Trust
Alaska Mental Health Trust Authority

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

MEETING AGENDA

Meeting: Program & Planning Committee
Date: January 5, 2023
Time: 8:30 AM
Location: online via webinar and teleconference
Teleconference: (844) 740-1264 / Meeting Number: 2456 769 1048 # / Attendee Number: #
https://alaskamentalhealthtrust.org/
Trustees: Verné Boerner (Chair), Rhonda Boyles, Kevin Fimon, Brent Fisher, Anita Halterman, Agnes Moran, John Sturgeon

Thursday, January 5, 2023

		Page No
8:30	**Call to order (Verné Boerner, Chair)** Roll Call / Announcements / Approve agenda / Ethics Disclosure Approval of Minutes: October 20, 2022	5
8:35	**CEO Update**	
8:45	**Crisis Now Update** • Katie Baldwin, COO • Eric Boyer, Senior Program Officer	25
9:30	**Providence Alaska Crisis Stabilization Update** **Phase I Update / Phase II Plan** • Ella Goss, Chief Executive Providence Alaska Medical Center • Renee Rafferty, Regional Director of Behavioral Health Providence Health & Services	44
10:30	**Break**	
10:45	**Approvals** • Providence Alaska Crisis Stabilization Phase II Ramp Up & Launch • Crisis Now Initiative Project Management Contract Funding	62 77
11:45	**Lunch**	
12:30	**Tribal Health Systems of Care** • April Kyle, President/CEO, Southcentral Foundation • Alberta Unok, President/CEO, Alaska Native Health Board	hand-out

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2:30	**Break**	
2:45	**Governor's FY24 Budget Update** • Katie Baldwin, COO	82
3:15	**FY25 Budget Process Update** • Katie Baldwin, COO	84
3:45	**Adjourn**	

Additional Documents:

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Future Meeting Dates

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

(Updated – December 2022)

- Program & Planning Committee — January 5, 2023 (Thu)
- Audit & Risk Committee — January 6, 2023 (Fri)
- Finance Committee — January 6, 2023 (Fri)
- Resource Mgt Committee — January 6, 2023 (Fri)
- Full Board of Trustee — January 24-25, 2023 (Tue, Wed) – Juneau

- Audit & Risk Committee — April 19, 2023 (Wed)
- Finance Committee — April 19, 2023 (Wed)
- Resource Mgt Committee — April 19, 2023 (Wed)
- Program & Planning Committee — April 20, 2023 (Thu)
- Full Board of Trustee — May 24-25, 2023 (Wed, Thu) – TBD

- Audit & Risk Committee — July 25, 2023 (Tue)
- Finance Committee — July 25, 2023 (Tue)
- Resource Mgt Committee — July 25, 2023 (Tue)
- Program & Planning Committee — July 26-27, 2023 (Wed, Thu)
- Full Board of Trustee — August 29-30, 2023 (Tue, Wed) – Anchorage

- Audit & Risk Committee — October 19, 2023 (Thu)
- Finance Committee — October 19, 2023 (Thu)
- Resource Mgt Committee — October 19, 2023 (Thu)
- Program & Planning Committee — October 20, 2023 (Fri)
- Full Board of Trustee — November 15-16, 2023 (Wed, Thu) – Anchorage

- Audit & Risk Committee — January 4, **2024** (Thu)
- Finance Committee — January 4, **2024** (Thu)
- Resource Mgt Committee — January 4, **2024** (Thu)
- Program & Planning Committee — January 5, **2024** (Fri)
- Full Board of Trustee — Jan 31 – Feb 1, **2024** (Wed, Thu) – Juneau

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Future Meeting Dates

Statutory Advisory Boards

(Updated – December 2022)

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

- Executive Committee – monthly via teleconference 10am (2nd Wednesday of the Month)
- Winter Meeting: January 11, 2023 1pm – 4pm / via Zoom

Governor's Council on Disabilities and Special Education
GCDSE: http://dhss.alaska.gov/gcdse/Pages/default.aspx
Acting Executive Director: Patrick Reinhart, (907)269-8990, patrick.reinhart@alaska.gov

- Winter Meeting: February 14-16, 2023 / TBD

Alaska Commission on Aging
ACOA: http://dhss.alaska.gov/acoa/Pages/default.aspx
Executive Director: Jon Haghayeghi, (907) 465-4879, jon.haghayeghi@alaska.gov

- Spring Meeting: March 1-3, 2023 (tentative) / Juneau TBD

ALASKA MENTAL HEALTH TRUST AUTHORITY

PROGRAM & PLANNING COMMITTEE MEETING
October 20, 2022
8:30 a.m.
WebEx Videoconference/Teleconference

Originating at:
3745 Community Park Loop, Suite 120
Anchorage, Alaska 99508

Trustees Present:
Verne' Boerner, Chair
Brent Fisher
Anita Halterman
Rhonda Boyles
Kevin Fimon
Agnes Moran
John Sturgeon

Trust Staff Present:
Steve Williams
Katie Baldwin-Johnson
Carol Howarth
Miri Smith-Coolidge
Kelda Barstad
Michael Baldwin
Eric Boyer
Valette Keller
Autumn Vea
Allison Biastock
Luke Lind
Debbie Delong
Travis Welch
Jimael Johnson
Carrie Predeger

Trust Land Office Staff Present:
Jeff Green

Also participating:
Dr. Adam Grove; Lucy Cordwell; Andrew Hinton; Lenise Henderson; Sharon Fishel; Pat Sidmore; Meridith Griggs; Sara Clark; Julia Luey; Patrick Reinhardt; Lesley Thompson; Beverly Schoonover; Josephine Stern; Josh Arvidson; Sarah Koogle; Karl Soderstrom; Kara Nelson; Miyuki Sato-Yazaki; Katie Jacques.

PROCEEDINGS

CALL TO ORDER

CHAIR BOERNER called the meeting to order and began with a roll call. She stated that there was a quorum and asked for any announcements. She announced that the Alaska Mental Health Trust Authority was seeking applications to join the Board of Trustees for her position. She shared that she would not be resubmitting her name for consideration due to her studies in seeking her PhD. She hoped for a large swath of applicants that were very representative of the Trust beneficiaries also represented across the state. She asked staff to include the link to the announcement online.

APPROVAL OF THE AGENDA

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

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

CHAIR BOERNER asked for any ethics disclosures. There being none, she moved to the minutes of July 27-28, 2022.

APPROVAL OF THE MINUTES

MOTION: A motion to approve the minutes of July 27-28, 2022, was made by TRUSTEE HALTERMAN; seconded by TRUSTEE MORAN.

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

CEO UPDATE

CEO WILLIAMS stated that the Mental Health Trust Authority Improving Lives Conference held at the end of September was a huge success. There were over 350 attendees, and we circulated a survey to get feedback. He thanked the trustees that were able to attend. One of the keynotes was done by the CEO of NAMI, Dan Gillison, and his chief medical officer, Dr. Ken Duckworth. Dr. Duckworth wrote a book which he talked about, and he mentioned that if the trustees would like a copy, they are available. The book is about his psychiatric experience paired with over 125 individuals with lived experiences who are quoted throughout the book. The next topic was about the upcoming legislative session, the changes in makeup of the Legislature, and what will be done to prepare for that. He continued that the Trust will be actively recruiting for two trustee seats for Trustees Boerner and Halterman. Trustee Halterman was confirmed to fill an existing seat, and that term is completed. That seat is up for reappointment or appointment for a new five-year term. As per the statutes, if there is a desire to serve another five years, the process has to be gone through again. Trustees are appointed by the Governor, and then confirmed, again, by the Legislature. The information about how to apply to be a trustee was on the Trust website. In terms of other Trust operations, the position announcement for the program officer closed on Monday and he looked forward to starting that

interview process and filling the seat vacated when Eric Boyer was promoted to senior program officer. He continued that work related to Crisis Now is in process. Staff was also working with the Alaska State Medical Officer, Dr. Anne Zink, to think about how to provide opportunities for hospital leads, particularly the leads in emergency departments and psychiatry departments, and then the direct clinical staff in those areas to bring them up to speed on this transformation and how to respond to a person in behavioral health crisis. Also, to glean information through their lenses about what is being seen as the high needs; and for ways to improve response time, communication, connection, referrals, things of that nature. The Alaska Mental Health Board and the Advisory Board on Alcoholism and Drug Abuse had their quarterly meeting in Fairbanks. Staff went up there and presented the FY23 budget, and the FY24 recommendations that were approved by the trustees. They also met with the Alaska State Troopers to expand dispatching mobile crisis teams out beyond the City of Fairbanks. It was a very productive meeting, and we have the trooper dispatch in Fairbanks engaged and working with the City to be able to broaden the reach and response. He moved to the Governor's Council and their retreat held in Girdwood to help their members and bring them up to speed on how the work of the Governor's Council and the Trust are linked; and the importance for them to provide feedback, advice and recommendations of the needs of individuals with intellectual and developmental disabilities to help guide policy and funding decisions.

CHAIR BOERNER invited Ms. Barstad to provide introductions and opening statements regarding the TBI presentation.

TRAUMATIC BRAIN INJURY

MS. BARSTAD stated that the Trust has been engaged in policy development, advocacy, and program support for people living with brain injuries for many years, in partnership with the Alaska Brain Injury Network, now the Brain Injury Association of Alaska. She stated that there were a lot of myths around brain injury and brain injury treatment, and it can be a bit of a puzzle to get screening and diagnoses in place. There have been significant advances that have occurred with brain research, knowledge, interventions, rehabilitation and ongoing support for beneficiaries with brain injuries. She introduced Dr. Adam Grove, an active advocate for people with brain injuries in Alaska for many years. He has his own medical practice and will provide an overview of brain injury to start the conversation. She thanked him for taking time from his busy clinical schedule to talk with us.

DR. GROVE stated appreciation for everyone being there and for the chance to talk about brain injury. He continued that he was also a brain-injury survivor, and has a lived-experience as a Brain-injury survivor. He added that he had spent 13 years in the military and has also seen the other side of the picture, as well. He is a Canadian citizen and has seen how medicine works on the other side of the border. He continued that because he sees so many different things, he has been frustrated for many years about brain injury and how people respond to brain injury in the state. He has been more optimistic than ever due to a number of efforts underway, largely supported by the Trust. He thanked the Trust for funding a nonprofit he started called the Alaska Brain Bus Project, which is actually The Brain Bus. He stated that the easiest way to understand a brain injury is that something happens to the brain, and it does not work the way it used to. He continued that there were many different types of brain injuries. A traumatic brain injury, TBI, is a subset of acquired brain injury that comes from some external forces. There is a need to think about brain injury as a primary problem. It is the root cause of the differences in behavior,

problems with speech, problems with walking and all those types of things. He added that secondary problems were very extensive. The economic costs and the human costs are devastating. Brain injury basically leads to social failures; things that do not allow focusing or performing socially. He stated that one of the important pieces for people to receive services for brain injury was that they need to be identified as having brain injury which is often misdiagnosed as having attention deficit disorder or bipolar disorder. He talked about the silver tsunami, from 2010 to 2050. There will be an overwhelming number of people that will be diagnosed with age-related dementias like Alzheimer's. He added that there is no capacity to deal with them now, much less as they get older. Something needs to be done. He stated that every brain injury is different. The motto of the brain injury treatment world was that once one brain injury is seen, there was only one brain injury seen. He continued that Alaska has the highest rate of traumatic brain injury in the nation, and they are not being identified. There are so few resources to help them, and the ones they have are not adequate. Research is needed and people need to be screened. He continued that there are lots of resources out there, and they need a place to be housed. As part of The Brain Bus Project, a website was created to get out information about the resources. It used to be housed in the Alaska Brain Injury Network, but all of those files were lost. There is a need for someone to centralize the information. There is a need for people to work with people with brain injuries, and we need a long-term plan to develop those people.

TRUSTEE HALTERMAN asked him to explain about the Alaska Brain Bus.

DR. GROVE replied that he talked about getting a bus and driving around the state to different communities to build resources and bring them in. He stated that a guy from California donated a bus, and he got it shipped here, and he is now behind the clinic. The Brain Bus is a 1967 Blue Bird bus. It will be at the fair next year, at health fairs and various places. It cannot get out to many places in Alaska because it is a bus, but it is a physical manifestation of action that has been very helpful.

TRUSTEE BOYLES stated that she sensed the doctor's frustration and that what he is trying to do is critical to the future of Alaska, but is overwhelming. She asked him what would be the next most important thing he sees that needs to be done.

DR. GROVE replied that the biggest things are getting people trained; medical providers and allied medical providers. Brain injury treatment is not rocket science, but it is basic hard work.

CHAIR BOERNER asked Ms. Barstad to introduce the next presenter.

MS. BARSTAD stated that Katie Jacques is the clinical director of therapy services for Southcentral Foundation and the acting ANMC liaison for the Traumatic & Acquired Brain Injury Advisory Council. She and her colleagues at Southcentral Foundation reviewed the statistics for brain injury for Alaskans, specifically looking at the incidents of Alaska Native people.

MS. JACQUES stated that she was a physical therapist by practice and her objectives were to share some data from the Alaska Native Medical Center specific to the Native population compared to the rest of the state for people that suffer from traumatic brain injury. She gave an

overview of a grant received and how they plan to start to perform an in-depth analysis for traumatic brain injury. She then talked about the current traumatic and acquired brain injury initiatives. She discussed some of the community partnerships that will continue to grow to achieve some of the goals. She thanked the Alaska Mental Health Trust for working with the Alaska Native Medical Center and the grant opportunity to better serve the community and the state for people who do experience TABIs. She also thanked the TABI Advisory Council for helping network, share resources, and learn. She added that she just joined the TABI Advisory Council this past spring, and that the goals this first year would be to yield the data needed to continue to understand how to better serve this population; to establish processes for case identification, screeners for new TABIs, and existing ones within the health-care system; to help establish clinical pathways for the state; to provide staffing models to help with financial projections; to help develop educational information for health-care providers reaching out to medical extenders, who also can help share the information with the rural communities; networking with CHAP, which is the Community Health Aide Program at Alaska Native Tribal Health Consortium, and other support networks; and really leaning on each other to help with the community partnerships. She shared a video.

(Video played.)

MS. JACQUES continued that the Alaska Native Medical Center received a four-year grant for the Southcentral Foundation which is a hometown initiative, Unintentional Injury. Substance use will be addressed in year 2. She continued that one of the rewarding parts of being part of the TABI Advisory Council was building a community partnership. They include coming together to collaborate with the ANTHC injury prevention group; the wellness and prevention group; the tribal epicenter, including lead epidemiologists and injury epidemiologist specialists; the Alaska Native Tribal Health Consortium's trauma program register; state of Alaska prevention programs; Providence Hospital regional rehab director and other leadership; University of Alaska Anchorage where the TABI Advisory Council is housed; National Association of State Head Injury Administrators; the Mental Health Trust; Medicaid and waiver groups; and the Concussion Legacy Foundation. She added that future aspirations include financing a successful and sustainable outpatient traumatic and acquired brain injury program, not just for the Native population at Alaska Native Medical Center, but in partnership with the community and TABI Advisory Council, and others, to establish evidence-based continuing care for all Alaska residents experiencing a TABI. She thanked the trustees for their time and stated that her first job was to start up a concussion clinic outside the Boston region, and she felt that her passion has come full circle with being one of the four people helping run this at the Alaska Native Medical Center.

CHAIR BOERNER thanked Ms. Jacques and asked Ms. Barstad to introduce Ms. Cordwell.

MS. BARSTAD stated that Lucy Cordwell is a research professional for the Center for Human Development., the agency that hosts the Traumatic & Acquired Brain Injury Council. Developed through this council is the Alaska State Plan for Brain Injury. They work toward implementation of the goals and activities identified. The State Plan is current through fiscal year 2025. In partnership with the Division of Public Health, both agencies have been awarded some amazing grants to further the work of brain injury in Alaska. She continued that Ms. Cordwell helps facilitate the TABI Advisory Council and its active committee schedule, among her many other

projects. She thanked her for presenting.

MS. CORDWELL stated that TABI stands for Traumatic and Acquired Brain Injury, and the requirement for the council is to have at least 50 percent of the people on the council as individuals with lived experience of brain injury, and there are also family members and a lot of providers that provide valuable input. She walked through the five-year State Plan for Brain Injury. She described the three grants at the UAA Center for Human Development focused on brain injury. There were two Federal grants: One of them is the Expanding Public Health Workforce Grant that is focused on peer support; the other is the TBI State Partnership Program Grant with required and extra goals which overlap with the State Plan. She continued that the third grant is from the Trust and was used to pay for a full-time staffperson to work with the TABI Advisory Council. They coordinate all of the meetings; the subcommittees; and try to move the State Plan goals forward. They were hired in January, and the amount of work done with having this dedicated person has been phenomenal. She then went through some accomplishments that different agencies have done around the state. The Concussion Legacy Foundation, funded by the Trust, has created a resource list of providers and recently did a survey to find what training needs were needed for providers in Alaska. They will also offer free continuing medical education courses on brain injury. She mentioned that one of the main goals at ANMC was to create a career track for the Native population in the continuum of care for education for a trauma therapy aide or therapy tech.

CHAIR BOERNER thanked all of the presenters and asked Ms. Barstad for some brief closing words.

MS. BARSTAD stated that the brilliant presenters covered much of the material she planned to bring to the trustees' attention. She continued that the TABI Advisory Council is a volunteer council for the State and is not a Governor's council. It is not funded by the State. The Center for Human Development volunteered to host this council because another home could not be found for it. There is definitely work to be done to bring this information and this advocacy to a greater statewide level. She thanked all for their time.

CEO WILLIAMS talked about the overlap between the work of the focus areas, as well as the work in the nonfocus areas. The Trust is engaged in funding as well as participating in this council in a number of different areas. He noted that the booking form that the Department of Corrections used to screen individuals coming into a correctional facility did not include a question about traumatic brain injury. He continued that it was through the work of the Trust and the partnership with the Department of Corrections that the form was updated to not only include a question about traumatic brain injury, but also some other questions so that when someone is going through the medical health screen assessment, the key information is captured. This was an example of how the work is not just funding-related, but can also be policy-related, as well.

CHAIR BOERNER stated appreciation for tying that together and moved to a break.

(Break.)

CHAIR BOERNER called the meeting back to order and moved to the updates on the

Governor's Task Force which included the Governor's Advisory Council on Opioid Remediation, Alaska Council on the Homeless, and the Governor's Council on Human and Sex Trafficking.

GOVERNOR'S TASK FORCE
GOVERNOR'S ADVISORY COUNCIL ON OPIOID REMEDIATION

MS. BALDWIN-JOHNSON explained that the Governor's Advisory Council on Opioid Remediation was established in response to the opioid pandemic, and in anticipation of recent settlement funds to the State of Alaska. The Alaska Council on Homeless and the Governor's Council on Human and Sex trafficking both were included in the Governor's People First Initiative, which focused on the five intersecting areas of public safety concerns. She noted that Trustee Halterman represents the Trust on this council. In October of 2021, Governor Dunleavy established Administrative Order 324 to create this council mainly due to the tragic impact of the opioid pandemic on Alaskan families across the state. Alaska experienced the largest percentage increase in overdose deaths of any state, with a tremendous impact on the beneficiaries. She continued that the Council was tasked with reviewing expert information on this issue, hearing from individuals with lived experiences. The Council concluded their discussion and development of recommendations, and a report was public-noticed as a draft in September of 2022. The final report with recommendations is in the process of being finalized and will be published and submitted to the Commissioner of the Department of Health by December 1, 2022. She asked Trustee Halterman to continue.

TRUSTEE HALTERMAN stated that most of the public comments that were made were already captured by the work product and were responsive. There was some confusion about the scope of the project, so some of the comments were asking for financial restoration of certain funds for folks that were harmed. She continued that those things were not within the scope of the project, and that was discussed during a public meeting. She talked about losing her daughter on March 19, 2021, to opioid addiction and had not realized the importance of those shared experiences, and the impact on the public. She added that she heard from folks after that meeting about how impactful those comments were. She stated that this work is especially meaningful to her because it can be prevented. She thanked the staff at the Trust for the work they did. It had been an extremely meaningful board. There had been a lot of work that was professionally done, and the dialogue was very meaningful.

CHAIR BOERNER thanked Trustee Halterman for sharing, and stated a deep sympathy for her loss. She moved to the Alaska Council on the Homeless and recognized Ms. Barstad.

ALASKA COUNCIL ON THE HOMELESS

MS. BARSTAD stated that the Alaska Council on the Homeless is a reconstituted council. It was first formed in 2004, and then formalized and made permanent in 2007. It was placed with the Alaska Housing Finance Corporation. It took almost five years to get a full plan in place after that permanent placement was made. It was no easy task to come up with a plan on how to tackle homelessness in Alaska. She continued that the most recent administrative order placed it as one of the People First Initiatives. Trustee Halterman is also the trustee representative for this council. She explained that the range of duties and responsibilities are vast. They've established some committees, but are still in the process of discussing recommendations. She added that being strategic and selecting recommendations that would be a catalyst for change is very

difficult, and the Council will need more time before having some of those formal recommendations in place. She noted that Trust beneficiaries are overrepresented in homeless populations. Individuals who become chronically homeless are virtually 100 percent Trust beneficiaries.

TRUSTEE HALTERMAN added that Ms. Barstad did a great job explaining and that there is still some need for public notice with regard to the subcommittees that had been assigned for this council. She stated that a lot of education and a lot of questions need to be answered before finalizing the rest of that work product.

CHAIR BOERNER moved to the next report from the Governor's Council on Human and Sex Trafficking. She stated that she had the honor of working with Travis Welch on this council, and asked him to continue.

GOVERNOR'S COUNCIL ON HUMAN AND SEX TRAFFICKING

MS. WELCH stated that this council came about due to Administrative Order 328 focusing on human and sex trafficking in Alaska. This looked at different elements of a crime. Human trafficking focuses on the labor side of the issue: looking at individuals forced, via fraud or coercion or threats of violence, to provide labor or services to the perpetrator. On the sex trafficking side, the same elements are being looked at: being forced or coerced, threats of violence to provide sexual acts for monetary gain to the perpetrator. He added that the Council was set forth to look at the gaps and to address this issue in Alaska, and to submit a report to the Governor with eight recommendations on how to address this issue. It was a wide range of individuals looking at this issue: law enforcement, advocates, service providers, tribal entities, and other state organizations. He went through some of the recommendations that were submitted in the report. What stood out for him was the prevalence of Trust beneficiaries becoming victims of human and sex trafficking. The report was submitted, and we are currently waiting for it to come back before it will be made public.

CHAIR BOERNER stated that this was a very engaged and very well attended council overall. She thanked Mr. Welch for serving as her proxy when she was not able to attend meetings. There would be more on this once the Governor and his administration have had the opportunity to review and respond to the recommendations. She asked for any questions.

TRUSTEE HALTERMAN thanked Chair Boerner for serving in the role on that board. It was extremely meaningful to have her in that role, and she stated appreciation for the amount of work she put into it.

CHAIR BOERNER stated that she would love to work with another trustee interested in serving.

TRUSTEE MORAN stated that she would be interested in the council.

CHAIR BOERNER invited Andrew Hinton and Lenise Henderson to the table and asked Ms. Barstad to provide the introductions.

SITKA HOMELESS COALITION

MS. BARSTAD began with some background on the partnership with the Sitka Homeless

Coalition, which began in 2019 when the Trust was contacted to fund an overnight winter shelter. She stated that the community had a very successful program connecting chronically homeless to help with access to laundry, shower and hot food. In implementing the winter overnight shelter, the coalition was unable to find a rentable space. They had funding, a vision, but no usable place for the shelter. Toward the end of 2019, Gayle Yong, then director of the Sitka Homeless Coalition, placed an inquiry to use Trust land for that more lasting solution to homelessness. They submitted a land-use request with a vision for using the Trust land in Sitka for a tiny-houses project. She continued that it had been an incredible year for this project. An operations plan was developed, and they fundraised like crazy. She introduced Andrew Hinton, the new executive director of the Sitka Homeless Coalition, and Lenise Henderson, from the professional development company, to describe the formalization of the coalition, and the phenomenal partnership-building and fundraising that occurred over the past year.

MR. HINTON thanked Ms. Barstad for that introduction and stated that he had been working with the coalition for a little over a month. He noted that he had been working in housing since he was in university. He worked for the Center on Poverty and Social Policy on Federal housing policy research, and then worked in Anchorage at the Cook Inlet Housing Authority. He stated that he was joined by Lenise Henderson, an invaluable member of the team for over the last year. He talked about the Sitka Homeless Coalition and the early years with a small budget and scope of work. The people served experience homelessness chronically, finding it impossible to find permanent housing. Currently, there are about 12 to 15 Sitkans currently experiencing chronic homelessness, and 100 percent of these individuals are Mental Health Trust beneficiaries. He asked Ms. Henderson to talk more about the Hitx'i Saani Project and the tremendous amount of progress made this year.

MS. HENDERSON stated that, it was important for everyone to know that this project was built in with a good leadership structure. This was a priority of the health summit which got a huge amount of support and enabled a large amount of volunteers. Over a dozen volunteers meet every Friday, and there are three standing committees: policies, procedures and fundraising. She went over the members of the board of directors, which is a healthy and active board. She went through the funding lists and moved through the construction timeline; a groundbreaking goal in the spring; work on the project next summer; and a move-in date of October. The basic cabins are small, tiny houses with 12 units and a caretaker cabin planned. There is also a community room planned with a small commercial kitchen, and the hope for meal service and nutritional classes. The big hope was to use the local assets and strengths for sustainability. Sitka has a wealth of very well-developed programs, and we have several letters from organizations who formally support this effort, with many of these people currently sitting on the committees. Sitka is a small community of about 10,000 people on an isolated island. Everything is close together, and most of the people are within minutes of where the project will be built. Part of the goal is working closely with these partners in order to keep the project strong even after the construction is finished.

TRUSTEE MORAN thanked them for all the work being done on behalf of the homeless population. She asked about transportation and accommodating getting these folks back and forth to necessary resources. She also asked about accommodations for handicapped people.

MS. HENDERSON replied that Sitka has a small public bus system, and the stop right now is by

the Post Office, a few blocks from the property. SEARHC Center has a fleet of vans, and they provide transportation for many of their clients. She continued that the plan is doing ADA accessibility on a portion of the cabins; the number yet to be determined.

CEO WILLIAMS stated appreciation for the update and added that the TAO and the TLO are actively working with the coalition on the best approach for identifying how Trust land can be part of the overall project, in addition to the work already done in the planning and development.

CHAIR BOERNER thanked the presenters for the very well done presentation.

CEO WILLIAMS wrapped up the conversations about the task force and councils and added that he had given CEO updates in his weekly report to trustees. It allows staff to participate in a variety of different work groups and committees, and also allows the opportunity to advocate for the beneficiaries in the conversations. It also allows opportunities to talk about the work of the Trust and how the Trust can partner in solutions moving forward.

CHAIR BOERNER thanked CEO Williams and called a break.

(Lunch break.)

CHAIR BOERNER invited everyone back to the table.

MS. BALDWIN-JOHNSON stated they were ready to move into the approvals part of the agenda.

CHAIR BOERNER asked for someone to enter into the record a motion for the approval.

> **MOTION:** The Program & Planning Committee recommends that the Full Board of Trustees approve a $801,039 FY23 Mental Health & Addiction Intervention focus area allocation to Anchorage Community Mental Health Services, Inc., doing business as Alaska Behavioral Health, for Fairbanks Mobile Crisis Team project. These funds will come from the fiscal year '23 Crisis Continuum of Care budget line, was made by TRUSTEE HALTERMAN; seconded by TRUSTEE BOYLES.

MR. BOYER stated that the five proposals are being presented from a couple of Authority Grants. Authority Grants are unallocated funds that are in two of the focus areas: one is Mental Health and Addiction Intervention, and the other is in Housing and Home- and Community-based Services. Those unallocated funds gave staff, the community-based partners and the Trust Board the flexibility to look through the community-planning process and see who might be that innovative, catalytic partner to be able to bring forward a project that would move the vision and mission of the Trust Board for the focus areas. The five proposals hit on multiple goals within the Comp Plan, which was exciting.

MR. WELCH stated that the proposal at this time was a continuation project. He introduced two guests, Josh Arvidson and Sarah Koogle, with Alaska Behavioral Health.

MR. ARVIDSON stated that he is the chief operating officer of Alaska Behavioral Health and

was honored to be there. He noted that he was the guy who started the Alaska Child Trauma Center.

MS. KOOGLE stated she is the Alaska Behavioral Health adult clinical director up in Fairbanks.

MR. WELCH explained that two proposals, one from Alaska Behavioral Health, and the other from True North, were brought before the trustees. They were to come together to provide mobile crisis team services to the city and community of Fairbanks. This is a continuation of that project. Alaska Behavioral Health will provide both the clinician and peer support specialists under one roof for the mobile crisis team, which will continue the work that they have been doing.

MS. KOOGLE talked about the successes had over the last year, with nothing but positive feedback from the community. The mobile crisis team hired four clinicians and four peer support specialists, and they have formed an abundance of community resources. In order for this to work, they had to learn the community and what was available. It is a service that Fairbanks has always needed, and it is working like a well-oiled machine. She went through some of the data points and talked about the calls. She highlighted a call from a suicidal individual, and they were able to do some wrap-around services, a safety plan in the community, to keep that individual safe and able to get a behavioral health assessment and medication management. In a few days, this person was no longer suicidal and had hope.

MR. WELCH added that this team has done an excellent job with coordinating with the Fairbanks Police Department. This is a great example to other communities of how this collaboration can work.

A question-and-answer discussion ensued.

TRUSTEE HALTERMAN stated that we envisioned the Mobile Crisis Team to relieve a lot of the stress on the hospitals and facilities that are overburdened by populations that are not getting their mental health service needs met. The cost savings generated from this kind of project will come from State funds that are used to prop up a Medicaid program that unfortunately has been dealing in an emergency setting with most of the population. Law enforcement then goes back to doing the business they were tasked with, and we do not foresee asking them to give up any of their positions to make sure that this continues to be funded. They are completely separate issues. She wanted that noted on the record.

CHAIR BOERNER stated there was a motion on the table and called the roll-call vote.

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

CHAIR BOERNER moved to the next item for approval, the True North Day One Center, and asked for the motion.

MOTION: The Program & Planning Committee approves a $255,000 FY23 Mental Health & Addiction Intervention focus area allocation to True North Recovery, Inc., for the Day One Center Medical Providers' Project. These funds will come from the FY23 Access to Treatment budget line, was made by TRUSTEE HALTERMAN; seconded by TRUSTEE BOYLES.

MR. BOYER stated that it was his pleasure to bring this proposal and added that it was an exciting one. When talking about innovation and being a catalytic support for the beneficiaries in the community, this is the embodiment of it. He continued that this proposal was for withdrawal management beds. Currently, in the Mat-Su Valley, there is no withdrawal management support in terms of residential beds at any of the levels. When one of the beneficiaries has that level of need, they are either in the hospital or out in the community; and that is a very acute need in terms of clinical and medical oversight. Waiting really puts people at risk for their health and long-term treatment success. This proposal has taken a lot of partnership in the community between the hospital, behavioral health providers, and True North Recovery, as well as several of the technical support partners and others to look at the business modeling to make this successful. He introduced Karl Soderstrom, the founder and chief executive officer of True North Recovery; and Kara Nelson, the director of development and public relations.

MR. SODERSTROM stated that he had started off as a person in recovery and then a peer and then a counselor. The mission of True North is to provide same-day access to care. He stated that his heart of hearts is to improve and change this entire behavioral health care system. Treatment has been done the same way for the last 40 years, and it is time to start thinking outside the box to improve how folks are cared for. True North is about what the community has to offer an individual. It is about linking people to the available resources, and helping them walk those steps. He talked about how they have been doing what they do and how to create an infrastructure that can provide services, but also pay their bills. He talked about the Mobile Crisis Team and the Lazarus Collaborative. Care coordination and case management are provided for folks that do not have a treatment plan or need help right now. He continued that the entire system is set up based on how people are billed for services rather than how to help someone. If people are treated well in the beginning and are helped in getting connected, a service relationship with those individuals can be created, and they engage in services which keeps the lights on. Every residential treatment center in the state requires a physical and a TB team and an assessment and some other things. That medical component is another barrier for folks, and they are waiting to try and get a bed. The goal is to reduce those barriers as best we can. That is why the ANP is brought on as a whole into the ecosystem on Day One; not just a part-time person for the withdrawal management program. We are pleased that they found folks that were passionate about it. The intents behind the 1115 waiver was to integrate behavioral health and primary care, which is incredibly important. The folks they were asking for help to support will be an integral part of getting people connected to the long-term care and services that they need and improve their quality of life.

TRUSTEE HALTERMAN was delighted to see the use of telehealth as part of the project description. She asked if there was a long-term plan to deal with telehealth if it will no longer be as flexible an option, or will the telehealth services be continued.

MR. SODERSTROM clarified that the ANPs will be working full-time, in person. He stated that

they had been intentional to really looking at telehealth and how people in remote parts of Alaska can get access to the help that they need.

TRUSTEE MORAN asked about doing any level of screening for TBIs as part of this project.

MR. SODERSTROM replied that he thinks that they would be able to be identified and get them connected to resources.

TRUSTEE FISHER asked about the additional funding, and specifically about the Mat-Su Health Foundation.

MR. SODERSTROM replied that the Mat-Su Health Foundation agreed to support this project, the entirety of the withdrawal management program, for $95,000. It was recently approved.

TRUSTEE BOYLES complimented them on the high level of matching and thanked them for what they were doing.

TRUSTEE FIMON thanked them for bringing this forward, and noted that he thought they were very effective panelists in the Improving Lives Conference. He thanked them for what they do.

CHAIR BOERNER moved to the roll-call vote.

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

CHAIR BOERNER moved to the next proposal, True North Mobile Crisis Team, and asked for a motion.

> **MOTION:** The Program & Planning Committee approves a $499,591.24 FY23 Mental Health and Addiction Intervention focus area allocation to True North Recovery, Inc., for the Wasilla Mobile Crisis Team. These funds will come from the FY23 Crisis Continuum of Care budget line, was made by TRUSTEE BOYLES; seconded by TRUSTEE HALTERMAN.

MR. BOYER noted that staff does not usually present two big proposals from one organization, and we do strive for equitability across the state to share Trust funds among organizations. In the process, for the Mat-Su and getting ready for the proposals, it had been about a 30-month journey with the partners in the Mat-Su with about 30 partners working with the Mat-Su Health Foundation and some technical support to drill down among organizations of where Crisis Now support could go. There are still conversations for 23-hour crisis stabilization, a support service that fit with some of the timing for True North who were able to get support and buildings and grants. The Mobile Crisis Team is something they were very familiar with. The Mobile Crisis Team in the Mat-Su is wanted, and know they need it. They looked to the leadership at True North to be that entity because it takes that support to be able to have boots on the ground to provide that clinician up here. This is the innovation of pairing those models and thinking through the business planning for the Day One Center so that if they can maintain the plan and

the beds and the assessments and the other things within the Day One Center, they would be able to recoup some of the losses in that rate for the Mobile Crisis Team which are being worked on with the State partners.

CHAIR BOERNER asked for any questions.

TRUSTEE BOYLES stated that there was a synergy between the Day One Care Center and the Mobile Crisis Team so that the overhead is cut considerably, and asked if that was a workable situation professionally.

MR. SODERSTROM stated that this was a huge undertaking, and we are launching multiple programs in one location and also pouring a ton of heart and resource and experience into this. When all the pieces are put together, a model can be created, and the Day One program will be sustainable; and we are hopeful that the reimbursement rate increases. He noted that they had been doing peer work on call in the Mat-Su Emergency Room for six years.

TRUSTEE FISHER stated that, based on the statistics heard in our meetings, the beneficiaries would greatly benefit by the services provided. The Mat-Su Regional Medical Center ED will greatly benefit, and they should be both willing contributors to the project.

CHAIR BOERNER asked for the roll-call vote.

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

MR. SODERSTROM thanked them all.

CHAIR BOERNER moved on to the next HB 172 Mental Health Facilities and Medications Report to the Legislature contract funding, and asked for a motion.

> **MOTION:** The Program & Planning Committee approves up to $300,000 for a contract for the HB 172 report to the Legislature. These funds will come from the FY23 Crisis Continuum of Care budget line for the Mental Health & Addiction focus areas, was made by TRUSTEE HALTERMAN; seconded by TRUSTEE FISHER.

MS. BALDWIN-JOHNSON introduced Laura Russell, the health policy adviser with the Department of Health. This is in relation to HB 172, which is a Governor's bill, that came out of the need to address the policy issues so that the types of programs that had not previously existed in Alaska could be implemented. She continued that the bill directs the Trust, the Department of Health, and the Department of Family and Community Services to submit a report to the Legislature that would be made available to the public for public comments, and it has to contain some very specific things. It is looking at providing a comprehensive assessment of current State, Federal, and accrediting-body requirements, looking at recommendations for changes on how to improve patient outcomes, and to enhance patient rights. She went through the bill and the process in greater detail.

A brief question-and-answer discussion ensued.

TRUSTEE MORAN asked what would happen if this was not voted for.

MS. BALDWIN-JOHNSON replied that the deadline for a report to the Legislature would not be met, and it would have to reconvene and reassess where to find the funding for this, which would set us back by many months.

CEO WILLIAMS added that this would not be viewed in good faith by the partners, the beneficiaries, and patient-right advocates who spent a lot of time working through the process to testify on behalf of getting this bill through.

TRUSTEE FIMON asked who all was funding the $300,000.

MS. BALDWIN-JOHNSON replied that the Trust is contributing funding for this.

TRUSTEE MORAN asked if it was normal for the Legislature to direct Trust funding.

CEO WILLIAMS replied that the Legislature did not direct the funding. The Legislature put in the bill that requires the Trust and the two departments, stakeholders, and others, to produce a report to the Legislature within one year after the bill was signed.

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

CHAIR BOERNER moved into the final approval for trustee consideration with the Volunteers of America, At-Risk Youth Rapid Rehousing, and asked for a motion.

MOTION: The Program & Planning Committee approves a $150,000 FY23 Housing & Home- & Community-Based Services focus area allocation to Volunteers of America Alaska for both supporting and empowering homeless, at-risk, transition-age youth through rapid rehousing project. These funds will come from the fiscal year '23 rapid rehousing budget line, was made by TRUSTEE HALTERMAN; seconded by TRUSTEE BOYLES.

CHAIR BOERNER invited Ms. Barstad to present some background information on this motion.

MS. BARSTAD stated that Volunteers of America arrived in Alaska in 1981 with the opening of ARCH, a youth residential treatment facility in Eagle River. Today, Volunteers of America Alaska provides a wide range of mental, emotional and behavioral healthcare and support services to youth and their families; from prevention and early intervention to mental health therapy, substance abuse counseling, family support and life skills development, to supportive housing and residential treatment. Volunteers of America Alaska strives to meet the needs of every child, teen, and young adult that they serve. This project emphasizes housing search, relocation services, and short-term rental assistance paired together to be able to move homeless, transitional-aged youth into stable housing. She continued that rapid rehousing is an evidence-

based approach that really supports people who are homeless who are not at either end of the spectrum, and just need financial assistance. Once youth are placed in stable and affordable housing, VOA will provide those comprehensive support services so that the economic stability can be addressed, as well as any mental health needs, and to provide some of the financial literacy and additional education gained as a youth aged 18 to 24. She added that the youth experiencing homelessness are often Trust beneficiaries. She stated that Lyshell Baldwin and Miyuki Sato-Yazaki, the program director of the supporting housing program for VOA, are online and available for any additional comments and questions.

CHAIR BOERNER asked for any questions. There being none, she moved to the roll-call vote.

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

CHAIR BOERNER called a ten-minute break.

(Break.)

CHAIR BOERNER called the meeting back to order and moved to the Mental Health Supports in Alaska's Schools. She recognized Jimael Johnson, Beverly Schoonover, Sharon Fishel, and Pat Skidmore to present.

MS. BALDWIN-JOHNSON stated, for the record, that Trustee Boyles had to leave to catch a plane.

MS. JOHNSON began with some background information and reviewed the second phase of a report that was commissioned and partnered with many of the State and community partners on the topic of mental health supports in Alaska schools. She reviewed some data, and then gave a bit of background on the timeline. The at-risk population of youth had significantly increased during the pandemic, and they were already at critical levels of near crisis and in crisis even prior to the pandemic when it came to youth mental health. The American Academy of Pediatrics and many other groups echoed the need for increased attention on youth mental health. As a result, even predating the pandemic, policymakers and partners were asking for information on what had been happening in our schools. She stated that Phase 2 began last July and was a deeper dive into those emerging best practices. That concept evolved into the six case studies referenced as part of the Phase 2 report. She asked Pat Skidmore with the Department of Education to talk more about the report.

MR. SIDMORE stated that it was important to think, as schools do, about what they call the multi-tiered system of support which is used both in academics and also in things like behavioral health. It is this concept of three levels of support: a universal intervention or supports for students; and then an intermediate one for students who are struggling a bit more; and then the top is clinical services in behavioral health or just very intensive academic supports. He continued that having this report put us quite a bit ahead of almost every other state because what was happening is there are more funds and more infrastructure being built at the Federal level to support states to do behavioral health services in schools. It is helpful for advocates and others

to have this information as they talk to policymakers and have some great knowledge about what was going on.

MS. FISHEL talked about some stats that came last February about mental health in Alaska, which is currently ranked 49 out of 50 states in the supports they have for mental health services for students. There are about 10,000 children in the schools with major depression, and part of the reason they do not receive treatment is the lack of workforce in the state to provide it. She talked about the multi-tiered services and how critical it is to include Tier 1 and Tier 2 in what is being delivered for prevention purposes.

MR. SIDMORE talked about the first phase of the report and stated that 32 of the 54 districts in the state were interviewed around questions about the multi-tiered system of support.

MS. SCHOONOVER stated that the key research question was: To what extent are mental health supports being offered in Alaskan schools? The study found that every district interviewed provided some level of supports and services along the multi-tiered system of support model. The levels of services vary significantly between districts. She continued that they did not want to just focus on kids, but also on the staff and educators. It was shown in many districts that in-service time and professional development time was being leveraged to bring mental health training to staff. She encouraged everybody to look at the report, which provides great detail.

MR. SIDMORE went through the highlights of Annette Island, a small school district with about 300 students located south of Ketchikan.

MS. FISHEL talked about the Fairbanks School District that serves about 10- to 11,000 students and are considered the third largest school district in the state. They have all different kinds of things going on as far as services. She continued that the Department of Education has two big grants that include this district.

MR. SIDMORE moved to the second phase of the report that was recently released, and focused on six districts that have some really unique things happening.

MS. SCHOONOVER moved to the summary report and talked about school support services like school counselors, school social workers, school psychologists, which there are not enough of in Alaska. The ratios are low, and those workers are tasked with serving more students than professionally recommended. She talked about the funding and then some key findings in the report about student mental health status. She also shared some information about some of the Phase 2 case studies.

MR. SIDMORE talked about the Kuspuk School District, which is very rural with eight schools. They contracted with an outside agency to provide services to the school district, and they trained the clinician, who happened to live in Missouri, in the trauma-engaged school framework for Alaska. This also gave her as much of a deep dive into the culture of this district. She has been there a couple of years. This was a unique solution to a very difficult problem of workforce and access.

MS. FISHEL highlighted the Juneau School District that has had a trauma-engaged specialist

working with all of the schools in the district for the past several years. She stated that a lot of what Juneau has done is based on the work through the Alaska Department of Education and the Association of Alaska School Boards. She also went into detail about the Transforming Schools Framework, a document which was taken to several hundred different educators, community members and stakeholders.

MR. SIDMORE talked about some of the e-learning possibilities which has 70 or 80 courses total, including suicide prevention courses which are required statutorily for teachers when they recertify.

MS. FISHEL added that these courses are free to all Alaskans. They were created for educators, but anyone can take these courses.

MS. JOHNSON noted that the group has been meeting every other week to talk about the process and any additional opportunities that they may want to take advantage of, including Federal opportunities.

CHAIR BOERNER thanked all the presenters and stated that the rankings are not surprising. She also thanked them for presenting the upsides, and the positioning of this work as far as accessing some resources. She invited CEO Williams to offer a couple of comments.

CEO WILLIAMS commented on the Phase 1 report and the work of the Trust and the partners. This information is used in a variety of ways. The information that gets produced is sought after by policymakers. He stated that this work also helps to inform what the Trust does in terms of funding requests to the trustees for the use of Trust funds, policy work, and the joint advocacy.

TRUSTEE HALTERMAN talked about when staffing health education, educators were constantly commenting that counselors were typically the first positions cut when school districts were in financial stress.

MS. FISHEL replied that it was not any worse than it used to be, but the problems districts are facing are not finding counselors to fill the positions. There is a big workforce issue, and education is struggling with keeping teachers and staff.

TRUSTEE FIMON also commented on filling the positions and stated that it was encouraging to see those examples of programs where telehealth and e-learning was filling in. He thanked Ms. Johnson and the rest of the folks for the great presentation.

TRUSTEE MORAN stated that she runs a school counseling program and is familiar with the report. They had pretty good luck with hiring counselors and growing their own, which is one of the reasons they are being provided to the school district. That can be done because of providing a greater level of flexibility.

CHAIR BOERNER thanked all for a beautiful presentation and moved to Trustee Comments.

CEO WILLIAMS thanked the trustees for the last two days and, in particular, for sticking through today's Program & Planning Committee agenda, which was pretty rich and important

work as it relates to the beneficiaries. He thanked the trustees for the support through the approvals of the funding requests. He moved to the work related to Governance. Katherine Wootz, the contractor, sent out a survey to trustees to get feedback on the governance documents, the bylaws and the charters. This was extended another week, and the link should work.

TRUSTEE COMMENTS

TRUSTEE FIMON reflected back on the Improving Lives Conference from last month and stated that it was a great opportunity. He thanked staff for all the hard work. It was great to get the exchange, and he felt some good energy. He was very appreciative of the presenters, the comments, the testimony and reports that were brought in. He also thanked staff for making sure that the meetings go well.

TRUSTEE FISHER enjoyed the meetings and the discussion which he thought was some of the most important part of committee meetings in preparation for the board meetings and the decisions made with regard to Trust funds and the beneficiaries. He thanked staff for all the preparation and stated that the presenters did a great job.

TRUSTEE HALTERMAN thanked Chair Boerner for leading a very productive meeting, and thanked staff for bringing forward some great recommendations. She thanked the agencies that serve the beneficiaries, and also complimented staff on the Improving Lives Conference, which provided a lot of positive feedback. She stated that the presentations were phenomenal, and the optics were amazing. She also thanked her fellow trustees who completed their work on the governance rule and appreciated their devotion. She thanked all for another productive, well-meaning meeting.

TRUSTEE MORAN thanked staff and stated this is the first board she has been a member of. She stated appreciation when staff reaches out to ask if she has questions in advance of a meeting, but she feels that she is doing the people's business outside of the people's view. Her other concern was directing questions to staff in advance of the meeting, and her losing the opportunity to learn from them and what their concerns were. She also stated that she was a little uncomfortable with trustees or board members dealing directly with staff; usually that goes through the board chair. This was not a critique, but just something with which she was uncomfortable.

CHAIR BOERNER stated excellent points, and this is a good opportunity to share a certain part of the orientation process regarding some of the restrictions with regard to communications with one another. She talked about other restrictions bound by the Open Meetings Act and other statutes.

CEO WILLIAMS stated appreciation for Trustee Moran bringing up the topic and her concerns.

TRUSTEE HALTERMAN added the attempt to be as transparent as we can be. Feedback is important and should be reflected on. She talked about her struggle with not being able to communicate with more than two other trustees, and stated the need for continued training. She thanked Trustee Moran for bringing up the issue and appreciated the feedback. As the Chair, she has an obligation to maintain order in the meetings, and to insure maintaining the rules of the

Open Meetings Act. She noted that she would reflect on the feedback.

CHAIR BOERNER stated appreciation for the point, and added that if there are issues, that there are some processes about communications, and we will probably have a training on this.

TRUSTEE STURGEON began by thanking all for an excellent meeting. He complimented Chair Boerner for her great job, as always. He thanked the staff for the Improving Lives Conference and doing a fantastic job. He heard a lot of compliments, and thanked staff for making the trustees look good. He continued that this meeting was very productive, and he learned a lot. He is still learning a lot of what is going on, and the problems faced by the communities. He thanked staff for putting the packets together, which keep getting thicker and thicker. He feels productive in the resource management area, but not so much in other areas, but staff makes it easier.

CHAIR BOERNER echoed the compliments to the staff and stated her appreciation. She thanked her fellow trustees, and reiterated that the application period for the Board is November 4th. She continued that coming to the decision to not reapply was a very difficult one because she loved the work and holds the Trust in extremely high regard. She also has the highest respect for her fellow trustees. She learns so much from them, and the staff is amazing. She added that maybe sometime in the future, if she was not working for an entity that receives grants from the Trust, she would resubmit her application for consideration. She was sorry she missed the Improving Lives Conference and heard so many good things about it. She stated that she will be coming to the end of Term 1 of Year 2 in her experience of being a student again, which was quite the adjustment, but a fun one. She closed with appreciation for the beneficiaries and the advisory boards and their inspiration. She encouraged the trustees to attend the advisory boards' board meetings, which is another great place for learning and a source of inspiration. She thanked all, and asked for a motion to adjourn the meeting.

> **MOTION:** A motion was made to adjourn the meeting by TRUSTEE HALTERMAN; seconded by TRUSTEE STURGEON.
>
> *After the roll-call vote, the MOTION was APPROVED. (Trustee Sturgeon, yes; Trustee Moran, yes; Trustee Halterman, yes; Trustee Fisher, yes; Trustee Fimon, yes; Trustee Boyles, excused; Chair Boerner, yes.)*

(Program & Planning Committee adjourned at 3:40 p.m.)

PROGRESS ON BEHAVIORAL HEALTH CRISIS SYSTEM IMPLEMENTATION

Katie Baldwin-Johnson, COO
Eric Boyer, SPO
Travis Welch, PO

Trust
Alaska Mental Health Trust Authority

CRISIS NOW

Program and Planning Committee Meeting

January 5, 2023

Why Crisis Now?

Physical **Health Emergency**

Behavioral **Health Emergency**

Essential Principles & Practices

Recovery Oriented -- Significant Role for Peers -- Trauma-Informed Care -- Zero Suicide/Suicide Safer Care -- Safety and Security for People in Crisis -- Crisis Response Partnerships

Crisis Now

Innovation Timeline: Alaska

2018

- DHSS submits 1115 Behavioral Health Waiver application, CMS approves SUD portion of the Waiver
- DHSS begins conversations about the Crisis Now model
- Trust + ASHNHA convene stakeholders for Behavioral Health Improvement project to address psychiatric boarding in emergency departments

2019

- Trust + DBH launch Forensic Psychiatric Hospital Feasibility study to understand the competency to stand trial backlog within DOC
- CMS approves the Behavioral Health portion of the 1115 Waiver
- Trust + DHSS continue discussion and research on Crisis Now
- Trust contracts with RI International for a consultative assessment on community readiness for implementation, which includes convening and engagement of key stakeholders in Anchorage, Mat-Su and Fairbanks
- Trust funds an Alaska immersion site visit to Phoenix, AZ to see Crisis Now programs in action

2020

- Trust contracts with Agnew::Beck for up to three years of project management support
- Trust provides grant support for additional clinical teams and communities to see Crisis Now programs in action
- Trust + Agnew::Beck convene workgroups in Anchorage, Mat-Su and Fairbanks to deepen understanding of the framework, identify community and provider readiness for implementation and develop a theory of change
- Concept level pro forma for crisis call center, mobile crisis teams, 23-hour stabilization and short-term stabilization developed
- SB120 passes – amends Title 47 to include crisis stabilization centers as locations where individuals can be brought under a notice of emergency detention
- DHSS settlement with Disability Law Center – settlement agreement identifies implementation of the Crisis Now model as a systems improvement initiative

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

2021

- Trust funds Crisis Now community coordinator positions in Fairbanks and Mat-Su to facilitate on-going implementation discussions
- Trust provides grant support to providers to further individual organization planning and implementation
- HB172/HB124 introduced at request of Governor Dunleavy
- Mobile crisis teams launched in Anchorage and Fairbanks

2022

- HB 172 signed into law
- 988 goes live nationwide
- Five organizations around the state exploring 23-hour and/or short-term crisis stabilization services in conjunction with Crisis Now planning efforts
- Trust funds Crisis Now community coordinator position in Ketchikan

Working towards an effective response for Alaskans experiencing a behavioral health crisis

Take a look back at the key moments that helped create and shape the future of crisis care in Alaska.

TRUST INVESTMENTS

- **FY20- $200,000 for Bartlett Regional Crisis Stabilization Center**
- **FY21- budgeted $2,600,000/Invested $2,056,375**
- **FY22- budgeted $4,500,000 /Invested $1,315,024**
- **FY23- budgeted $4,215,000 /Invested $1,907,527**
- FY24- budgeted $4,488,000 (Trustee Approved)
- FY25- budgeted $4,488,000 (Trustee Approved & will be re-presented for approval in July/August 2023)
- FY26- budgeted $4,000,000 (Projected)
- FY27- budgeted $4,000,000 (Projected)
- FY28- budgeted $4,000,000 (Projected)
- FY29- budgeted $3,500,000 (Projected)

Crisis Now Implementation Support Structure

Alaska Mental Health Trust Authority in partnership with the Department of Health and Department of Family and Community Services

Project Management Team

Statewide Coordination and Alignment

RI International

TA Provider

Community Coordinators

Local Implementation

Agnew::Beck Consulting

Project Management, Implementation

Community Implementation Teams

Local Implementation

Systems Domains

Implementation Workplan: updated monthly

Core Areas for Implementation, 2022 – 2023

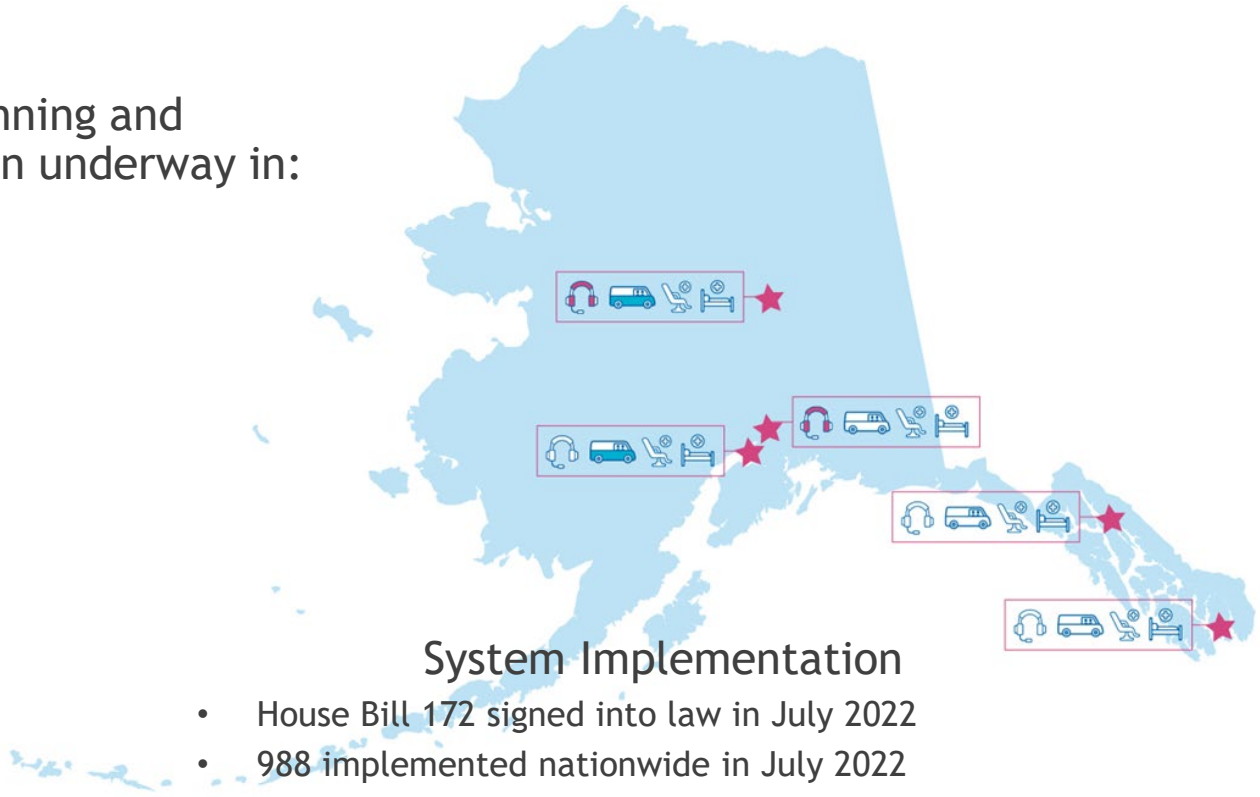
- Project Management and Stakeholder Communication
- Systems Development and Coordination
- Crisis Call Center Development
- Community Coordination
- Mobile Crisis Response
- 23-hour/short term crisis stabilization

Workplan includes goals, objectives, lead and support entities and timeframe, all tied to the recommendations in the 2019 RI Alaska Consultation Report.

Crisis Now Implementation At a Glance

Crisis Now planning and implementation underway in:

Anchorage
Mat-Su
Fairbanks
Juneau
Ketchikan
Kotzebue
Copper Basin

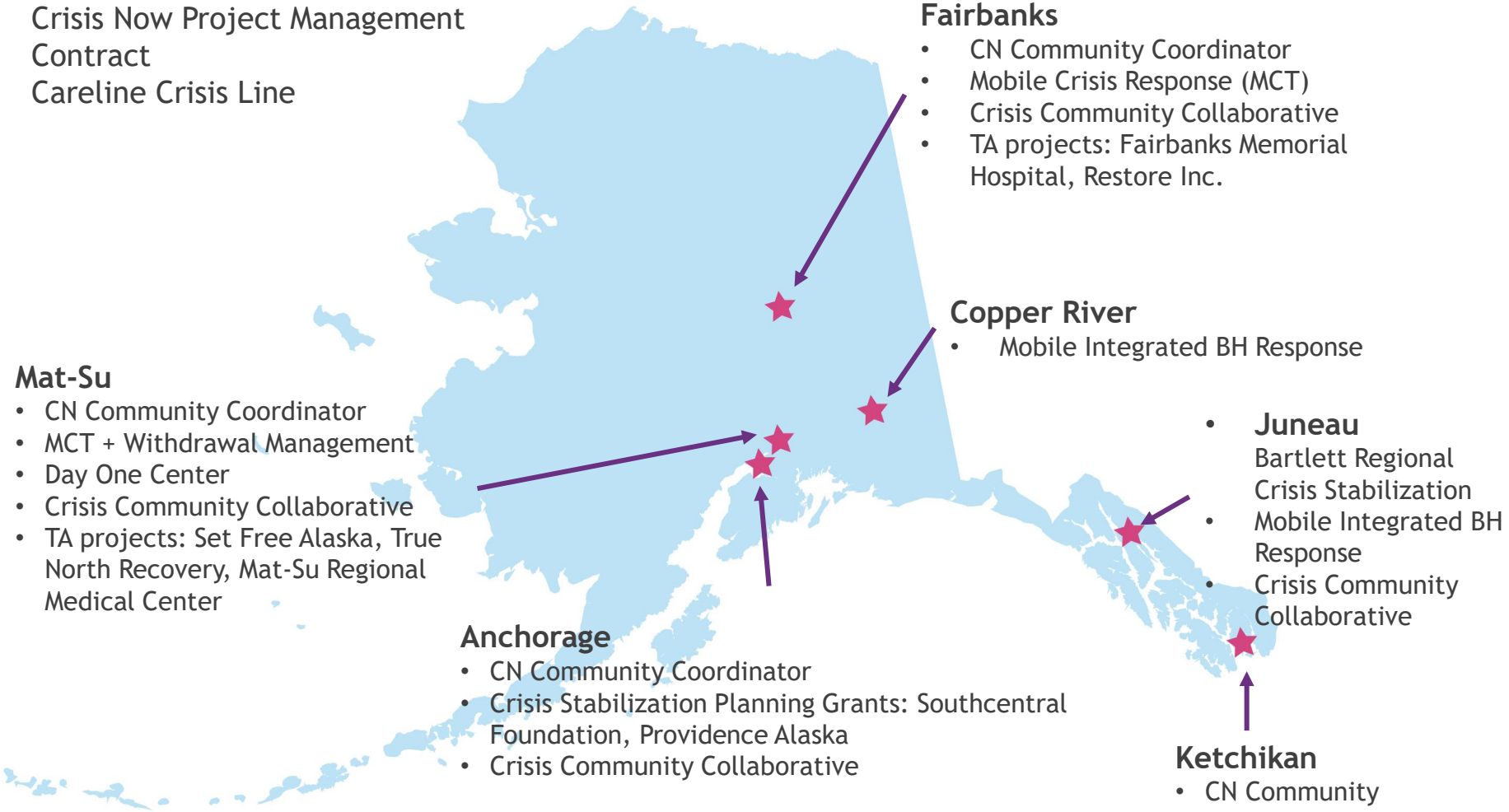


System Implementation

- House Bill 172 signed into law in July 2022
- 988 implemented nationwide in July 2022
- Medicaid 1115 waiver implementation ongoing
- DOH/DFCS AZ immersion December 2022
- Statewide Hospital ERs Learning Collaborative est. December 2022
- SOA/Trust/Implementers Policy Update December 2022

Trust Investments

Statewide
- Crisis Now Project Management Contract
- Careline Crisis Line



Fairbanks
- CN Community Coordinator
- Mobile Crisis Response (MCT)
- Crisis Community Collaborative
- TA projects: Fairbanks Memorial Hospital, Restore Inc.

Copper River
- Mobile Integrated BH Response

Mat-Su
- CN Community Coordinator
- MCT + Withdrawal Management
- Day One Center
- Crisis Community Collaborative
- TA projects: Set Free Alaska, True North Recovery, Mat-Su Regional Medical Center

Juneau
- Bartlett Regional Crisis Stabilization
- Mobile Integrated BH Response
- Crisis Community Collaborative

Anchorage
- CN Community Coordinator
- Crisis Stabilization Planning Grants: Southcentral Foundation, Providence Alaska
- Crisis Community Collaborative

Ketchikan
- CN Community Coordinator

Community Adaptations





Community	Call Center*	Mobile Crisis	23-Hour	Short-Term	DET Unit?
Anchorage	911 transfers calls to Careline	Clinician + EMT/paramedic *	Voluntary and NED, no rejection &	Voluntary and involuntary &	API
Fairbanks	911 transfers calls to Careline	Clinician + Peer *	Voluntary only	Voluntary only	Yes
Juneau	TBD	Community Paramedicine model-currently	Voluntary and NED, no rejection	Voluntary only; youth and adults	Yes
Ketchikan	Planning Stages	TBD, likely MIH-type model	TBD	TBD	No
Mat-Su	911 transfers calls to Careline	Clinician + Peer *	Peer living room model	Voluntary only	Yes

Careline does not provide MCT dispatch in any communities to date. Where MCTs exist, 911 dispatches those teams.

Key:

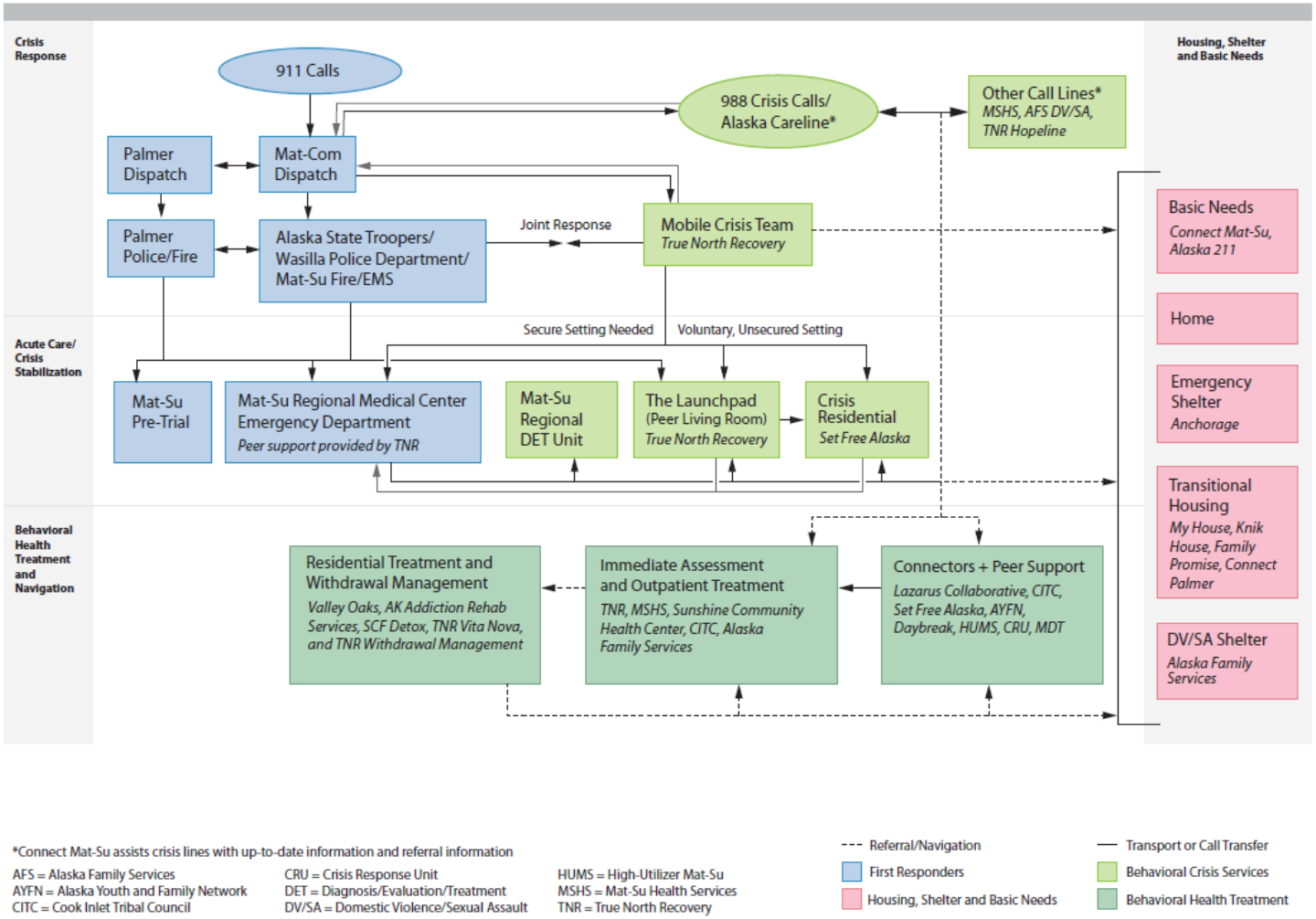
Green text = operational

Black- in process

*= Full alignment with Crisis Now framework requirements

Phase 1: Mat-Su Behavioral Health Crisis System

Phase 1 Mat-Su Behavioral Health Crisis System



*Connect Mat-Su assists crisis lines with up-to-date information and referral information

AFS = Alaska Family Services
AYFN = Alaska Youth and Family Network
CITC = Cook Inlet Tribal Council
CRU = Crisis Response Unit
DET = Diagnosis/Evaluation/Treatment
DV/SA = Domestic Violence/Sexual Assault
HUMS = High-Utilizer Mat-Su
MSHS = Mat-Su Health Services
TNR = True North Recovery

Referral/Navigation
First Responders
Housing, Shelter and Basic Needs
Transport or Call Transfer
Behavioral Crisis Services
Behavioral Health Treatment

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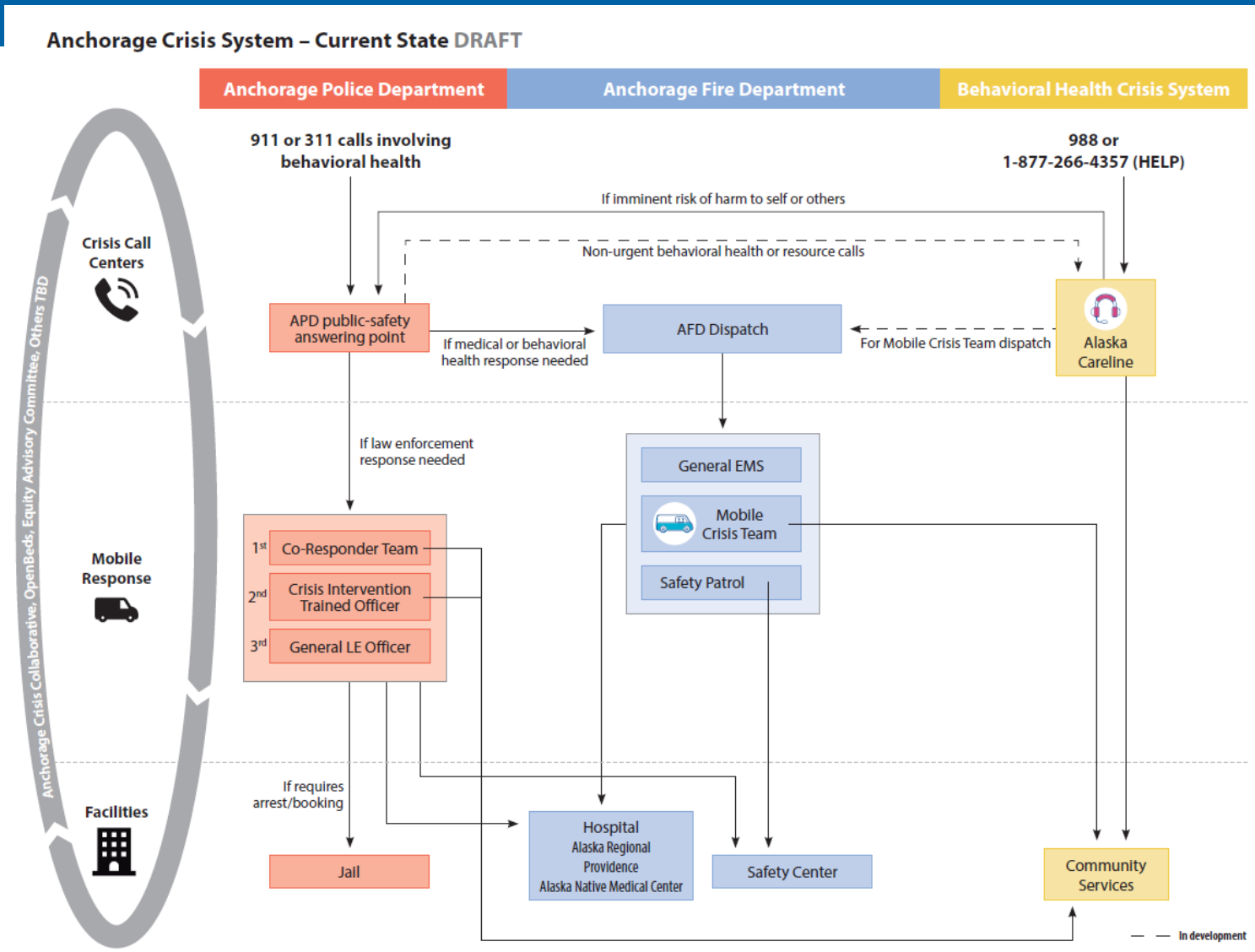
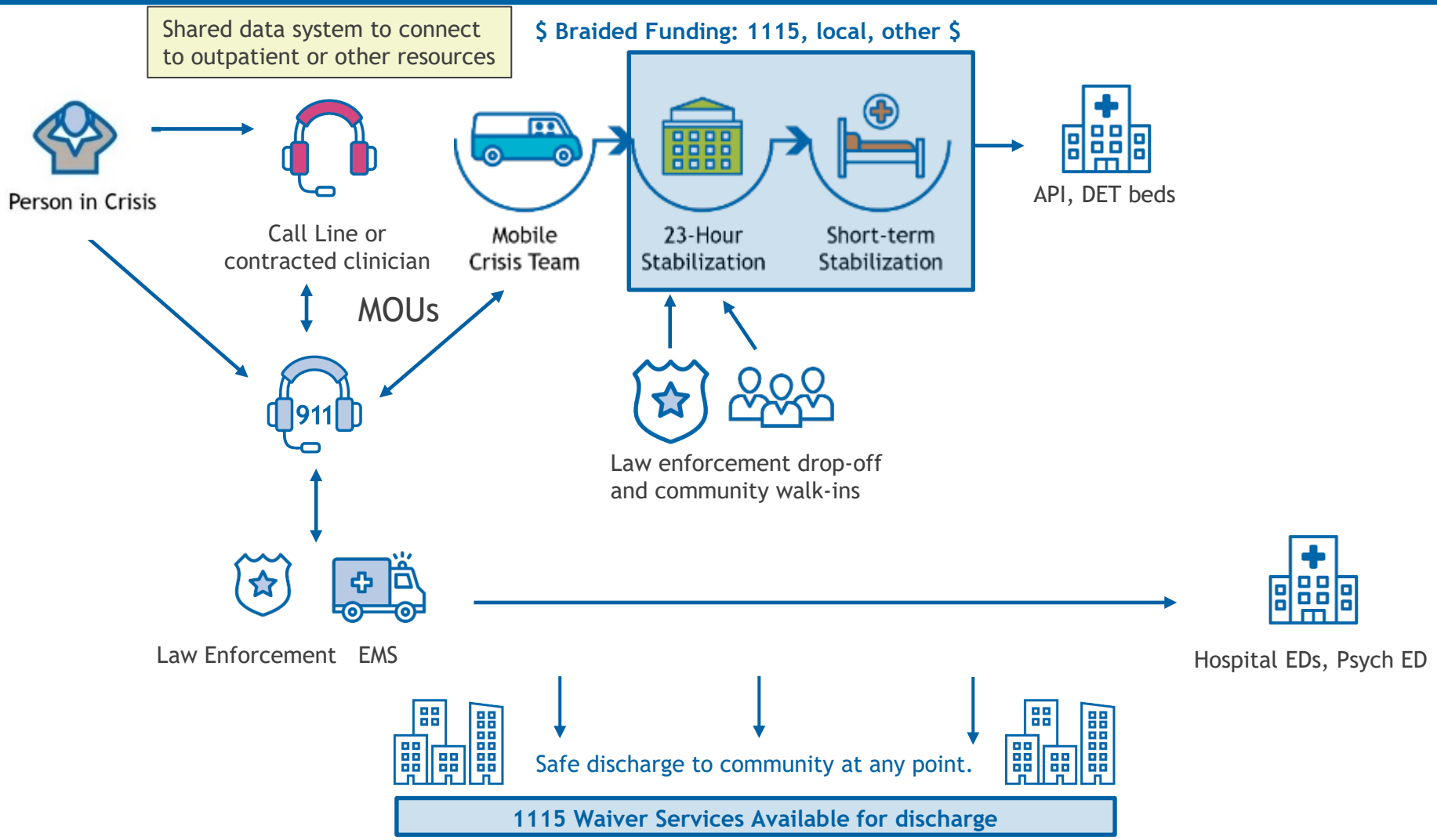
Phase 1: Anchorage Crisis System

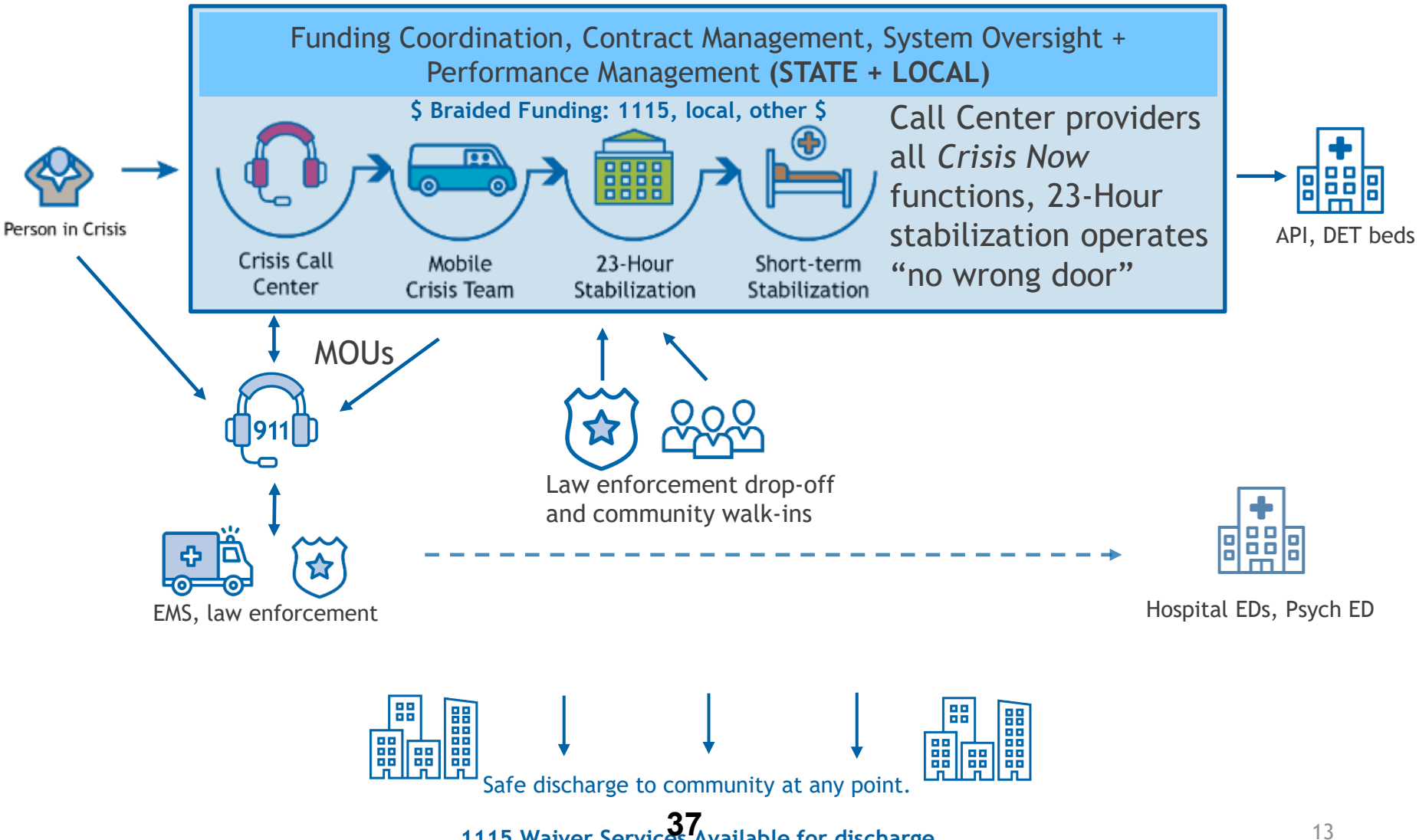


Phase 2: *Crisis Now* 23-hour + short term stabilization available



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

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



23-Hour Crisis Stabilization

1115 Waiver

SUD Waiver

BH Waiver

- Provide prompt observation and stabilization services to individuals presenting with acute symptoms of mental or emotional distress in a secure environment
  - Ensure individual is safe from self-harm, including suicidal behavior
- Must provide either co-occurring capable or enhanced evaluation or services
- Must be available 24/7
- May be provided by a multidisciplinary team
- Must coordinate with law enforcement to include securing written agreements regarding coordination and capacity to receive direct referrals from law enforcement
- Facility: Unlocked

SAMHSA Best Practices

Crisis Now

- Accept all referrals
- No medical clearance required before admission
- Addresses mental health and SUD crisis
- Can assess physical health needs and deliver care for minor physical health challenges
- 24/7 multidisciplinary staffing
- Walk-in and first responder drop-off options
- Capacity to accept all referrals at least 90% of the time with a no rejection policy for first responders
- Screen for suicide and violence risk and complete comprehensive assessments and planning when indicated
- Facility: Locked

Implementation: Next Steps

Anchorage

- Continued monthly meetings of core crisis providers, quarterly meetings with larger community providers, planning for care coordination/case conferencing group
- Providence Crisis Stabilization Phase II: Ramp Up/Launch

Mat-Su:

- Ongoing workgroup meetings organized around key topic areas: Dispatch and response, post-crisis connectors and other crisis providers

Fairbanks:

- Community mapping underway, continuing to build connectivity between providers
- Seeking solutions/operators for crisis stabilization
- MCT collaborative with Alaska State Troopers

Juneau: Initial community-level workgroup kick-off January 2022

Ketchikan: Community workgroup and planning underway

Kotzebue + Copper Basin: Initial planning underway.

Statewide: Call Center – enhancements for care traffic control

Questions

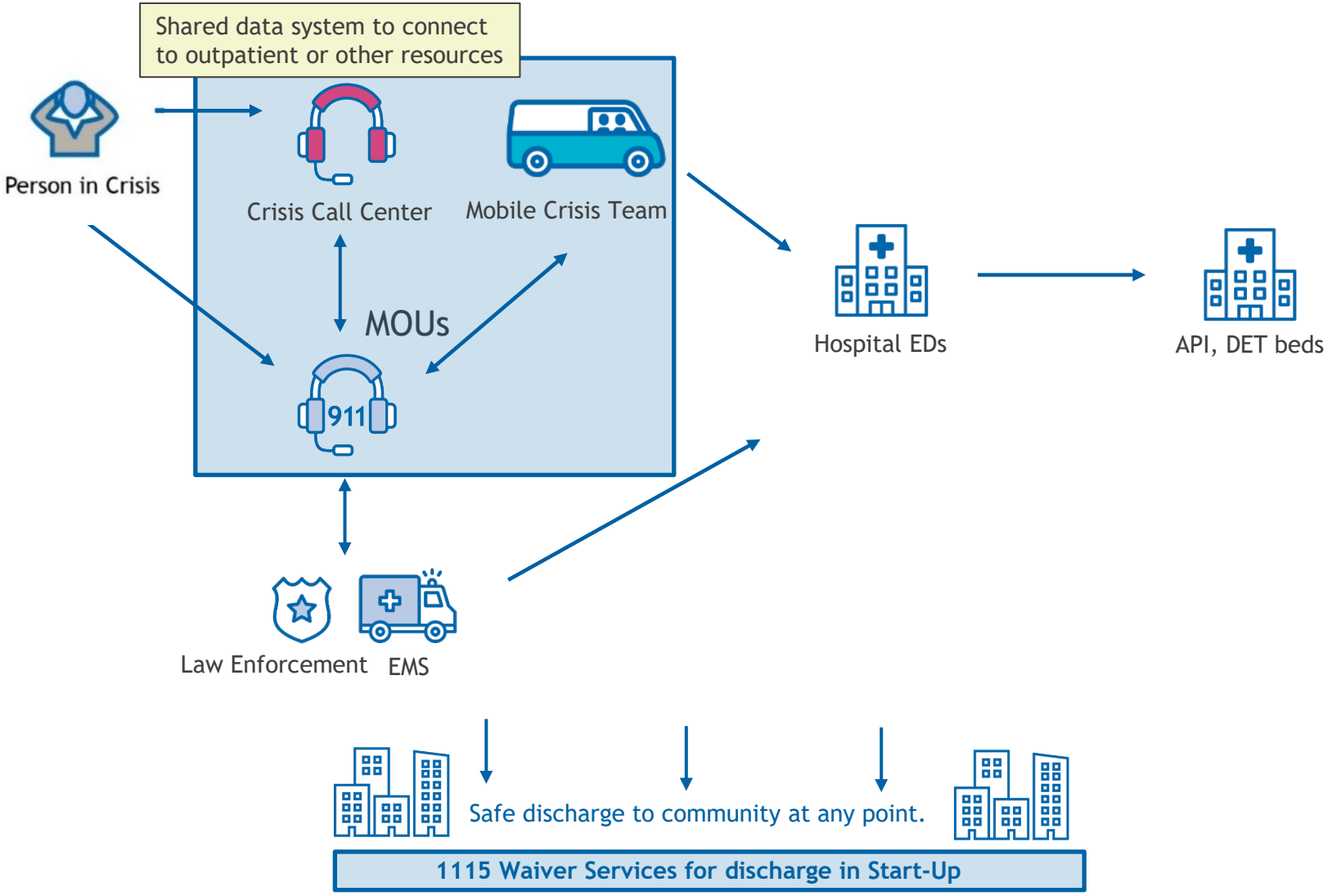
Guiding Documents

- National Guidelines for Behavioral Health Crisis Care
  - SAMHSA
- Crisis Now Consultation Report
  - RI International
- Roadmap to the Ideal Crisis System
  - National Council for Behavioral Health
- Internal Resources
  - Workplan
  - Logic Model
  - Planning Team Roles and Responsibilities
  - Component and Project Overviews
  - Phases of Implementation
    - Phase 1 Implementation Toolkit

Alaska Crisis Now Consultation Report: Recommendations + Workplan

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

Phase 1: Enhance existing dispatch and mobile response; add Crisis Call Line connectivity



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

Providence

Crisis Stabilization Center

Phase II Ramp Up and Launch

Ella Goss, MSN, RN
Chief Executive,
Providence Alaska

Renee Rafferty, MS, LPC
Sr. Dr. Behavioral Health

Executive Summary: Crisis Care

Executive Summary

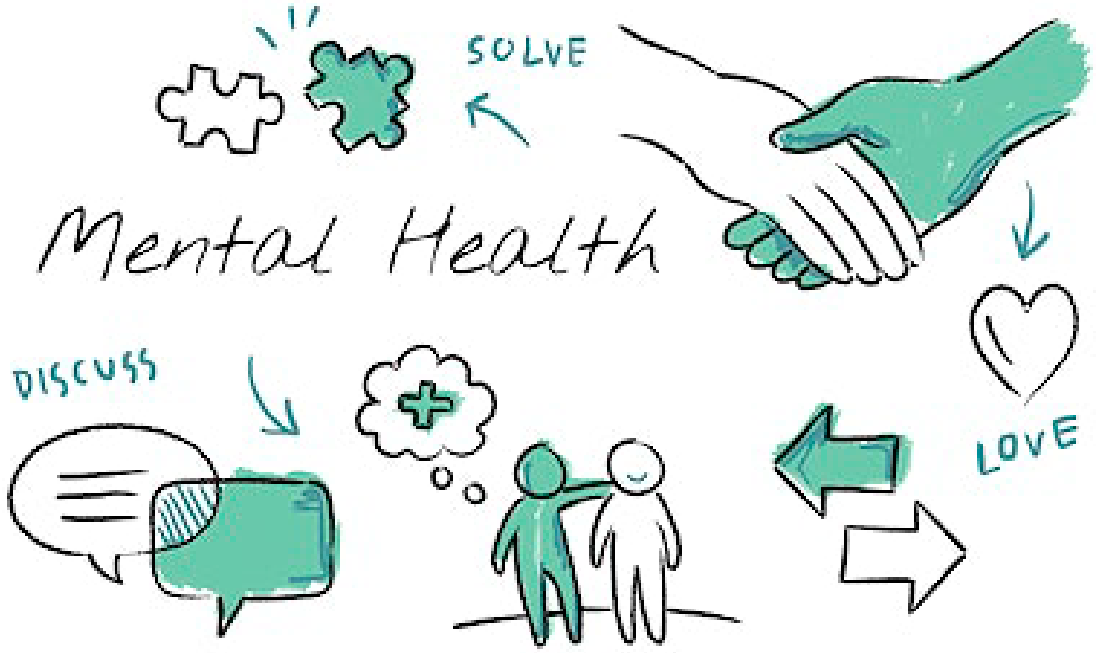
The Providence Alaska executive team is dedicated to bringing innovative crisis behavioral health services to Alaska. Behavioral health care is at the core of our mission, to care for the poor and vulnerable.

Providence has a long history of caring for the community's behavioral health needs in Alaska.

Providence, Southcentral Foundation, Alaska Mental Health Trust and Department of Health have been planning to build a crisis stabilization center since 2018.

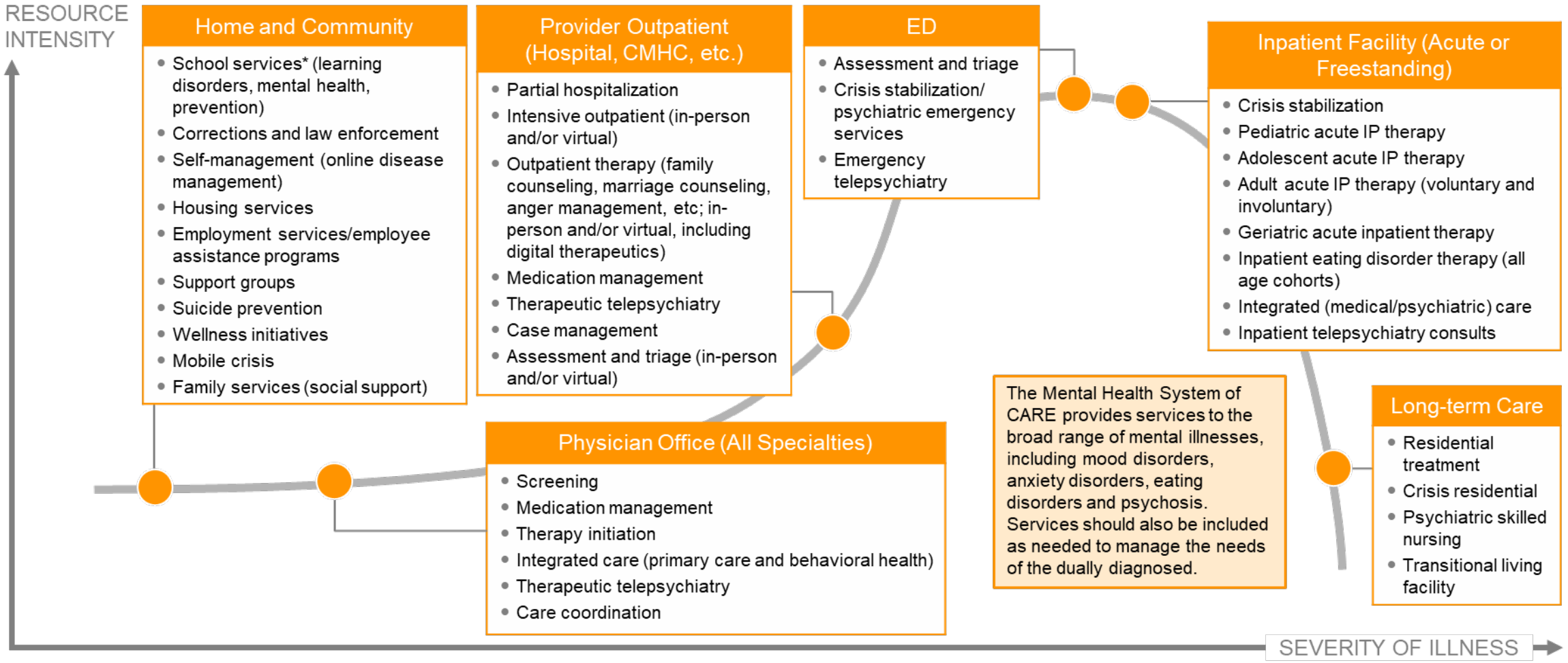
Our commitment to this project was there because of the large collaboration and investment of many stakeholders in our community.

System Transformation



- Providence led the way in opening the only single point of entry for Psychiatric Care in 2005. Our commitment to grow behavioral health has been present for over 40 years.
- System transformation is essential to increasing safety, quality care and vision to Alaska.
- Providence is proud to be the only crisis receiving center in Alaska that will provide urgent care, involuntary and voluntary care in both the 23 hour and crisis residential services.

Optimal Mental Health (MH) System of Care



*School services include K–12 and college. **Note:** Community indicates a location rather than a type of provider. Outpatient services can be provided by a broad range of entities, including the hospital/health system, FQHCs, CMHCs, jails, corrections institutions, etc. CARE = Clinical Alignment and Resource Effectiveness; CMHC = community mental health center; FQHC = Federally Qualified Health Center.

Success & Outcomes

- Providence has worked closely with the Department of Health to address many legal, regulatory, and system challenges to open a stabilization center with a “no wrong” door approach
- Providence worked closely with the State, AMHTA and other stakeholders to support HB 172 passing, which allows for stabilization centers to be serve voluntary & involuntary patients
- Launch of Crisis Stabilization Center Q1 2024

Secured more funding

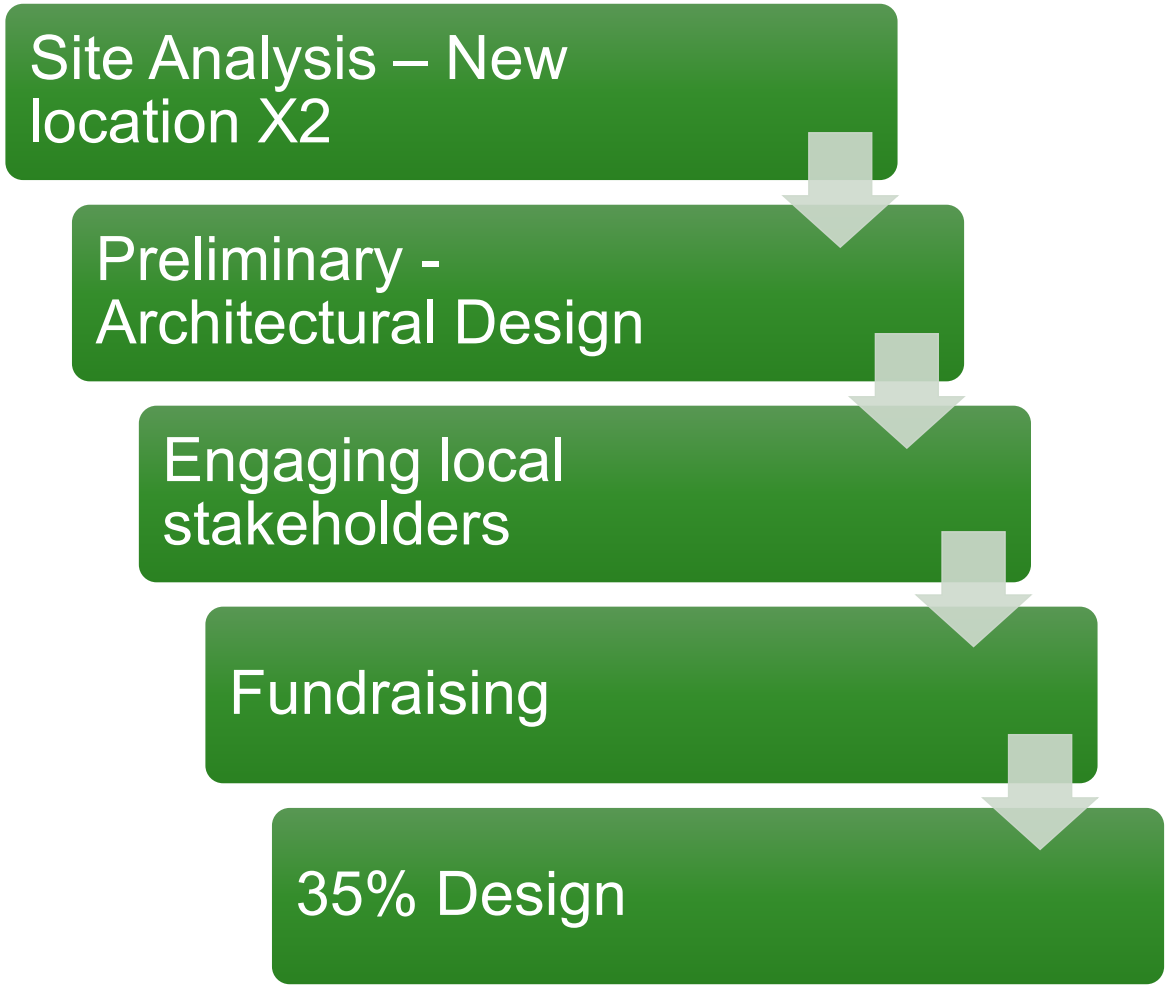
- Providence partnered with Sen. von Imhof to receive $8 million from the State GF in the current budget for capital expenses
- ARPA 884k – Recruiting & Training
- 750k earmark funding (23 Hr. Sally Port)

Pending funding

- 65% build will help us to understand what additional funding is needed by April of 2023
- Exploring HUD funding for Urgent Care

Planning Grant Success

- **Development of clinical model & workflows**
- **Financial & Operational Analysis**
- **Legal consultation = Developed a clinical and regulatory framework to present to Dept. of Health describing the "no wrong" door**
- **Staffing = Hired a Senior Manager & currently recruiting a Med Dir**
- **Addressed concerns regarding billing, pharmacy, safety, security**



CSC & UC
Floor Plan

Providence

50

Extended Timeline

Planning 2019 - Present	• Initial program development & architectural design • *Funded by AMHTA Phase I planning grant*
Development 2023	• 65% drawings expected March 2023, secure remaining capital funding • Recruit & train care teams • *Outstanding funding need: $1.55M*
2024	• Programs open Q1 2024 at 50% capacity to match staffing availability • *Subsidy needs projected at $1.1M*
2025	• Bring add'l care teams on board, increase census to 75-85% capacity • *Subsidy needs projected at $760K*
2026	• Continued services at 75-85% capacity • *Program projected to reach financial break-even.*

Behavioral Health Urgent Care: Projected Service Capacity and Target Population

Providence's Behavioral Health Urgent Care will provide timely access to behavioral health services for adolescents (12 and older) and adults presenting in a mental health crisis. The program is designed as an alternative treatment setting for those who need urgent (same day) intervention, but do not necessarily require the services of the Emergency Room or the Crisis Stabilization Center. Individuals may receive assessment, resources, medication management, crisis intervention therapy, peer support, and coordination of care.

	Urgent Care Projections
Capacity	15 visits per day
Estimated Treatment Episodes	3,750 visits per year
Unique Trust beneficiaries	1,900 unique pts per year

Crisis Stabilization Center: Projected Service Capacity and Target Population

Providence's Crisis Stabilization Center will serve adults (ages 18+) experiencing acute behavioral health crisis and will accept patients who are voluntary, under Notice of Emergency Detention, and those who are under an ex parte order for 72-hour evaluation.

	23-hour Crisis Stabilization	Short-Term Crisis Residential
Capacity	12 chairs	12 beds
Estimated Treatment Episodes	4,273 episodes[1]	931 episodes[1]
Patient Days	3,723 patient days[1]	3,723 patient days[1]
Average Length of Stay	21 hours	4 days
Estimated Occupancy	75 percent	85 percent

1 Crisis Now Demand and Bed Calculator. 2021. RI International. Adapted by Agnew::Beck Consulting based on Anchorage Municipality census data, developed in consultation with Providence Alaska and Southcentral Foundation, shared with all Crisis Now workgroups and DHSS. Note: this total does not include episodes resolved by the mobile crisis team.

Crisis Stabilization Center Goals

- Meet current demand and expand access to evidenced-based, behavioral health care for the Anchorage 18+ population experiencing an estimated 5,067 crises episodes per year.
- Urgent care will fill a gap in the continuum for medication management & lower-level crisis that can be managed in the community
- Reduce burden on Alaska Psychiatric Institute (API), law enforcement, first responders, and emergency departments and ensure that residents in crisis receive timely, appropriate, evidenced-based care in the least restrictive setting possible.
- Provide services that help fulfill commitments made in the DHSS plan Addressing Gaps in the Crisis Psychiatric Response System in response to the court order dated October 21, 2019.
- Sustain a clinical model that offers a "no-wrong-door", behavioral health-led, trauma-informed approach and provides rapid connections to care, treatment, and discharge planning for a combined, projected 7,700 patient days per year.

Patient days calculated using Crisis Now Demand and Bed Calculator. 2021. RI International. Adapted by Agnew::Beck Consulting based on Anchorage Municipality census data, developed in consultation with Providence Alaska and Southcentral Foundation, shared with all Crisis Now workgroups and DHSS. Note: this total does not include episodes resolved by the mobile crisis team.

Community Behavioral Health Model of Care

Position Type	23-Hour Stabilization	Short-Term Stabilization
Direct Care Staff (minimum 1:4 ratio)	 Clinician RN MHT/Peer MHT/Peer	 Clinician RN MHT/Peer MHT/Peer
Psychiatric Provider		Shared between units. Onsite 10 hours/day. On-call 12 hours/day.
Administrative Support		Program Manager (shared, day shift M-F) Charge Nurse (shared, 24/7) Discharge Specialist (shared, day shift M-F)

State of the Art care – Medical/Behavioral Health Care in One Setting

Providence's Contributions to Community Behavioral Health

Ongoing:

Providence operates several behavioral health programs throughout Alaska at a loss to ensure that community needs are met:

- Behavioral Health Integration in Schools in Anchorage and Kodiak
- Outpatient SUD treatment
- Kodiak Island Counseling Center
- Valdez Counseling Center

In 2022 Providence anticipates absorbing a combined operating loss of $2M for these programs

Crisis Stabilization Center & Urgent Care:

- Providence leadership and internal subject matter experts have contributed their time to program development. Value of their time through Center opening is estimated at $183K
- Providence is contributing space in its Region Building for these programs. Market value of the space over 10 years is $4.9M
- On-going commitment to operations for crisis care despite the potential for a negative margin service

Health Care Challenges make collaboration even more important

Health systems across the country continue to experience:

- Rising costs for supplies, medications, equipment and labor
- Continued delays and disruptions to supply chains
- More medically complex patients, due to delayed care
- Payor reimbursement that doesn't cover the costs of care
- A national workforce shortage

Providence experienced a net operating loss of $934M for the first six months of 2022.

Many projects in our strategic plan have been paused and we have reduced the number of leadership and administrative roles.

- Our commitment to transforming the crisis system remains strong as we have seen the community investment & on-going support from the Trust
- Crisis stabilization remains a top priority
- The Trusts commitment to support our planning and implementation is critical to opening the stabilization center.

Expenditures through Center opening

Expenditures	2021 - Jun 2022 Planning	Q3 2022 Plan / Design	Q4 2022 Plan / Design	Q1 2023 Construction	Q2 2023 Construction	Q3 2023 Construction	Q4 2023 Pre-Opening	Projected Expenditures	Funding Sources Secured	Funding Sources Outstanding
Planning:										
Project Management	52,435	24,900	24,900	24,900	24,900	12,450	12,450	176,935	102,235	74,700
Consulting & Legal	80,260	30,000	30,000	30,000	30,000	27,500	27,500	255,260	98,260	157,000
Travel	8,869	5,000	5,000	5,000	4,162	20,000	10,000	58,031	28,031	30,000
Providence Staff:										
BH Leadership	30,000	25,500	25,500	25,500	25,500	25,500	25,500	183,000	183,000	-
Operations Manager	68,627	33,271	33,271	31,550	32,910	33,271	33,271	266,171	134,627	131,544
Medical Director	-	-	-	50,000	50,000	50,000	50,000	200,000	16,500	183,500
Nursing Manager	-	-	-	-	-	22,457	23,131	45,588	-	45,588
Clinical Supervisor	-	-	-	-	-	22,457	23,131	45,588	-	45,588
Pharmacy Consultation	-	-	-	-	1,667	5,000	5,000	11,667	-	11,667
Subtotal - Planning:	240,191	118,671	118,671	166,950	169,138	218,636	209,983	1,242,240	562,653	679,587
Operating Costs:										
Caregiver Salaries	-	-	-	-	-	54,574	759,632	814,205	519,036	295,169
Caregiver Benefits	-	-	-	12,535	12,931	41,963	247,360	314,790	200,321	114,469
Recruitment & Relocation	-	-	-	-	-	45,000	309,000	354,000	111,000	243,000
Consultant - Opening Support	-	-	-	-	-	-	35,000	35,000	-	35,000
Training	-	-	-	-	-	60,000	-	60,000	50,000	10,000
Marketing	-	-	-	-	6,900	6,900	6,900	20,700	-	20,700
Supplies (Food, Med, Rx, Office)	-	-	-	-	-	-	48,000	48,000	-	48,000
Indirect Costs	-	-	-	5,525	8,641	17,334	76,843	108,343	-	108,343
Subtotal - Operating:	-	-	-	18,061	28,472	225,771	1,482,735	1,755,038	880,357	874,682
Total Expenditures:	**240,191**	**118,671**	**118,671**	**185,011**	**197,610**	**444,407**	**1,692,718**	**2,997,279**	**1,443,010**	**1,554,269**

Health systems across the country continue to experience:

- Rising costs for supplies, medications, equipment and labor

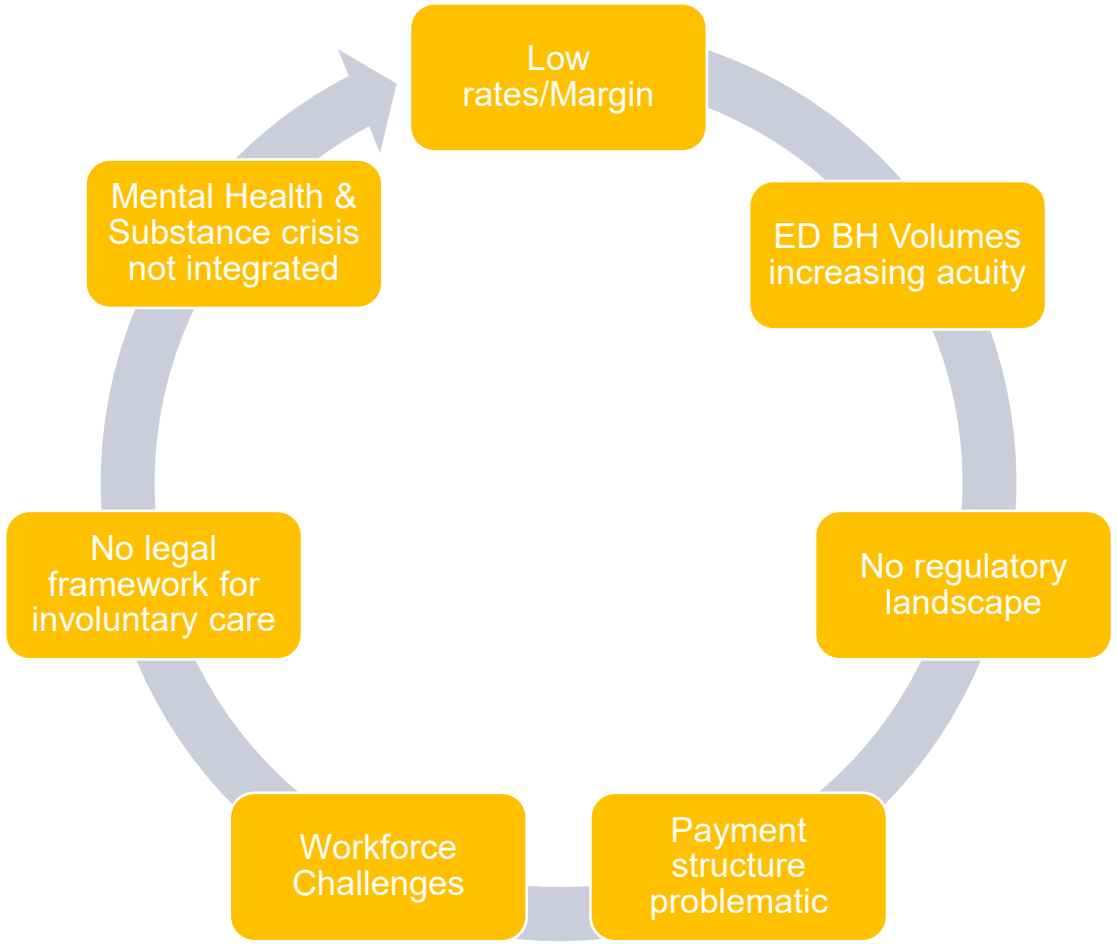
5-Year Financial Summary

Financial Summary ($ million)	2023	2024	2025	2026	2027
Net Operating Revenue (note 1)	$ -	$ 6,164	$ 8,876	$ 10,795	$ 10,947
Third-Party Grants	832	152	92	31	-
Incremental Psych ED Revenue	-	59	429	603	774
Total Revenues	832	6,375	9,397	11,429	11,721
Operating Expenses					
Salaries & Benefits	1,008	5,969	8,204	8,027	8,199
Other Expenses	871	946	1,179	1,383	1,421
Direct Expenses	1,879	6,915	9,383	9,410	9,620
Contribution Margin	(1,047)	(540)	14	2,019	2,101
Indirect Costs	115	581	783	821	836
Net Income (Loss)	$ (1,162)	$ (1,121)	$ (769)	$ 1,198	$ 1,265
Direct Care	10.4	23.9	28.1	28.1	28.1
Floor Staff	7.1	29.4	33.6	33.6	33.6
Mgmt & Support	5.7	9.0	9.0	9.0	9.0
Total	23.1	62.3	70.7	70.7	70.7

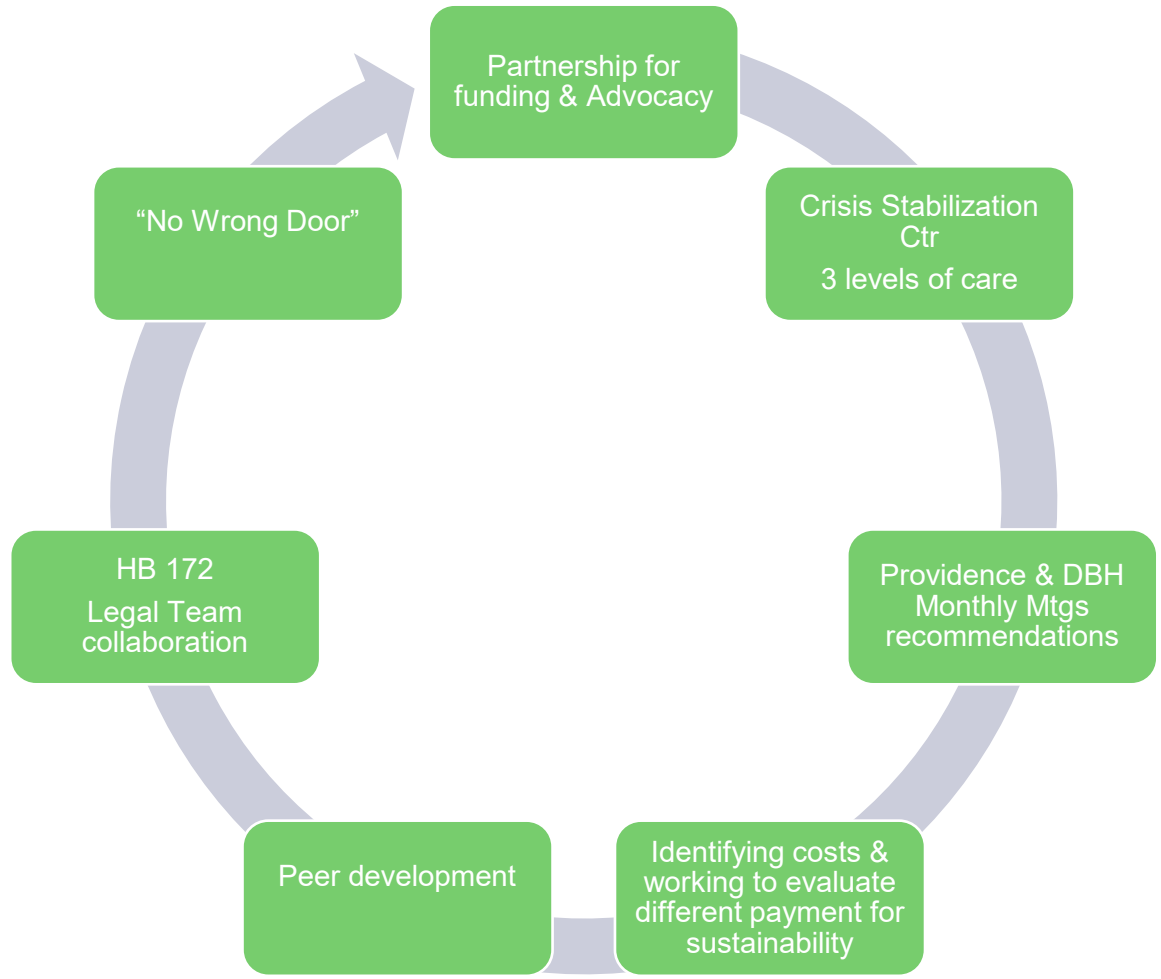
Key assumptions:

- Anticipating recruitment challenges, intent is to open Q1 2024 with 6 chairs & 6 beds.
- Capacity & census will increase as staffing allows, to 12 beds & 12 chairs by EOY 2025.
- ALOS is 21 hours in Crisis Stabilization, 4 days in Short-Term Residential.
- Population will primarily have Medicaid (65% of guests) or be uninsured (25%).

System Barriers



Strategic Solutions



Questions?

Trust
Alaska Mental Health Trust Authority

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

MEMO

To:	Verné Boerner - Program & Planning Committee Chair
Date:	December 28, 2022
Re:	FY23 Mental Health & Addiction Intervention Focus Area Allocation
Fund Source:	FY23 Crisis Continuum of Care
Amount:	$1,554,269.00
Grantee:	Providence Health & Services Alaska dba Providence Alaska Medical Center
Project Title:	Crisis Stabilization Center - Phase II Ramp Up and Launch

REQUESTED MOTION:

The Program & Planning Committee recommends that the full Board of Trustees approve a $1,554,269 Mental Health and Addiction Intervention focus area allocation to the Providence Health & Services Alaska dba Providence Alaska Medical Center for the Crisis Stabilization Center – Phase II Ramp Up and Launch. These funds will come from the FY23 Crisis Continuum of Care budget line.

Assigned Program Staff: Katie Baldwin

STAFF ANALYSIS

Providence Alaska has been a prominently engaged partner with the Trust and others in the planning efforts to address the gaps in crisis care services in Anchorage and across the state. These gaps result in beneficiaries not receiving timely mental health interventions, unnecessary suffering and despair, and frequent engagement with law enforcement. Neither a traditional emergency room department or a law enforcement response is designed to meet the unique needs of individuals and behavioral health crisis. Gaps in the availability of community based crisis response and behavioral health care can result in individuals waiting in hospitals for hours to days and on occasion jails for an appropriate treatment setting, often because other options do not exist.

Improving the crisis response requires partnerships across agencies and sectors that enable committed parties to implement a vision for a continuum of enhanced crisis services that is intentionally designed and coordinated. These improvements will also require that organizations contemplating operation of new service lines to have access to capital and launch support. Recognizing this, Trustees authorized $4.21 million to support the Trust's prioritized work in this area in FY23.

In April of 2019, Providence Alaska and Southcentral Foundation established a joint planning workgroup focused on improving the behavioral health continuum of care in Anchorage, including

crisis response. Inviting the Trust to partner on this effort, Providence Alaska joined Trust led efforts in the fall of 2019 in evaluating existing crisis services. This evaluation was supported by RI international, a national leader in crisis care, which was contracted by the Trust to identify the gaps and opportunities to optimize and develop the primary components of effective crisis system design. Effective crisis system design contains the three main components of the crisis now framework: a crisis call center, mobile crisis teams and crisis stabilization centers that are operated as part of an intentionally coordinated system to serve as a community solution that offers no wrong door (no to low barrier access) for people in psychiatric crisis.

Leadership from Providence Alaska also joined the Trust immersion visit to the programs in Arizona that are exemplary operators of crisis response and stabilization services to help solidify partnership, learn from Arizona's successes, and conceptualize application in Alaska. After two years of engagement and exploration of various program models, Providence Alaska received funding from the Trust in May of 2021 to support the first phase of a 2 phased approach for planning and development of 23 hour, short term crisis stabilization and, at the time intensive case management programming.

With support of Trust funding in phase one, Providence made significant progress in the development of the clinical model of care, policies, workflows, staffing patterns, financial modeling, legal consultation, metrics, and workforce recruitment plans. Providence utilized consultants, including RI International, in the development of staffing and training models and effective facility design.

During this period, Providence selected an existing Providence building near the Alaska Psychiatric Institute for the location to house the 23- hour crisis receiving center, the short-term crisis stabilization program and a behavioral health urgent care center. The behavioral health urgent care center was identified as an important program to further enhance access to outpatient mental health and addiction resources, and build-out programming within the same campus of crisis stabilization services.

Progress was made on the architectural conceptual design for the facility and using initial construction cost projections, Providence successfully advocated for and received an $8,000,000 capital increment during the last legislative session. Providence actively pursued additional funding for capital as well as funding from the Municipality of Anchorage to partially support workforce recruitment, development and training.

While making substantial progress during the first phase and through careful consideration taken by the planning team to complete comprehensive planning and service design, Providence is now ready to enter the second phase of service ramp-up and launch by early 2024. Extensive financial modeling has informed this proposal and reflects what is needed to start up services within the identified timeframes. More precise capital cost estimates will be completed by April of 2023 when the 65% architectural design is available and will inform what remaining capital fundraising is necessary to complete facility modifications. Providence is working on capital fundraising strategies which will include a combination of philanthropic, municipal and other sources. For reference, a five year budget model is included with this proposal.

Currently, there is no crisis stabilization service as proposed in Anchorage or elsewhere in the state. Once implemented it will be able to help meet the needs of Trust beneficiaries in crisis and begin diverting them from emergency rooms and the criminal justice system. Data has shown that the 23-

hour crisis stabilization centers have the capability to resolve crisis for a high percentage (90%) of individuals receiving care. Without access to stabilization services, most of these individuals would otherwise be served in higher levels of care, emergency room departments, jails or in the community without supports. This new approach and philosophy of care has the potential to be transformative for how we respond to and serve individuals in crisis. Providence, with the support of the State, Southcentral Foundation and local law enforcement and community health providers, is taking a lead within our state to implement Alaska's first no-wrong door, low-to-no barrier access to crisis stabilization services.

The Trust program staff have worked collaboratively with Providence to bring this proposal forward for funding consideration for the second phase leading to launch of services. The funding for this request will be designated from the Trustee approved FY23 Mental Health and Addiction (MHAI) focus area, Crisis Now Continuum of Care implementation strategy line. There is $4,215,000 budgeted in this strategy (reference: FY23 budget, MHAI Focus Area, page 4, line 18).

Trust staff recommend this proposal be fully funded.

COMP PLAN IDENTIFICATION

Goal	Objective	Comments
Goal 5 Suicide Prevention	5.2 Crisis system improvement	Crisis stabilization is a key component of effective crisis response. Additional goals supported include: Goal 5 Suicide Prevention, Objective 5.2 Improve system to assist individuals in crisis; Goal 7, Services in least restrictive environment, Objectives 7.2 (avoiding institutional placements) and 7.3 (reducing number of beneficiaries entering the criminal justice or juvenile justice settings).

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

Providence Health & Services Alaska respectfully requests $1,554,269 in funding to support the development and launch of the Crisis Now model of emergency behavioral health care in Anchorage, including:

- A 23-hour crisis stabilization service to provide immediate care and an always-available entryway to behavioral health services
- A 24-hour service to provide additional care and transition the client to the appropriate next level of care and,
- A Behavioral Health Urgent Care Center.

These programs are designed to fit within the larger continuum of behavioral health services in Anchorage, including Providence's psychiatric emergency department and outpatient behavioral health clinics, as well as services provided by tribal health and other providers in the community. Anchorage is in desperate need of a comprehensive behavioral health crisis response system. Our community's behavioral health infrastructure is fragile, overburdened with the incidence of crises associated with violence, suicide, alcohol, methamphetamine, and opioid overdose, as well as mental illness and homelessness, all of which continue to escalate while service capacity diminishes. The pandemic has only worsened the growth of behavioral crisis for our most vulnerable community members and pushing our community into emergency rooms and jails.

For the past two years, Providence Health and Services Alaska has partnered with Alaska Mental Health Trust Authority (the Trust), State of Alaska Department of Health, Southcentral Foundation, Emergency Medical Services (EMS), Anchorage law enforcement, and other key stakeholders to evaluate and advocate for an intentional design of low- to no-barrier crisis stabilization services, with the intent to become the designated (non-tribal health) Crisis Now stabilization provider in Anchorage. The planning grant we received from the Trust ($400k, approved in May 2021) was used to design the model of care and ensure that the regulatory and licensing landscape supported involuntary high acuity medical and behavioral health crisis care could occur in a community behavioral health setting. We were successful in collaborating with our stakeholders to ensure that Alaska can provide involuntary care for high acuity beneficiaries under the 1115 waiver. We completed the building design to 35% and determined the clinical design of a "no wrong door" approach in the Alaska landscape.

In reviewing the initial 10 goals of the initial planning grant received from the Trust, Providence with our partners have made significant progress on the planning and development to address the gaps in the behavioral health continuum of care in Anchorage, including but not limited to, development of the clinical model of crisis care, including policies, workflows, staffing patterns, and more; identification of needed funding to maintain financial sustainability; legal consultation; setting timelines and goals for outcomes and key metrics; developed a workforce plan; engaged consultants and traveled to sites with evidence-based crisis care; managed the project with external stakeholders; and developed a high-level building schematic.

Our partners were successful in advocating for passage of HB172, which establishes No Wrong Door Crisis Stabilization Centers in statute, and without this grant and the collaboration from State and community stakeholders, launching this new program in Alaska is not possible within the identified timeline. As a result of work done during the planning period, collaboration with the Department of Health, the Trust and support from the community, Providence is committed to implementing a comprehensive crisis stabilization center.

During the implementation phase, Providence will be transitioning from planning and evaluating to implementing. This implementation grant will support hiring and training of staff and will continue the work to address the care model's legal, regulatory, financial, and capital requirements, as well as program implementation.

Most of the resources needed for this implementation grant are related to hiring key talent. This funding will ensure that we draw in the leadership talent, develop talent locally, and recruit talent from the lower 48 as well as from within Alaska. Operations, medical, nursing, mental health

clinicians and peers are necessary at all levels, 24/7, to support the programmatic and staffing patterns to deliver safe care for individuals presenting with higher acuity and complexity of behavioral health needs. Due to the workforce shortages, we will need a long glide path of hiring to meet our goals of opening January 2024. With staff and patient safety at the forefront of our implementation, we will strive to be staffed months in advance of our doors opening so that we have appropriately prepared our teams with the training necessary to provide effective interventions and maintain patient and staff safety. We have secured ARPA funding from the Municipality of Anchorage to assist in this effort and due to the large size of the program we want to ensure that we have robust funding to draw in talent.

Funding for Phase II of the planning, development, and implementation of the Crisis Stabilization Center would support Providence to:

1. Complete 65% design, therapeutic setting design and design construction for the center.
2. Secure final capital funding from other stakeholders and funders.
3. Implement the clinical model of crisis care for all three programs (including Behavioral Health Urgent Care, 23-hour Stabilization, and Crisis Residential), including policies, workflows, staffing patterns, training, and zero suicide safer care.
4. Further legal consultation for regulatory landscape and licensure for the building and care.
5. Use workforce plan to hire key talent and develop recruitment strategies.
6. Consult with RI to use their guidelines within the Alaskan landscape for "no wrong door" model of care.
7. Coordinate and manage the project with external stakeholders.
8. Engage with governing body for crisis care to develop the workflows for patients moving through the system.
9. Seek designation from the State as the Crisis Stabilization center.
10. Implementation of Crisis Stabilization Center and Behavioral Health Urgent Care coming online in the first quarter 2024.

Providence has identified a building which will be the location for the Crisis Center. This building is 3760 Piper St. on the east side of the building near the Alaska Psychiatric Institute. We have attached a pro forma that includes the cost that Providence has contributed to this project.

The location of the Comprehensive Crisis Stabilization Center is co-located in the same facility as the Behavioral Health Urgent Care, Providence Mental Health services, Breakthrough, and the Bridge Clinic. The expected flow for the Behavioral Health Urgent Care and Crisis Stabilization Center follows:

Urgent Care: Upon opening, the hours of this clinic will be Monday through Friday 10-6. This clinic will serve adolescents ages 12 and older, as well as adults who are voluntarily seeking care. This is a walk-in clinic and is designed to support people experiencing a behavioral health crisis that requires brief support/intervention from a Psychiatric Nurse Practitioner, Clinician (Social Worker or Licensed Professional Counselor), or a Peer Support Specialist. This clinic will also provide brief intervention, to include medication assisted treatment for those with a substance use disorder. This clinic functions as an outpatient behavioral health urgent care, and therefore, most individuals served will be returning to the community immediately following their visit. In some cases, individuals may be referred to a higher level of care, which could include the Crisis

Stabilization Center, the adolescent Crisis Recovery Center, the Psychiatric Emergency Department or Alaska Psychiatric Institute (API).

Crisis Receiving Center / 23-hour Crisis Stabilization: Individuals 18 and older can access care in the Crisis Stabilization Receiving Center as a walk-in or through the Anchorage Police Department, Anchorage Fire Department, or other emergency responder. The receiving center will provide care to those who are voluntary, as well as those who are on an involuntary or court ordered hold. The goal of the receiving center is to provide brief intervention and observation for those experiencing a behavioral health crisis. If stabilization can be achieved, individuals will be supported to safety plan and discharge with a safe transition back to the community or a determined alternate level of care. If the guest requires ongoing intervention and/or observation and assessment, they would be referred to the Short-Term Crisis Residential Stabilization.

Short-Term Crisis Residential Stabilization Center: Individuals 18 and older can be referred after being assessed in the Crisis Receiving Center. The projected average length of stay in the Crisis Residential Center is 4-7 days. All guests will be provided with evidenced based, trauma informed, clinical intervention throughout their stay, with the focus remaining on stabilization and a safe discharge back to the community. In some cases, individuals may require a transfer to a higher level of care, including, but not limited to API, Designated Evaluation and Treatment facilities, alternate residential settings, etc.

The primary outcomes of this implementation grant will include launching a crisis stabilization center which includes a behavioral health urgent care, a 23-hour (recliners) receiving center and short-term crisis residential (beds).

Providence and its partners are dedicated to ensuring that those suffering from mental health and substance use disorders have access to state-of-the-art behavioral health treatment for both voluntary and involuntary care in a community behavioral health setting. Providence is committed to ongoing partnerships and collaboration with key stakeholders/contractors throughout implementation, including serving on the Anchorage implementation steering committee (Crisis Collaborative), developing formal memorandums of understanding, etc. We will be partnering and advocating for the improvements within the system to strengthen trauma informed “no-wrong-door” treatment programs.

Providence respectfully requests $1,554,269 from the Trust for continued planning, development, and initial implementation of Alaska’s first “no wrong door” Stabilization center serving both involuntary and voluntary beneficiaries in all levels of crisis.

Service Population: Providence’s Crisis Stabilization Center will serve adults (ages 18+) experiencing acute behavioral health crisis and will accept patients who are voluntary, under Notice of Emergency Detention, and those who are under an ex parte order for 72-hour evaluation. The Behavioral Health Urgent Care Clinic will serve youth (ages 12+) and adults. We are planning to serve Alaskans representing all beneficiaries of the Trust.

EVALUATION CRITERIA

We are thrilled that the Trust, Alaska Department of Health and Department of Family and Community Services are engaged in supporting providers to seek solutions for behavioral health challenges related to access to care. The Trust and Providence worked closely with the Division of Behavioral Health (DBH) and now DBH has agreed that we can use the 1115 waiver to serve patients that are involuntary as well as voluntary. Prior to receiving our planning grant the Division of Behavioral Health planned to only serve voluntary patients which would not have increased access to our most complex patients and solved the key component of the gaps in the crisis continuum. This center will increase access to care significantly in Anchorage and we plan to use the number of visits as a key measure of success and hope to be open at 50% capacity for the first few months following opening and be at 75% capacity by the beginning of 2025.

Success for this project also includes a fully developed model of care, financial pro forma, and regulatory, and billing path. Continuing engaging external stakeholders including seeking memorandums of agreement between police, emergency management systems, government entities, and other providers to ensure that the crisis stabilization is set up to grow and transform into a "no-wrong-door" system of intervention and care. Some of the metrics Providence have developed include the following:

- Timeliness (time from arrival to provider contact, time from arrival to discharge, percentage of patients who leave without evaluation).
- Safety (Rate of self-directed violence with moderate to severe injury per 1000 visits, incidence of workplace violence with injury by total hours worked, and more).
- Accessibility (denied referral rates)
- Least Restrictive Setting (percentage of visits resulting in discharge to community, hours of seclusion per 1000 hours, and more).
- Effectiveness (percent of visits resulting in unscheduled return visits)
- Client / Family Centered (likelihood to recommend, percentage of individuals with documented attempt to contact family or other supports)
- Partnership (time from law enforcement arrival to departure, percentage of hours crisis center was unable to accept transfers due to capacity, and more)

SUSTAINABILITY

Providence and the Trust have already had great success in bringing capital funding and vision for financial sustainability to this project. As a result of this collaboration, we received $8 million through a Legislative Designated grant for capital funding, $884,862 of ARPA funding from the Municipality of Anchorage for recruitment, and $750,000 appropriation funding through Senator Murkowski as part of the $1.7T Omnibus package that passed congress on December 22, 2022 and is awaiting President Biden's signature. In addition to the support provided by the generosity of the Trust, the state, and the municipality; Providence Alaska is investing a facility valued at $4,968,000 and over $183,000 for personnel and behavioral health leadership costs. Providence Alaska applied for funding to hire peer support specialists for the Behavioral Health Urgent Care Center, and we are awaiting notification of funding.

We likely will need more funding for capital expenses but will not know the amount until we get to 65% build. Providence Alaska real estate team is collaborating with contractors to complete the 65% drawings and confirm the total cost for the remodel to accommodate the best practices in the Crisis Stabilization Center. The expectation is that the 65% drawings will be complete in early 2023. Once the costs are confirmed, Providence Alaska will submit a funding request to the Rasmuson Foundation for support and will work with the Municipality of Anchorage to support the project with alcohol tax money or other municipal contribution. We have several funders that are excited about this project and have stated they wish to remain engaged and will be pursued to help meet future funding support. This success is a testimony to incredible community and government support for the success of crisis system transformation, championed by the Trust, the Department of health, and local and statewide collaborations.

Providence has attached a 5-year preliminary pro forma with projections that show eventual financially sustainability based. Although, we are still early in the process and cannot be completely accurate understanding numbers for the expenses, making this a significant financial risk for Providence as we move forward. Currently, Providence loses over $1.5 million dollars in community behavioral health programs. The Trust's commitment to support a glide path is essential as we negotiate payment structures that will provide financial sustainability within the Alaskan healthcare system. Providence commits to continue close collaboration with our Tribal partners and other providers as important and vested stakeholders. The process of developing a new system of care will increase access to care for Trust beneficiaries and their families. This project will also benefit other providers' program models, as a blueprint for trauma-informed and recovery-oriented care. Providence will have established relationships that hold the system of care accountable for reformation and improved care. This project supports the second phase of system development and will substantially increase access to care.

WHO WE SERVE

This project will benefit Anchorage adult Trust beneficiaries from all beneficiary categories who are experiencing a crisis related to a mental health or substance use disorder by ensuring that a path for complex program development is available. The RI consultation report for Anchorage revealed that Anchorage Trust beneficiaries experience 6,997 crisis episodes annually. Trust beneficiaries that experience crisis with the highest acuity are being harmed within our current system. They are being held in emergency departments without access to therapeutic intervention and evidence-based care settings or incarcerated. Intervention for complex crises are often unavailable for beneficiaries and the population at large, and community members suffer and experience trauma within the system which should be helping them. The investment in this project will ensure that evidence-based, safer effective care is available for acute crisis, including substance misuse and substance use disorders, serious psychological distress, suicide, and mental and substance use disorders. The stabilization center's "no-wrong-door" policy is a key component to changing the system of care and will require significant planning and partnerships in determining a safe timeline to increase access and build clinical efficacy to support the complexity of clinical issues. No other non-tribal provider has been able to step into this space. Providence is stepping into this space with support of the larger community to become a no- to low-barrier stabilization service and are committed to strong partnerships with EMS, local law enforcement, and other key stakeholders/providers to develop a coordinated system of care to serve all adults who present at the stabilization center with a crisis.

Providence estimates 1,900 Trust beneficiaries will seek support through the Behavioral Health Urgent Care for an estimated 3,750 visits annually. Providence estimates responding to 4,273 episodes at the 23-hour Crisis Stabilization and 931 episodes at the Crisis Residential Center. Providence predicts Trust beneficiaries from all beneficiary categories will benefit from the development of Behavioral Health Urgent Care and the Crisis Stabilization Center. The estimate of the number of beneficiaries within each beneficiary category are projected estimates for a full year following facility opening. Many of the beneficiaries have co-occurring disorders and the total estimated beneficiaries listed in the application may not be an unduplicated number. Specific beneficiary counts will be further measured and addressed as we move into implementation.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	3,000
Developmental Disabilities:	100
Alzheimer's Disease & Related Dementias:	60
Substance Abuse	3,000
Traumatic Brain Injuries:	50
Number of people to be trained	70

BUDGET

Personnel Services Costs	$827,526.00
Personnel Services Costs (Other Sources)	$902,356.59
Personnel Services Narrative:	Behavioral Health Leadership – This line represents time provided by leaders from Providence Alaska's behavioral health service line developing the Crisis Stabilization, Residential, and Urgent Care programs, as well as other areas such as Real Estate, Food & Nutrition Services, Facilities, and Pharmacy engaging as needed to advise. Total cost to the program is estimated at $183,000, which will be provided by Providence. Program Manager – Directs the development of the program's care model, policies, and procedures, and will provide overall direction and supervision of Crisis Stabilization, Residential, and Urgent Care operations once the center is open. Total cost to the program is estimated at $266,171, of which $134,627 has been covered by the AMHTA Phase I grant and $131,544 is requested in additional funding. Medical Director – Provides medical oversight to the program to ensure quality care and regulatory

	compliance. Total cost to the program is estimated at $200,000, of which $16,500 will be covered by the AMHTA Phase I grant and $183,500 is requested in additional funding. Nursing Supervisor – Oversees the nursing positions in the Crisis Stabilization and Residential care teams, and will be hired early, if possible, to assist with the development of processes, documents, and job aids. Total cost to the program is estimated at $45,588, which we are requesting in this round of funding. Lead Clinician – Oversees the clinicians in the Crisis Stabilization and Residential care teams, and will be hired early, if possible, to assist with the development of processes, documents, and job aids. Total cost to the program is estimated at $45,588, which we are requesting in this round of funding. Pharmacy Consultation – Will provide ongoing support for medication delivery services at the Crisis Stabilization, Residential, and Urgent Care programs. Total cost to the program is estimated at $11,667, which we are requesting in this round of funding. Caregiver Salaries – This line reflects salaries for Crisis Stabilization, Residential, and Urgent Care personnel not mentioned above. This includes Nurse Practitioners; direct care teams of nurses, clinicians, and peers; and support services such as environmental care and triage. Total cost to the program is estimated at $814,205, of which $519,036 will be provided by other funding sources and $295,169 is requested in additional funding. Caregiver Benefits – This line reflects fringe benefits for program caregivers, such as FICA, Worker's Compensation insurance, medical and dental insurance, and 401(k) matching funds. Total cost to the program is estimated at $314,790, of which $200,321 will be provided by other funding sources and $114,469 is requested in additional funding.

Travel Costs	$30,000.00
Travel Costs (Other Sources)	$9,162.00
Travel Narrative:	Travel – This line represents costs for program staff to visit similar programs out of state as needed to better

	understand their operations, as well as travel to universities and job fairs to recruit staff for the program. Total cost to the program is estimated at $58,031, of which $18,869 has been covered by the AMHTA Phase I grant, $9,162 will be provided by other funding sources, and $30,000 is requested in additional funding.

Space or Facilities Costs	$0.00
Space or Facilities Costs (Other Sources)	$14,987,245.00
Space or Facilities Narrative:	Facility costs to be funded primarily by other funding Value of Existing Facility, $4,968,000 Design and Permitting. $916,749 ($26,690 AMHTA phase I and remainder from other funding) Construction, $7,893,413 Information Systems, $260,000 Furniture, Fixtures, and Equipment, $978,592

Supplies Costs	$48,000.00
Supplies Costs (Other Sources)	$0.00
Supplies Narrative:	Supplies – This item represents various items consumed by Center guests or during provision of services, such as food, medical supplies, medications, and office supplies. Total cost to the program is estimated at $48,000, which we are requesting in this round of funding.

Equipment Costs	$0.00
Equipment Costs (Other Sources)	$0.00
Equipment Costs Narrative:	Included in Facility cost

Other Costs	$648,743.00
Other Costs (Other Sources)	$161,000.00
Other Costs Narrative:	Project Management – Providence has contracted a consultant to assist with program planning and development to ensure timelines and deliverables are understood. Total cost to the program is estimated at $176,935, of which $102,235 has been covered by the AMHTA Phase I grant and $74,700 is requested in additional funding. Consulting & Legal – Providence has contracted with other consultants and attorneys to review licensing statutes and advise on the programs' legal organization and required regulatory filings. Total cost to the program is estimated at $225,260, of which $98,260 has been

	covered by the AMHTA Phase I grant and $157,000 is requested in additional funding. Recruitment & Relocation – In order for this program to be successful Providence will need to recruit qualified personnel in several high-demand roles. To assist with this, Providence anticipates a need to offer recruitment bonuses for newly hired caregivers and to reimburse relocation costs for those recruited from out of state. Total cost to the program is estimated at $354,000, of which $111,000 will be provided by other funding sources and $243,000 is requested in additional funding. Consultant – Opening Support – Providence intends to contract with an existing provider of Crisis Stabilization & Residential services to be present for the opening of the Anchorage center, to assist with training and ensure quality service provision. Total cost to the program is estimated at $35,000, which we are requesting in this round of funding. Training – This item represents costs to train program caregivers, such as the licensing of an existing training package and Train the Trainer seminar attendance for key personnel. Total cost to the program is estimated at $60,000, of which $50,000 will be provided by other funding sources, and $10,000 is requested in additional funding. Marketing – This item represents outreach and awareness campaigns to inform the public of the Center's opening and its place in the behavioral health continuum. Total cost to the program is estimated at $20,700, which we are requesting in this round of funding. Indirect Costs at System Office – This line represents incremental costs to Providence in support services such as Human Resources and Information Services. Total cost to the program is estimated at $108,343, which we are requesting in this round of funding.

Total Amount to be Funded by the Trust	$1,554,269.00
Total Amount Funded by Other Sources	$16,059,764 *includes secured & pending

OTHER FUNDING SOURCES

State of Alaska - SECURED- Designated legislative grant for capital	$8,000,000.00
Federal Appropriation - SECURED - Capital	$750,000.00
Municipality of Anchorage - SECURED - recruitment and initial hiring prior to door opening	$884,762.00
Anchorage Coalition to End Homelessness- HUD SNOFO- PENDING - to expand peer support	$4,757.00
Providence Health and Services Alaska region- SECURED- facility in-kind contribution	$4,968,000.00
Providence Health and Services Alaska SECURED	$183,000.00
To be determined- PENDING	$1,269,245.00
Total Leveraged Funds	**$16,059,764.00**

Providence Alaska
Crisis Stabilization & Urgent Care
Summary Financial Projection, 2023-2027

Financial Summary	2023	2024	2025	2026	2027
Net Operating Revenue (note 1)	$ -	$ 6,164,000	$ 8,876,000	$ 10,795,000	$ 10,947,000
Third-Party Grants	832,000	152,000	92,000	31,000	-
Incremental Psych ED Revenue	-	59,000	429,000	603,000	774,000
Total Revenues	832,000	6,375,000	9,397,000	11,429,000	11,721,000
Operating Expenses					
Salaries & Benefits	1,008,000	5,969,000	8,204,000	8,027,000	8,199,000
Other Expenses	871,000	946,000	1,179,000	1,383,000	1,421,000
Direct Expenses	1,879,000	6,915,000	9,383,000	9,410,000	9,620,000
Contribution Margin	(1,047,000)	(540,000)	14,000	2,019,000	2,101,000
Indirect Costs	115,000	581,000	783,000	821,000	836,000
Net Income (Loss)	$ (1,162,000)	$ (1,121,000)	$ (769,000)	$ 1,198,000	$ 1,265,000

Direct Care	10.4	23.9	28.1	28.1	28.1
Floor Staff	7.1	29.4	33.6	33.6	33.6
Mgmt & Support	5.7	9.0	9.0	9.0	9.0
Total	23.1	62.3	70.7	70.7	70.7

Metrics	2023	2024	2025	2026	2027
ADC equivalent - 23-Hour	-	4.0	5.8	7.1	7.1
ADC - 24-Hour	-	5.8	8.2	10.2	10.2
Visits/Weekday - Urgent Care	-	11.0	14.4	14.4	14.4

Note 1: 2023 Net Op. Revenue does not include capital grants, nor grants that are anticipated but not yet secured.

Note 2: 2023 costs represent pre-opening costs for program planning plus recruitment and training of caregivers.

Providence Alaska - Crisis Stabilization & Urgent Care
Projected Expenditures and Funding (totals including funding sources)
Project Start through Opening in Q1 2024

	--- Project Costs ---			--- Funding Sources ---							
Expenditures	**Expenditures to Date**	**Projected**	**Total**	**AMHTA Phase I**	**State Appropriation**	**Federal Appropriation**	**MOA ARPA**	**HUD SNOFO**	**Providence**	**Subtotal - Secured Funding**	**Funding to be Secured**
Planning:											
Project Management	52,435	124,500	176,935	102,235	-	-	-	-	-	102,235	74,700
Consulting & Legal	80,260	175,000	255,260	98,260	-	-	-	-	-	98,260	157,000
Travel	8,869	49,162	58,031	18,869	-	-	9,162	-	-	28,031	30,000
Providence Staff:											
BH Leadership	30,000	153,000	183,000	-	-	-	-	-	183,000	183,000	-
Program Manager	68,627	197,544	266,171	134,627	-	-	-	-	-	134,627	131,544
Medical Director	-	200,000	200,000	16,500	-	-	-	-	-	16,500	183,500
Nursing Supervisor	-	45,588	45,588	-	-	-	-	-	-	-	45,588
Lead Clinician	-	45,588	45,588	-	-	-	-	-	-	-	45,588
Pharmacy Consultation	-	11,667	11,667	-	-	-	-	-	-	-	11,667
Subtotal - Planning:	240,191	1,002,049	1,242,240	370,491	-	-	9,162	-	183,000	562,653	679,587
Operating Costs:											
Caregiver Salaries	-	814,205	814,205	-	-	-	515,353	3,683	-	519,036	295,169
Caregiver Benefits	-	314,790	314,790	-	-	-	199,247	1,074	-	200,321	114,469
Recruitment & Relocation	-	354,000	354,000	-	-	-	111,000	-	-	111,000	243,000
Consultant - Opening Support	-	35,000	35,000	-	-	-	-	-	-	-	35,000
Training	-	60,000	60,000	-	-	-	50,000	-	-	50,000	10,000
Marketing	-	20,700	20,700	-	-	-	-	-	-	-	20,700
Supplies (Food, Med, Rx, Office)	-	48,000	48,000	-	-	-	-	-	-	-	48,000
Indirect Costs at System Office	-	108,343	108,343	-	-	-	-	-	-	-	108,343
Subtotal - Operations:	-	1,598,695	1,598,695	-	-	-	875,600	4,757	-	880,357	718,339
Total Expenditures:	240,191	2,757,088	2,997,279	370,491	-	-	884,762	4,757	183,000	1,443,010	1,554,269

Trust
Alaska Mental Health Trust Authority

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

MEMO

To: Verné Boerner - Program & Planning Committee Chair
Date: January 5, 2023
Fund Source: FY23 Mental Health & Addiction Focus Area-Crisis Now Initiative
Amount: $250,000.00
Grantee: Crisis Now Initiative Project Management Contractor (TBD)
Project Title: Crisis Now Initiative Project Management Contract Funding

REQUESTED MOTION:

The Program & Planning Committee approves up to $250,000 for a contract for Crisis Now Initiative Project Management. These funds will come from the FY23 Crisis Continuum of Care budget line of the Mental Health & Addiction focus area.

Assigned Program Staff: Eric Boyer

STAFF ANALYSIS

The Alaska Mental Health Trust Authority (the Trust), the Department of Health (DOH), and many 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. 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.

The Trust staff are requesting these funds continue the contracted project management support for the Crisis Now initiative planning and implementation in Fairbanks, Mat-Su, Anchorage, Juneau, as well as other identified communities. This contract has been in place for the last three years and has been essential to move the crisis stabilization system of care forward in Fairbanks, Mat-Su, and Anchorage. Additional communities including Juneau, Ketchikan, Copper Center, Bethel and Kotzebue have also stepped forward to build improve crisis response and strengthen community referral networks in their communities.

The contractual work and outcomes up to date have been invaluable in helping the DOH and the Trust move the crisis stabilization of care initiative forward in Fairbanks, Mat-Su, and Anchorage. The current contractor has helped the Trust with planning and implementing the Crisis Continuum of Care initiative which is part of the Mental Health and Addiction Intervention (MHAI) focus area. The MHAI focus area ties into several goals and objectives in the Alaska Comprehensive Integrated Mental Health Plan, first and foremost, Goal 2 which enables

Trust beneficiaries to access and receive quality healthcare services. This work has helped communities and agencies across these three regions, as well as outside areas. Kotzebue and Juneau have benefitted from the project business modeling, Crisis Now framework adaptations, and regulatory questions that arise from starting up new lines of behavioral health service.

The Trust Authority Office (TAO) will issue a Request for Proposals (RFP) with a one year contract with four additional one year options for renewal. The TAO recommends trustees allocate $250,000 of FY23 Mental Health and Addiction Focus Area Crisis Continuum Funding for the first year of the contract. Funding for renewal options will be presented to trustees at future committee meetings.

The funding for this request will be designated from the Trustee approved FY23 Mental Health and Addiction Focus Area, Crisis Now implementation strategy line. There is $4,215,000 budgeted for this strategy (reference: FY23 budget, Mental Health and Addiction Focus Area, page 4, line 18).

It is anticipated a contractor will be selected in early 2023.

COMP PLAN IDENTIFICATION

Goal	Objective	Comments
Goal 2 Healthcare	2.1 Access & receive quality healthcare	The contractual resource also address additional goals including: Goal 5 Suicide Prevention, Objective 5.2 Improve system to assist individuals in crisis; Goal 7, Services in least restrictive environment, Objectives 7.2 (avoiding institutional placements) and 7.3 (reducing number of beneficiaries entering the criminal justice or juvenile justice settings).

PROJECT DESCRIPTION

PROJECT DESCRIPTION

The Trust, Department of Health, and other partners are working together in evaluating the existing behavioral health crisis system of care in Alaska and working to adapt the crisis now model to Alaska, which can demonstrate improved outcomes for beneficiaries who are experiencing a mental health crisis. Implementing changes to this behavioral health crisis system will alleviate pressure to local law enforcement agencies, correctional institutions and hospital emergency rooms. The plan involves moving away from the psychiatric boarding of patients in hospitals and other institutions and providing dispositional options of less restrictive care settings.

The Trust currently utilizes a project management (PM) contractor to ensure the planning, coordination, facilitation, and execution of a strategic work plan to implement recommendations identified through the Alaska Crisis Now Consultation Report. This includes coordination with the Trust to execute work plans with key partners including State of Alaska departments and divisions, members of the legislature, and tribal and local community partners. This contract will also provide support for community planning for implementation of Crisis Now services in Anchorage, Mat-Su, and Fairbanks. In addition, Juneau, Ketchikan, Copper Center, and Kotzebue are initiating local planning and will benefit from the work and support under this contract resource.

The work outcomes produced by the current contractor demonstrate the value and the need for continued PM support for the initiative. The contractor has established the initiative's project workplan that is updated monthly and helps drive the work of collaborative members from the various regions and statewide entities. The workplan guides the local crisis now coordinators in Fairbanks, Mat-Su, Anchorage, and Ketchikan, who adapt the plan to the assets locally. This translates into convening community stakeholders monthly, forming a local Crisis Collaborative which works with the contractor to determine what organizations or entities can viably stand up services as well as what adaptations are necessary for communities, whether urban or rural. This work includes business plan modeling, clinical modeling, development of staffing patterns, regulatory processes, financial modeling, as well as planning support provided to local Crisis Community Coordinators funded by the trust in four communities. Over the last several years, the current contractor has completed business plans and modeling with over 12 agencies. This work has supported mobile crisis teams (MCT) being launched, 23-hour Crisis stabilization implementation planning, and is poised to bring three short-term crisis stabilization centers online in the next 12-18 months (Providence, Southcentral Foundation and Bartlett Hospital in Juneau). The contractor has been instrumental in working with the DOH, RI Crisis Now Consultants, and Alaska stakeholders in adapting the best practice services to various regions of the state.

A specific example of utilization of this contractual resource and how important it is to the initiative as a whole, is organizing and facilitation of the local Community Crisis Collaboratives (CCCs). The CCC is a steering group comprised of leaders and operators for local planning to implement and coordinate components of the crisis system. In Anchorage, the CCC includes local hospitals (developing crisis stabilization services), Anchorage Police Department (law enforcement response and dispatch), Anchorage Fire Department Emergency Services (Mobile Crisis Response) and other ancillary services necessary for front-door back-door coordination and service engagement for individuals cycling in and out of crisis. The CCC is tasked with taking on local design and monitoring phased in components of the system (crisis stabilization, MCTs, dispatch and crisis call center utilization). The CCC will problem solve issues impacting implementation and coordination across sectors of service and monitoring metrics to inform whether or not the services and systems are having the desired impact in the community and on individuals receiving care.

This contract will provide project management and organizational capacity to develop and progress on key recommendations identified through the Alaska Crisis Now Consultation Report, to address alignment or barriers to implementation of the model and to work with local communities to develop planning and operational models to bring communities closer towards implementation of new programs. The contractor will execute work plans with partners including State agencies, heath and behavioral healthcare entities, and tribal and local community partners. The contractor will provide direct support to the development and execution of work plan items as identified and appropriate through the strategic planning process. The contractor will provide community-specific services that bridge current PM work efforts with future implementation of services in Fairbanks, Mat-Su, Anchorage, and other designated communities.

A general overview of the core functions to be executed by the PM contractor includes:

Project management/oversight of initiative:

1. 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.
2. Continue to support the joint project management team with DOH, DFCS, DPS and DOC to provide oversight to planning and identification of necessary resources to support and implement work plans.
3. Coordinate, schedule, and assist with facilitation of necessary sessions with designated individuals to accomplish work.
4. Use project management tools to organize action items in the developed work plan, including timelines, responsible parties, and disposition.
5. Communicate progress with key stakeholders.

Planning and implementation of Crisis Now programming for identified communities:

6. 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.
7. Assist communities with development of strategic work plans including use of local and statewide data to inform planning.
8. Coordinate site visits to include key community stakeholders.
9. Assist the Trust with convening funding partners who will iteratively review initiative progress and maintain communications on emerging capital and operational funding needs. These partners may commit to identifying capital and operating support and exploring innovative mechanisms for funding implementation that are options to provide the sustainability necessary for local operators to commit to implementation.
10. Coordinate with the Trust and other funders on Predevelopment and Capital needs.
11. Work with Crisis Now consultants on facility requirements for 23 hour/short term crisis stabilization to inform facility planning/search and staffing models.
12. Assist with preparation of presentations as appropriate.
13. Assist the Trust in production and coordination of key policy development when prioritized (licensing, regulation, statutes etc.).

Utilize the business model for operating the components of the model in each community. Specific tasks will include:

- Customizable business models to include staffing models, financial models, facility capital and operating expenses, and any other data to test the feasibility of identified services in a community.
- Customizable community workplans which describe the components of enhanced crisis response to be implemented.
- Facilitate workgroups and iteratively work with community partners to determine a feasible approach to implementing the components of enhanced crisis response in each community.

- Work with local Crisis Now Coordinators to produce coordinated response based on local community assets that are feasible and unique to different communities (urban and rural).
- Assistance with facility planning as appropriate.
- Funding strategies at programmatic, local and state levels.

BUDGET

Other	$250,000
Other Costs Narrative:	Contract services-Project Management

Trust
Alaska Mental Health Trust Authority

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

MEMO

To: Verné Boerner, Chair, Program and Planning Committee
Through: Steve Williams, Chief Executive Officer
From: Katie Baldwin-Johnson, Chief Operating Officer
Date: December 29, 2022
Re: FY24 Mental Health Budget Bill analysis

On December 15th Governor Dunleavy submitted his FY24 Proposed budget. This is the first of several steps in the development State's FY24 budget. Trust staff have reviewed the Governor's Proposed budget and compared it to the board of trustees' FY24 budget recommendations. Overall, the Governor's Proposed FY24 budget supports the board of trustees' recommended use of state General Fund/Mental Health (GF/MH) and approved uses of Trust funds and Mental Health Trust Authority Authorized Receipts (MHTAAR). However, unlike the FY23 Proposed budget, it does not include all of the trustees' recommended GF/MH increments. This is not unusual, as the State's fiscal status and outlook as well as priorities change from year to year. Below are a few key takeaways from the Governor's Proposed FY24 budget:

1) **inclusion of forty percent** of the board of trustees' approved recommendations for State General Fund/Mental Health funds ($4,050.0);
2) **slight reduction** to the board of trustees' approved FY24 Mental Health Trust Authority Authorized Receipts (MHTAAR) funds for beneficiary program services ($300.0);
3) **reduction** to the board of trustees' approved Alaska Housing Finance Corporation (AHFC) dividend recommendations ($1,750.0); and,
4) **slight increases** to the board of trustees' approved Trust Authority Office ($41.3) and Trust Land Office ($30.7) agency budgets.

Per statute, the board of trustees approved a budget that includes recommendations of GF/MH expenditures for state programs and services to meet the needs of beneficiaries. As communicated by staff during the budget presentations at the August 2022 board meeting, the Trust's FY24 GF/MH budget recommendations considered the needs of beneficiaries, but were sensitive to the State's fiscal situation, and reflected either a maintenance of effort or a modest expansion of existing services in the budget. In total, there were recommendations for $9,933.0 of State General Fund/Mental Health dollars for 17 projects; of those 17 projects, 13 also included $3,379.5 of MHTAAR funds. As noted above, the Proposed FY24 budget did not include all the board of trustees' approved GF/MH recommendations.

On the following page is a table that lists projects that the trustees recommended be partially or fully funded with GF/MH. The table compares the FY24 budget approved by the board of trustees to the Governor's FY24 Proposed budget for these projects.

Trust
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FY24 Budget Comparison – GF/MH recommendations only

Operating Budget Items		*Trustee Approved FY24 Recommendations*			*Governor FY24 Proposed*		
Project	Department	MHTAAR (1092)	GF/MH (1037)	Other/AHFC Dividend (1139)	MHTAAR (1092)	GF/MH (1037)	Other/AHFC Dividend (1139)
GCDSE Joint Staffing	DOH/DBH	$ 184.5	$ 50.0	$ -	$ 184.5	$ -	$ -
Comprehensive Program Planning Position	DOH/DPH	$ 75.0	$ 75.0	$ -	$ 75.0	$ -	$ -
Beneficiary Mental Health Status Data Collection	DOH/DPH	$ 85.0	$ 45.0	$ -	$ 85.0	$ -	$ -
Alaska Autism Resource Center	DEED	$ -	$ 50.0	$ -	$ -	$ 50.0	$ -
Crisis Now Continuum of Care Grants	DOH/DBH	$ -	$ 1,000.0	$ -	$ -	$ -	$ -
Crisis Now Continuum of Care Grants	DOH/DPH	$ -	$ 500.0	$ -	$ -	$ -	$ -
Aging & Disability Resource Centers	DOH/SDS	$ 300.0	$ 250.0	$ -	$ 300.0	$ -	$ -
IT Application/Telehealth Service System Improvements	DOH/SDS	$ -	$ 63.0	$ -	$ -	$ -	$ -
Alaska Training Cooperative	UAA/CHD	$ 835.0	$ 150.0	$ -	$ 835.0	$ 100.0	$ -
Peer Support Certification	DOH/DBH	$ 100.0	$ 100.0	$ -	$ 100.0	$ -	$ -
Flex Funds for Transition Aged Foster Youth	DFCS/OCS	$ 100.0	$ 150.0	$ -	$ 100.0	$ 150.0	$ -
	Totals	**$ 1,679.5**	**$ 2,433.0**	**$ -**	**$ 1,679.5**	**$ 300.0**	**$ -**

Capital Budget Items		*Trustee Approved FY24 Recommendations*			*Governor FY24 Proposed*		
Project	Department	MHTAAR (1092)	GF/MH (1037)	Other/AHFC Dividend (1139)	MHTAAR (1092)	GF/MH (1037)	Other/AHFC Dividend (1139)
Deferred Maintenance	DOH	$ 250.0	$ 250.0	$ -	$ 250.0	$ 250.0	$ -
Medical Appliances and Assistive Tech	DOH	$ -	$ 500.0	$ -	$ -	$ 500.0	$ -
Coordinated Community Transportation	DOTPF	$ 300.0	$ 1,000.0	$ -	$ 300.0	$ 1,000.0	$ -
Special Needs Housing Grant	DOR/AHFC	$ 200.0	$ 1,750.0	$ 1,750.0	$ -	$ -	$ -
Housing Assistance Program	DOR/AHFC	$ 950.0	$ 2,850.0	$ 6,350.0	$ 950.0	$ 850.0	$ 6,350.0
Home Modifications	DOH	$ -	$ 1,150.0	$ -	$ -	$ 1,150.0	$ -
	Totals	**$ 1,700.0**	**$ 7,500.0**	**$ 8,100.0**	**$ 1,500.0**	**$ 3,750.0**	**$ 6,350.0**

*Red indicates a reduction to the board of trustees' approved FY24 budget recommendations.

Trust FY25 Budget Development Process

Program & Planning Committee

January 5, 2022

Trust
Alaska Mental Health Trust Authority

Trust Budget Process

- Informed and collaborative
- Trust budget submitted by September 15th to the Governor
- Includes recommended expenditures (budget increments) of MHTAAR and state general funds
- Two-year budget cycle (FY24/25)
  - FY24 Approved (clean-up May 2023)
  - FY25 TAO repeats feedback loop on proposed budget & presents to trustees in July 2023
  - FY25 Budget approved by trustees in August 2023

The Feedback Loop

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

Trust Staff

1. Reaffirmation of Focus Areas / Other Concentrated Work
2. Review Focus Area Goals & Allocations
3. Theory of Change & COMP Plan
4. Evaluation of Impacts
5. Advocacy Priorities
6. Previous Stakeholder Recommendations
7. Budget Recommendations

FY24/25 Budget Development Timeline (CY2023)

Feb – Early June	Trust staff working with the Advisory Boards and stakeholders to review current and plan future work to ground FY25 budget recommendations
Late June – July	Trust staff working with stakeholders to finalize FY25 budget proposal
July 26-27	Program & Planning Committee meeting: Presentation of proposed FY24/25 budget
August 29-30	Board meeting: Trustees approve FY25 budget

Questions?

Crisis Now Implementation: Project Workplan

Updated December 5, 2022

Core Areas for Implementation, 2022-2023 (click link to jump to section)
Core Area 1: Project Management and Stakeholder Communication
Core Area 2: Systems Development and Coordination
Core Area 3: Crisis Call Center Development
Core Area 4: Community Coordination

Core Area 1: Project Management and Stakeholder Communication			
Core Area Goal: 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
1.a. As needed, participate in national 9-8-8 Crisis Learning Community Jams, track best practice research, presentations, and conferences on crisis implementation.	**A::B**, Trust	Ongoing	n/a
1.b. Plan and convene monthly contract check-ins. *Action Items* ☒Send recurring invite for first Monday of the month	**A::B**, Trust	Monthly	n/a
1.c. Plan and convene bi-monthly project planning meetings. *Action Items* ☒Send recurring invite for second and fourth Mondays of the month	**A::B**, Trust	Monthly	n/a
1.d. Monthly updates to internal implementation workplan (this document).	**A::B**, Trust	Monthly	n/a
1.e. Plan and convene quarterly Statewide Project Management Team meetings *Action Items* ☒ Schedule meetings for the year (4) ☐ Regularly review invitee list and add members as needed *(ongoing)*	**A::B**, Trust	Quarterly	n/a
1.f. Plan and convene monthly webinars for all stakeholders on key topics. *Action Items* ☒ Identify topics for up to 4 webinars: Crisis Now Core Principles and Practices ☒ Schedule meeting with Amy to discuss topics and date for first webinar (4/7) ☒ Develop schedule for monthly webinars ☐ Host monthly webinars.	**A::B**, Trust	Monthly	n/a
1.g. Develop quarterly implementation update newsletter to be sent to all stakeholders.	**A::B**, Trust	Quarterly	n/a

Action Items ☒ Identify key topics/new format for newsletter ☒ May newsletter (sent) ☒ August newsletter (sent) ☐ December newsletter *(In progress)* ☐ February newsletter			
1.h. Plan and convene statewide meeting for all stakeholders to update on project progress, key initiatives and next steps. *Action Items* ☒ Identify target date for meeting – January 2023 ☐ Develop agenda and slides for December Crisis Now implementation meeting with state stakeholders ☐ Develop agenda and identify speakers for statewide 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
Subarea 2.1: Messaging			
2.1a. Develop and implement public communication strategy. *Action Items* ☐ NBC/ABC TV spots ☐ Trust social media ☐ Earned media ☐ Community/partner presentations	**Trust (Allison)**	Ongoing	n/a
2.2b. Develop initial messaging and change management process for State of Alaska Divisions and Departments *Action Items* ☐ Identify goals for departmental communication regarding Crisis Now implementation.	**State PM team,** Trust	6 months – 1 year; December 30, 2022	n/a
Subarea 2.2: OpenBeds/Alaska Treatment Connection			
2.2a. Recruit providers to join and utilize the OpenBeds network. *Action Items* ☐ Onboard 2-1-1 ☒ Present at ABHA meeting (March 9-10, 2022)	**Trust (Eric)**, DPH, OSMAP	Ongoing	Recommendation 7
2.2b. Coordinate ongoing opportunities for provider training and orientation to the OpenBeds system.	**Trust (Eric)**, DPH, OSMAP	Ongoing	Recommendation 7
2.2c. Develop guidelines and protocols for provider use of OpenBeds.	**Trust (Eric)**, DPH, OSMAP, OpenBeds Working Group	0-6 months	Recommendation 7

2.2d. Implement the OpenBeds crisis module.	**Trust (Eric)**, DPH, OSMAP	6 months – 1 year	Recommendation 7
2.2e. Developing marketing plan for OpenBeds	**Trust (Eric)**, DPH, OSMAP	6 months – 1 year	Recommendation 7
2.2f. Identify short and long-term funding mechanism for OpenBeds platform.	**Trust (Eric)**, DPH, OSMAP	2+ years	Recommendations 4, 7
Subarea 2.3: Workforce			
2.3a. Coordinate with and enhance existing behavioral health workforce development strategies. *Action Items* ☐ Communicate workforce development benefits of SHARP III to providers considering Crisis Now services. ☐ Support development of crosswalk of existing entry level BH positions. ☐ Support and increase awareness of UAA Crisis Stabilization Simulation Lab training opportunities	**Trust (Eric)**, SHARP Council, Alaska Healthcare Workforce Coalition, UAA	Ongoing	Recommendation 5, 13
2.3b. Support the growth and training of Alaska's peer support specialist workforce. *Action Items* ☐ Develop and implement curriculum to train peer support specialists for crisis work. ☐ Develop pathway to connect peer support certification requirements to peer support apprenticeship opportunities. ☐ Expand or supplement UAS Behavioral Health Occupational Endorsement requirements with course(s) that meet requirements for peer support specialist certification program. ☐ Increase awareness of peer support specialist training opportunities that meet requirements for certification.	**Trust (Eric),** DOLWD, UAA, AK PCA, AHEC, UAS	6 months – 1 year	Recommendation 5
2.3c. Support implementation of Crisis Now Essential Principles and Practices. *Action Items* ☒ Develop framework to support crisis provider planning for implementation of the six SAMHSA essential principles and practices. ☐ Develop framework to evaluate crisis provider implementation of the six SAMHSA essential principles and practices. ☐ Identify technical assistance, training and resource needs of providers to implement the SAMHSA essential principles and practices into crisis settings. ☐ Ensure Crisis Now providers have connections to and implement trauma-informed care trainings for staff. ☐ Collaborate with DBH to ensure connection between Crisis Now providers and the Zero Suicide initiative. ☐ Explore development of a training academy for crisis providers (use of RI as a contractor?)	**Trust (Eric)**, DBH, A::B	6 months – 1 year	Recommendation 5
2.3d. Collaborate with, engage, and support development of local CIT programs. *Action Items* ☒ Meet with Travis to discuss strategy ☐ Integrate training on law enforcement engagement with crisis system and available resources into CIT Academy. ☐ Support identification of community crisis providers to offer sessions on available services as part of CIT Academies.	**Trust (Travis)**	1 – 2 years	Recommendation 13

☐ Support Mental Health First Aid training for law enforcement and dispatchers ☐ Identify train the trainer opportunities for the dispatch specific CIT training			
Subarea 2.4: Funding and Sustainability			
2.4a. Support capital and start-up costs for providers to stand-up crisis services.	**Trust**	Ongoing	Recommendation 4
2.4b. Track and coordinate with partners on funding opportunities for crisis care as identified. *Action Items* ☒ DPH Mobile Integrated Health funding opportunity ☒ DBH 23-Hour and CSS RFP	**Trust,** A::B **Trust (Eric)**	Ongoing	Recommendation 4
2.4c. Collaborate with providers to identify and propose alternative payment methods for crisis services as appropriate.	**Trust,** A::B	Ongoing	Recommendation 4
2.4d. Track national efforts related to commercial insurance parity and engage in Alaska-specific discussions as appropriate.	**Trust,** A::B	Ongoing	Recommendation 12
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.	**A::B**	Ongoing	Recommendations 4, 8, 9
Subarea 2.5: Policy, Regulation and Funding Stream Alignment			
2.5a. Support development and passage of SB 124/HB172. ☒ Complete. HB172 passed.	**Trust (Steve, Travis);** A::B (Jeff); DHSS	0-6 months	Recommendation 3
2.5b. Support development of 23-hour and short-term stabilization settings within existing statutory and funding mechanisms including identification of barriers to implementation. *Action Items* ☐ Communicate regarding development of Providence concept ☐ Communicate regarding development of crisis service provision in the Mat-Su	**A::B,** Trust	0-6 months	Recommendation 3
2.5c. Understand licensing requirements for 23-hour and short-term stabilization under current and proposed new statutory frameworks. *Action Items* ☐ Support connections between DHSS and RI International. ☐ Work with DHSS and others to identify licensing and accreditation pathways under current statute. ☐ Support development of licensing and accreditation pathways follow statutory changes.	**Trust,** A::B	0-6 months	Recommendation 3
Subarea 2.6: Crisis System Accountability			
2.6a. Work with DHSS to determine future role of ASO in relation to oversight of crisis system.	**Trust (Katie)**	6 months – 1 year	Recommendation 1
2.6b. Explore contracted support for this function in the near-term. *Action Items* ☐ Re-engage with Beacon	**Trust (Katie);** A::B	6 months – 1 year	Recommendation 1

2.6c. Identify core functions of accountability entity. *Action Items* ☐ Revisit previous version of concept and update as needed.	**A::B;** Trust (Katie)	6 months – 1 year	Recommendation 1
Subarea 2.7: Data and System Monitoring			
2.7a. Identify data metrics and key performance indicators for each type of crisis service, including reporting timeframes. ☐ Compile national recommendations related to data and key performance indicators for each type of crisis service ☐ Convene providers at each service level to identify additional data to collect and get recommendations on definitions, frequency and how to share data.	**A::B,** Trust	6 months – 1 year	Recommendation 2
2.7b. Determine mechanism for tracking and reporting provider data and key performance indicators (Ex. RFP for contracted support or supporting community implementation coordinators with tools needed to track and report on crisis service delivery and system functioning at a local level).	**A::B,** Trust	6 months – 1 year	Recommendation 2
2.7c. Identify metrics and key performance indicators, including data sources, for systems change identified in the project logic model. *Action Items* ☒ Develop scope for performance monitoring framework ☐ Meet with Trust evaluation team (Mike, Autumn) ☐ Engage with RI, Solari and other providers to identify metrics and tracking. ☐ Conduct scan of metrics and data sources used currently (Ex. Healthy Alaskans, HFDR Annual Report) ☐ Meet with key providers and state agencies (HFDR/hospitals, local law enforcement, DOC) to identify available data, tracking mechanisms and ease of reporting.	**A::B,** Trust	6 months – 1 year	Recommendation 2, 10
2.7d. Develop RFI/RFP for data contractor(s) to collect baseline data and conduct ongoing monitoring of systems performance and evaluation of systems change, including calculation of cost and FTE savings to affected systems.	**A::B;** Trust	6 months – 1 year	Recommendation 2, 10
2.7e. Develop plan to transition systems monitoring functions to a statewide accountability entity.	**Trust,** A::B	2+ years	Recommendation 1, 2
Subarea 2.8: Lived Experience			
2.8a. Partner with NAMI Alaska to host listening sessions to gain input from individuals with lived experience regarding crisis system development. ☐ Share feedback with State Project Management Team and community workgroups	**Trust**	0 – 6 months	n/a

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
9-8-8 Implementation/Coalition Lead	**3.a. Identify funding streams for crisis call center operations.** *Selected 9-8-8 Action Items* ☐ Determine number of states receiving Medicaid Administration funding, how much of operations is supported by that funding and what technology is needed. (*In progress*) ☐ Explore other federal funding opportunities. (*Ongoing*) ☐ Coordinate with the Trust to explore braiding funding opportunities. (*Ongoing*) ☐ Explore the possibility of a State Plan or 1115 Waiver inclusion of call center Medicaid billing codes. (*Not Started*) ☐ Explore the feasibility of state legislative efforts that would support sustainability of 988. (*Not Started*) ☒ Evaluate need for additional space based on staffing increases. *(Complete, Careline moved to larger building in Summer 2022)*	**DBH (Leah)**; 9-8-8 Coalition, Sustainability WG; Trust (Eric), Careline **DBH (Leah)**; Trust (Eric), Careline	1 – 2 years; By June 30, 2023 1 – 2 years; By June 30, 2023	RI Rec. 4, 7 988 Goal 2.1b, 2.1d 988 Goal 2.2a, 2.2b
	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. *Selected 9-8-8 Action Items* ☐ Create new positions in anticipation of increased call volume. (*In progress*) ☐ Explore telework options and co-locating with other crisis serving organizations. (*Not Started*)	**Careline (Susanna)**, DBH (Leah); Trust (Eric),	0-6 months; By June 30, 2022	RI Rec. 7 988 Goal 3.1a
	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. *Selected 9-8-8 Action Items* ☒ 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. ☐ 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. (*Not Started*) ☐ Develop engagement opportunities for specific communities such as youth, people with disabilities, LGBTQ2IA, people of color and veterans. (*Not Started*)	**DBH (Leah)**; 9-8-8 Coalition, Tribal/Rural WG; Trust (Eric)	1 – 2 years; By June 30, 2023	RI Rec. 6, 7 988 Goal 5.1a, 5.2a
	3.d. Understand and delineate State's resources and how people access them (statewide and regionally) as well as the resources' data collection capabilities. *Selected 9-8-8 Action Items* ☐ Complete a landscape analysis of state and regional resource platforms. (*In progress*) ☒ Complete a landscape analysis of all crisis call lines in Alaska, including contact information, call volume, staffing, requirements and funding sources. *(Complete)* ☐ Explore connections with Tribal clinics and the services they offer. (*In progress*) ☐ Evaluate how Careline currently provides resources to contacts. (*Not Started*) ☐ Determine whether additional gaps in resources exist. (*Not Started*)	**DBH**; 2-1-1 (Sue); 9-8-8 Coalition, Resources Subcommittee and Technology WG; Trust (Eric)	0-6 months; By June 30, 2022 1 – 2 years; By June 30, 2023	RI Rec. 7 988 Goal 6.1a 988 Goal 6.2a

	☐ 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. (*Not Started*) ☐ Explore potential for 2-1-1 and iCarol integration. (*Not Started*) ☐ Connect with other states to explore potential for integration of platforms that support inpatient bed and outpatient provider availability. (*Not Started*)			
Crisis Now/988 Implementation Shared Lead	**3.e. Increase the crisis call center's ability to connect people to appropriate services in their local communities.** *Selected 9-8-8 Action Items* ☐ Coordinate with PES providers for warm hand-offs when appropriate. (*In progress*) ☐ Coordinate with providers of outpatient services so warm hand-offs can be made when appropriate (*In progress*) ☐ Develop a system to keep call center updated regarding on-call and outpatient services information. (*In progress*) *Crisis Now Action Items* ☒ Connect Careline staff with training and support in use of OpenBeds/Alaska Treatment Connection as an outpatient appointment, referral and bed registry tool. *(Complete - Careline staff trained)*	**DBH; Trust (Eric);** 9-8-8 Coalition, BH Services Subcommittee; Careline **Trust (Eric)**, DPH (Jane), Careline	0-6 months; By June 30, 2022	RI Rec. 7 988 Goal 6.1b
	3.f Build relationships between the crisis call center and emergency services dispatch to support increased coordination. *Selected 9-8-8 Action Items* ☐ Set up a virtual meeting to introduce 988 to PSAPs statewide. (*In progress*) ☐ Plan an (in-person?) meeting with PSAPs to provide training and resources on initiating a call transfer partnership (*In progress*) ☐ Create joint training/meeting opportunities for call center and PSAP staff. (*Not Started*) ☒ Work with PSAPs to develop a model decision tree for other PSAPs to use. (*Complete - Developed by Mat Com dispatch and reviewed with other PSAPs*) ☐ Create a subgroup to being the development and facilitation of a standard training process and materials for dispatchers to deliver. (*In progress*) ☐ Explore utilization of a backline for law enforcement organizations to make warm transfers. (*In progress*) ☐ Work with PSAPs to get accurate 911 volume numbers. (*In progress*) ☐ Launch a backline pilot in Fairbanks to make warm transfers to the call center. (*Not Started*) ☐ Examine data and determine where calls are coming from that lead to MCT dispatch. (*Not Started*) ☐ Develop a process for the crisis call center to request dispatch of mobile crisis teams without the need for dispatch reassessment of clients. (*Not Started*) ☐ Educate call center and mobile crisis team callers on when to call 988 vs. 911. (*Not Started*) *Crisis Now Action Items* ☐ Support development of toolkit for PSAP/Careline call transfer (*In progress*)	**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

	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. *Selected 9-8-8 Action Items* ☐ Reach out to other states to learn about their policies and procedures around mobile crisis team dispatch. (*In progress*) ☐ Identify SMEs and obtain technical assistance around coordination between the crisis call center and MCTs. (*In progress*) ☐ Engage MCTs that are currently operating in the state to provide input and feedback in the development of dispatch criteria. (*In progress*)	**DBH (Leah), Trust (Travis);** 9-8-8 Coalition, PSAPs/Law Enforcement and Behavioral Health Services Subcommittees; Careline; A::B	0-6 months; By June 30, 2022	RI Rec. 7, 8 988 Goal 6.1e
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
4.1 Statewide Coordination + Planning			
4.1a. Plan and convene monthly meetings for all community implementation coordinators. *Action Items* ☒ Send recurring calendar invite for second Monday of each month	**A::B,** Trust	Ongoing	Recommendation 1
4.1b. Provide targeted, as needed, support to new and existing community coordinators. *Action Items* ☒ Onboard new Fairbanks Crisis Now coordinator ☒ Onboard Ketchikan coordinator ☐ Crisis system flow mapping for Fairbanks	**A::B,** Trust	Ongoing	Recommendation 1
4.1c. Coordinate and participate in site visits with providers to model crisis programs. ☒ Juneau Community, October 2022 ☐ Mat-Su Community Trip, TBD ☐ Ketchikan Community Trip, TBD	**Trust,** A::B	Ongoing	n/a
4.1d. Participate in initial conversations with communities and organizations interested in the Crisis Now framework.	**Trust,** A::B	Ongoing	n/a
4.1e. Regularly engage with Tribal Behavioral Health Directors and provide implementation updates.	**Trust (Katie),** A::B	Ongoing	Recommendation 6, 11

4.1f. Assess community demand for behavioral health crisis services using hospital data. *Action Items* ☐ Identify hospitals to include in HFDR data request ☐ Analyze data and share back with hospitals	**A::B,** Trust	0-6 months	Recommendation 6, 9, 11
4.1g. Develop framework for evaluating community progress towards implementation using Crisis Now Scoring tool and other available resources.	**A::B,** Trust	0-6 months	Recommendation 8, 9
4.1h. Develop community workplan template to be used by community coordinators that identifies objectives, action items and resources needed by local providers. *Action Items* ☐ Meet with Amy and/or Solari to discuss typical agenda items and structure for crisis collaboratives in Arizona and elsewhere.	**A::B;** Trust	0-6 months	Recommendation 1
4.1i. Use HFDR data to prioritize and target rural communities for Crisis Now implementation efforts.	**A::B,** Trust	0–6 months	Recommendation 6, 11
4.1j. Engage identified rural communities and tribal organizations in conversations around Crisis Now implementation, resource needs, and possible adaptations for their communities.	**A::B,** Trust	6 months – 1 year	Recommendation 6, 11
Subarea 4.2 Anchorage Crisis Collaborative			
4.2a. Plan and convene monthly Anchorage Crisis Collaborative meetings.	**A::B;** Trust	Monthly	Recommendation 1
4.2b. Participate in joint planning meetings between Southcentral Foundation and Providence (2-3 per month).	**A::B,** Trust	Ongoing	Recommendation 1
4.2c. Participate in Anchorage Health Equity Advisory Committee meetings to provide updates and facilitate community voices in Crisis Now implementation.	**A::B,** Trust	Quarterly	Recommendation 1
4.2d. Identify host entity for Anchorage Crisis Now website. Support content management and updates.	**A::B;** Trust	0–6 months	Recommendation 1
4.2e. Participate in monthly Crisis Now Community Coordinator meetings. Report community implementation progress.	**A::B,** Trust	Monthly	Recommendation 1
4.2f. Map flow of individuals into and out of crisis care settings. ☒ Draft of current system flow developed	**A::B,** Trust	0-6 months	n/a
4.2g. Develop community-level workplan to identify objectives, action items and resources needed by local providers.	**A::B;** Trust	0-6 months	Recommendation 1
4.2h. Develop and formalize charter for Anchorage Crisis Collaborative	**A::B,** Trust	0-6 months	Recommendation 1
4.2i. Develop process for receiving and tracking service provider data.	**A::B,** Trust	0-6 months	Recommendation 2
4.2j. Support Assembly in planning for use of alcohol tax to support MCT services.	**A::B,** Trust	6-12 months	Recommendation 4
Subarea 4.3 Juneau Crisis Now Workgroup			

4.3a. Plan and convene monthly Juneau Crisis Now workgroup meetings.	**A::B;** Trust	Monthly	Recommendation 1
4.3b. Map flow of individuals into and out of crisis care settings.	**A::B,** Trust	0-6 months	n/a
4.2g. Develop community-level workplan to identify objectives, action items and resources needed by local providers.	**A::B;** Trust	0-6 months	Recommendation 1