

MEETING AGENDA

Meeting: Program & Planning Committee
Date: January 4, 2024
Time: 12:30 pm
Location: Trust Authority Building, 3745 Community Park Loop, Anchorage
Teleconference: (844) 740-1264 / Meeting Number: 2631 347 6284 # / Attendee Number: #
<https://alaskamentalhealthtrust.org/>
Trustees: Agnes Moran (Chair), Rhonda Boyles, Kevin Fimon, Brent Fisher, Anita Halterman, John Morris , John Sturgeon

Thursday, January 4, 2024

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12:30	
Call to order (Agnes Moran, Chair)	
Roll Call / Announcements / Approve Agenda	
Ethics Disclosure	
Approval of Minutes: October 19, 2023	4
12:35	
CEO Update	
12:50	
Governor’s Budget	16
1:15	
FY26-FY27 Budget Development Process	18
1:35	
Break	
1:45	
Approvals	
• UAA Center for Human Development: Children’s Mental Health Conferences	23
• JAMHI Health & Wellness, Inc: Juneau Reentry Coalition Reentry Support Housing Grant	28
• Catholic Social Services: CSS Behavioral Health	33
2:45	
Break	
3:00	
Approvals (continued)	
• Family Centered Services of Alaska: Residential Treatment Center, Expanding Capacity Project	39
3:45	
Adjourn	

Future Meeting Dates

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

(Updated – November 2023)

- Full Board of Trustees Jan 31 – Feb 1, 2024 (Wed, Thu) – Juneau

- Audit & Risk Committee April 24, 2024 (Wed)
- Finance Committee April 24, 2024 (Wed)
- Resource Mgt Committee April 24, 2024 (Wed)
- Program & Planning Committee April 25, 2024 (Thu)
- Full Board of Trustees May 22-23, 2024 (Wed, Thu) – Ketchikan

- Audit & Risk Committee July 30, 2024 (Tue)
- Finance Committee July 30, 2024 (Tue)
- Resource Mgt Committee July 30, 2024 (Tue)
- Program & Planning Committee Jul 31 – Aug 1, 2024 (Wed, Thu)
- Full Board of Trustees August 28-29, 2024 (Wed, Thu) – Anchorage

- Audit & Risk Committee October 16, 2024 (Wed)
- Finance Committee October 16, 2024 (Wed)
- Resource Mgt Committee October 16, 2024 (Wed)
- Program & Planning Committee October 17, 2024 (Thu)
- Full Board of Trustees November 13-14, 2024 (Wed, Thu) – Anchorage

- Audit & Risk Committee January 8, **2025** (Wed)
- Finance Committee January 8, **2025** (Wed)
- Resource Mgt Committee January 8, **2025** (Wed)
- Program & Planning Committee January 9, **2025** (Thu)
- Full Board of Trustees February 5-6, **2025** (Wed, Thu) – Juneau

Future Meeting Dates Statutory Advisory Boards (Updated – December 2023)

Alaska Commission on Aging

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

Executive Director: Jon Haghayeghi, (907) 465-4879, jon.haghayeghi@alaska.gov

- Quarterly Meeting: Spring / TBD

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>

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

- Quarterly Meeting: January 10, 2024 / Zoom
- Quarterly Meeting: Spring TBD / Wasilla

Governor’s Council on Disabilities and Special Education

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

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

- Triannual Meeting: February 13-15, 2024 / Juneau

**ALASKA MENTAL HEALTH TRUST AUTHORITY
PROGRAM & PLANNING COMMITTEE MEETING
October 19, 2023
8:30 a.m.**

**Hybrid Meeting Originating at:
Alaska Mental Health Trust Authority
3745 Community Park Loop, Suite 120
Anchorage, Alaska 99508**

Trustees Present:

Agnes Moran, Chair
Anita Halterman
Rhonda Boyles
Kevin Fimon
John Morris
John Sturgeon
Brent Fisher

Trust Staff Present:

Steve Williams
Katie Baldwin-Johnson
Miri Smith-Coolidge
Michael Baldwin
Eric Boyer
Allison Biastock
Kat Roch
Kelda Barstad
Debbie Delong
Valette Keller
Luke Lind
Carrie Predeger
Jimael Johnson
Janie Ferguson
Autumn Vea

Trust Land Office Staff Present:

Jusdi Warner

Also participating:

Patrick Reinhart; John Springsteen; Lisa Cauble; Charity Carmody; Kim Guay; Mark Fineman; Myrna Chany; Kara Nelson; Karl Soderstrom; Sean Martin; Sarah Koogle; Captain Pope; Major Graciani.

PROCEEDINGS

CALL TO ORDER

CHAIR MORAN called the meeting to order and did a roll. She asked for any announcements. There being none, she moved to the approval of the agenda.

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 Halterman, yes; Trustee Fisher, yes; Trustee Fimon, yes; Trustee Boyles, yes; Chair Moran, yes.)

CHAIR MORAN asked for any ethics disclosures. There being none, she moved to the minutes of July 26-27, 2023. She noted that Trustee Morris had joined the meeting.

TRUSTEE MORRIS apologized for being late.

APPROVAL OF THE MINUTES

MOTION: A motion to approve the minutes of July 26-27, 2023, was made by TRUSTEE HALTERMAN; seconded by TRUSTEE STURGEON.

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

APPROVALS

CHAIR MORAN stated that next on the agenda was Alaska Impact Alliance: Reimagining Child Welfare Project. She asked for a motion.

ALASKA IMPACT ALLIANCE: REIMAGINING CHILD WELFARE PROJECT

MOTION: The Program & Planning Committee approves a \$400,000 fiscal year '24 Early Childhood Intervention and Prevention Authority Grant allocation to the Alaska Impact Alliance for the Reimagining Child Welfare Project. These funds will come from the Foster Care and Child Welfare Systems Improvements line of the fiscal year '24 budget. The motion was made by TRUSTEE FIMON; seconded by TRUSTEE HALTERMAN.

MS. JIMAEEL JOHNSON introduced the project that Trust staff had been working on diligently with the partners and the Alaska Impact Alliance for the past several months. We have been part of this Alaska Impact Alliance effort for more than two years. She stated that Dr. Charity Carmody, the director of the Impact Alliance, was present to help answer any questions; and on the phone was Kim Guay with the Office of Children's Services to also assist in questions. She began with a brief background on the Alaska Impact Alliance and the relationship with the Trust work. She stated that the mandate of the State Office of Children's Services is to intervene when there is a child welfare issue at hand. The Alaska Impact Alliance came together on what could be achieved as a State and community to help families earlier in the trajectory before going to the

Office of Children's Services. She added that this is squarely within the Mental Health Trust priorities related to early intervention and prevention. This proposal, with leverage with some State-allocated resources, is to expand the networks of support that the Alaska Impact Alliance will put in place to help to improve existing agencies' capacities to better serve families and children that are already involved with child welfare agencies or are at risk of becoming involved with the child welfare systems. She then described a bit of where the funding would go. She added that this project aligns well with the Governor's Healthy Beginnings, Healthy Families initiative, to better support families in their communities. She asked for any questions.

TRUSTEE BOYLES stated that she had a couple of concerns and asked if the beneficiary-serving agencies cooperating with this are also receiving grant funds from the Mental Health Trust. She added that she knew there is a plan, and she just wanted to hear more about it.

MS. JIMAEEL JOHNSON stated that the packet had letters of support from seven core agencies that helped design some of this proposal, including the Office of Children's Services. Offhand she knows that Volunteers of America is one that specific programs that are funded. She added that she is confident that there was no duplication of efforts because what would already be funded through Trust funds to other agencies would be specific to those existing programs within those existing agencies.

CEO WILLIAMS reminded all that the Trust funds around 200 grants a year. Agencies could receive multiple grants from the Trust, and each grant is for a specific, distinct purpose.

TRUSTEE FIMON stated his support of trying to do more through helping OCS and the foster program. He added that he is also in support of follow-up and measuring how it works.

DR. CARMODY explained that this is a collaboration of over 50 agencies, everything from State agencies to private entities, tribes, that meet together regularly in the state of Alaska that serve children and families. The ideas in this proposal are a direct result of those agencies coming together and collaborating on what we all really believe will be effective in the state of Alaska. They are the direct reports, and the theory of change is based on that. She explained the evaluation system and the plan.

CHAIR MORAN stated that she was disappointed and still did not like it and was not going to support it. She continued that she did not doubt that it would do some good, but she thinks it is an urban solution to a rural problem. She added that it looks like it is propping up this model that has not worked for Alaska where the services are concentrated in the hub communities.

DR. CARMODY responded that the initial organization that came to the table were the pilots for Anchorage, Mat-Su and Fairbanks, but almost all of these are statewide initiatives and can be used by rural communities. The mini-grants are available statewide for any organization that wants to access them. She stated that the caregiver mentorship is statewide; respite allotment is available statewide for any family; mental health consultation is statewide; family navigators will be piloted in Anchorage, the Valley, and Fairbanks, but is only \$10,000 of this. A platform needs to be built to be able to roll that out statewide. We have been working very hard to ensure that the tribes and rural communities have access to all of this.

CHAIR MORAN asked how this all would be tracked.

DR. CARMODY replied through the database. We are now partnering with the Health Information Exchange, which is a statewide database, also helping to grow Alaska APT 2. There are plans to track every bit of data.

CHAIR MORAN stated that when looking at this, she does not see a well-thought-out plan.

TRUSTEE HALTERMAN stated that she was excited about this project and shared her observations. The State Government has a lot of information on the matter of OSC populations, but it is so guarded and protected that even behavioral health information that would be useful for agencies to help better serve these families is not available. She was excited about the fact that this organization may actually get further than any she has ever seen over the years throughout all of her work with the Department of Health and Social Services on policy development. She added that she was fully supportive of the request and is optimistic that they will get better information than from State Government, because of the statutory restrictions that are placed on State agencies.

TRUSTEE STURGEON thanked Dr. Carmody for coming and for all her hard work and passion for the foster-care children in the state. He stated that he fully supports this. This is a proposal that came up with a lot of recommendations from a lot of people that are next to the problem. This is prevention, and it is a great start. He supported it fully, and encouraged his fellow trustees to do the same. It may not be the perfect solution; there may be some folks that drop out; but it is a collaborative effort.

CEO WILLIAMS stated that Director Guay was in the room, and this is a partnership with OCS. He continued that it would be great to hear Director Guay's view of the project, how it will impact the system and, more importantly, the kids and the families that are engaged in the system at points in time. He commented that this is a great dialogue about the project itself and what will be achieved, with data that will be collected and gleaned on how it was all impacted. He continued that it is within the early childhood intervention and prevention priority area, which means that Ms. Johnson will be working closely with the partners on this project as a part of the work.

MS. GUAY stated that she is the Director of the Office of Children's Services and thanked all for hearing her. She talked about the vision of OCS, and not only where it is going in the state of Alaska, but also the Federal Government is trying to push having less children in care and helping families earlier upfront so that they do not end up in foster care. Foster care is not a great place to grow up, and we want to prevent children from coming into care. She continued that it is a collective of minds on how to do things across the board for the State. She did not know if child welfare would ever end, but at least the child protection side of it will be impacted. The goal is to keep kids and families in their community, keep them healthy, and to have those providers locally serve those children and families.

TRUSTEE BOYLES complimented Director Guay and Dr. Carmody for putting all of these agencies together.

TRUSTEE FIMON stated that it was a proposal that he could support and that it will be a work in progress. With some assurances, he definitely could support it.

DR. MORRIS stated that after listening to fellow trustees' questions and discussion, many of his questions were answered. He heard them agree to come back in eight months and let us know where the money went and what this has evolved into. He continued that he would be happy to do this experiment on a very worthy targeted set of beneficiaries.

TRUSTEE HALTERMAN called the question.

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

KETCHIKAN INDIAN COMMUNITY: YI GU.AA X'WAN PERMANENT SUPPORTIVE HOUSING PROJECT

MOTION: The Program & Planning Committee approves a \$375,000 fiscal year '24 Housing and Long-Term Services and Supports focus area allocation to the Ketchikan Indian Community for the Yi gu.aa xax x'wan Permanent Supportive Housing Project. These funds will come from the supportive Housing Project line of the fiscal year '24 budget. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE FIMON.

MS. BARSTAD noted that beside her was Mark Fineman, the vice-president of development and project management with Cook Inlet Housing Authority. On the phone was Myrna Chaney, housing director of Ketchikan Indian Community. She continued that the Permanent Supportive Housing Project in Ketchikan will house 20 people, and this was identified as a project primarily for elders who experience chronic homelessness. It is very typical for a community's first permanent supportive housing project to be for people that had been chronically homeless for many years. She added that this is very similar to other permanent supportive housing projects. It is an evidence-based practice and is successful in housing individuals who are chronically homeless with multiple needs. It allows people to have safe, stable housing as a first intervention so that they can then obtain the supports needed to meet their goals and to stabilize. There have been permanent supportive housing projects in Anchorage, Fairbanks, and Juneau for many years. She was very excited to see permanent supportive housing projects spring up in other hub communities, including this one in Ketchikan. She looked forward to the future for permanent supportive housing where, potentially, it can branch out into even smaller communities. It is a key for healing in a variety of different ways for individuals; especially for those who had been chronically homeless for a very long time. She asked for any questions.

TRUSTEE STURGEON asked regarding the funding, what is Ketchikan Indian Community and where does their funding come from? Is there any participation by Sealaska Corporation, Cape Fox Corporation, and is it just for indigenous? What is the clientele?

MS. CHANEY stated that she is with Ketchikan Indian Community. She began with the name and pronunciation which means "be strong and have courage" in Tlingit. It also means "just having your clan behind you, holding you up." She continued that they will be committing \$1 million of Authority funding for the project, which is their Indian Housing Block Grant Fund from HUD. She added that they had some carry-overs which contributed to the project. She stated that they had not engaged Sealaska or Cape Fox for fundings with the project. As to

clientele, they will be working on a tribal sovereign point system, which does not necessarily mean that it will be excluding, but it will be a tribal conference.

CHAIR MORAN asked about a proposed schedule.

MS. CHANEY replied that they anticipated submitting the goal application by November 15th, and they are project-developing with a partnership with Cook Inlet Housing.

TRUSTEE BOYLES asked for an explanation of the low-income housing tax credit equity.

MR. FINEMAN replied that the low-income housing tax credit program is a Federal program matched by the IRS Treasury. Every state is issued low-income housing tax credits, including Alaska, and those credits are deployed through Alaska Housing Finance Corporation. Every year AHFC has a goal application process where tax credits, as well as other State and Federal funding, are deployed.

TRUSTEE BOYLE asked about tracking the money in CEO Williams' report so that the trustees know when it is released, and if AHFC approves.

CEO WILLIAMS stated that he would provide an update on when all of the funding pieces were secured or not, and when Trust funds got released or not, depending on the overall capital funding picture.

CHAIR MORAN called the question.

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

CHAIR MORAN called a break.

(Break.)

TRUE NORTH RECOVERY: MATSU VALLEY MOBILE CRISIS TEAM

CHAIR MORAN moved to the next approval, and entertained a motion.

MOTION: The Program & Planning Committee recommends that the Full Board of Trustees approve a \$75,000 fiscal year '24 Mental Health and Addiction Intervention focus area allocation to True North Recovery, Incorporated, for the Year Two Mobile Crisis Team Project. These funds will come from the fiscal year '24 Crisis Continuum of Care budget line. The motion was made by TRUSTEE BOYLES; seconded by TRUSTEE FIMON.

MS. FERGUSON thanked the Chair and Board of Trustees for hearing her present this motion for True North Recovery Year Two, with the notation and expansion of the Mobile Crisis Team, commonly known as the MCT. She was there with Kara Nelson, COO of True North Recovery; Karl Soderstrom, CEO of True North Recovery; and Sean Martin, pro tem manager for the Mobile Crisis Team and Day One Center. She continued that at the May 4th board meeting in the

Mat-Su Valley, trustees attended a site visit of the Day One Center and launch pad. True North Recovery is a peer-led behavioral health organization that has integrated peer support and evidence-based practices to deliver the utmost quality of care and broad range of services related to the continuum of care that exemplifies a culture of peers to provide the highest quality of care to Trust beneficiaries' rights. It has also achieved Joint Commission accreditation, immersing those standards throughout its service array. It is also uniquely poised to bring this Year Two implementation expansion to its service area in the Mat-Su Valley with the Mobile Crisis Team with two additional communities in the Mat-Su Valley. Throughout that first year, True North was able to foster impactful relationships, while navigating the development and implementation, and it continued to serve Trust beneficiaries on the Mobile Crisis Team and other services that they provide in their continuum of care. She continued her information on Year One and impacts.

TRUSTEE BOYLES stated that the Crisis Team was looking to be more self-sufficient in five years. Being at the end of Year One with awesome results, she asked if they were asking for two years' support in this recovery.

MR. SODERSTROM replied that they are proposing to add a second team alongside the current team and would be for 2024. He added that this will give them the ability to go up into Big Lake, but also over to Palmer, and will be a great way to continue serving the Mat-Su Valley.

A discussion ensued on the Mobile Crisis Team.

CHAIR MORAN asked for any further discussion. Hearing none, she called the question.

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

ALASKA BEHAVIORAL HEALTH FAIRBANKS MOBILE CRISIS TEAM

CHAIR MORAN asked for a motion.

MOTION: The Program & Planning Committee recommends that the Full Board of Trustees approve a \$750,000 fiscal year '24 Mental Health and Addition Intervention focus area allocation to the Anchorage Community Mental Health Services, Incorporated, DBA, Alaska Behavioral Health, for the Fairbanks Mobile Crisis Team project. These funds will come from the fiscal year '24 Crisis Continuum of Care budget line. The motion was made by TRUSTEE BOYLES; seconded by TRUSTEE STURGEON.

MR. BOYER thanked the board for entertaining this grant proposal from Alaska Behavioral Health in Fairbanks. He noted that Sarah Koogle is based in Fairbanks and is online. He continued that she is the director of adult services for Alaska Behavioral Health, and she has overseen the Mobile Crisis Team in Fairbanks since its inception, and she is a real integral partner. He added that the makeup of the Mobile Crisis Team was heard in the last proposal. The one in Fairbanks is the original. He stated that their numbers are great and over the course of a year, they have averaged 83 percent in sustaining beneficiaries they responded to in the community. He talked about the history of the Mobile Crisis Team and the three systems they looked at: Georgia, Arizona, and New York.

TRUSTEE BOYLES stated that they always said that this would take that model of Phoenix, and that it would be modified for Alaskans. In some ways, Phoenix is much like Alaska in that it is very rural. They service that with a different approach than they do for bigger cities. She asked if they would see some modification of budgets to Crisis Now.

MR. BOYER replied that that is the hope. He highlighted that the State of Alaska has a contractor working with the State. They have some Federal dollars to look at the interoperability of 988 with 911 because the State wants to invest in the infrastructure, but we do not want to do it wrong. He expected recommendations to come out this winter that will translate to the Department of Health and what they are asking the Legislature to support.

TRUSTEE FIMON asked if the area will also be expanded.

MR. BOYER replied that the expansion is part of what Alaska Behavioral Health is doing.

TRUSTEE MORRIS put on the record why he would vote differently on this very similar request to the previous one. It is the very similar personnel costs: One, for very similar personnel costs, they've managed to see on an annualized basis three times as many calls. Second, their response to that is finding ways to make it sustainable independent of Trust funding rather than doubling down on capacity when they had not shown any demand. He added that they are not bearing any risk if the Trust is paying all their costs. This is something that he would be happy to fund at a lower rate if they never make money. However, doubling down when there are not enough customers is not sensible.

MR. BOYER replied that was a great point, and he will be sure to monitor those outcomes in the coming months and bring that information back. He will keep updating on how that rolls out.

TRUSTEE HALTERMAN stated that she supports the project. She continued that the foundation needs to be built for folks.

CHAIR MORAN called the question.

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

SALVATION ARMY WITH TRANSITIONAL HOUSING

CHAIR MORAN entertained a motion.

TRUSTEE MORRIS stated that he has the privilege of serving on the advisory board of the Salvation Army. Out of an abundance of caution, he recused himself from the discussion on this topic.

CHAIR MORAN thanked Trustee Morris, and stated that he was recused.

MOTION: The Program & Planning Committee approves the \$200,000 fiscal year '24 Mental Health and Addiction Intervention focus area allocation to the Salvation Army, a

California Corporation, for the Salvation Army, Booth Transitional Housing Project. These funds will come from the fiscal year '24 Treatment Access and Recovery Support budget line. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE STURGEON.

MR. BOYER talked about the Salvation Army and how we have spent some time looking at it from the Land Office side of the house, how to do a below-market land lease deal for their property, which is just right across the street. He continued that trustees are familiar with the services that the Salvation Army provides the community, especially around in-patient, outpatient, substance-use-disorder treatment. They have a long history here, and this is kind of the next step. They have one of the larger buildings, with 32 beds. It has not been utilized in a little while because it needed renovations to be able to make it available and active for transitional housing starting out with adults and then stepping down from more intensive treatment. He added that it is a good location in Anchorage that allows for ongoing support of families. He introduced Captain Pope and Major Graciani representing the Salvation Army leadership. He stated that the Alaska Salvation Army has complete power over their facilities and their budgets. He added that the gentlemen from the Salvation Army would be happy to answer any specific questions about the long-term future of the facilities or treatment.

TRUSTEE FISHER stated that this program is exclusively for women, and then adults that have some type of addiction or some other type of substance abuse.

MR. POPE thanked the trustees for the approval of the 25-year lease to keep the Salvation Army on the property. The program that they were looking for at the Booth campus is a 3.1, which is a Medicaid-billable program. Currently, they have a 3.5, which is a more extensive mental health treatment program for women located at the safe campus between A and C Streets down by the McKinnell Family Shelter. The ladies there, when they graduate their program, will go directly to the outpatient services, which is also on the Booth Campus. The 3.1 will allow them to graduate to 3.5, which is the more intensive care. It allows this facility to have job skills, work therapy, to allow beneficiaries to continue in their recovery programs. The goal is to have one wing of 16 beds for 3.1. They are looking at the building to provide treatment services to the ladies for a year, could be two, depending on how long they go through one program to the next. He also talked about the men's program.

TRUSTEE FISHER asked if they expect this to be self-funded after this facility was refurbished and set up the way they should be.

MR. POPE stated that, currently, the Clitheroe Program is a Medicaid-billable program with funding through a grant from the State. It was a very long process to acquire the funds from the State to rehabilitate the facility so they could reopen the Clitheroe program.

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

CHAIR MORAN called for a lunch break.

(Lunch break.)

CHAIR MORAN called the meeting back to order. She stated that Trustee Sturgeon was excused for the afternoon, but he would be rejoining tomorrow. She continued to the CEO Report.

CEO REPORT

CEO WILLIAMS highlighted the release of the HB 172 Psychiatric Patient Rights in Alaska report that was transmitted to the Legislature on Monday as required by HB 172. House Bill 172 was key legislation for no-wrong-door access to support the Crisis Now work with a section at the end of the bill that required the Department of Health, the Department of Family and Community Services and the Trust, along with a whole host of other stakeholders, including patient advocates, people with lived experiences, the Disability Law Center, the State Ombudsman, and others, to look into this issue. There was some very specific language in the bill that had to be included in addressing the report. He stated that the report is 50 pages long, and the supplemental materials are another 79 pages. There were over 90 recommendations made from this report. He added that this report is public and is on the State public system. It is also on the Trust's Crisis Now web page. He added that the public comments are included in the report. He thanked the folks from both the Department of Health, their Commissioners, Department of Family and Community Services, their Commissioners, their staff, Laura Russell, Ashley Christopherson, Tracey Dompeling, who were all really integral to this. He also thanked the staff that spent a lot of time on this work over the course of the past several months, and he recognized them individually. He moved to the second item which was an update on where things stood with the Comp Plan. The trustees reviewed it in August with the Trust and Departments. It is the responsibility of the Department of Health and Department of Family Services to have the Comp Plan and to ensure that services identified in it and broader are available in communities. He talked about the Comp Plan being discussed in different venues, one of which was the Department of Health and Family and Community Services. He recognized Autumn Vea who, for the last five years, has presented several times on the Comp Plan, had been that one person that helped the Department follow through and make sure there was a Comp Plan, that it existed, is monitored, and is being used. He thanked her for that, as well as for other things. He stated that Autumn was offered an opportunity to work with a national consulting firm that has a piece of their work involving the Bureau of Prisons and looking at healthcare as it was delivered through the prison system. Autumn has 17 years of State services, and prior to coming to the Trust, she had worked for the Department of Corrections. One of the things she oversaw was their substance abuse treatment program. She will be here for a few more weeks, but this is her last trustee meeting, and he wanted to make sure the trustees had the opportunity to recognize Autumn for all of the work she has contributed.

(Applause.)

MS. VEA stated that she hoped to continue to serve Trust beneficiaries on the national level. Criminal justice is near and dear to her heart. She has a background and a degree in criminal justice. Helping on a national level makes a lot of sense. She would like to see that system of care happening locally.

CHAIR MORAN wished her well. We all know that beneficiaries make up the largest percentage of prison operations.

CEO WILLIAMS thanked Ms. Vea, and highlighted a couple of things. He participated in a panel presentation to the Alaska Principal Association on the mental health in schools. He stated that it was a great opportunity to have a dialogue with the principals and vice principals about the two-phased report. The first was trying to get information on the landscape from the 54 school districts; 31 school districts responded and gave feedback. Phase 2 was using that information to figure out some good steps to move forward to help schools address the issues related to mental health and kids today. He reminded all that the rural outreach trip was two weeks away. He then commented on the CEO-approved quarterly grants report that was e-mailed to the trustees.

DATA/EVALUATION PRESENTATION

MR. BALDWIN explained that this was a follow-up to the conversation back in April where the Trust's data and evaluation was talked about and how we go about it. He explained the pyramid, and reminded them that the higher up you go on the pyramid, the more intense the resources or engagement. The higher up, more thoughtfulness is necessary for being good stewards in the effort. It involves funding, as well as personnel, and people and partners. He highlighted some of the layers put in there for review. They were at tier 4, and the impact assessment is what he discussed.

CHAIR MORAN asked about the missions and measures report and if it comes to the Trust.

MR. BALDWIN replied that the deadline overlapped with this meeting, and it did not get it into this packet.

CEO WILLIAMS replied that it gets updated every year. Standard measures were developed for the Trust ten-plus years ago.

MS. VEA added that in terms of innovation and innovative strategies that were not outlined in the Comp Plan, one example would be COVID. That Comp Plan did not predict the global pandemic, and it did not predict the shift in healthcare access. However, the Trust was nimble and able to respond to the pandemic by offering COVID support services, as was the Department. She explained that the Comp Plan is meant to be a priority or a funding guide, but it is not the end-all, be-all for promoting strategy and healthcare access for Trust beneficiaries.

MR. BALDWIN moved to the inside target where evaluating, implementing the results-based accountability works. He talked about the flexibility point of something being a new strategy or evidence-based practice, or of something is identified, and it gets built in that ongoing look at proving the data.

CHAIR MORAN stated that before doing an evaluation, that the goals and benchmarks need to be set in. She asked if that was incorporated into each of the grants, and if there is an expectation of sitting down with the grantee during the grant approval process where the expected outcomes were explained and what the expected levels were measured against. She asked about the consistency of those measures across comparable types of grants.

MR. BALDWIN replied that every project has a set of performance measures and/or deliverables that are connected to anything funded. It is scaled to the size and nature of the project. Similar projects use similar performance measures to start pulling together the rough performance measures, indicators, and outcomes. There are trainings and evaluations and so on.

CEO WILLIAMS clarified that they are a funder, not the service provider. We make sure to fund programs that impact the beneficiaries; that we are funding programs with the intent of having positive impacts on beneficiaries, and then tracking how that happens.

TRUSTEE BOYLES stated that our responsibility as a board is to advise and monitor what the Administration is doing in fulfilling the mission statement. The mission statement was given to the Board 15 years ago, or however long it had been since we were created. She always thought that it was about the beneficiaries and where they would be in perpetuity, and that every decision has to be made around that. We spend a lot of time trying to figure out how do we, as trustees. We become educated and try to get the information we believe we need to do our job well, with an administration telling us what we have the ability to do, and educating us as to what is possible. Somewhere down the road, that needs to be brought together candidly. She added that we have to have an acknowledgment of what the priorities are and what we are able to do.

CEO WILLIAMS stated that he did hear that moving forward, we should be incorporating the new project information that Trustee Fisher wants about “this is a capital grant.” Staff will make sure that capital funding requests have a more robust, tailored program element, and it is not just about square footage, credits, and a roof.

MR. BALDWIN noted that he enjoys showing the data and having a little bit of a context with which to get started. He thanked all for the great questions and dialogue.

CHAIR MORAN asked for any further questions. Hearing none, she adjourned the meeting.

(Program & Planning Committee meeting adjourned at 2:30 p.m.)

MEMO

To: Agnes Moran, Chair, Program and Planning Committee
Through: Steve Williams, Chief Executive Officer
From: Katie Baldwin-Johnson, Chief Operating Officer
Date: December 28, 2023
Re: FY25 Mental Health Budget Bill Analysis

On December 14th Governor Dunleavy submitted his FY25 Proposed budget. This is the first of several steps in the development State's FY25 budget. Trust staff have reviewed the Governor's Proposed budget and compared it to the board of trustees' FY25 budget recommendations. Overall, the Governor's Proposed FY25 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, it does not include all of the trustees' recommended GF/MH increments. This is not unusual, as the State's fiscal status, outlook and priorities change from year to year. Below are a few key takeaways from the Governor's Proposed FY25 budget:

- 1) **Inclusion of 36%** of the board of trustees' approved recommendations for State General Fund/Mental Health funds (\$3,977.8);
- 2) **No reduction** to the board of trustees' approved FY25 MHTAAR funds for beneficiary program services; and
- 3) **Inclusion of \$800.0** of additional MHTAAR not formerly approved by trustees in the FY25 Trust budget. Of this, \$750.0 was added to offset the GF/MH reduction for Crisis Now grants, and \$50.0 was added to trustee-approved \$250.0 of MHTAAR for Coordinated Community Transportation.

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 2023 board meeting, the Trust's FY25 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 \$10,937.4 of State General Fund/Mental Health dollars for 24 projects; of those 24 projects, 16 also included \$4,147.8 of MHTAAR funds. As noted above, the Proposed FY25 budget did not include all the board of trustees' approved GF/MH recommendations.

Upon release of the budget, a meeting occurred with the Director of the Office of Management and Budget (OMB) to discuss the changes, including the reduction to GF/MH increments and the addition of \$800.0 of MHTAAR funding outside of trustees' approval. Staff are actively working with OMB to understand and address this.

On the following page is a table that lists projects that the trustees recommended be partially or fully funded with GF/MH and associated MHTAAR. The table compares the FY25 budget approved by the board of trustees to the Governor's FY25 Proposed budget for these projects.

FY25 Budget Comparison – GF/MH recommendations only

		OPERATING					
		Trustee Rec		Gov Budget		Difference	
		MHTAAR	GF/MH	MHTAAR	GF/MH	MHTAAR	GF/MH
DOA	Centralized Accommodation Fund	-	100.0	-	-	-	(100.0)
DEED	AK Autism Resource Center (AARC)	-	50.0	-	-	-	(50.0)
DOH	Start-Up Crisis Stabilization Grants	-	1,500.0	500.0	500.0	500.0	(1,000.0)
DOH	Crisis Services Grants (EMS/BH Mobile Integration Unit)	-	500.0	250.0	250.0	250.0	(250.0)
DOH	Comprehensive Program Planning Coordinator	75.0	75.0	75.0	-	-	(75.0)
DOH	GCDSE Joint Staffing	184.5	50.0	184.5	-	-	(50.0)
DOR	Long Term Care Ombudsman	-	133.5	-	-	-	(133.5)
ACS	Juneau Mental Health Court	-	126.1	-	-	-	(126.1)
Sub Total		259.5	2,534.6	1,009.5	750.0	750.0	(1,784.6)
		Trustee Rec		Gov Budget		Difference	
		MHTAAR	GF/MH	MHTAAR	GF/MH	MHTAAR	GF/MH
DOH	Home Modifications and Upgrades to Retain Housing	-	1,150.0	-	575.0	-	(575.0)
DOR	Homeless Assistance Program	950.0	2,850.0	950.0	-	-	(2,850.0)
DOR	Special Needs Housing Grant	200.0	1,750.0	200.0	-	-	(1,750.0)
DOT	Coordinated Transportation	250.0	1,000.0	300.0	1,000.0	50.0	-
Sub Total		1,400.0	6,750.0	1,450.0	1,575.0	50.0	(5,175.0)
TOTAL		1,659.5	9,284.6	2,459.5	2,325.0	800.0	(6,959.6)

Key:
DOA= Department of Administration
DEED= Department of Education & Early Development
DOH= Department of Health
DOR= Department of Revenue
ACS= Alaska Court System
DOT= Department of Transportation
MHTAAR= Mental Health Trust Authority Authorized Receipts
GCDSE= Governors Council on Disabilities & Special Education

Trust

Alaska Mental Health
Trust Authority



Trust FY26-FY27 Budget Development

Trust Budget Process

- Two-year budget cycle
- Informed and collaborative
- Beneficiary engaged
- Statutory advisor-informed
- Reflective and forward-looking
- Submitted by September 15th to the Governor
- MHTAAR and state general fund recommendations





Engagement and Planning Cycle

Statutory Advisory Boards

State partners

Beneficiaries

Community, Tribal and local government

Beneficiary serving organizations

Data

Trust Staff



Timeline spring/fall 2024

Feb - early June 2024	Staff working with Advisory Boards & Stakeholders to inform budget recommendations and strategies
Late June - July	Staff working with partners to finalize FY26/27 budget proposal
July 26-27	Trust authority program and budget recommendations presented during July Program and Planning Committee meeting and trustees provide feedback
August 29-30	Final draft of FY26-27 budget recommendations approved by trustees
September 15	Trust budget transmitted to the Governor and Legislature





Questions?

MEMO

To: Agnes Moran - Program & Planning Committee Chair
Date: January 4, 2024
Re: FY24 Other Priority Area – Early Childhood/Children’s Mental Health Conference Funding Request
Amount: \$50,000.00
Grantee: University of Alaska Anchorage, Center for Human Development
Project Title: Children’s Mental Health Conferences

REQUESTED MOTION:

“The Program & Planning Committee approves a \$50,000 FY24 Early Childhood Intervention and Prevention authority grant allocation to the University of Alaska Anchorage Center for Human Development for Children’s Mental Health Conferences. These funds will come from the Children’s Mental Health Conferences line of the FY24 budget.”

Assigned Program Staff: Eric Boyer

STAFF ANALYSIS

This request would support the Institute and Child, Adolescent, Family, Behavioral Health (CAFBH) conference. These funds would come from the Early Childhood Intervention and Prevention Priority Area Children’s Mental Health Conferences budget line, which the Trustees previously approved as part of the FY 24 budget. This joint conference will provide skills and best practices on early childhood and adolescent behavioral healthcare for 200 staff and clinicians from around the state who work with Trust beneficiaries and their families. These funds will be leveraged with the Alaska Division of Behavioral Health (DBH) funding grant of \$65,643. The conference will be held in Anchorage in April over a three-day period.

The staff attending this conference work at Infant Learning Programs, Early Head Start programs, childcare centers, behavioral health agencies, child protection offices, juvenile justice offices, hospitals, tribal organizations, and community-based social service agencies. These professionals serve Alaska’s most vulnerable families. Many children and adults in these families experience severe mental health challenges, addiction, developmental challenges, impact from traumatic histories, and difficulty from brain injuries, with many individuals challenged by co-occurring disorders.

This grant funding request supports the Early Childhood Intervention and Prevention focus area and the goals and objectives of the Comp Plan. This request is a yearly funding request in partnership with the State of Alaska DBH. Trust staff recommend fully funding this request.

Budget information: Trustees approved in the FY24 Early Childhood Intervention & Prevention Priority Area budget \$50.0 (Authority Grant Funds) for the Children’s Mental Health Conference. Currently there is a balance of \$50.0. If this request is approved there will be a remaining balance of \$0.

COMP PLAN IDENTIFICATION

Goal	Objective	Comments
Goal 6 Protecting Vulnerable Alaskans	6.2 Early intervention for child maltreatment	

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

The Family Services Training Center (FSTC) at the UAA Center for Human Development will host the FY24 Infant, Early Childhood, Mental Health (IECMH) Institute and Child, Adolescent, Family Behavioral Health (CAFBH) Conference. The IECMH Institute/ CAFBH Conference is an annual conference hosted in Alaska for the last 18 years. The conference aims to provide critical training and networking opportunities for 200 behavioral health professionals alongside behavioral health professionals. In Alaska, professionals who serve infants, toddlers, and preschoolers often work in different agencies than behavioral health professionals who work with older children. This conference represents a unique opportunity for these professionals and agencies to come together to learn state-of-the-art strategies for treating families.

In Alaska, professionals who serve infants, toddlers, children, youth, and their families are spread across the state. They work at Infant Learning Programs, Early Head Start programs, child care centers, behavioral health agencies, child protection offices, juvenile justice offices, hospitals, tribal organizations, and a host of other agencies. These professionals serve Alaska’s most vulnerable families. Many children and adults in these families experience severe mental health challenges, addiction, developmental challenges, impact from traumatic histories, and difficulty from brain injuries, with many individuals challenged by co-occurring disorders.

These professionals desperately need opportunities to come together, network, problem-solve, and think through how this complex field of professionals can better work together to serve Alaska’s most vulnerable families. A conference is a valuable opportunity for professionals from different backgrounds and communities to learn and share knowledge of best practices. Through discussions and training at plenaries and workshops, professionals find common ground with new interventions to serve children and families. They form new relationships that improve the continuity of care for families. They build team approaches among agencies that often struggle because they work in silos or at cross purposes with other agencies.

The conference is organized with topics and presenters that appeal to a wide range of professions. Networking opportunities are organized around strategies to form interdisciplinary teams and collaborations among agencies. Workshop tracks provide professionals with opportunities to expand their scope of practice. For example, behavioral health professionals interested in

expanding services to children ages zero to five can join workshops to discuss interventions for younger children. The conference will be in person for three days, with one plenary per day, with three learning tracks per day. Each learning track will be comprised of three 60- to 90-minute daily sessions. The conference will be held in Anchorage with dates to be determined during the month of April.

Representatives from agencies across Alaska like the Alaska Association for Infant and Early Childhood Mental Health, Thread, the Division of Behavioral Health, Sitka Counseling, Residential Youth Center, Presbyterian Hospitality House, the Infant Learning Program, Senior and Disabilities Services sit on the planning committee, encourage staff at their agencies to attend, and help advertise the conference to agencies and communities across the state.

EVALUATION CRITERIA

Attendance at the conference and at each plenary and workshop session will be kept. Participants will complete evaluations for each session and the conference overall. In the evaluation, participants will respond to questions that measure their satisfaction with the session and how their knowledge of the topic improved after the session. Participants will give examples of how they will apply concepts and skills from the session to their practice.

Through these measures, we hope to show that at least ninety percent of approximately 200 conference participants demonstrate increased knowledge as a result of conference plenaries and sessions. We will demonstrate common themes among professionals of new strategies to serve trust beneficiaries.

SUSTAINABILITY

The early childhood conference is funded jointly by the Alaska DBH and the Trust. The AMHTA Trustees approved Children's Mental Health Conferences (CAFBH & IECMH) line item within the Early Childhood Intervention and Prevention Priority Area for FY 23-24. This line item is used to fund the Infant and Early Childhood along with the Adolescent Mental Health Conferences to the entity that is approved for putting the conference on in April of 2024, and that is the University of Alaska Anchorage (Family Services Training Center). The State of Alaska and the Trust have been co-funding this conference for the last four years and have continued to support the annual conferences recognizing that they are important resources for the individuals and organizations engaged with early child mental health and services for children and families.

WHO WE SERVE

In Alaska, professionals who serve infants, toddlers, children, youth, and their families are spread across the state. These professionals serve Alaska's most vulnerable families. Many children and adults in these families experience severe mental health challenges, addiction, developmental challenges, impact from traumatic histories, and difficulty from brain injuries, with many individuals challenged by co-occurring disorders.

This conference will provide these professionals with critical opportunities to learn new strategies to better serve trust beneficiaries who are often the children, parents, and relatives that belong to these vulnerable families. Professionals will network to form interdisciplinary teams and collaborations among agencies. With new knowledge, new collaborations, and new strategies, these professionals have tools to better serve beneficiaries in communities all over Alaska.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Number of people to be trained	200
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BUDGET

Personnel Services Costs	\$21,000.00
Personnel Services Costs (Other Sources)	\$21,000.00
Personnel Services Narrative:	<p>Approximately 500 hours of personnel time. Personnel is calculated with fringe benefits at approximately \$60 per hour. 500 hours x \$60 = \$30,000</p> <p>Approximately 12,000 in administrative fees.</p> <p>Personnel + administrative fees = \$42,000</p> <p>Personnel Services Costs to be Funded by The Trust is \$21,000 + Personnel Services Funded by DBH (Other Organizations) is \$21,000 = \$42,000</p>

Travel Costs	\$13,000.00
Travel Costs (Other Sources)	
Travel Narrative:	<p>Training Access Funds:</p> <p>With the impacts of inflation and increased cost for travel airfare, lodging, meals, etc., many agency service providers that work with Trust beneficiaries are unable to cover costs for their staff to access trainings and professional development venues that assist with increasing knowledge and skills of this specific workforce.</p> <p>13 Conference participants to be able to cover travel and lodging costs for three day in person training conference in Anchorage during the month at \$1,000 per approved participant.</p>

Other Costs	\$16,000.00 (Trust Funding)
Other Costs (Other Sources)	\$44,643.00
Other Costs Narrative:	<p>Mental Health Trust Costs: \$16,000</p> <p>Event Venue- Hotel event venue contract includes conference space, catering, exhibit tables, and conference equipment. Total amount \$10,000</p>

	<p>National Presenters – National presenters to deliver plenary sessions at conference. Estimated at \$1000 per hour x 5 hours. Total amount \$5,000</p> <p>Alaska Presenters- Alaska presenters to deliver workshops for the conference. Estimated at \$200 per hour x 5 hours. Total amount \$1000</p> <p>DBH (Other (Misc.) Costs Funded by Other Organizations): 44,643</p> <p>National Presenters – National presenters to deliver plenary sessions at conference. Estimated at \$1000 per hour x 10 hours. Total amount \$10,000</p> <p>Alaska Presenters- Alaska presenters to deliver workshops for the conference. Estimated at \$200 per hour x 25 hours. Total amount \$5000</p> <p>Event Venue- Hotel event venue contract includes conference space, catering, exhibit tables, and conference equipment. Total amount \$29,643</p>
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Total Amount to be Funded by the Trust	\$50,000.00
Total Amount Funded by Other Sources	\$65,643.00

OTHER FUNDING SOURCES

State of Alaska, Department of Health, Division of Behavioral Health PENDING	\$65,643.00
Total Leveraged Funds	\$65,643.00

MEMO

To: Agnes Moran - Program & Planning Committee Chair
Date: January 4, 2024
Re: FY24 Disability Justice Focus Area Allocation
Fund Source: FY24 Reentry Transition Supports
Amount: \$57,500.00
Grantee: JAMHI Health & Wellness, Inc.
Project Title: Juneau Reentry Coalition (JREC) Reentry Support Housing Grant

REQUESTED MOTION:

“The Program & Planning Committee approves a \$57,500 FY24 Disability Justice focus area allocation to JAMHI Health & Wellness, Inc. for the JREC Reentry Support Housing Grant project. These funds will come from the Reentry Transition Supports line of the FY24 budget.”

Assigned Program Staff: Eric Boyer

STAFF ANALYSIS

JAMHI Health and Wellness is requesting \$57,500 to support housing for Trust beneficiaries close to release or recently released from incarceration. Funds for this project would come from the Trust Disability Justice focus area budget line for Reentry Transition Supports that Trustees previously approved as part of the FY24 Disability Justice focus area budget. These Trust funds will be administered through JAMHI Health and Wellness as the fiscal agent in coordination with the Juneau Reentry Coalition (JREC), which will be working with case managers to facilitate the reentry housing needs for Trust beneficiaries reentering the Juneau community from the Department of Corrections.

Grant funds provided through JREC will be prioritized and distributed for individuals who have served over 30 days in a correctional institution, are within 90 days of release, and are either felony inmates assessed to have a medium to high-risk for recidivism or high-risk misdemeanants. This target population also includes reentrants who are experiencing substance use disorders and mental health issues. This program would serve 100% Trust beneficiaries.

Securing safe and affordable housing for reentrants helps stabilize the community environment so they can continue their case management and treatment services. This stability allows beneficiaries to obtain employment and secure a wage, and to eventually take over the funding of their housing needs. In doing so, engagement in wrap-around supports that improve reentry success are realized, and successful program completion is achieved. Providing funding for JREC to support reentrants with

housing meets the intent of the Disability Justice Focus Area, and aligns with the Comprehensive Integrated Mental Health Plan. Trust program staff recommend fully funding this request .

Budget information: Trustees approved in the FY24 Disability Justice Focus Area budget \$300.0 (Authority Grant Funds) for Re-entry Transition Supports. Currently there is a balance of \$155,500. If this request is approved there will be a remaining balance of \$97,500.

COMP PLAN IDENTIFICATION

Goal	Objective	Comments
Goal 7 Services in the Least Restrictive Environment	7.3 Reduce beneficiaries involved in criminal justice system	

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

The JREC Reentry Support Housing Grant project augments community reentry success for individuals involved in Alaska’s criminal justice system by assisting with safe and secure housing.

In summary, this means Trust beneficiaries involved within Alaska’s criminal justice system work with their case manager to apply for and access grant support to help secure a roof over their head. Grant dollars would be available to reentrants to help obtain housing by assisting with initial housing cost requirements such as utility deposits, first and/or last-month deposits, monthly rent, or other necessary initial housing cost requirements.

The Juneau Reentry Coalition (JREC) has identified access to safe, secure, and affordable housing as a barrier to successful reentry within the community. The State of Alaska reports that the median rent in 2023 in the City and Borough of Juneau is \$1,300, and the vacancy rate is four percent. Safe and secure housing is often out of the reach of many returning citizens due to monthly costs, minimum housing supply, and lack of personal reserves. Given these dynamics, the remaining option for many returning citizens is to seek shelter at one of Juneau’s emergency shelters or camping. Emergency shelter living inhibits successful recovery and reentry and increases involvement in the Alaska justice system.

The JREC proposes to remedy the increased chance of recidivism and the lack of safe and secure housing for returning citizens by supplementing a reentrant’s resources with housing grant funds. These additional funds will allow access to housing that incentivizes reentry success.

Access to housing funds would be predicated on case management involvement. JAMHI Health and Wellness, in coordination with JREC, will disperse the funds. Funds would be directed to providers (landlords, utilities, etc.). Payments to the individual would be prohibited.

The target population for this grant coincides with the directives outlined in the Alaska Community Reentry Guide. Grant fund distribution priority will be “individuals who have served over 30 days, are within 90 days of release, and are either felony inmates assessed to have a

medium to high-risk for recidivism, high-risk misdemeanants or sex offenders.” The target population also includes returning citizens with substance use disorders and mental health issues.

Discretion to meet the housing assistance needs of other justice system-involved Alaskans who do not fall into the priority population definitions above will be considered case-by-case by the JAMHI/JREC Steering Team. The review process for these others ensures no justice system-involved individual is inadvertently omitted from housing assistance if a need exists, and the likelihood of successful exit from justice system involvement increases.

The expected outcome is securing safe and secure housing for reentrants involved in a reentry case-managed program needing housing assistance. The grant funds will provide housing per an individual’s reentry plan. Other collateral benefits include incentives for a reentrant to remain in a case-managed reentry program to completion. In doing so, engagements in wrap-around supports that improve reentry success are realized, and successful program completion is achieved.

New to the program this year is expanding access to these funds for the Juneau Public Defender Agency Office (PD) and Lemon Creek Correctional Center’s Electronic Monitoring (EM) Institutional Probation Officers. Both agencies have said clients on their caseloads lack housing and remain homeless. The informal estimate of individuals on the PD and EM caseload that fall into the homeless category is, on average, five per month. The application process is the same as stated above for this group of case managers on behalf of their clients.

The service area for the grant funds is the City and Borough of Juneau.

JREC believes there is broad community support for increasing recidivism reduction, the work of the reentry coalition, and the implementation of strategies as an increase in safe and secure housing for reentrants. The Juneau Reentry Coalition supports additional safe and secure housing for reentrants to increase reentry success, as access to affordable housing has been a priority of the coalition since its inception.

EVALUATION CRITERIA

JREC will track two data points for this grant: (1) the number of beneficiaries served and (2) how many successfully completed their justice-system case-managed program and remain recidivism-free.

The number of beneficiaries served is more precisely defined as those enrolled in a justice system-involved case-management program using JREC’s program enrollment criteria and receiving some housing grant assistance. Recidivism-free refers to those who remain void of any incident of new involvement with the criminal justice system due to a new offense or case-managed program discharge. JREC relies on case managers to track and report to the Fiscal Agent how many of their clients complete their programs and whether or not they remain recidivism-free as defined above.

JREC's objectives for the housing grant funds are to assist up to 25 beneficiaries with supportive housing assistance during a qualified case-managed justice system-involved program and to have the recipient group exceed the state's recidivism rate of 58.5%. For additional clarity on the recidivism goal, it is restated that more than 41.5% of beneficiaries enrolled in reentry case-management services and receiving housing support assistance will be recidivism-free.

The equation to document achievement is as follows: The total number of housing grant recipients divided by the total number of clients completing the program and remaining recidivism-free is greater than 41.5%.

JREC believes that one hundred percent of the beneficiary cohort served with this grant is better off as each client served helps close the gap as prescribed by Recommendation 18 in the Hornby Zeller Associates, Inc. report.

SUSTAINABILITY

The community of Juneau is actively working on increased housing for the homeless. The likelihood of a supportive housing solution for the homeless within the community is better than average. Any increases in the low-income housing stock benefit reentrants.

However, dedicated dollars for housing those involved in the criminal justice system and engaged in a case-managed reentry program are scarce. To date, the Trust has been the only source of supportive justice system case-managed housing assistance of this type. This request is the third year of a funding request from the Trust. The Juneau Reentry Coalition relies on these funds to increase community public safety and provide safe and secure housing support for justice-involved, case-managed individuals who otherwise would be homeless.

WHO WE SERVE

The mission of the JREC is to promote public safety within the community by identifying and implementing strategies that increase the success of all justice-involved individuals and reduce the likelihood of re-system engagement. As mentioned, the Juneau Reentry Coalition (JREC) adopts the Alaska Community Reentry Program Guide's model for reentry into the community. In summary, the model uses the R-N-R principles in reentry case management, including in-reach, pre-release, post-release, and aftercare reentry planning. These guiding hierarchies harmonize with the sequential intercept model's community corrections goal of "access to recovery supports, benefits, housing, and competitive employment."

The JREC relies on the May 2014 work by Hornby Zeller Associates, Inc., which states, "Trust Beneficiaries constitute 65 percent of ADOC's population." JREC also depends upon the validity of ADOC's LSI-R recidivism risk inventory and that, if a reentrant is eligible for its reentry case management program as defined by risk level, then there is sufficient standing to be a Trust Beneficiary and eligible to receive housing assistance under this proposal. Case managers and staff will provide beneficiary status information from referring agencies.

The expected outcome of JREC’s housing grant proposal is greater access to housing as a stabilizing factor for individuals involved in the Alaska justice system and a reentry case-managed program. Without housing grant assistance, housing in destabilizing environments, such as emergency shelters, will likely continue to be a need for many clients with voids in personal resources.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Substance Abuse	25
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BUDGET

Personnel Services Costs	\$2,900.00
Personnel Services Costs (Other Sources)	
Personnel Services Narrative:	The Personnel cost covers the administration of the grant fund by JAMHI Health & Wellness as Fiscal Agent for the Juneau Reentry Coalition. \$2857 is five percent of the grant total for administrative costs. Administrative work includes application review, communications with case managers, check issuance, record keeping, reporting, and connected accounting processes.

Supplies Costs	\$54,600.00
Supplies Costs (Other Sources)	
Supplies Narrative:	Supplies are housing support costs for qualified Trust beneficiaries working with their justice system-involved case manager on their reentry plan. As noted in the Project Description section, supplies include initial costs to obtain safe and secure housing. Supplies will be paid to housing vendors on behalf of reentry clients. This is the direct services portion of the grant.

Total Amount to be Funded by the Trust	\$57,500.00
Total Amount Funded by Other Sources	\$0.00

MEMO

To: Agnes Moran - Program & Planning Committee Chair
Date: January 4, 2024
Re: FY24 Mental Health & Addiction Intervention Focus Area Allocation
Fund Source: FY24 Treatment Access and Recovery Supports
Amount: \$200,000.00
Grantee: Catholic Social Services
Project Title: CSS Behavioral Health

REQUESTED MOTION:

“The Program & Planning Committee approves a \$200,000 FY24 Mental Health and Addiction Intervention focus area allocation to Catholic Social Services for the CSS Behavioral Health project. These funds will come from the Treatment Access and Recovery Supports line of the FY24 budget.”

Assigned Program Staff: Kelda Barstad

STAFF ANALYSIS

Catholic Social Services (CSS) is requesting Trust funding to help expand new behavioral health services for CSS clients to address the unique mental health and emotional needs of vulnerable populations. Funds for this project would come from the Trust Mental Health and Addiction Intervention focus area budget line Treatment Access and Recovery Supports that was approved by Trustees in the FY 24 budget. Trust funding will provide CSS with the additional funding for the administrative structure necessary to implement the waiver services. At the same time, the agency will implement the steps outlined in its business plan to pay for this ongoing administrative cost through regular Medicaid billing.

CSS has observed that despite robust partnerships with established behavioral health services agencies, people served at their shelters and through other programs lack access to behavioral health services. The homelessness services and other programs CSS provides will be enhanced by offering behavioral health services through their agency.

Roughly 50% of people who are experiencing homelessness have a behavioral health condition. The integration of behavioral health services into homelessness services is necessary to ensure that people experiencing homelessness receive trauma-informed shelter, outreach, and engagement services. Equally important is ensuring that people experiencing homelessness are connected to and receive behavioral health services. Like many states, Alaska does not have enough behavioral health services

to meet demand, especially for people using Medicaid, Medicare, or are uninsured. People experiencing homelessness have additional barriers to receiving behavioral health services that include unpredictable access to a phone and transportation to maintain office appointments and obtain medications, lack of address to receive mail to maintain benefits to pay for services, exposure to violence and theft, compounding the trauma of homelessness, and necessarily prioritizing safety and basic needs on an hourly and daily basis leaving little room to be future-oriented. People experiencing homelessness need additional skills to cope not only with the experience of homelessness but also to transition to shelter and obtain and maintain housing.

Homelessness services provide daily access to shelter, food, and other basic needs. Staff work over weeks and months, sometimes years, to develop relationships with people experiencing homelessness with the goal of locating housing and having the ability to find the person when housing becomes available. Staff do provide referrals to a variety of services as needs are identified, and agencies have varying abilities to follow up on the referrals made based on the longevity of occupancy at the shelter and the structure of the organization. Incorporating behavioral health services into homelessness services will improve the efficacy of both interventions by leveraging the specialty population knowledge that homelessness service providers have. When providers have established, trusted relationships with clients, clients are more likely to follow through with referrals and services, especially when the client population has been disenfranchised.

CSS is now approved as an 1115 waiver services provider. CSS utilized the Mental Health Trust's Technical Assistance program to identify that this direction offers a sustainable business model for the agency to pursue. Enrolling as an 1115 waiver service provider has taken longer than expected and will still take several months to bring the project to scale. Agencies receiving Medicaid funding through the 1115 waiver are experiencing delayed payment for eligible claims. The CSS Behavioral Health project will benefit beneficiaries utilizing Catholic Social Services programs. CSS's Strengthening Families Program, Complex Care Program, Homeless Family Services Program, and Brother Francis Shelter are anticipated to be rolled out first. More information about the programs offered by CSS can be found here: [Our Programs – Catholic Social Services – Alaska \(cssalaska.org\)](https://cssalaska.org).

Homelessness service providers typically operate with unpredictable funding sources based on annual grants and private donations. People experiencing homelessness often have a complex array of needs that are best served by highly trained staff that most shelters cannot afford. Incorporating Medicaid-funded behavioral health services throughout homelessness services will allow agencies to offer higher wages and better-trained staff to support people experiencing homelessness through a sustainable funding source. Approaching homelessness as a public health matter and systematically implementing a variety of services and supports needed by and tailored for people experiencing homelessness is critical to reducing homelessness. This funding will impact all Trust beneficiary categories, with the most significant impact for the beneficiary groups of mental illness and addiction in Anchorage. This project aligns with the goals of the focus areas of Mental Health and Addiction Interventions and the Housing and Home and Community Based Services and assists with achieving the Comprehensive Mental Health Plan objectives. Staff recommends fully funding this request.

Budget information: Trustees approved in the FY24 Mental Health & Addiction Intervention Focus area \$1,000.0 (Authority Grant Funds) for Treatment Access & Recovery Supports. Currently there is a balance of \$443,914. If this request is approved there will be a remaining balance of \$243,914.

COMP PLAN IDENTIFICATION

Goal	Objective	Comments
Goal 4 Substance Use Disorder Prevention	4.3 Treatment & recovery access	Also supports 3.1 Alaskans have stable, safe housing with appropriate, community-based social supports to maintain tenancy.

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

Catholic Social Services (CSS) has completed the process of getting approved by the Department of Behavioral Health to provide mental health services under the 1115 waiver. With this approval in hand, Catholic Social Services is now in the process of standing up behavioral health services for CSS clients to address the unique mental health and emotional needs of vulnerable populations. Ultimately, Catholic Social Services will be billing the 1115 waiver. Catholic Social Services has consulted with Agnew Beck on a financial model that will allow for future financial self-sufficiency. In the meantime, Catholic Social Services is asking for financial assistance to fund the clinical and medical billing staff. Catholic Social Services has provided social services in Anchorage since its founding in 1966. Over time, it has become increasingly clear that there is an overlapping co-occurrence of mental health, homelessness, and substance use disorders, and that homelessness can be a precursor to other mental health issues.

Unfortunately, there is a lack of behavioral health services in Anchorage, which has made it difficult for CSS clients to not only address current behavioral health needs but also prevent the trauma of homelessness. The State of Alaska approved CSS to begin providing Medicaid-covered state plan services and 1115 behavioral health waiver services in January 2023; the first services were delivered in March 2023. Developing and sustaining CSS' Medicaid Program will provide clients convenient access to the behavioral health services they need, designed to offer comprehensive support and intervention, promote mental well-being, stability, and the eventual transition into stable housing.

The 1115 waiver also allows CSS to serve clients, especially people experiencing homelessness, wherever they are, including emergency shelters. Providing mental health services to people experiencing homelessness in the venue of their choice is of paramount importance to break down the barriers that prevent these individuals from seeking services. Catholic Social Services expects these services will provide CSS clients with increased access to behavioral health services, and clients who engage with behavioral health services will experience improved mental health at discharge.

Catholic Social Services currently offers behavioral health services to clients in our Strengthening Families Program, Complex Care Program, and Homeless Family Services Program. CSS plans to expand to the Brother Francis Shelter and other programs. A client is referred to behavioral health services through an informal conversation with a case manager. If a client is eligible and

willing to engage with services, the clinician puts together a mental health treatment plan that the case manager and peer support specialist will implement with the client. CSS is an approved and enrolled biller for the Medicaid state plan and 1115 waiver.

Catholic Social Services serves clients in the Municipality of Anchorage and offers behavioral health services to the following beneficiaries: Alaskans experiencing mental illness, developmental disabilities, Alzheimer’s disease and related dementias, chronic alcohol or drug addiction, and traumatic brain injuries. Catholic Social Services has obtained a Letter of Support for this specific project from RurAL CAP, a community partner that serves similar populations.

EVALUATION CRITERIA

Below is a list of intended performance measures, which may be modified as the program continues to evolve.

1. To measure how much Catholic Social Services did, Catholic Social Services will track the number of beneficiaries served.
2. To measure how well Catholic Social Services provided services, Evidence-based assessment tools will be used to track symptoms. One example is tracking the percentage of behavioral health clients served with a diagnosis of depression and comparing clients’ PHQ-9 scores at intake and discharge.
3. To measure if anyone is better off as a result of this project, Catholic Social Services will track the percentage of CSS clients who received behavioral health services and changes positive or negative in behavioral health well-being and service satisfaction.

SUSTAINABILITY

This project will continue after the Trust’s funding ends; it is expected that the Medicaid Services Program will become a permanent part of the organization. In the coming months and years, Catholic Social Services will continue to expand services into other programs to serve more Trust beneficiaries. Since this is a new program, Catholic Social Services has been working with Agnew Beck on a financial model to achieve self-sufficiency.

CSS has also applied for a Support for Trauma Affected Refugees (STAR) program grant through the Office of Refugee Resettlement, which seeks support to increase accessibility to behavioral health services for trauma-affected refugees in Alaska. If awarded, this grant funding source will last four years.

WHO WE SERVE

Catholic Social Services provides behavioral health services to all Trust beneficiaries: Alaskans experiencing mental illness, developmental disabilities, Alzheimer’s disease and related dementias, chronic alcohol or drug addiction, and traumatic brain injuries. The need for mental health services in our community is undeniable, and increasing access to these services will have a profound and positive impact on AMHT beneficiaries.

The most direct impact of mental health services is the improvement of mental well-being. Therapy, peer support, case management, and other interventions can help alleviate symptoms of depression, anxiety, post-traumatic stress disorder, and other mental health disorders, enabling individuals to experience a greater sense of emotional balance and resilience. Mental health services equip people with valuable coping skills and strategies to manage stress, regulate emotions, and handle challenging situations. These skills are essential for navigating the daily struggles associated with homelessness. Early intervention through mental health services can prevent the escalation of mental health issues, reducing the risk of crisis situations, hospitalizations, and interactions with law enforcement. By addressing mental health needs, individuals experiencing homelessness are better positioned to successfully reintegrate into society, find stable housing, maintain employment, and achieve long-term stability.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	140
Developmental Disabilities:	45
Alzheimer’s Disease & Related Dementias:	13
Substance Abuse	102
Traumatic Brain Injuries:	45
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	50

BUDGET

Personnel Services Costs	\$152,319.00
Personnel Services Costs (Other Sources)	
Personnel Services Narrative:	<p>Sr. Director of Medicaid Operations .92 FTE \$97,418 This position is responsible for implementing and overseeing the CSS Behavioral Health program. This position implements programmatic infrastructure to ensure accurate administration of the Medicaid State Plan and 1115 Waiver. This position also completes billing for eligible services.</p> <p>Quality Assurance Coordinator .92 FTE \$54,901 This position supports behavioral health program staff in compliance with state and federal laws, accreditation standards in their clinical decision, and charting, documentation and billing processes.</p>
Other Costs	\$47,681.00

Other Costs (Other Sources)	
Other Costs Narrative:	<p>Fringe--Sr. Director of Medicaid Operations \$22,202 This amount includes fringe costs, including FICA, ESC, health plan, LTD, and health & life insurance.</p> <p>Fringe--Quality Assurance Coordinator \$25,479 This amount includes fringe costs, including FICA, ESC, health plan, LTD, and health & life insurance.</p>

Total Amount to be Funded by the Trust	\$200,000.00
Total Amount Funded by Other Sources	\$2,864,013.00

OTHER FUNDING SOURCES

ACF-ORR Support for Trauma Affected Refugees - Pending	\$1,948,421.00
Medicaid billing revenue - Pending	\$0.00
AHFC Basic Housing Assistance Program - Secured	\$206,859.00
AHFC Special Needs Housing Grant - Secured	\$314,930.00
Bezos Day 1 Family Fund - Secured	\$393,803.00
Total Leveraged Funds	\$2,864,013.00

MEMO

To: Agnes Moran - Program & Planning Committee Chair
Date: January 4, 2024
Re: FY24 Mental Health & Addiction Intervention Focus Area Allocation
Fund Source: FY24 Treatment Access and Recovery Supports
Amount: \$200,000.00
Grantee: Family Centered Services of Alaska
Project Title: Residential Treatment Center, Expanding Capacity Project

REQUESTED MOTION:

“The Program & Planning Committee approves a \$200,000 FY24 Mental Health and Addiction Intervention focus area allocation to Family Centered Services of Alaska for the Residential Treatment Center, Expanding Capacity project. These funds will come from the Treatment Access and Recovery Supports line of the FY24 budget.”

Assigned Program Staff: Janie Caq’ar Ferguson

PROJECT STAFF ANALYSIS

Family Centered Services of Alaska (FCSA) is an accredited behavioral health provider based in Fairbanks, offering addiction and mental health services to youth from across the state. FCSA is requesting Trust funds to increase their residential treatment beds for adolescents from a current bed availability count of 12 up to 24. Funding for this project will come from the Mental Health and Addiction Intervention Focus Area budget line item for Treatment Access and Recovery Supports. The Trustees approved this Focus Area line item in the FY 24 budget. This is a one-time operational funding request.

FCSA currently provides an array of behavioral health services to Trust beneficiaries. The services consist of holistic, integrated clinical services; Therapeutic Foster Care (TFC); Alternatives to Out-of-State Placement (ATOP), a program providing wrap-around, unrestricted services aimed at keeping youth with their families and in their communities; Respite and Crisis Services for Foster families; and a Residential Treatment Center (RTC), which currently serves youth ages 11-18 years of age in need of behavioral health services. FCSA requests funding for the Expanding Capacity Project, which will support additional staffing positions necessary to implement the expanded bed capacity at the residential treatment center.

The increased capacity with FCSA RTC will ensure that Trust beneficiaries currently placed out-of-state for services and in hospital emergency rooms waiting for treatment placements will now have the option to receive services with FCSA. The FCSA Expanding Capacity Project will ensure in-state access to mental health treatments while integrating youth into lower levels of care, engaging families in treatment, and ultimately successfully reintegrating Trust beneficiaries back into their communities.

With the demonstrated impact to Trust beneficiaries currently served by FCSA, the potential to support additional Trust beneficiaries in-state and in the least restrictive environments is substantial. FCSA will be able to expand services to additional Trust beneficiaries and families to continue to provide culturally sensitive and family-inclusive treatment in-state while reducing the number of out-of-state placements. Full support of the FCSA Expanding Capacity Project will ensure improved access to treatment for youth needing mental health services, support family stability and wellness, and create a supportive community infrastructure for addressing the unique challenges Trust beneficiaries experience.

In addition to requested Trust funding, FCSA anticipates additional funding from generated revenue streams such as Medicaid billing and potential support from local and state funding. FCSA's business modeling predicts that the expanded operational capacity will lead to a self-sustaining model within three to six months through revenue generation and billing via increased operational capacity, improved process outcomes, and demonstrated implementation for securing alternative funding sources.

Trust Program Staff recommend fully funding this project as it aligns with the Mental Health and Addiction Intervention focus area and provides more opportunities for young Trust beneficiaries to access care in the least restrictive environment. The project also aligns with the Comprehensive Integrated Mental Health Plan Goal 7, Services in the Least Restrictive Environment, Objective 7.2 Access to Long-term Services and Supports.

Budget information: Trustees approved in the FY24 Mental Health & Addiction Intervention Focus area \$1,000.0 (Authority Grant Funds) for Treatment Access & Recovery Supports. Currently there is a balance of \$443,914. If this request is approved there will be a remaining balance of \$243,914.

COMP PLAN IDENTIFICATION

Goal	Objective	Comments
Goal 7 Services in the Least Restrictive Environment	7.2 Long-term services & supports	Strategy: Provide a mechanism for individuals to receive timely assessment and placement in least restrictive environments.

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

Family Centered Services of Alaska (FCSA) seeks support to expand its Residential Treatment Center (RTC) and increase bed capacity for adolescents (ages 12-18) with mental health needs. The project focuses on hiring skilled Direct Service staff, providing training, and ensuring competitive wages. This strategic growth aims to divert out-of-state placements, offering comprehensive services for youth with complex needs. FCSA believes this will elevate service quality for Trust beneficiaries and reduce revenue loss during the expansion. With operational backing from the Mental Health Trust, the project aims to swiftly enhance RTC capabilities, supporting the successful reintegration of adolescents into their homes and communities. The Expanding Capacity Project is a response to the pressing mental health crisis in Alaska, specifically aimed at reducing the need to send children with mental and behavioral health needs out of the state. Focusing on the age group of 11 to 18-year-olds, the project operates in Fairbanks, Alaska, while offering our services to families statewide, encompassing Anchorage, Mat-Su, Kenai, Juneau, and rural areas.

The current landscape reveals a concerning reality where a significant number of children requiring residential care are forced to seek treatment outside of Alaska due to resource limitations. Despite dedicated efforts, diverse needs often prevent the accommodation of all referrals. The project aims to address this challenge by establishing a well-trained workforce, combining classroom and on-the-job training with extended, hands-on training spanning up to 90 days and ongoing. The grant facilitates meaningful and sustainable training, ensuring that the Residential Treatment Center (RTC) becomes a valuable resource for keeping children with severe mental health needs in Alaska.

The expected outcomes of the project are twofold. Firstly, the creation of a well-trained workforce ensures that the RTC operates at its highest potential, offering quality care and support for the target population. Secondly, by increasing the capacity of the RTC, the project strives to minimize the need for out-of-state placements, providing a local alternative for children with complex mental health needs. The project's geographical reach covers urban and rural areas, ensuring its impact is felt statewide.

The urgency of the situation is underscored by the overflow of children into hospital emergency rooms, emphasizing the critical need for enhanced mental health services. The current inadequacy of available resources compels these youth into unsuitable emergency room settings. The proposed expansion not only alleviates the strain on emergency departments but also redirects these vulnerable individuals into a more nurturing environment that holistically addresses their needs. While we cannot support children in need of acute stabilization, we are the necessary next step to reintegrating children into lower levels of care.

In essence, the Expanding Capacity Project tackles the intertwined challenges of out-of-state referrals and overcrowded emergency rooms. By embracing this expansion, the project seeks to bridge the gap in much-needed mental health care for youth in Alaska, offering a setting tailored to their unique needs. Ultimately, this initiative strives to create a sustainable solution that ensures the well-being and recovery of Alaska's youth facing mental health challenges.

EVALUATION CRITERIA

To measure the success of the project, several key performance indicators (KPIs) will be tracked, providing data to answer critical questions regarding the project's impact.

Quantitative Metrics (Average daily Census)

- The number of beneficiaries served will be measured through the average daily census at the Residential Treatment Center (RTC). The goal is to increase this figure from the current 12 clients per day to 24 clients per day, demonstrating a significant expansion in capacity and the ability to keep more children close to home during treatment.

Outcome metrics (Unsuccessful discharges)

- Success will be measured by reducing the percentage of children discharged unsuccessfully. This will be defined as any child discharged for higher needs (HLOC) or against medical/clinical advice (AMA/ACA). Our goal is to reduce this metric by 7 to 10 percent. This metric reflects the project's effectiveness in addressing the needs of children with severe mental health issues, contributing to better long-term outcomes.

Quality of life metrics (Successful Graduation Rates)

- The project's impact on the quality of life for children will be assessed through a successful graduation rate. This rate, aiming to increase our success rate by 10 percent, reflects positive outcomes such as children returning home or stepping down to a lower level of care. This metric directly measures the project's success in preparing children for reintegration into their families and communities.

Family Involvement Metrics (Family in Therapy)

- While we do not have data on the level of Family involvement for children out of state, I am confident that we will have more involvement as opposed to children receiving care outside of Alaska. Increased family participation signifies successful engagement and collaboration, contributing to the overall success of the project.

These performance measures collectively address the project's goals and objectives by quantifying the reach, effectiveness, and positive outcomes for the beneficiaries. Regularly assessing these metrics will provide valuable insights into the project's progress, allowing for adjustments and improvements as needed to maximize its impact on the mental health and well-being of the targeted population.

SUSTAINABILITY

After the Trust's funding concludes, the sustainability of the Residential Treatment Center (RTC) is anticipated through increased operational efficiency and expanded capacity. Currently operating at approximately 33% of its potential, the Trust's support is crucial for reaching at least 66% or more of the RTC's operating potential. This enhanced efficiency is expected to result in a significant reduction in the operational losses experienced at the current level.

The project's sustainability plan is rooted in the optimization of the RTC's operations, which will have been refined and established with the support of the Trust's funding. By achieving success in operating at an increased capacity, the project aims to identify and solidify the key elements

contributing to its success. This understanding will serve as the foundation for maintaining and further expanding the RTC's operations.

Post Trust funding, the project anticipates a self-sustaining model within 3-6 months. The increased operational capacity, coupled with refined processes, is expected to attract additional funding sources. Potential revenue streams may include Medicaid reimbursements, partnerships with other mental health organizations, and continued support from state and local government initiatives. The success achieved during the Trust's funding period will serve as a compelling case for ongoing support and collaboration with stakeholders invested in the mental health and well-being of Alaska's children.

In essence, the project envisions a trajectory of growth and sustainability, leveraging the initial support from the Trust to position the RTC as a vital and self-sustaining resource for addressing the mental health needs of children in Alaska.

WHO WE SERVE

The primary beneficiaries of this project are children aged 11 to 18 with mental health and behavioral health needs, a demographic that aligns with the Trust's mission to support mental health initiatives in Alaska. The project's impact on these children is multi-faceted, aiming to improve their well-being and outcomes significantly.

By expanding the Residential Treatment Center's (RTC) capacity and keeping the treatment within Alaska, the project addresses the specific needs of these children in a culturally appropriate manner. Removing barriers, such as distance and time zone obstacles, plays a crucial role in ensuring that the children receive timely and effective care. This reduces the stress and disruption caused by out-of-state placements and allows local Alaska providers to apply culturally sensitive approaches in supporting the children within the residential center.

Moreover, focusing on keeping children within reasonable travel areas has broader implications for their families. The project recognizes the interconnectedness of the child and family dynamics in the healing process. Facilitating treatment within driving or reasonable travel distances creates an environment where families can actively participate in the therapy process. This proximity enables families to heal together, fostering a more meaningful and comprehensive approach to therapy.

In summary, the project directly benefits the Trust's beneficiaries, the children with mental health and behavioral health needs, by offering them timely, culturally sensitive, and family-inclusive care in Alaska. The expected outcomes include improved mental health for the children, strengthened family dynamics, and a more supportive community infrastructure for addressing the unique challenges faced by these beneficiaries.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	24
Number of people to be trained	15

BUDGET

Personnel Services Costs	\$200,000.00
Personnel Services Costs (Other Sources)	\$148,405.00
Personnel Services Narrative:	To increase capacity at RTC we have identified 4 positions minimum that would need to be increased, Clinician, Case Manager, Mental Health Technician Lead, and 12 Mental Health Technicians. Initially we will need more support, but as our census increases we will need less. We expect that we will need support of 75% for Q4 of 2023, 50% for Q1 of 2024, and 25% for Q2 of 2024. The total wages with fringe for the positions identified equals \$929,081.20, or \$232,270.30 quarterly. After applying the weighted average of financial support required, we estimate the project to cost \$348,405.00, \$200,000 funded by this grant, and \$148,405.00 funded by Medicaid billings.

Total Amount to be Funded by the Trust	\$200,000.00
Total Amount Funded by Other Sources	\$148,405.00

OTHER FUNDING SOURCES

Medicaid Revenues Secured	\$148,405.00
Total Leveraged Funds	\$148,405.00