375,000.00  
**Grantee:** Bethel Community Services Foundation  
**Project Title:** Bethel Permanent Supportive Housing Project

### REQUESTED MOTION:

*Approve a \$375,000 FY23 Home & Community Based Services Focus Area Allocation to Bethel Community Services for the Bethel Permanent Supportive Housing Project*

**Assigned Program Staff:** Kelda Barstad

### STAFF ANALYSIS

Bethel Community Services Foundation will construct a 20-unit Permanent Supportive Housing apartment complex in Bethel on the Bethel Winter House site. The units will serve an identified population of vulnerable individuals who are eligible for permanent supportive housing - people experiencing chronic homelessness, which includes at least one disabling condition. All of the future residents of the project are Trust beneficiaries. Bethel Community Services Foundation will manage the construction process and Bethel Winter House will serve as the owner/operator once construction is complete. This will be the first permanent supportive housing project in Bethel and it will use the Housing First model, using housing as the first and best intervention toward health, wellbeing, and recovery. There are community-wide partnerships in place to support operations and meet the service needs of residents. Bethel is also connecting the overnight shelter to the permanent supportive housing common area to reduce operating costs. This configuration is new for Alaska and is a promising practice to follow and evaluate for future replication in other communities.

Homeless beneficiaries are at great risk of institutionalization. Permanent supportive housing is an evidence-based intervention that disrupts the hospital, corrections, homelessness cycle to allow people to remain stably housed and have the opportunity to engage in supportive services to meet their goals. A similar project in Juneau showed that after 6 months of being housed resident emergency room visits decreased by 65%, sleep off center usage decreased by 99%, and police contact decreased by 72%. Two years later, 25% of residents have reduced drinking from

daily use to once a month or less. This is significant for any population and especially impactful considering the median number of months of homeless for this group was 180 months - approximately 15 years.

The Bethel Permanent Supportive Housing Project is recommended for funding as it aligns with the focus areas of Housing & Home and Community Based Services and prevents the institutionalization of Trust beneficiaries. Permanent Supportive Housing is an evidence-based intervention prioritized within the focus area because it serves practically 100% Trust beneficiaries and stably houses homeless beneficiaries. All the people served by the project are beneficiaries, with the largest beneficiary groups served are people with an addiction or mental illness. If approved, the Trust would provide partner funding at 5.5% of the overall budget.

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.*

The 20-unit Bethel Housing First Permanent Supportive Housing (PSH) Project will be an apartment building constructed at the Bethel Winter House site. The units will serve an identified population of vulnerable individuals eligible for permanent supportive housing- meaning they experience chronic homelessness and at least one disabling condition. More than 40 individuals in Bethel are estimated to meet the definition of chronic homelessness. Data collected by Bethel Winter House (BWH) has identified 34 eligible individuals, plus seven who are likely eligible but will require further screening. While these individuals are identified in Bethel, nearly all of them are originally from villages throughout the Yukon Kuskokwim Delta region of Southwest Alaska. Data shows these individuals wish to make their permanent home in Bethel.

Facility design is patterned after the Juneau project, incorporating best practices and lessons learned. The building includes an administrative office, reception area, activity room and tenant storage. In a unique innovation, the facility will adjoin Bethel Winter House with a combined entry to leverage shared staff opportunities and offer relevant BWH services to PSH tenants without incurring additional costs (e.g., meals, laundry and some services). The co-location also saves capital costs by using already-owned land and sharing existing BWH building elements such as the entry ramp, elevator, laundry room and larger activity spaces.

Community support for this project is broad. For example, the City of Bethel donated the land and building to BWH and has provided very positive letters of support for this project. Similar



letters of support have been received from the health corporation, tribe, sobering center, police department, regional housing authority, library, family and sexual violence organization, and many others. When the land and building was conveyed to BWH in 2021, no members of the public spoke in opposition to this project at the conditional use permit hearing in front of the Planning Commission. The vast majority of the community wants to see solutions such as PSH for chronically unhoused neighbors. Key partners include: NeighborWorks Alaska (voucher administration/compliance), Bethel Family Clinic (behavioral health services and case management on site), the City of Bethel, Orutsararmiut Native Council, Tundra Women's Coalition, Yukon Kuskokwim Health Corporation and others.

Similar outcomes are expected with this project as other projects have experienced: substance misuse will decrease; participation in non-emergent health care and behavioral health will increase; police, sobering center, jail and emergency department visits will decrease, etc. People may become more lonely in a studio unit of their own, and the project will make programmatic efforts to reduce isolation and help individuals transition to their apartments. This project – providing housing to the unhoused- is a major step in solving homelessness in Bethel.

## EVALUATION CRITERIA

The first measure of success: An occupancy-ready facility by December 2024. The Bethel Housing & Homelessness Coalition and BWH project analyst will create intakes and regular check-in forms to complete with tenants to help us understand the impacts of permanent supportive housing on their lives. Anticipated questions will ask about frequency of substance misuse, about their interactions with police, ambulance calls, jail, emergency department visits and frequency of utilizing outpatient appointments and interactions with other supports, such as behavioral health or tribal wellness programs. Food security, cultural and community connectedness will be measured as will any changes related to employment. Tenant satisfaction surveys and participation with all supportive services offered on-site will identify opportunities for improvement or gaps in services. Releases of information from potential participants are being collected to analyze data across local services. A future goal is to conduct formal research, as other PSH sites have done, to gain a thorough understanding of the impacts of the project.

## SUSTAINABILITY

Once constructed, this project will receive operational vouchers as part of the AHFC GOAL program funding. Tenants will also pay their share based on income. Through the pro forma spreadsheets for this project required by the GOAL program, sustainability was verified.

## WHO WE SERVE

This project will serve Trust beneficiaries exclusively. The projections shown previously about the various conditions people experience are based on information from individuals eligible for this housing opportunity. The project will serve 20 tenants. Data collected in other places reveals that access to non-emergent health care, behavioral health and other supports will increase while

substance misuse, interactions with police, jail, sobering center, and the emergency department will decrease. Case management and access to clinicians, food, traditional support systems, community-building activities, healthy activities, etc. will be available within the building or the adjoining BWH. This project will save lives, and give the tenants safety and an opportunity to stabilize. Permanent supportive housing is long overdue in Bethel and this is a major step in solving the issue of homelessness. Many of the individuals who will have an opportunity for a permanent place of their own have been unhoused for many, many years. This is a life-changing and life-saving facility.

#### ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	5
Developmental Disabilities:	8
Alzheimer's Disease & Related Dementias:	1
Substance Abuse	16
Traumatic Brain Injuries:	6
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	25
Number of people to be trained	1,000

#### BUDGET

Other Costs	\$375,000.00
Other Costs (Other Sources)	\$6,328,146.00
Other Costs Narrative:	\$375,000 will be used for design, project management and construction of this facility. This project was cost-estimated and received a guaranteed maximum price letter from the contractor whose bid was successful. The full GOAL workbook/financials are available upon request.

Total Amount to be Funded by the Trust	\$375,000.00
Total Amount Funded by Other Sources	<b>\$6,328,146.00</b>

#### OTHER FUNDING SOURCES

AHFC- SECURED	\$4,577,506.00
City of Bethel Land Donation- SECURED	\$720,000.00
Rasmuson Foundation- PENDING	\$500,000.00
Premiera Foundation- SECURED	\$150,000.00
AMHTA, project development- SECURED	\$50,000.00

Rasmuson Foundation, project development- SECURED	\$25,000.00
City of Bethel Community Action Grant, SECURED	\$25,000.00
YK Delta Women in Philanthropy, and donated project management labor, SECURED	\$30,640.00
Weinberg Foundation, PENDING	\$250,000.00
<b>Total Leveraged Funds</b>	<b>\$6,328,146.00</b>

## MEMO

**To:** Verné Boerner - Program & Planning Committee Chair  
**Date:** April 21, 2022  
**Re:** FY22 Home & Community Based Services Focus Area Allocation  
**Fund Source:** FY22 Housing & Home and Community Based Services Focus Area  
- Anchorage Homeless Solutions  
**Amount:** \$500,000.00  
**Grantee:** Catholic Social Services  
**Project Title:** Complex Care Shelter

### REQUESTED MOTION:

*Approve a \$500,000 FY22 Home & Community Based Services Focus Area Allocation to Catholic Social Services for the Complex Care Shelter*

**Assigned Program Staff:** Kelda Barstad

### STAFF ANALYSIS

Catholic Social Services will operate a Complex Care Shelter in the former Sockeye Inn in Anchorage to provide long term shelter for Trust beneficiaries and other individuals experiencing homelessness who have complex care needs including the medically fragile, and individuals experiencing substance abuse and mental illness. This project is a result of the facilitated Anchorage Mass Care Transition Plan, jointly created by the Mayor and Assembly, and community partners to transition individuals experiencing homelessness from Anchorage's current mass shelter. As a part of the transition plan, shelter services for people with complex care needs were identified as an unmet need in Anchorage and this project will fill that gap. Mass congregate shelters are not equipped to adequately address the needs of persons with complex care issues; the Complex Care Shelter will provide shelter to up to 83 Trust beneficiaries and other guests experiencing functional impairments, physical disabilities, or behavioral health needs. In addition to providing emergency shelter, this facility will provide individualized case management services designed to assess the unique needs of each guest, as well as offer person-centered plans to address housing, medical, behavioral health, and additional service needs.

The Complex Care Shelter is recommended for funding as it aligns with the focus area of Housing & Home and Community Based Services and prevents the institutionalization of Trust beneficiaries. This project will be funded through the Anchorage Homeless Solutions budget line (approved by trustees in January this year) to address the need in the Anchorage area to better

serve homeless Trust beneficiaries. Overnight shelter, especially one that specializes in beneficiary needs, fills a component of the continuum of care for homeless services giving people a safe, warm place to stay. This shelter will allow for longer stays and connect beneficiaries to needed medical and behavioral health care to resolve additional needs a person may have prior to transitioning to housing. All beneficiary categories may receive services through the shelter; beneficiaries who have an addiction or mental illness are expected to be the largest groups served. The Trust would be providing partner funding alongside other investors, with the primary source of operating funding coming from the Municipality of Anchorage. The project has identified operating funding for the next three years and Catholic Social Services has started the analysis of evaluating if Medicaid funding can be a sustainable resource for this project.

COMP PLAN IDENTIFICATION

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

PROJECT DESCRIPTION

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

**PROJECT DESCRIPTION**

Catholic Social Services (CSS) will operate a Complex Care Shelter in the former Sockeye Inn in Anchorage as a non-congregate, complex care shelter for individuals experiencing homelessness who have medical or other complex care needs. Located at 303 W Fireweed Lane, the former Sockeye Inn currently has 59 guest rooms (35 single guest rooms and 24 double guest rooms) and two first floor suites; this proposed project will convert the facility to a complex care shelter that will accommodate up to 83 guests at a time.

In addition to providing emergency shelter, this facility will provide individualized case management services designed to assess the unique needs of each guest, as well as offer person-centered plans to address housing, medical, behavioral health, and additional care needs. Upon admittance to the shelter, program staff will work with each guest daily to connect them with permanent housing and other supports to meet their indivudal needs.

The Complex Care Shelter will be a new program offered by CSS and requires hiring over 40 dedicated staff for this facility. To best serve AMHTA beneficiaries and other medically fragile populations experiencing homelessness, this shelter will be referral-only, coordinating with the Anchorage Coalition to End Homelessness (ACEH), local hospitals, and other local shelters to receive referrals.

This facility is welcomed with considerable support from the Anchorage community. The Complex Care Shelter is the first shelter created to address a component of the Anchorage Mass Care Transition Plan created by Mayor Bronson’s administration, representatives from the Anchorage Assembly, and other community stakeholders. This plan was created through a facilitated collaborative process to aid in transitioning individuals experiencing homelessness

from Anchorage’s current mass shelter to tailored shelter options based on client needs, such as special populations (couples, elders, women, and LGBTQ+), the medically fragile, and individuals experiencing substance abuse and mental illness. Additionally, both ACEH and Cook Inlet Housing Authority fully support this project.

Catholic Social Services has extensive experience in operating shelters for individuals experiencing homelessness and understands the components necessary in helping Trust beneficiaries and other clients secure permanent housing or, if needed, assisted living arrangements. In addition to securing housing or assisted living, the project will increase the number of Trust beneficiaries and other guests that are connected/enrolled with benefits such as Medicaid, Social Security, or community health resources. This as a key performance measure, as well as whether Trust beneficiaries have secured permanent housing, will be tracked by CSS staff and recorded in the Alaska Homeless Management Information System (AKHMIS). To help measure overall project success and impact on Trust beneficiaries and other clients, we will compare data from the Complex Care Shelter with other shelters throughout the community.

## EVALUATION CRITERIA

Measuring success for the Complex Care Shelter will have an all encompassing approach. All data collected will be in accordance with HUD standards. Below is a list of intended performance measures.

To measure “how much”, the number of beneficiaries served by relevant category (e.g., number of beneficiaries with Alzheimer’s Disease, number of beneficiaries experiencing chronic alcoholism or substance abuse, etc.), number of total clients served, number of shelter bed-nights provided, and number of meals provided will be tracked.

To measure “how well the facility provided services”, guests will be offered a satisfaction survey to all guests using the facility. This survey will ask guests whether they felt safe during their stay, as well as whether they were treated with dignity and respect and if services were provided in a caring and compassionate manner.

To measure whether guests have experienced an improved quality of life after receiving services, a Quality of Life Matrix will be completed for each guest. This is a data tool which tracks a client’s improvement over time. The percentage of Trust beneficiaries and other clients that have secured permanent housing or assisted living arrangements will be tracked.

The data collected from the project will be compared with other community and state data provided from other shelters and homeless service providers.

## SUSTAINABILITY

The Complex Care Shelter will be operational following the conclusion of this project period. CSS is committed to manage this facility for at least three years, and we expect that the project will be funded by both private and public funders over that three-year period.



As the Complex Care Shelter is a result of the facilitated collaborative process between the Anchorage Municipality and the Anchorage Assembly, we are confident in future municipal funding. Moving forward, CSS will also continue to seek additional municipal, state, federal, and private funding opportunities for this project. It is also worth noting that CSS has a distinct grants team within the agency that will be applying for and administering awarded federal, state, municipal, and private grants in support of this project. Another potential source for funding for this project is revenue generated from 1115 Medicaid waiver services; however, plans for these services are still in development.

CSS and the Anchorage community is committed to this project, and we believe the Complex Care shelter will provide positive, lasting effects to Trust beneficiaries and the medically fragile.

## WHO WE SERVE

Mass congregate shelters are often not designed to meet the unique needs of clients with complex conditions such as physical disabilities, functional impairments, or behavioral health needs. According to HMIS data collected at Brother Francis Shelter (which currently serves a similar population as the proposed Complex Care Shelter) in February 2022, 59% of guests reported one or more AMHTA conditions. We anticipate serving a similar population of Trust beneficiaries at the Complex Care Shelter and we expect to serve 97 beneficiaries over a 12-month period\*.

As identified in the Estimated Number of Beneficiaries section below, this facility is intended to serve all groups of Trust beneficiaries whether they experience Alzheimer's Disease, chronic alcoholism or substance abuse, developmental disabilities, traumatic brain injury, or mental illness. We are confident that the expanded services provided by the Complex Care Shelter will have a significant and lasting impact on Trust beneficiaries.

\*Note: While we expect that at least 59% of the population served at the Complex Care Shelter will be Trust beneficiaries, the amount requested in this proposal accounts for only approximately 12% of this facility's entire annual budget.

## ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	58
Developmental Disabilities:	24
Alzheimer's Disease & Related Dementias:	9
Substance Abuse	51
Traumatic Brain Injuries:	24

## BUDGET

Personnel Services Costs	\$333,800.00
Personnel Services Costs (Other Sources)	\$2,248,400.00
Personnel Services Narrative:	Program staff includes a portion of a Program Director, Program Managers, Case Managers, Guest Services Staff,

	and a portion of CSS Sr. Director for Adult Homelessness Services. This figure also includes fringe benefits.
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Travel Costs	\$1,900.00
Travel Costs (Other Sources)	\$13,000.00
Travel Narrative:	Travel expenses include a portion of transportation costs for cab rides to and from appointments.

Supplies Costs	\$17,000.00
Supplies Costs (Other Sources)	\$114,900.00
Supplies Narrative:	Supplies include a portion of personal hygiene items, linens and furniture, cleaning and sanitation supplies, office furniture and supplies, one time computer/IT equipment purchase, inter-office communication devices, monthly cell phone cost and staff cell phone purchases, and one time support purchases like wheelchairs and lifts.

Other Costs	\$147,300.00
Other Costs (Other Sources)	\$1,283,547.00
Other Costs Narrative:	Other costs include a portion of housekeeping and janitorial services, managed IT services, database licenses for relevant program staff, an office copier lease, meal service costs, employee recruitment costs like advertising, testing and screening, and an electronic reservation system. Indirect costs are included at CSS' federally negotiated indirect rate of 16.8%

Total Amount to be Funded by the Trust	\$500,000.00
Total Amount Funded by Other Sources	\$3,659,847.00

## OTHER FUNDING SOURCES

Municipality of Anchorage, HUD CDBG-CV (Secured)	\$1,200,000.00
Municipality of Anchorage, Alcohol Tax (Secured)	\$1,100,000.00
Municipality of Anchorage, Health Department Operating Funds (Secured)	\$730,000.00
Private Philanthropy, Individuals and Private Groups (Pending)	\$629,847.00
<b>Total Leveraged Funds</b>	<b>\$3,659,847.00</b>