

MEETING AGENDA

Meeting: Program & Planning Committee
Date: January 6, 2022
Time: 9:15 AM
Location: online via webinar and teleconference
Teleconference: (844) 740-1264 / Meeting Number: 2463 153 5492 # / Attendee Number: #
<https://alaskamentalhealthtrust.org/>
Trustees: Verné Boerner (Chair), Rhonda Boyles, Chris Cooke, Kevin Fimon, Brent Fisher, Anita Halterman, John Sturgeon

Thursday, January 6, 2022

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9:15	Call to order (Verné Boerner, Chair)	
	Roll Call / Announcements / Approve agenda / Ethics Disclosure	
	Approval of Minutes:	
	• August 26, 2021	5
	• October 20, 2021	10
9:20	CEO Update	
9:35	FY23 Governor's Budget Analysis	19
	• Steve Williams, Chief Operating Officer	
9:55	Comp Plan Update	21
	• Autumn Vea, Trust Evaluation & Planning Officer	
	• Jillian Gellings, DHSS Commissioner's Office, Project Analyst	
	• Gennifer Moreau, DHSS Director of Behavioral Health	
	• Heather Carpenter, DHSS Commissioner's Office, Health Care Policy Advisor	
	• Al Wall, DHSS Deputy Commissioner	
10:40	Break	
10:55	Crisis Now Update	38
	• Katie Baldwin, Trust Senior Program Officer	
	• Eric Boyer, Trust Program Officer	
	• Travis Welch, Trust Program Officer	
11:55	Lunch	
12:40	Fairbanks Mobile Crisis Response Team	
	• Sarah Koogle, AK Behavioral Health, Director of Fairbanks Adult Services	
	• Tundra Greenstreet, The Bridge, Peer Support Coordinator	
	• Christine Alvarez, Alaska Behavioral Health, Chief Clinical Officer, Adult Services	

Thursday, January 6, 2022 (continued)

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1:25	FY22/FY23 Trust program budget update	56
1:45	Approvals	
	• Set Free Alaska – Recidivism Reduction & Recovery Capital Project	57
	• Arc of Anchorage – 1115 Adult Mental Health Residential 1 & 2	64
	• Interior Alaska Center For Non-Violent Living – Alaska Careline: 9-8-8 Infrastructure Development	69
3:00	Trustee Comments	
3:20	Adjourn	

Future Meeting Dates

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

(Updated – December 2021)

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

Future Meeting Dates Statutory Advisory Boards (Updated – December 2021)

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

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

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

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

- Executive Committee – monthly via teleconference (Second Tuesday of the Month)
- Winter Meeting: February 8-10, 2022 / Juneau

Governor's Council on Disabilities and Special Education

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

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

- Winter Meeting: January 31 – February 1, 2022 / location TBD

Alaska Commission on Aging

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

Executive Director: Lisa Morley, (907) 465-4879, lisa.morley@alaska.gov

- Winter Meeting: February 22-24, 2022 / Juneau

ALASKA MENTAL HEALTH TRUST AUTHORITY
PROGRAM & PLANNING COMMITTEE MEETING
August 26, 2021
10:45 a.m.
Teleconference

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

Trustees Present:

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

Trust Staff Present:

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

Trust Land Office staff present:

Wyn Menefee
Sarah Morrison
Jusdi Doucet

Also participating:

Bev Schoonover; Kristin Vandagriff; Lisa Cauble; Lisa Morely; Nathan Johnson; Mark Fineman; Walter Zisette; Jasmin Boyle; Taylor Donovan; Christine Alvarez; James Myers.

PROCEEDINGS

CALL TO ORDER

CHAIR BOERNER introduced herself as the chair for the Program & Planning Committee and welcomed all. She began with a roll call. All trustees were present. She asked for any announcements and moved to the agenda.

APPROVAL OF AGENDA

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

TRUSTEE HALTERMAN asked if there will be an opportunity to talk about the Governor's letter.

CHAIR BOERNER replied that Mr. Abbott has a prepared response.

There being no objection, the MOTION was APPROVED.

APPROVALS

CHAIR BOERNER moved to approvals and welcomed Kelda Barstad and the guests from Providence Alaska House. She asked for a motion to get this started.

MOTION: A motion to approve a \$500,000 FY22 Housing and Home & Community-Based Services Focus Area Allocation for the Providence Alaska House Project. These funds will come from the Supportive Housing Projects Budget Line in the FY22 Budget, was made by TRUSTEE BOYLES; seconded by TRUSTEE COOKE.

MR. ABBOTT stated that the reason for meeting in the committee format was because these are grant proposals for consideration that fall within the Program & Planning Committee's authority because they are more than \$100,000 and less than \$500,000.

CHAIR BOERNER asked Ms. Barstad to begin.

MS. BARSTAD stated that there is a shortage of permanent supportive housing. This service serves the chronically homeless -- 100 percent Trust beneficiaries -- who need multiple types of supports, services and housing to not only be safe and have dignity, but also to have success in the goals they have for themselves. She explained that it had been a multi-year search to find providers to put together permanent supportive housing. In this search, while new providers are developing locally, Providence was willing to step into the Alaska market. There have been many meetings, to put this proposal together that addresses that specific need. This complex service looks to build 51 new supportive housing units in Anchorage with the target population of people who are chronically homeless, over the age of 55, and also have physical functioning support needs. She continued that, at the beginning of this month, there were 265 people meeting that criteria in Anchorage. This proposal is for a brand-new building, and is at an appropriate level as a partner for this larger work. She introduced Walter Zisette.

MR. ZISETTE stated that he is the Development Director at Providence Supportive Housing. Providence has been doing supportive housing since 1958. This is their first venture in Alaska, which is exciting; and we wanted to spend as much time as necessary to do it properly. He explained that property operation is one of their most important aspects of the services provided. Providence does development, but they also operate what is developed. He talked about the two types of properties in their portfolio and moved to the other types of projects with the broader objective. He continued that a goal is to reduce the number of homeless hospitalizations in communities that Providence works within. He asked Mark Fineman to continue.

MR. FINEMAN continued that he is Vice President for Development of Cook Inlet Housing Authority. He explained that they were honored when Providence approached them last year and asked if they would be interested in partnering on the PSH project. Cook Inlet Housing has been engaged to help on the development and finance of this project. He added that Providence has the expertise and experience on permanent supportive housing. One of the primary funding sources will be housing tax credits, which was developed through AHFC and their goal program. He stated that they have had 20 years of experience applying for those funds fairly successfully, and they understand the process. He stated appreciation for the Trust's consideration on this project.

MR. ZISETTE continued through the area plan and felt that some interesting work could be done to achieve one of the broader objectives from the community outreach that was done; not just for this project, but to make it a model for future phases and future efforts. He stated that the plan is developing a collaboration where it is not just one entity providing services to all the elderly residents, but a real community of service providers bringing in what they are most competent at and most interested in doing at this property. He pointed out the overall objectives of the plan and talked about the really strong commitment to long-term community partnerships, and he discussed the data.

MS. BARSTAD explained that the data was collected by the Anchorage Coalition to End Homelessness from participating providers and the Homeless Management Information System.

MR. FINEMAN stated that the prior leadership team engaged as a facilitator to help with the stakeholder engagement property, Michael Fredericks with SALT. He facilitated subgroups into a thoughtful process which resulted in a robust deliverable from SALT that showed the information gained. He talked about the critical success factors and the overarching goals. He continued his presentation, and added the goal to break ground next year.

TRUSTEE FISHER asked about the role that facilities would play.

MR. JOHNSON from Providence replied that right now there is an existing collaborative with Alaska Native Medical Center, Alaska Regional Hospital and Providence where they fund 10 respite beds at the Brother Francis Shelter that is directed at some of these things. Detox is a complex issue because it rises to a higher level of acuity and risk. He continued that this effort would look to expand that capacity and help the individuals that need permanent supportive housing and stabilize them.

CHAIR BOERNER asked for any further questions.

TRUSTEE COOKE moved the question.

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

CHAIR BOERNER stated that next on the agenda was the Alaska Behavioral Health Fairbanks Adult Mental Health Residential Treatment proposal. She welcomed Jim Myers, President and CEO for Alaska Behavioral Health, and Christine Alvarez, Chief Clinical Officer for Adult Services for Alaska Behavioral Health, and then asked for a motion.

MOTION: A motion that the Board approve a \$300,000 fiscal year '22 Mental Health & Addiction Focus Area Allocation to Anchorage Community Mental Health Services, Inc., doing business as Alaska Behavioral Health, for the Fairbanks Adult Mental Health Residential Treatment project. These funds will come from the Treatment Access and Recovery Supports line of the fiscal '22 budget, was made by TRUSTEE HALTERMAN; seconded by TRUSTEE COOKE with the qualifier that it is the Planning Committee that the motion goes to approval.

MR. ABBOTT explained the powerful work that AKBH has done around developing a curriculum for peer training and peer support that was presented yesterday. There are several other lines of work that AKBH is involved in. One of them is a very specialized type of service for mental health residential treatment. He stated that this type of treatment is being performed in Anchorage and does not currently exist in Fairbanks, despite the size of the community. He added that staff has been working to help put together a plan for these services to be delivered in Fairbanks proper. He asked Eric Boyer to continue.

MR. BOYER stated that Alaska Behavioral Health is doing a lot of good work. This adult residential service will support beneficiaries who have severe mental illness and is one service that is critical in the spectrum of care. He added that some of the services the State provided for Medicaid sunsetted this year and ended to transition to the 1115 behavioral health waiver. Adult residential was one of those critical services. He continued that Agnew::Beck did an evaluation and found the great need in Anchorage. At the same time, there was a need to look at Fairbanks because that service was not being presented. He added that Alaska Behavioral Health has done a great job of being able to secure this property and purchase it outright, instead of the Trust putting money into that.

MS. ALVAREZ talked about the project, the hope, who will be served, and how it is different from outpatient care. She explained that adult mental health residential treatment is for adults who are at risk while living in the community and had not responded to usual outpatient treatment. Everyone admitted to adult residential health treatment receives individual therapy and group therapy twice a day. Skill-building is used, which gives a lot of support in the structured environment provided. She was excited to be a part of this because it is so significant in providing the right care at the right time.

MR. MYERS added that the 1115 waiver was wonderful and created more of an

opportunity for a much more robust system with multiple levels of care. He stated that all these levels of care are hard to sustain and will take a lot of effort. He continued that the service has the ability to be financially sustainable, but it will take time to get there. We will have to get to 16 beds as a good occupancy rate for that sustainability.

TRUSTEE HALTERMAN called for the question.

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

MR. ABBOTT thanked the Committee for the consideration of these grants which were time-sensitive. We are grateful for that accommodation. He added that the expending of the \$800,000 will make significant improvements in facility-based operations for the beneficiaries.

CHAIR BOERNER stated that next on the agenda is adjournment.

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

There being no objection, the MOTION was APPROVED.

(Program & Planning Committee meeting adjourned 12:00 p.m.)

ALASKA MENTAL HEALTH TRUST AUTHORITY
PROGRAM & PLANNING COMMITTEE MEETING
October 20, 2021
12:30 p.m.
WebEx Videoconference/Teleconference

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

Trustees Present:

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

Trust Staff Present:

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

Trust Land Office Staff Present:

Jusdi Doucet
Sarah Morrison

Also participating:

Charlene Tautfest; Josephine Stern; Michele Binkley; Ann Ringstad; Susanna Marchuck; Kathy Craft; Commissioner Adam Crum; Elana Habib; Teresa Johnson; Leah Van Kirk.

PROCEEDINGS

CALL TO ORDER

CHAIR BOERNER called the Program & Planning Committee meeting to order, and did a roll-call. All trustees were present. She asked for any announcements. There being none, she moved to the approval of the agenda.

APPROVAL OF THE AGENDA

CHAIR HALTERMAN asked for a motion.

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

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

ETHICS DISCLOSURES

CHAIR BOERNER asked for any ethics disclosures. There being none, she moved to the approval of the minutes from July 27-28, 2021.

APPROVAL OF THE MINUTES

MOTION: A motion to approve the minutes of July 27-28, 2021, was made by TRUSTEE HALTERMAN; seconded by TRUSTEE COOKE.

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

MISSION MOMENT

CHAIR BOERNER stated that first on the agenda is the Mission Moment. She welcomed Eric Boyer to provide the introduction.

MR. BOYER introduced Susanna Marchuck, the community services director for the Interior Alaska Center for Nonviolent Living, which is one of the partner provider organizations in Fairbanks. She has worked for them for a number of years and one of her duties is the director of Careline, the statewide crisis call center. She started there in 2005 and worked the crisis lines until 2011 when she became the director.

MS. MARCHUCK stated that the Alaska Careline is the statewide crisis support and suicide prevention hotline. The goal is to assist a person in returning to a precrisis state of functioning, with the main focus on always being safe. A core function of the center is to provide caring therapeutic support to those in need of additional support. In addition to providing crisis intervention, when needed, suicide intervention is provided. Alaskans are encouraged to reach out for support before reaching a crisis point. That is a key distinction that sets us apart from other call centers. She continued that the center can be accessed via telephone or text. They are one of the first call centers offering crisis intervention services via text, providing that service for

almost a decade. She added that the call center is a nationally accredited call center which means they underwent a rigorous auditing process to insure there is compliance with nationally recognized best practices for centers. She gave a brief history of Careline and talked about the diligent work with the Trust and the Division of Behavioral Health to assess the current call center capacity to evaluate some of the projections provided about increasing contacts. She stated that a common question is who is behind the Careline and what are the qualifications of someone on the team. She continued that the line is currently supported by nine full-time and ten part-time staff, and they are looking to build up the capacity in anticipation of the 988 launch. There are also two full-time supervisors available for support and guidance to the Careline team 24/7. She talked about the diversity of the team and how it strengthens the ability of offering services to beneficiaries and the folks reaching out on this platform. She then gave an overview of what is done when someone calls or texts in, emphasizing that safety is always at the core of every intervention. The risk is continually assessed. Callers are worked with in exploring their support system, and that may include reaching out to those trusted supports on behalf of the caller. They are provided help in exploring coping skills, and then come together in the plan to address the identified issues. That plan needs to feel manageable and is developed with the caller. Also provided is follow-up support. She then talked about data. Crisis service provision in Alaska poses unique challenges, and this center has risen up to the challenges. They are skilled and working creatively within the current system to keep people safe, and they are excited to be part of the ongoing efforts to enhance the crisis response system for Alaska. She introduced one of the callers, whose name is Robin, to talk about Careline.

MS. ROBIN stated that there was a lot on her heart about Careline. She felt Careline deserves some sort of national award or commendation. She talked about her own personal history which went back to March of 2017, when she had her favorite responder and at that point could only talk to him. He was a major support for a long time. She continued that her life is more peaceful now. She fit into all three of the primary needs categories: anxiety, loneliness and mental illness. She added that, by accident, she had not been calling a toll-free number and had more than \$1,000 in calls to Careline. She was able to pay the bill, but also switched to a toll-free number for the Fairbanks center. She also found it helpful that if the calls cannot be answered in Fairbanks, they are rerouted to another center, which could end up being Maryland. She stated that every phone call has been useful, especially in the recent past. She gets a lot of help on a daily basis as a frequent caller, and it is very meaningful in her life. She thanked all for letting her talk today.

CHAIR BOERNER thanked Robin and stated appreciation for her providing her personal experience, and illustrating the philosophy and services that are provided by the Careline crisis intervention. She also thanked Ms. Marchuck for the well done, clear presentation. She thanked all and recognized Autumn Vea for the CompPlan.

COMPLAN

MS. VEA stated that this presentation is part of the regular quarterly Program & Planning update regarding the CompPlan and the Scorecard. It helps to lay the groundwork for the upcoming presentations that demonstrate the CompPlan in action. She thanked the Trust and the advisory board partners that made this possible, and also thanked Jillian Gellings from the Department's Commissioner's office, who is out on maternity leave. The Comprehensive Integrated Mental Health Program Plan is a response to a statutory requirement, Alaska Statute 47.30.660, which

required the Department of Health and Social Services, in conjunction with the Trust, to develop and revise a plan for Alaska's Comprehensive Integrated Mental Health Program. Under the statute, the preparation of this plan is to coordinate with Federal, State, regional, Tribal, local and private entities involved in mental health services. She continued that the Trust uses the CompPlan to inform its recommendations for expenditures of State General Funds included in the Mental Health Budget Bill. Programs supported with funds from the Mental Health Budget Bill are State operating and capital funds. The CompPlan bridges the Department and Divisions, while serving as the glue to connect reform efforts that encompass all beneficiary groups. One of its primary benefits includes establishing program-level visions and priorities that evolve while the program evolves, ensuring that the programs endure changes in administrations and Legislatures. She moved to the timeline of where the CompPlan started in 1994 as a result of the lawsuit settlement. The settlement requires the Trust to make budget recommendations based on the CompPlan. She explained the Scorecard that started in 2008 and served as the interim plan for nine years. There was no action or strategy behind the Scorecard, and using it as a planning guide proved to be difficult. Planning efforts to update the CompPlan began in July of 2018 and resulted in Strengthening the System, which started in fiscal year '20. Ongoing efforts have been devoted to finding a digital Scorecard format. She gave an overview of the partner's wheel that showed how the Comprehensive Program Plan was formed. This was the work of the Trust and the advisory boards, the Department leadership, and was coordinated and informed between many state and tribal planning efforts. The CompPlan sought robust feedback through targeted stakeholder forums and went through a formal comment period to the general public. She concluded her presentation and invited questions.

CHAIR BOERNER asked for any questions. There being none, she thanked Ms. Veal for her presentation, and called a break.

(Break.)

CHAIR BOERNER reconvened the meeting and stated that next on the agenda is the State of Alaska opioid efforts. She asked Mr. Abbott to introduce the presentation.

STATE OF ALASKA OPIOID EFFORTS

MR. ABBOTT stated that he was grateful for the presence of the Department's leadership to talk about the work that the Trust and the Department can do cooperatively to address opioid misuse in Alaska. The Governor stated that the State anticipated the resolution of several pieces of legislation related to opioid misuse with the outcome being the availability of resources that can be deployed for a variety of opioid-related services and functions for the Trust to coordinate. He introduced Commissioner Crum to lead the State presentation.

COMMISSIONER CRUM thanked all and stated that Elana Habib and Katie Chapman would be joining to provide a more detailed presentation. He noted that Alaska is participating in settlements for the opioid program that are nationwide which is based upon a present formula that factors in population. The Alaska Municipal League and Nils Andreassen are working on making sure that the community groups in the subpolitical regions are involved in the process in order to maximize the funding coming into the State. Anticipated is between \$50 and \$60 million aggregate coming in to look at how to fund the opioid situation for the long term. He continued that this is an ongoing partnership between Public Health and the Division of

Behavioral Health. There is some pressure on providing an overview of the opioid settlement and to spark the discussion on subdivision agreements which are due by January 2022. There is a need to make sure individuals understand that there are ways and means to getting the help they need.

MS. JOHNSON stated that she started as a State opioid treatment authority in August and is the newest member from the Division of Behavioral Health.

MS. HABIB stated that she is with the DBH Office of Substance Misuse and Addiction Prevention which has been around since 2017 to address public health approaches to support the communication and coordination around opioid efforts. This presentation will give a better understanding of where the opioid epidemic is currently, and the response conducted thus far to really address the overdose tool. She moved to a snippet of data regarding the opioid epidemic and showed the overdose death rates from 2015 to 2020 in Alaska. She talked about opioid pain relievers, the synthetic opioids and the data. She added that there are also a significant number of meth-involved overdose deaths that involve opioids. Often people use both in order to maintain functionality, but the combination can be fatal. There is also a lot of co-prescribing between opioids and benzodiazepines, which can also be fatal when combined.

MS. JOHNSON showed how much heroin was needed for an overdose, and compared the amount of fentanyl needed, which is just a dusting. Fentanyl can be combined with the heroin or, if touched without gloves, can be absorbed into the skin. She then went through an illustration to note the effect on the brain which is where drugs affect everyone and talked about how the dopamine works in creating a physical dependence and then the withdrawal symptoms. She continued the presentation, explaining as she went through the symptoms and receptor responses.

MS. HABIB continued to the synthetic opioid wave and went through some of the statistics and studies. She talked about the public stigma, which is negative, and the discriminatory attitudes towards people with opioid-use disorder or at risk of overdose. She then looked at how stigma functions and the difference with shame and guilt and how it affects emotional pain. She moved to talking about and addressing the major opioid epidemic across the nation and state. In 2018, 100 people were brought together to develop the Statewide Opioid Action Plan based on hearing how over 300 voices felt what should be done. Developed were six goals and 26 strategies. She explained the goals and what was planned to accomplish them.

MS. JOHNSON moved on to Section 1115, the Substance-Use Disorder Waiver, the importance of the statistics and numbers, and how some of the actions that happened influenced and were able to support the providers on a state level. The goal of this is to get in front of and assist providers on the front line with a continuum of services that are offered in the state of Alaska. Also, an effort to build provider capacity throughout the state because of the numbers of people needing services has increased. She continued that the American Society of Addiction Medicine has specific criteria implemented across the state, and providers received training.

MS. HABIB continued that all of this is important because people do recover from using substances, which means something different to everyone. If people want to get into recovery, then resources need to be applied to create space for them. The work does not stop with COVID;

it gets integrated, continues, and gets enhanced.

CHAIR BOERNER stated that she was thankful that there are resources that will be coming to Alaska and that there would be a real emphasis on prevention. She asked how the State would collect and incorporate input from other key groups.

COMMISSIONER CRUM replied that they are still waiting for names, and he asked the Trust for a submittal. Some names were received from the communities, the political subregions, and ANHB has also designated someone. As soon as the last remaining people are identified, then they could meet as a council and start the conversations.

TRUSTEE COOKE stated that the Board Chair was designated as a member of the council. He was willing to attend any meetings in the near future, and later designate someone else.

TRUSTEE FIMON stated appreciation for the presentation and the information provided.

CHAIR BOERNER asked for any questions. There being none, she moved to the next portion of the presentation that will go into treating addiction.

MS. HABIB added that Fentanyl is being laced in cocaine and methamphetamine and other substances. One of the issues is that a lot of people who had been doing cocaine recreationally have no idea that their substance can be laced with that Fentanyl.

CHAIR BOERNER thanked Commissioner Crum for joining and for the information on the Governor's Advisory Council.

MS. JOHNSON continued her presentation on treating addiction. She stated that treatment is not a cure, and it does not work that way. The first thing in treatment is working to manage the withdrawal symptoms. She talked about some of the ways providers have banded and worked together to help address withdrawal symptoms in people experiencing them. Emergency departments have the ability to provide medication-assisted treatment so that a person can get into a treatment program. She continued that office-based opioid treatment allows a physician, a primary-care doctor, general health care prescriber, to dispense and prescribe buprenorphine for patients experiencing withdrawal. This helps a lot of people. It does not have a requirement to provide any psychological services. She went through her presentation in great detail, explaining as she went along. She posted a list of medication-assisted treatment programs across the state, but could not include a bigger comprehensive list of substance-use disorder providers. She explained how people could access treatment.

MS. HABIB stated that the other resource that Division of Behavioral Health did a great job getting started was treatmentconnection.com or OpenBeds. It is a cloud-based platform that was contracted and is being continued. It aggregated behavioral health and, specifically, SUD treatment options to include realtime availability of inpatient beds, assessment appointments, outpatient services, including MAT options and social resources to create a single common platform. She concluded the presentation and thanked all.

TRUSTEE STURGEON thanked both for the presentation and stated that he learned a lot.

MR. WILLIAMS complemented both presenters on the information and asked if residential substance-use disorder treatment was the highest level of treatment.

MS. JOHNSON replied that it takes a person out of their community and into a controlled environment where there is some sort of supervision.

MR. ABBOTT stated that the trustees have received a great deal of information and as it is processed this information is a Trust effort to blend the work with the State going forward. The State and the Trust will likely be coordinating the work going forward and will need trustees to have a general familiarity with this work and these issues. That started today. He thanked the Chair and the trustees for their patience and careful consideration of the great presentation heard today.

CHAIR BOERNER thanked all and called a break.

(Break.)

988 IMPLEMENTATION PRESENTATION

CHAIR BOERNER stated that there would be a presentation on the 988 implementation and recognized Eric Boyer.

MR. BOYER stated that Lean Van Kirk works with the Division of Behavioral Health within DHSS as a program coordinator, and oversees suicide prevention strategies and efforts statewide.

MS. VAN KIRK stated that she works on statewide suicide prevention, which led to the work around 988. She thanked Chair Boerner and the trustees for the opportunity to share the information. She talked about what 988 is and how it will work in Alaska. The 988 State Planning Grants received helped to facilitate this work. She spent some time talking about suicide in Alaska and how important it is to continue to support prevention efforts moving forward. She then shared some of the crisis call center data and shared some of the evaluation of that data. She continued that it laid the groundwork for understanding the needs faced as 988 is implemented. She added that, right now, the Alaska Careline receives those lifeline calls which will change to 988 as of July 16th, 2022. She stated that a State Planning Grant was received from Vibrant Emotional Health which administrates the National Suicide Prevention Lifeline. The goal is to support states in developing a state-specific plan for the implementation of 988. The other piece focused on developing a roadmap for coordination and building capacity of the call centers, looking at sustainable funding and communication strategies to support the implementation of 988, and also to plan for the long-term improvement of in-state answer rates for 988 calls. She then went through the timeline of the work being done, and then moved to talking about suicide and some of the data. She stated that this is important information to understand and know, and it makes the work that much more important and personal to each one of us. During 2019, in Alaska, suicide was the leading overall cause of death for youth and young adults ages 15 through 24 -- this is the only age group in Alaska where suicide is the leading cause of death. She added that there were also a significant amount of suicide attempts. She talked about the Careline and pointed out that Lifeline and Careline are two different phone numbers, but Careline answers them both. She added that the call center is providing very good

services to people that utilize it. She continued that there is much work to do and engaging the youth is a really important part of it.

CHAIR BOERNER was shocked by the statistic of 52 percent of the 10-to-19-year-olds in the suicide data.

MS. VAN KIRK replied that Chair Boerner was absolutely picking up on something they have been working on targeting. That is that although youth and young adults in Alaska die by suicide at much higher rates than any other age group, they were the age group that is utilizing this service the least. She stated that asking youth to be involved in the process and also developing a system where young adults can opt into someone from the Careline, using young adult outreach coordinators to reach out and follow up on them. She added that there is much work to do.

TRUSTEE COOKE asked if there is an ability to compile information about reasons for the suicides or the attempts that occur.

MS. VAN KIRK replied that she participates in reviewing at least the adolescent suicides through the Internal Child Review Committee, which is an in-depth look at the surrounding circumstances that may have been experienced. There is a focus on what is needed to figure out what can be done to intervene and prevent suicides.

TRUSTEE STURGEON noticed that in the data that the suicide rate is almost double the national level in Western Alaska. He asked why it was higher.

MS. VAN KIRK replied that that question is asked all the time. She stated that there are many reasons that increase suicide rates and that can be a result of adverse childhood experiences or a result of substance-use disorder or a result of untreated mental health diagnoses. Then all of those risk factors can be triggered by other events that happen in someone's life. She did say that there was a lot of work done on prevention work, and she wished there was an answer on how to change that.

TRUSTEE FISHER asked if there was a mechanism in place for the people most likely to commit suicide to determine some type of connection or recommendation for a way to make an immediate connection with someone; possibly a behavioral therapist.

MS. VAN KIRK replied yes, and that is being worked on. One of the things that crisis call center staff are trained to do is to screen for suicide risk. If someone is at imminent risk or at high risk, they will help facilitate that person getting help. She added that this work is focused on building that capacity to make those connections when people need them. She continued that a State Implementation Grant was received seven months ago to focus on eight core areas of planning around building the capacity and coordination of the crisis call center. She stated that those eight areas were taken with some planning done in two different phases. The first period of time the goals and action items developed around is October 1st, 2021. Then the second phase is after 988 goes live. The whole first year providing the services will be worked on. She continued explaining in greater detail as she went through the presentation. The plan is to assess the in-state crisis call number total in realtime. She stated that the Final 988 Implementation Plan will be submitted January 21st.

CHAIR BOERNER thanked Ms. Van Kirk for a very well-done presentation with the information both surprising and educational. She asked if the trustees had any other questions.

TRUSTEE COOKE thanked Ms. Van Kirk for the presentation and asked if there would be ways to direct people from remote rural areas to resources and counselors.

MS. VAN KIRK replied that work will be happening in the 988 Tribal and Rural Work Groups, which is part of the implementation plan. She added that there is a lot of work to be done, and she appreciated the questions which showed us moving in the right direction.

TRUSTEE FIMON stated appreciation for the awesome presentation. He noted that he would like to have further conversation as this gets implemented.

CHAIR BOERNER stated appreciation for the presentation. We will be watching this as it is implemented and integrates with current systems, response teams and also the Crisis Now model. She thanked the trustees and staff, and moved to adjournment.

MOTION: A motion to adjourn the meeting was made by TRUSTEE HALTERMAN, seconded by TRUSTEE STURGEON.

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

(Program & Planning Committee meeting adjourned at 4:15 p.m.)

MEMO

To: Verné Boerner, Chair, Program and Planning Committee
Through: Mike Abbott, Chief Executive Officer
From: Steve Williams, Chief Operating Officer
Date: December 22, 2021
Re: FY23 Mental Health Budget Bill analysis

On December 15th Governor Dunleavy submitted his FY23 Proposed budget. Trust staff have reviewed the Governor's budget and compared it to the board of trustees' FY23 budget recommendations. Overall, the Governor's Proposed FY23 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). Below are a few key takeaways from the Governor's Proposed FY23 budget:

- 1) **inclusion of all** of the board of trustee approved of State General Fund/Mental Health fund recommendations (\$7,931.5);
- 2) **inclusion of all** board of trustee approved FY23 Mental Health Trust Authority Authorized Receipts (MHTAAR) funds (\$8,526.3);
- 3) **slight reductions** to the board of trustee approved AHFC Dividend recommendations (\$300.0); and,
- 4) **slight reductions** to the board of trustee approved Trust Authority (\$67.2) and Trust Land office (\$31.5) agency budgets.

Per statute, the board of trustees approved a budget that includes recommendations for GF/MH expenditures for state programs and services to meet the needs of beneficiaries. As noted above, the Governor's Proposed FY23 budget included **all** of the board of trustee approved GF/MH recommendations. As relayed by staff during the budget presentations at the August 2021 board meeting, the Trust's FY23 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 \$7,931.5 of State General Fund/Mental Health dollars for 19 projects; of those 19 projects, 13 also included \$3,782.6 of MHTAAR funds.

On the following page is a table that lists projects that the trustees recommended be partially or fully funded with GF/MH. The table compares the FY23 Trustee Approved budget to the Governor's Proposed budget for these projects.

FY23 Budget Comparison – GF/MH recommendations only

Operating Budget Items		Trustee Approved FY23 Recommendations			Governor FY23 Proposed		
Project	Department	MHTAAR (1092)	GF/MH (1037)	Other/AHFC Dividend (1139)	MHTAAR (1092)	GF/MH (1037)	Other/AHFC Dividend (1139)
GCDSE Joint Staffing	Dept. of Health	\$ 184.5	\$ 50.0	\$ -	\$ 184.5	\$ 50.0	\$ -
Comprehensive Program Planning Position	Dept. of Health	\$ 75.0	\$ 75.0	\$ -	\$ 75.0	\$ 75.0	\$ -
Beneficiary Mental Health Status Data Collection	Dept. of Health	\$ 45.0	\$ 45.0	\$ -	\$ 45.0	\$ 45.0	\$ -
Alaska Autism Resource Center	DEED	\$ -	\$ 50.0	\$ -	\$ -	\$ 50.0	\$ -
Crisis Now Continuum of Care Grants	Dept. of Health	\$ -	\$ 900.0	\$ -	\$ -	\$ 900.0	\$ -
Zero Suicide	Dept. of Health	\$ 62.5	\$ 62.5	\$ -	\$ 62.5	\$ 62.5	\$ -
Holistic Defense	DOA	\$ -	\$ 86.0	\$ -	\$ -	\$ 86.0	\$ -
Peer Support Certification	Dept. of Health	\$ 130.0	\$ 50.0	\$ -	\$ 130.0	\$ 50.0	\$ -
Aging & Disability Resource	Dept. of Health	\$ 300.0	\$ 250.0	\$ -	\$ 300.0	\$ 250.0	\$ -
IT Application/Telehealth Service	Dept. of Health	\$ -	\$ 63.0	\$ -	\$ -	\$ 63.0	\$ -
Alaska Training Cooperative	UAA	\$ 885.6	\$ 100.0	\$ -	\$ 885.6	\$ 100.0	\$ -
Totals		\$ 1,682.6	\$ 1,731.5	\$ -	\$ 1,682.6	\$ 1,731.5	\$ -
Capital Budget Items		Trustee Approved FY23 Recommendations			Governor FY23 Proposed		
Project	Department	MHTAAR (1092)	GF/MH (1037)	Other/AHFC Dividend (1139)	MHTAAR (1092)	GF/MH (1037)	Other/AHFC Dividend (1139)
Deferred Maintenance	Dept. of Family & Community Services	\$ 250.0	\$ 250.0	\$ -	\$ 250.0	\$ 250.0	\$ -
Medical Appliances and Assistive Tech	Dept. of Health	\$ -	\$ 500.0	\$ -	\$ -	\$ 500.0	\$ -
Coordinated Community Transportation	DOTPF	\$ 300.0	\$ 1,000.0	\$ -	\$ 300.0	\$ 1,000.0	\$ -
Essential Program Equipment	Dept. of Health	\$ 300.0	\$ 300.0	\$ -	\$ 300.0	\$ 300.0	\$ -
Special Needs Housing Grant	DOR/AHFC	\$ 200.0	\$ 1,750.0	\$ 1,750.0	\$ 200.0	\$ 1,750.0	\$ 1,500.0
Housing Assistance Program	DOR/AHFC	\$ 950.0	\$ 850.0	\$ 6,350.0	\$ 950.0	\$ 850.0	\$ 6,300.0
Home Modifications	Dept. of Health	\$ 100.0	\$ 1,050.0	\$ -	\$ 100.0	\$ 1,050.0	\$ -
AHFC Senior Housing Predevelopment*	DOR/AHFC	\$ -	\$ 500.0	\$ -	\$ -	\$ 500.0	\$ -
Totals		\$ 2,100.0	\$ 6,200.0	\$ 8,100.0	\$ 2,100.0	\$ 6,200.0	\$ 7,800.0
Amounts represented in thousands.							

*Trustees approved this recommendation as an operating budget item to DHSS; however, the Governor's proposal to includes it as capital budget item to AHFC.

Strengthening the System:

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

Comp Plan In Action



Alaska's Crisis System



Alaska Crisis
Infrastructure



Crisis System



Crisis Now



Sustainability

Comp Plan in Action

2.2 Objective: Medicaid is efficiently managed and adequately resourced.

4.4 Objective: Utilize ongoing recovery support services to end the cycle of substance misuse.

5.2 Objective: Support and improve the system to assist individuals in crisis.

6.2(b) Strategy: Leverage 1115 Medicaid behavioral health waiver services and develop

Families First Prevention Services Act services to support children in their homes and prevent out-of-home placement whenever possible.

Alaska's 1115 Behavioral Health Medicaid Wavier and Crisis Services

Gennifer Moreau, Director
Division of Behavioral Health
Department of Health and Social Services



Crisis Services



Through crisis services, individuals – **regardless of insurance status** – can be served through **any available crisis services provider**. This makes crisis services more effective, timely, and localized.

Billable 1115 Waiver behavioral health crisis services are limited by the Medicaid eligibility of the individual and the eligibility of the treatment provider to bill Medicaid. *

Sustainable Funding: Medicaid and Crisis Services

In other states, **85%** of the funding for crisis services is through Medicaid enrolled providers serving Medicaid eligible individuals.

The 1115 Behavioral Health Medicaid Waiver provides a **sustainable Medicaid payment option** to fund behavioral health crisis services for Medicaid eligible individuals.

The 1115 Waiver and Behavioral Health Crisis Services

The 1115 Behavioral Health Medicaid Waiver:

- Expands Medicaid eligibility
- Pays for services not typically covered by Medicaid
- Uses innovative service delivery systems

Mobile Outreach and Crisis Response Services

23-Hour Crisis Stabilization and Observation

Crisis Residential Stabilization

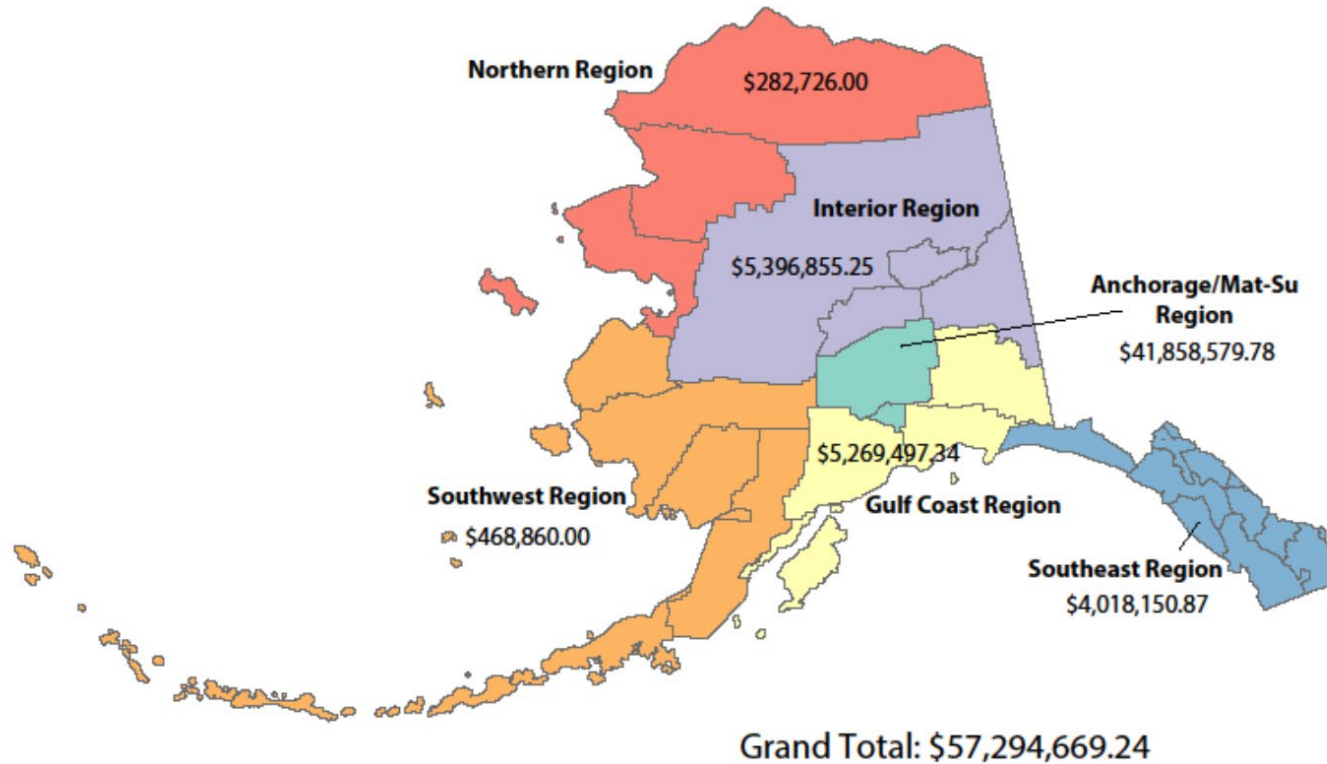
The 1115 Waiver and Crisis Services in Alaska

15 agencies **have received department approval** to provide Medicaid funded 23-hour crisis observation and stabilization services and crisis residential stabilization services (short-term residential)

CARES Act Funding and Crisis Services in Alaska

CARES Act Projects	Funding Allocation
Adult Crisis Stabilization	\$ 2.8 M
Youth Crisis Stabilization	\$2.0 M
Quarantine Services	\$1.4 M
Withdrawal Management	\$ 250.0 K

Total Expenditures for Paid 1115 Waiver Claims (FY20 & FY21) by Alaska's Economic Regions



Economic Regions Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section

Approved 1115 Waiver Substance Use Disorder (SUD) Services by Trust Target Area: Anchorage

Anchorage Municipality
1.0 Outpatient
2.1 Intensive Outpatient
3.1 Clinically Managed Low Residential
2.5 Partial Hospitalization
Community Recovery Support
3.5 Clinically Managed High Residential Adult
1.0 Ambulatory Withdrawal Management
3.2 Clinically Managed Residential Withdrawal Management
3.7 Medically Monitored Inpatient Withdrawal Management
SUD Care Coordination
Intensive Case Management
Treatment Plan Development/Review
Peer Based Crisis
Mobile Outreach & Crisis Response

Approved 1115 Waiver Substance Use Disorder (SUD) Services by Trust Target Area: Fairbanks

Fairbanks North Star Borough	
1.0 Outpatient	
2.1 Intensive Outpatient	
3.1 Clinically Managed Low Residential	
Community Recovery Support	
1.0 Ambulatory Withdrawal Management	
SUD Care Coordination	
Intensive Case Management	
Treatment Plan Development/Review	
Peer Based Crisis	

Approved 1115 Waiver Substance Use Disorder (SUD) Services by Trust Target Area: Mat-Su

Mat-Su Borough
1.0 Outpatient
2.1 Intensive Outpatient
3.1 Clinically Managed Low Residential
2.5 Partial Hospitalization
Community Recovery Support
3.5 Clinically Managed High Residential Adult
SUD Care Coordination
Intensive Case Management
Treatment Plan Development/Review
Peer Based Crisis

HB 172/SB 124

MENTAL HEALTH FACILITIES & MEDS

"An Act relating to admission to and detention at a subacute mental health facility; establishing a definition for 'subacute mental health facility'; establishing a definition for 'crisis residential center'; relating to the definitions for 'crisis stabilization center'; relating to the administration of psychotropic medication in a crisis situation; relating to licensed facilities; and providing for an effective date."

Questions?



Thank You!

IMPLEMENTING A BEHAVIORAL HEALTH CRISIS SYSTEM OF CARE

Katie Baldwin-Johnson, Eric
Boyer, Travis Welch
**Alaska Mental Health Trust
Authority**

Crisis Now Updates

January 6, 2022



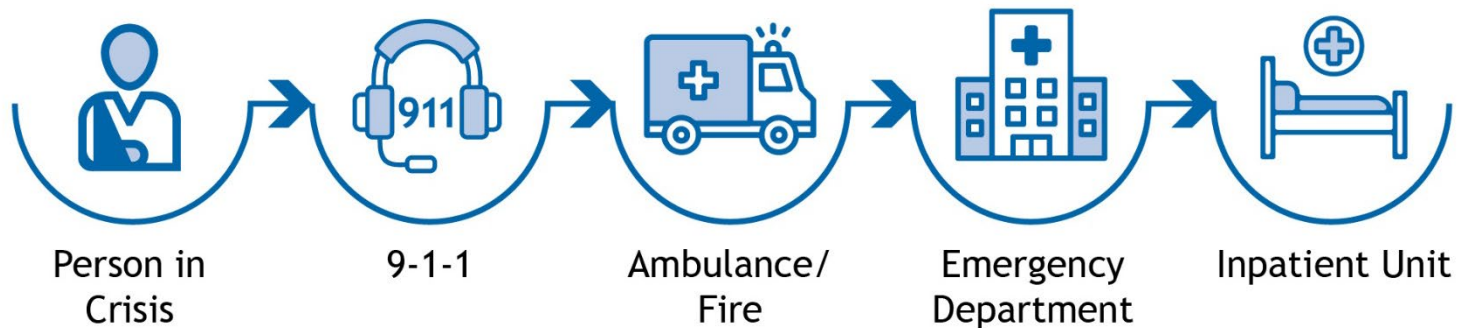
CRISIS NOW

Project Updates

1. Site visit reflections- Trustees
2. Connecting the Comp plan and Crisis Now buildout
3. Project updates and recommendations
4. Community progress
 1. Anchorage
 2. Mat-Su Valley
 3. Fairbanks
 4. Juneau
5. Phased Implementation
6. What's next?

GOAL: Design and implement a behavioral health crisis response system analogous to the physical health system.

Physical Health Emergency



Behavioral Health Emergency



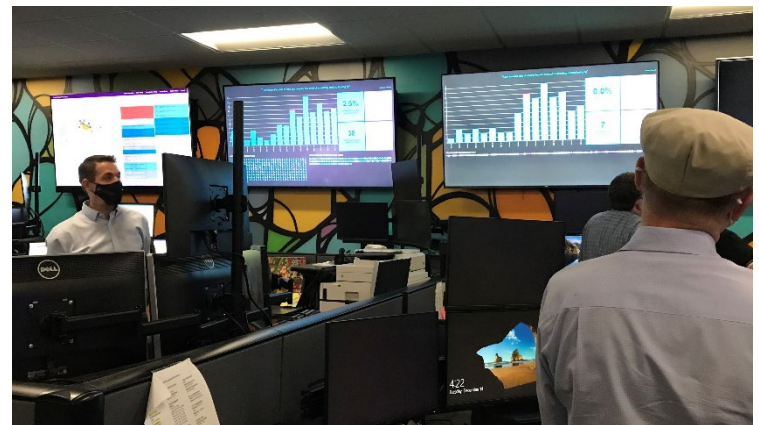
Arizona Visit Takeaways

- **Reason for the work:** help people in crisis by getting them to care quickly - reducing suffering and preventing suicide.
- **Sustaining the work:** Medicaid, braided funding and other payment structures will be important considerations for Alaska.
- **No wrong door policy:** 100% acceptance at stabilization centers is essential for the system to work, particularly for law enforcement.



Arizona Visit Takeaways

- **Call Center:** there can be a substantial use of data to inform system/services; technology and expertise is available to support the Alaska buildout. Up front investment equals long-term cost savings.
- **System interoperability:** Multiple partners can successfully collaborate to seamlessly provide the suite of Crisis Now interventions.



Alaska Crisis Now Consultation Report: Connection to Comp Plan and Overall Buildout

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

Crisis Now and the Comprehensive Integrated Mental Health Plan

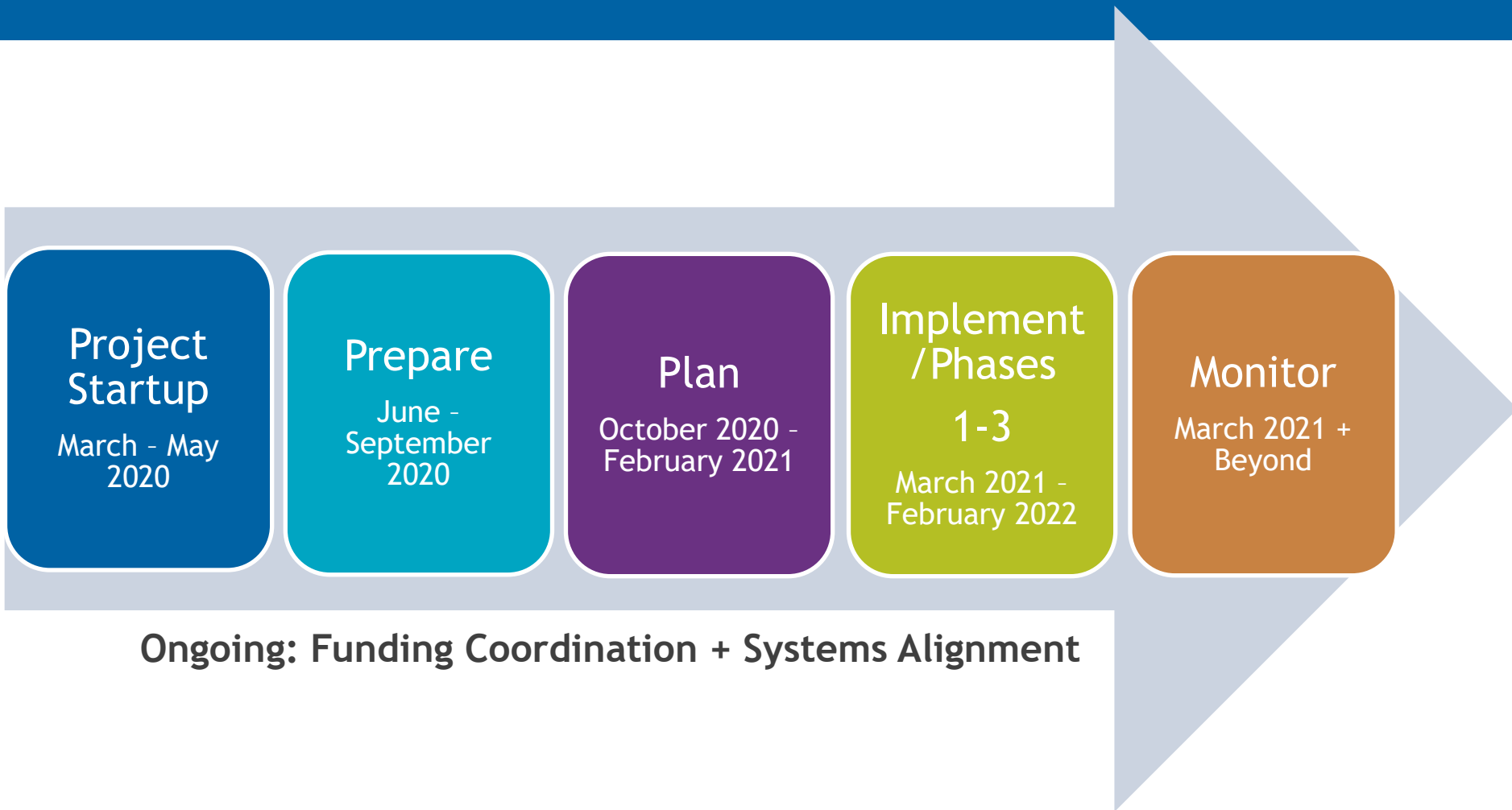
1. Goal 2/Healthcare access expansion
2. Goal 4/Increasing recovery support services
3. Goal 5/Improving the crisis support
4. Goal 6/Promoting early intervention
5. Goal 7/Least restrictive
6. Goal 9/Advance the competencies of the behavioral health workforce

Essential Principles & Practices



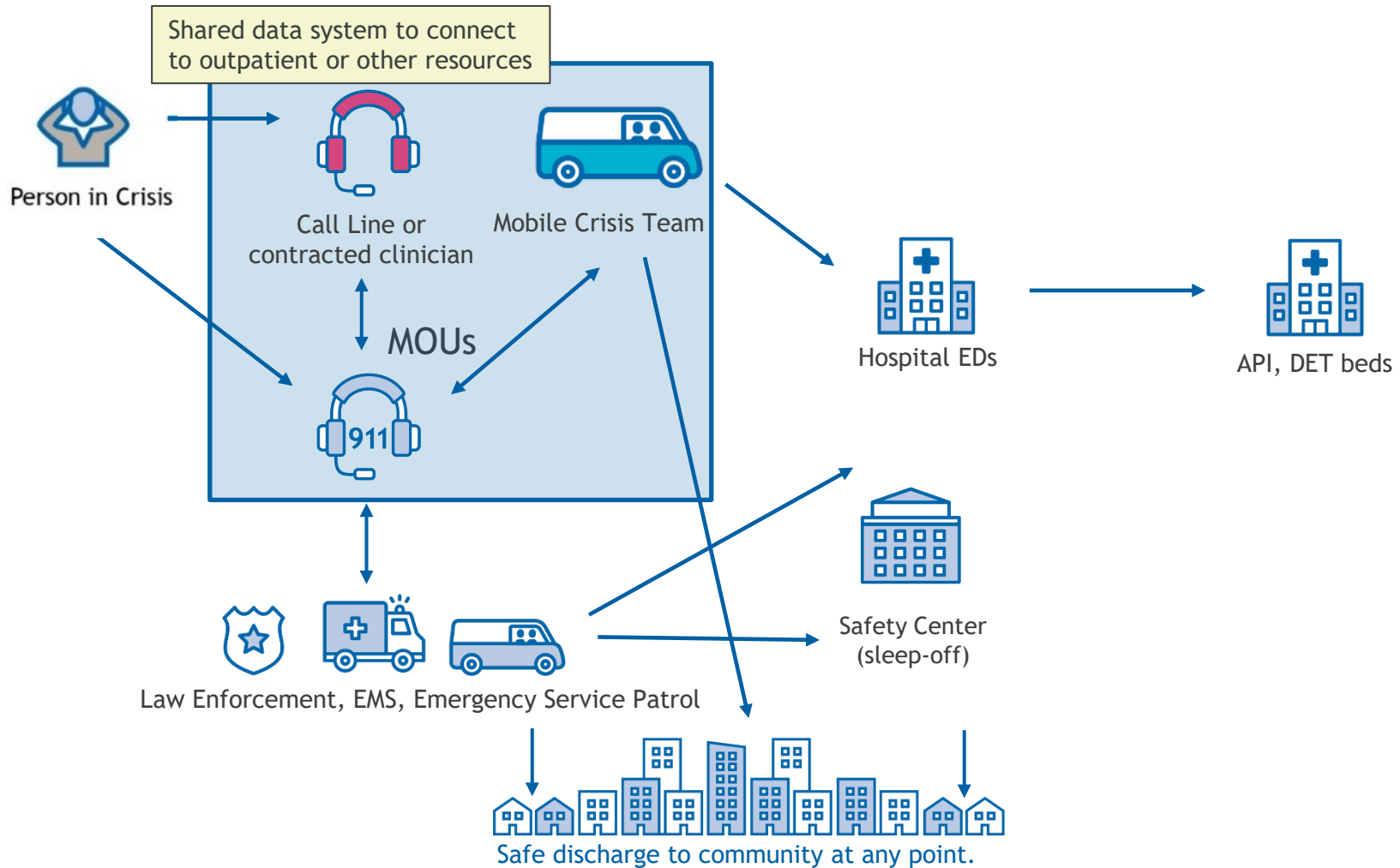
- ☐ Recovery oriented
- ☐ Significant role for peers
- ☐ Trauma-Informed Care
- ☐ Zero Suicide/Suicide Safer Care
- ☐ Safety and security for staff and people in crisis
- ☐ Crisis response partnerships

Phased Approach



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

FAIRBANKS



1115 Waiver Services for discharge in Start-Up

Phase 1 Implementation Updates

Community/System	Key Updates	Funding
Anchorage	<ul style="list-style-type: none"> - Discussions on-going/connections between APD dispatch and Careline - Enhanced capacity for Careline - AFD mobile crisis team launch - Crisis stabilization Phase 1 planning for 23 hour/Short term stabilization 	<ul style="list-style-type: none"> - N/A - Trust - Alcohol Tax/Restore Hope - Trust
Fairbanks	<ul style="list-style-type: none"> - Mobile crisis team launched, partnership between the Interior Alaska Center for Non-Violent Living (the Bridge), Alaska Behavioral Health, Municipality of Fairbanks 	<ul style="list-style-type: none"> - Restore Hope grant - Trust - 1115 Waiver - DPH- ARPA Grant
Mat-Su	<ul style="list-style-type: none"> - Community planning completed in 2021, discussions are happening now with two potential providers 	<ul style="list-style-type: none"> - 1115 Waiver - Trust, MSHF
Juneau	<ul style="list-style-type: none"> - JAMHI Health and Wellness, working with Trust and community partners in developing an MCT 	<ul style="list-style-type: none"> - Trustee request forthcoming at the Jan. full Board mtg
Rural Alaska	<ul style="list-style-type: none"> - Workgroups are in discussion, and action steps are happening around Open Beds, 988, Careline, etc. 	<ul style="list-style-type: none"> - Trust/DBH/ARPA

Phase 1 Implementation Updates

Community/System	Key Updates	Funding
Statewide	<ul style="list-style-type: none"> - Careline/988 operational support/Crisis Call Center - Open Beds is a component of the Care Traffic Control 	<ul style="list-style-type: none"> - Trust memo for today's P&P Committee meeting
Statewide	<ul style="list-style-type: none"> - Open Beds/DPH-OSMAP- Open Beds is a secure cloud-based platform that creates a trusted and comprehensive access and referral system 	<ul style="list-style-type: none"> - Trust- Full Board FY23 Amendment ask (Full Board in January) - DPH/OSMAP
Statewide	<ul style="list-style-type: none"> - On-going assessment and evaluation of the crisis system of care 	<ul style="list-style-type: none"> - Trust
Crisis Consultation	<ul style="list-style-type: none"> - On-going technical assistance, business modeling, and site visits 	<ul style="list-style-type: none"> - RI International Agnew::Beck

Crisis Call Center: Someone to talk to



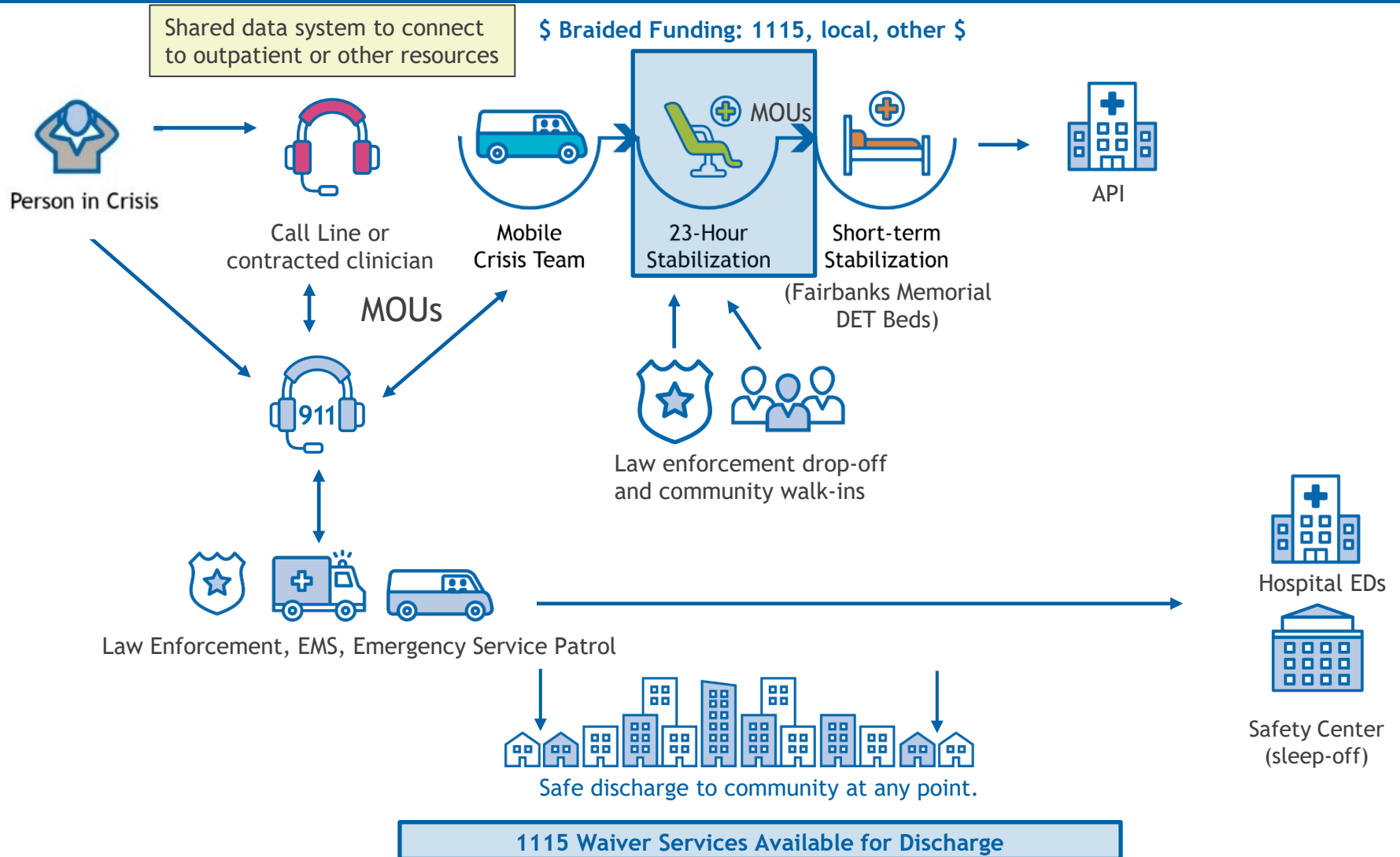
Regional or statewide crisis call centers coordinating in real time with mobile crisis teams and behavioral health service providers - “Care Traffic Control”.

Minimum Requirements

- ☐ Operate 24/7, 365 days a year
- ☐ Staffed with clinicians
- ☐ Answer every call or coordinate overflow coverage
- ☐ Assess risk of suicide and assess risk to others
- ☐ Coordinate connections to Mobile Crisis Team
- ☐ Connect individuals to facility-based care

Phase 2: *Crisis Now* 23-hour stabilization available

FAIRBANKS



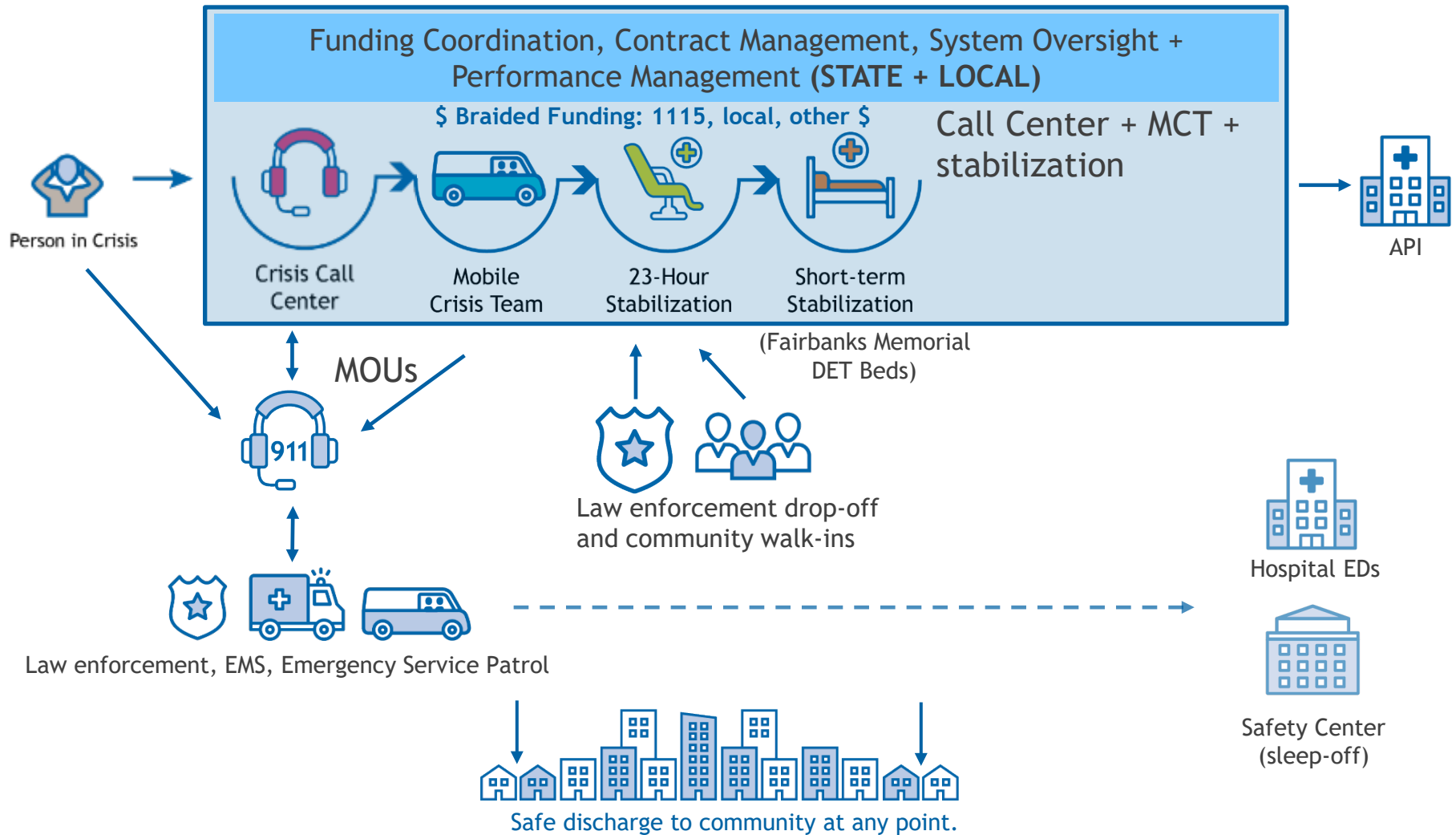
Phase 2 Implementation Updates

Community/System	Key Updates	Funding
Anchorage	<ul style="list-style-type: none"> - Planning and implementation on-going with Providence and SCF teams. TA consultation with RI in support of the 23-hour stabilization center buildout. 	<ul style="list-style-type: none"> - Trust - 1115 Waiver - Other, TBD
Fairbanks	<ul style="list-style-type: none"> - On-going dialogue with stakeholders, FMH is collecting data on current ER utilization 	<ul style="list-style-type: none"> - Trust - 1115 Waiver - Other, TBD
Mat-Su	<ul style="list-style-type: none"> - Crisis Now Coordinator/MSHF planning group, A::B is working on business modeling with 4 potential providers 	<ul style="list-style-type: none"> - Trust - 1115 Waiver - Other, TBD
Rural AK	<ul style="list-style-type: none"> - Phase 2 implementation TBD, there is are planning groups led by DBH around 988/call center expansion, plus the role of Open Beds as a support to access and referral 	<ul style="list-style-type: none"> - 1115 Waiver - Other, TBD
Crisis Call Center	<ul style="list-style-type: none"> - Additional tech, operational buildout, Open Beds 	<ul style="list-style-type: none"> - Trust, ARPA, DBH grant

Phase 3: Full Care Traffic Control connectivity at call center*; *Crisis Now*

FAIRBANKS

23-hour “no wrong door” + short term stabilization available



Phase 3 Implementation Needs

To reach Phase 3:

- Statewide or regional crisis call center(s) capable of dispatching mobile crisis teams and connecting to community-based care
- Funding coordination, system oversight, contract and performance management at the State and local levels

Questions?



Things to come...

Public/Private Partnerships - Addressing Homelessness in Anchorage

- Anchorage Housing & Shelter (\$500.0 - \$750.0)
- Providence Permanent Supportive Housing (\$250.0)

FY22 Budget and Grants

- Mid-year reallocation of projected FY22 Authority Grant & unallocated funds (\$ TBD)
- Mobile Crisis Teams - Juneau (\$ TBD)
- DHSS/SDS change of intent *Research & Capacity Improvements: InterRAI* (\$55.3)

FY23 Budget

- DHSS/DPH - Open Beds (\$285.0)
- Other (TBD)

Note: Amounts above are in thousands



MEMO

To: Verné Boerner - Program & Planning Committee Chair
Date: FY22 Mental Health & Addiction Intervention Focus Area Allocation
Fund Source: FY22 Crisis Continuum of Care
Amount: \$250,000.00
Grantee: Set Free Alaska
Project Title: Recidivism Reduction & Recovery Capital Project

REQUESTED MOTION:

Approve a \$250,000 FY22 Mental Health & Addiction Intervention focus area allocation to Set Free Alaska for the Recidivism Reduction & Recovery Capital Project. Funding for this project will come from the Crisis Continuum of Care budget line.

Assigned Program Staff: Eric Boyer

STAFF ANALYSIS

Set Free Alaska is requesting these funds to help secure the ownership of the Alaska Garden Gate property, which they are currently leasing. This property can serve 30 Trust beneficiaries who have backgrounds of substance misuse, mental health, contact with the criminal justice system, and homelessness. Set Free Alaska offers safe and sober housing, therapeutic treatment, job skills, peer support, crisis stabilization, and employment services.

This expansion aligns with the launching of crisis stabilization planning and implementation in the Mat-su. Set Free Alaska is planning to support the crisis continuum by launching crisis stabilization services as a strategic initiative in 2022. These services will be provided through their existing peer program. Services will include peer support for those in substance misuse and/or mental health crisis and for those awaiting treatment services. In addition to long-term recovery housing, beds will also be allocated on the new property for short-term crisis housing. This will allow for a safe and sober place to take someone while they await an assessment or medical clearance. They will receive therapeutic support and services while awaiting long-term residential treatment or housing.

In addition to these crisis services, Set Free Alaska is also partnering with Office of Children's Services and the Alaska State Troopers together in the Drug Endangered Children's (DEC) initiative sending mobile teams to homes of families in crisis. This service is also being launched with the intention of participating in the Crisis Now collaborative effort in Mat-Su. The program will operate on the new Recovery Residence property and will be positioned to provide the community capacity and service delivery necessary to ensure the success of the Crisis Now initiative.

The Recidivism Reduction & Recovery Capital Project is one that supports Trust beneficiaries, and one that will help with the implementation of the Crisis Now program in the Mat-su. This project is recommended for full funding.

COMP PLAN IDENTIFICATION

Goal	Objective	Comments
Goal 7 Services in the Least Restrictive Environment	7.2 Long-term services & supports	

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

Set Free Alaska is developing a comprehensive model to reduce recidivism and criminal justice system contact related to substance abuse. This project incorporates substance abuse treatment, peer support, case management, safe & sober housing, workforce development, and strong community connection. The program assists individuals in improving their overall quality of life, reducing their recidivism and criminal activities related to substance misuse, finding meaningful employment, and ultimately long-term stable housing. Partnership is needed to purchase the Alaska Garden Gate B&B. The facility will house the program serving 30 beneficiaries at any given time, an estimated 80 each year.

The Alaska Recidivism Reduction and Recovery Project is a comprehensive intervention addressing the primary risk factors of ongoing criminal activity and substance misuse within an innovative therapeutic campus model. Serving beneficiaries with substance misuse and mental health struggles, Set Free Alaska will provide a comprehensive recidivism reduction and recovery model that includes:

1. Certified Peer Support – Direct connection with an individual with lived experience and peer groups who have successfully overcome addiction and criminal behaviors.
2. Co-Occurring Substance Abuse Treatment – Rapid access to therapeutic, individualized, and trauma-informed addiction treatment.
3. Supportive Housing Environment – Access to living in a safe, stable, and supportive recovery residence within a therapeutic campus environment.
4. Economic Viability – Access to individualized education, training, and career placement opportunities.
5. Intensive Case Management – Assistance in accessing services such as medical care, pain management, dental care, public assistance, and other necessary supports.

6. Positive Community Connection – Assistance in overcoming existing social stigmas and barriers to developing meaningful community relationships apart from treatment.

Participants will live on the therapeutic campus and engage in services for an average of 6-18 months. All services are individualized through a highly effective person-centered and trauma informed, mind-body-spirit approach to recovery. In addition to individual restoration and economic viability, a strong focus is placed on community and relational reintegration. Peer support workers will assist participants in building positive community support networks apart from the treatment environment.

Criminal justice system contact attributed to substance misuse is a tremendous challenge to public health and public safety. Over 80% of Alaska's incarcerated population has an addiction disorder. As most formerly incarcerated individuals are unable to effectively access appropriate addiction treatment, secure safe and sober housing, achieve economic viability, and connect with supportive peer networks, a return to criminal activity and substance misuse is highly probable. Until community-based service capacity is increased, formerly incarcerated individuals with addiction disorders will continue to be trapped in a vicious and costly cycle of criminal activity and substance misuse resulting in more victims, longer prison sentences, and even death.

One of the largest gaps that we have in our continuum is safe and sober housing which is included into this model and the purpose of the funding request. The Alaska Garden Gate B&B will house approximately 30 residents at full capacity. Beneficiaries who are struggling with substance misuse and mental health challenges who are coming out of incarceration, residential treatment, or who are at risk of criminal activity, relapse, or recidivism can live there while receiving a robust array of treatment services and supports. The program is located in Mat-Su, however, some individuals may be served from all over Alaska.

Set Free Alaska has recognized the increased need for crisis services in Mat-Su. In response, the organization is launching crisis stabilization services as a strategic initiative in 2022. These services will be provided through the existing peer program and overseen by Shannon Harris, CDCS. Shannon has been instrumental in the development of the statewide peer certification program and now sits as a peer commissioner. Services will include peer support for those in substance use or mental health crisis and for those awaiting treatment services. In addition to long-term recovery housing, beds will also be allocated on the new property for short-term crisis housing. This will allow for a safe and sober place to take someone while they await an assessment or medical clearance. They will receive various support and services while awaiting long-term residential treatment or housing. The crisis stabilization program will partner with OCS and the Troopers together in the Drug Endangered Children's (DEC) initiative sending mobile teams to homes of families in crisis. This service is also being launched with the intention of participating in the Crisis Now collaborative effort in Mat-Su. The program will operate on the new Recovery Residence property and will be positioned to provide the community capacity and service delivery necessary to ensure the success of the Crisis Now initiative.

Outcomes of this project will be improved quality of life, reduced substance use, increased employment, and decreased recidivism. This project has received strong community support. Collaboration with Department of Corrections and the therapeutic courts will remain strong. Partnerships with Re-entry coalitions and grant recipients exist to ensure success. Several other funders have also stepped up support the project financially as seen in the budget.

EVALUATION CRITERIA

Set Free Alaska has a robust team to ensure high performance within its programming. Executive leadership, quality assurance committee, and program staff oversee measures to ensure goals are being met. Regular reports are given to board members and stakeholders.

This project will achieve the following performance measures:

1. A secured facility for the provision of the therapeutic campus with a payment no more than \$5,000/Month (see sustainability plan below). Although not an outcome goal in nature, this is the primary purpose of this funding proposal. The program cannot be provided without the proper facility, and it cannot be sustained with a high monthly lease or mortgage.
2. An estimated 80 beneficiaries will be served annually. Outcomes measures for these individuals will be.
 - a. 75% or greater will obtain employment
 - b. 80% or greater will evidence reduced substance use
 - c. 80% or greater will evidence improved quality of life
 - d. 80% or greater will have decreased criminal justice system contact
 - e. 80% or greater will have decreased recidivism

These program services under this model have recently launched. Thus far, over 90% of individuals seeking employment have found it within the first two month of them engaging in the program! They are building strong, healthy relationships, remaining sober, and building a new and healthier lives.

SUSTAINABILITY

This project is designed to ensure the sustainability of this program for the long-term. The treatment services associated with this project and the staffing needed to provide those services will be sustained through earned revenue from MDCC and other 3rd party insurers.

The capital portion (purchase of the facility) is essential to the sustainability plan. The housing portion of the project can be billed with a net of \$400/month per resident. This allows for a total monthly potential revenue of \$12,000/month. First month's rent is often given for free to help people coming out of residential programming or incarceration. Accounting for this, vacancies, and housing turnover, we project revenue conservatively at \$9,000/month. Direct facility and program costs are estimated at \$4,500/Month. This includes facility upkeep, janitorial, repairs, and deferred maintenance.

With a potential net of \$4,500/Month it is clear that the lease/mortgage of the property needs to be very low to ensure sustainability. Sober housing does not have a strong billing mechanism such as residential treatment and thus owning, or nearly owning the facility is paramount to being sustainable. With the remaining projected capital balance, a monthly payment towards a PRI loan will be around \$3,000/month. This allows a good bit of breathing room based on these conservative estimates. As the loan is paid, the program becomes more sustainable over time.

Set Free Alaska is currently leasing this entire property for \$17,000/Month. This payment goes up to \$21,000/Month in January 2022. The lease is being paid through a grant that ends June 30, 2022. The program is not sustainable under a lease as it is with the purchase of the property.

It is important to note that in addition to the actual income/expense sustainability aspects of this project, there are other cost savings not reflected in this budget projection. The agency has peer support and other staff located on site saving the organization over \$5,000/month in lease cost as other facilities are at 100% full capacity.

WHO WE SERVE

This project seeks to serve Beneficiaries struggling with substance misuse and/or mental health problems. Some of the benefits of this project to Trust beneficiaries are:

1. One of the primary reason people relapse or recidivate is they didn't have safe and sober housing. When surrounded by addiction in your primary residence, the chance of staying sober is slim. This project provides safe, warm, and supportive housing for them to live while preparing for long-term success. Clients pay \$500 per month to live in the housing, \$100 of this is saved and given as their deposit when they complete the program. When they leave, they have a saved deposit and a rental history to secure their own long-term housing.
2. Meaningful Work-Employment is a struggle for individuals coming out of incarceration or residential treatment, and for Beneficiaries with a criminal history. This program assists beneficiaries with writing resume's and connecting with employers leading towards meaningful employment empowering them to support themselves, and families upon graduation.

Trust beneficiaries and their families will be better able to live happy, successful, and improved quality of lives when they have the skills needed to remain sober, and the relationships to support them on that journey. Assisting them secure long-term housing and employment will create a strong foundation giving them hope to build their future upon. This will also improve their confidence as they are now able to care for themselves and others as well as contribute positively to their community.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	60
Substance Abuse	80
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	160

BUDGET

Space or Facilities Costs	\$250,000.00
Space or Facilities Costs (Other Sources)	\$1,750,000.00
Space or Facilities Narrative:	Alaska Garden Gate Purchase-\$2,000,000

	This 7-acre piece of property will house the recovery residence program as well as the peer support program and other staffing. The facility is turn-key including everything from furniture to towels and bedding. It comes with a DEC approved commercial kitchen, 7 cottages, 4-two-bedroom duplexes, one house, two garages, and a greenhouse. 1.5 acres are undeveloped for future program growth, or for other related use (such as 23-hour crisis stabilization). It is located directly across from the hospital and next to public transportation. Set Free is currently in a lease which ends June 30th, 2022. A purchase agreement is already signed and in place and due diligence on the property has been completed.
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Other Costs	\$0.00
Other Costs (Other Sources)	\$735,627.00
Other Costs Narrative:	The Mat-Su Health Foundation has given the agency a grant to run the Quarantine COVID program through June 30, 2022. This program funding allowed the organization to get the property secured and funded through the end of the fiscal year while pursuing other capital funding. This funding from the Health Foundation covers the lease of the property, personnel for the quarantine program, peer support travel, supplies, and other expenses related to the program operations.

Total Amount to be Funded by the Trust	\$250,000.00
Total Amount Funded by Other Sources	\$2,485,627

OTHER FUNDING SOURCES

Set Free Alaska, Inc., Secured	\$150,000.00
Christopher Walden House of Hope, Secured	\$150,000.00
State of Alaska, Secured	\$600,000.00
Fundraising Campaign (Set Free & Walden House of Hope), Pending	\$50,000.00
Rasmuson Grant, Pending	\$400,000.00
Rasmuson Program Related Investment loan, Pending	\$400,000.00
Mat-Su Health Foundation	\$735,627.00

Total Leveraged Funds	\$2,485,627
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MEMO

To: Verné Boerner - Program & Planning Committee Chair
Date: January 6, 2022
Re: FY22 Mental Health & Addiction Intervention Focus Area Allocation
Fund Source: FY22 Treatment Access & Recovery Supports
Amount: \$216,000.00
Grantee: Arc of Anchorage
Project Title: 1115 Adult Mental Health Residential 1 & 2

REQUESTED MOTION:

Approve a \$216,000 FY22 Mental Health & Addiction Intervention focus area allocation to the Arc of Anchorage for the 1115 Adult Mental Health Residential 1 & 2 project. Funding for this project will come from the Treatment Access & Recovery Supports budget line.

Assigned Program Staff: Eric Boyer

STAFF ANALYSIS

The Arc of Anchorage is requesting start-up funding for operations and facility upgrades for three residential homes to be used for adult residential treatment. The Arc of Anchorage will provide residential treatment in these homes utilizing the Medicaid 1115 Behavioral Health Waiver Program. Adult residential services under the Behavioral Health Medicaid 1115 Waiver are a critical part of the community-based treatment for Trust beneficiaries who experience severe mental illness (SMI). The Arc of Anchorage owns the three residences, which have a total of 15 beds and can be used for male or female beneficiaries.

The homes will serve adults who experience developmental disabilities, symptoms of mental illness, and/or substance use problems as referred by the Department of Corrections (DOC) and other community partners. The goal is to provide a stable environment for individuals to reintegrate into the community, receive intensive clinical treatment services, and reduce recidivism.

Currently, this line of service is not provided at the level to meet the needs of Trust beneficiaries who experience SMI in Anchorage. Initially, The Arc is proposing to start-up with 13 consumers, and work towards a sustainable milieu, with the goal of providing care for 15 beneficiaries in the future. Agnew::Beck consulting performed an evaluation on the total need for behavioral health residential treatment beds in Anchorage, which they found to be 105 beds. The Arc's plan for increasing access to adult residential in Anchorage will help meet this need. It is recommended by

the Trust program staff to fully fund this proposal request for operational and structural start-up funds for adult residential mental health beds within The Arc program.

COMP PLAN IDENTIFICATION

Goal	Objective	Comments
Goal 7 Services in the Least Restrictive Environment	7.2 Long-term services & supports	

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

Funds for this project will be used for start-up costs to open three residential homes. The homes will serve adults who experience developmental disabilities, symptoms of mental illness, and/or substance use problems as referred by the Department of Corrections and other community partners.

The Arc of Anchorage helps Alaskans who experience Intellectual Developmental Disabilities (IDD) or mental health issues achieve lives of dignity and independence as valued members of our community. Our agency believes that every person in our community deserves to be treated with respect. No person in our community should be left behind because a disability creates the need for extra help and support. We also recognize that IDD and mental health diagnoses occur at a high rate among the inmate population in Alaska. Resources for re-integration and support services for these individuals are severely limited. Therefore, we propose to partner with the Department of Corrections and other community providers to provide services specifically tailored to meet the needs of these individuals under the new 1115 waiver program.

Adult Mental Health Residential Treatment (AMHR) includes treatment services provided by an interdisciplinary treatment team in a therapeutically structured, supervised environment for adults with acute mental health needs whose health is at risk while living in their community. AMHR services are appropriate for those who have not responded to outpatient treatment, have therapeutic needs that cannot be met in a less-restrictive setting, or need further intensive treatment following inpatient psychiatric hospital services.

EVALUATION CRITERIA

Senior staff and case managers will conduct routine visits to each residence to engage consumers in conversation directed at the quality of the services they receive. These conversations will help determine if a consumer is satisfied with services and the support of their personal goals. The Arc also conducts an annual Consumer Satisfaction Survey every spring. There are two separate

versions of the survey, one for consumers who receive services with The Arc and one for the families and guardians of those we serve. Once the survey results are complete, the agency conducts work sessions between the leadership team and staff to review the results and action steps to make any needed improvements. As part of The Arc of Anchorage overall compliance plan, an internal review for Quality Assurance (QA) process has been created, focusing on seven (7) key compliance areas emphasizing the medical necessity, high-quality consumer-centered services, as well as, retention and recruitment of staff. This QA process begins at the time of referral to our Agency and is carried out during the duration of services, including up to discharge. The seven key areas of emphasis are: consumer access, consumer-centered services, agency capacity and capabilities, consumer safeguards, consumer rights and responsibilities, and overall quality assurance performance. In addition, The ARC of Anchorage will track data on recidivism of consumers who are referred from the DOC and enter the residential program. The goal is to provide a stable environment for individuals to reintegrate into the community and reduce recidivism successfully.

SUSTAINABILITY

The key to the sustainability and success of this project will be the occupancy level of the homes and ability to bill 1115 services ongoing. Our ability to maximize occupancy through use of a waitlist of potential intakes will further support the continuity of continued Medicaid billing. The Arc of Anchorage will seek additional funding through community partners and additional grant sources, including but not limited to Rasmuson, SAMSHA, BJA, Reentry-OJP and other state grants. Further, the properties intended for this program are owned by The Arc of Anchorage and will therefor only require routine maintenance after renovation.

WHO WE SERVE

In partnership with community providers and Department of Corrections, The Arc of Anchorage proposes a residential program specifically targeted to meet the needs of individuals who experience mental illness, developmental disabilities, or both, who are leaving the Corrections system. The primary goal is to provide a stable environment for individuals to reintegrate into the community and reduce recidivism successfully.

The target population to be supported by these residential services are adults 18+ experiencing Serious Mental Illness (SMI) and/or co-occurring Developmental Disabilities and/or co-occurring Substance Use Disorder (SUD) who are transitioning out of the Department of Corrections back into the community. By providing a stable environment from which to begin their re-entry into the community, we can help build a foundation for success and hopefully decrease reincarceration.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	40
Developmental Disabilities:	40
Substance Abuse	25

Traumatic Brain Injuries:	15
Number of people to be trained	12

BUDGET

Personnel Services Costs	\$75,000.00
Personnel Services Costs (Other Sources)	\$0.00
Personnel Services Narrative:	<p>Direct support staff per residence at \$25,000 for residence 1 to maintain staff roster during vacancies and non-funded periods.</p> <p>Direct support staff per residence at \$25,000 for residence 2.</p> <p>Direct support staff per residence at \$25,000 for residence 3.</p>
Space or Facilities Costs	\$128,000.00
Space or Facilities Costs (Other Sources)	\$0.00
Space or Facilities Narrative:	<p>Get ready construction, furnishings and MOA required sprinkler system for residence 1 budgeted at \$51,100</p> <p>Get ready construction, furnishings and MOA required sprinkler system for residence 2 budgeted at \$38,500</p> <p>Get ready construction, furnishings and MOA required sprinkler system for residence 3 budgeted at \$38,400</p>
Supplies Costs	\$13,000.00
Supplies Costs (Other Sources)	\$0.00
Supplies Narrative:	<p>Start up costs to supply residence 1 with common cleaning and hygiene supplies and staple food items budgeted at \$4,400</p> <p>Start up supply costs budgeted for residence 2 at \$4,300</p> <p>Start up supply costs budgeted for residence 3 at \$4,300</p>
Total Amount to be Funded by the Trust	\$216,000.00
Total Amount Funded by Other Sources	\$75,000

	Rasmuson TIER 1 (\$25,000) pending AK Community Foundation ARPA (\$50,000) pending
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MEMO

To: Verné Boerner - Program & Planning Committee Chair
Date: January 6, 2022
Re: FY22 Mental Health & Addiction Intervention Focus Area Allocation
Fund Source: FY22 Crisis Continuum of Care
Amount: \$197,400.00
Grantee: Interior Alaska Center For Non- Violent Living
Project Title: Alaska Careline: 9-8-8 Infrastructure Development

REQUESTED MOTION:

Approve a \$197,400 FY22 Mental Health & Addiction Intervention focus area allocation to the Interior Alaska Center for Non-Violent Living for the Alaska Careline: 9-8-8 Infrastructure Development. Funding for this project will come from the Crisis Continuum of Care budget line.

Assigned Program Staff: Travis Welch

STAFF ANALYSIS

Suicide in Alaska is a major public health concern and has consistently been a Trust priority. Alaska has historically had some of the highest rates of suicide in the nation, and suicide is the leading cause of death for 15-24 year-old Alaskans. The Interior Alaska Center for Non-Violent Living (IAC) in Fairbanks, Alaska, is a longtime partner to the Trust. IAC operates the statewide Careline crisis and suicide prevention call center and is requesting \$197,400.00 of Trust funding for 9-8-8 capacity and infrastructure development.

9-8-8 is a national three-digit dialing code which has been approved by the Federal Communications Commission (FCC) for the National Suicide Prevention Lifeline and will go live nationwide in July 2022. The Careline is the only crisis call center in Alaska that is a member of the National Suicide Prevention Lifeline, the platform by which all 9-8-8 calls will ultimately be routed.

The Careline currently responds to Alaska behavioral health crisis calls statewide. In 2020, the Careline received 27,451 calls from individuals in crisis, or from someone concerned about another's behavior. Once 9-8-8 goes online, the Trust and partner agencies anticipate that the call volume will increase. Initially, combined Careline and 9-8-8 call volume is estimated to reach 42,042 calls during implementation and is expected to reach as many as 64,938 by year two.

The Careline’s 9-8-8 implementation plan budget includes funding for additional Careline capacity in order to meet this expected demand and increased call volume. This implementation budget also calls for additional management and call counselor positions, additional technology and infrastructure, and increased staff compensation to assist with hiring and retention efforts. The remainder of FY22 will be utilized by Careline to hire and train staff and purchase the needed equipment and supplies to meet the expected increase in call volume. The funding in this request will allow Careline to begin expanding their capacity and infrastructure during the current fiscal year and be prepared for the 9-8-8 three-digit dialing code go live date of July 16, 2022.

Trust staff recommends approving this funding request.

COMP PLAN IDENTIFICATION

Goal	Objective	Comments
Goal 2 Healthcare	2.1 Access & receive quality healthcare	

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

This funding will support the Alaska Careline in efforts to build capacity and increase infrastructure, in anticipation of the launch of the three digit dialing code for mental health, 9-8-8. As the call center for Alaska that will be receiving the calls and texts placed to 9-8-8 from a 907 area code, the implementation of this three digit dialing has significant implications for the call center. The call center will use this funding to expand staffing by 1.5 FTE, in addition to bringing existing wages up to a competitive rate for the Fairbanks North Star Borough (where the call center is located). The funds requested within this project will also include the purchase of furniture and equipment to support the current and additional staffing.

In the fall of 2020, the National Suicide Hotline Designation Act established 9-8-8 as the nationwide three-digit number for mental health crises. The three-digit dialing will be live on all phone carriers no later than July 16, 2022. Calls and texts placed to 9-8-8 will be routed to member centers of the National Suicide Prevention Lifeline. In Alaska, the Careline is the only member center of the National Suicide Prevention Lifeline. As such, all calls and texts placed to 9-8-8 from a 907-area code will be routed to the Careline call center.

Volume projections provided by Vibrant, the administrator of the National Suicide Prevention Lifeline, and contact projections developed by the Division of Behavioral Health, anticipate contacts to the Careline call center to increase significantly. In order to maintain quality service provision and to simultaneously expand services, the call center will require additional infrastructure development. In 2020, the Alaska Careline received approximately 5,000 contacts

that were routed to other call centers due to limited capacity. This is noteworthy, as the Careline had identified a need to increase capacity to respond to crisis contacts, even prior to the launch of 9-8-8. The volume projections developed by the Division and by Vibrant, estimate an additional 15,000 contacts in year one of 9-8-8 implementation (FY23). Volume projections for year one, for Alaska, is approximately 42,000 contacts.

The Careline Executive Director has worked very closely with the Trust, the Division of Behavioral Health, the statewide 9-8-8 Planning Coalition, the Statewide Suicide Prevention Council and other statewide partners in an effort to best position the call center to support the needs of vulnerable Alaskans. The Careline is currently funded through an established contract with the Division of Behavioral Health. The funds requested will support infrastructure development required to maximize response to the anticipated increase in volume. Support for the expansion and infrastructure development necessary to successfully implement 9-8-8 has been robust and is reflected in the diverse participation in the 9-8-8 Planning Coalition (facilitated by DBH). The Division of Behavioral Health has obligated additional funds to support this project, and the program is in conversation with other statewide partners regarding partnership opportunities, to include financial investment, to support Careline infrastructure development.

EVALUATION CRITERIA

While this project is focused on infrastructure development and, therefore, is largely administrative, the Trust can expect the program to continue to provide support and intervention to Trust beneficiaries during this funding period. The program collects data on all contacts, to include outcome data. The program can provide contact outcome data for beneficiaries served during the funding period, to include, but not limited to: "caller agreed to use additional resources", "caller identified helpful behaviors", "caller thanked Careline staff", "caller responded to de-escalation techniques", "caller will call again if in crisis", and "caller said he or she felt better". The program will also provide proof of appropriate utilization of funding, as requested.

SUSTAINABILITY

As noted previously, the Alaska Careline operates under a well-established, sole source, contract with the Division of Behavioral Health. The Careline is currently in year two of a five year contract. The program does not anticipate any interruption to funding. The Division is currently exploring numerous funding opportunities to support the increased cost of the call center operations, as a result of the 9-8-8 expansion. Funding opportunities which have been identified include the utilization of ARPA funding, Block Grant funding, and anticipated upcoming grants opportunities through Vibrant Emotional Health, the administrator of the National Suicide Prevention Lifeline. The National Suicide Hotline Designation Act of 2020, which directed the FCC to designate 9-8-8 as the three digit mental health number, included a provision through which states can levy a fee for 9-8-8 contacts. The State is currently exploring this provision as a potential funding avenue to sustain the crisis response services, to include the call center, described within SAMHSA's "National Guidelines for Behavioral Health Care".

WHO WE SERVE

While this project is a project focused largely on program administration, it has significant projected long-term outcomes for Mental Health Trust Beneficiaries. A substantial percentage of individuals accessing support through the Alaska Careline disclose mental illness, developmental disabilities, chronic addiction, dementia, or brain injury. The overwhelming majority of individuals accessing the Careline are Mental Health Trust beneficiaries, primary or secondary.

The Careline has a demonstrated history of providing valuable, often lifesaving, support to at-risk, vulnerable Alaskans. The program seeks to engage individuals prior to the person finding themselves in an acute crisis state. The Careline provides an unduplicated resource, by engaging individuals who are in need a safe place to talk, regardless of geographic location, ability to bill for services, financial need/resources, or other common barriers to care. The launch of 9-8-8, and the accompanying expansion of the Alaska Careline, presents an opportunity to change the landscape of crisis care access; creating increased opportunities to provide support, connection, preventative care, and, when needed, intervention to vulnerable Trust beneficiaries.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	18,060
Developmental Disabilities:	2,940
Substance Abuse	4,620
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	840

BUDGET

Personnel Services Costs	\$165,000.00
Personnel Services Costs (Other Sources)	\$618,000.00
Personnel Services Narrative:	<p>1) The program requests the addition of 1.5 FTE, in order to begin preparing for contact volume increases related to 9-8-8. These positions will provide an additional 64 hours of coverage a week. We are requesting funding for these positions for 4 months, beginning March 1, 2022. The cost for these positions is based upon an average pay of \$24.70 per hour plus 25% fringe. Cost to fund these positions for the four-month period is \$34,251.</p> <p>2) The Careline Executive Director position is currently funded at 75%. We request to cover the remainder of the ED salary for the 6-month funding period. Cost to support this position is \$17,044 (including benefits).</p> <p>3) The program requests funds to increase existing program positions to a competitive wage. We are requesting these wage increases to cover the remaining 6</p>

	<p>months of the Careline funding period, with wage increases taking effect in January, 2022. The wages detailed below are based upon median wages for similar positions within the Fairbanks North Star Borough. The wages detailed below are calculated into the budget created by the Division of Behavioral Health and, therefore, shall be sustainable through the contract funding the call center beginning FY23.</p> <p>The Careline program currently employs both full-time and part-time employees to cover 8 hotline/text line shifts per day, or 448 hours of coverage a week. The cost to bring these positions up to an average pay of \$24.70/hr., plus an average 25% fringe, will be \$97,552 for the 6-month period.</p> <ul style="list-style-type: none"> To align the other Careline program positions with the wage increase for the hotline staff, the following is also requested: <ol style="list-style-type: none"> \$3360 to increase the wage for the Program Manager. \$5568 to increase the wage for the Youth and Young Adult Outreach Specialist. \$7230 to increase the wage for the Hotline Shift Lead position. The total for the increase in wages for these three positions is: \$16,158
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Travel Costs	\$0.00
Travel Costs (Other Sources)	\$4,800.00
Travel Narrative:	Travel costs are covered by donations and agency airline mileage.

Space or Facilities Costs	\$0.00
Space or Facilities Costs (Other Sources)	\$49,500.00
Space or Facilities Narrative:	Facilities costs are covered by the contract through the Division.

Supplies Costs	\$10,000.00
Supplies Costs (Other Sources)	\$12,000.00
Supplies Narrative:	1) The program requests \$7500 to purchase outreach supplies in preparation for 9-8-8. As the State decides on a marketing approach for the Careline and 9-8-8 it is

	<p>expected that Careline will need to do significant outreach, to include the distribution of marketing materials.</p> <p>2) The program requests \$2500 to purchase office supplies, to include paper products and other supplies necessary to support operations.</p>
Equipment Costs	\$11,400.00
Equipment Costs (Other Sources)	\$4,000.00
Equipment Costs Narrative:	<p>1) The program requests funds to purchase laptops for use within the supervisory team. Cost to purchase 4 laptops (\$600/ea) will be \$2400.</p> <p>2) The program uses multiple computer screens to navigate the various platforms necessary to provide the various crisis services. The program requires four new computer monitors at a cost of: \$1000 (\$250/ea).</p> <p>3) The program also requests \$8,000 for furniture to furnish three new work spaces and to replace worn furniture in existing work spaces.</p> <p>A. \$4000 for desks and bookshelves for 4 work spaces.</p> <p>B. \$2100 for office seating (\$350/ea)</p> <p>C. \$1000 for desk chairs (\$200/ea)</p> <p>D. \$900 for cork boards, lamps, rugs, etc. to furnish the additional workspaces.</p>
Other Costs	\$11,000.00
Other Costs (Other Sources)	\$0.00
Other Costs Narrative:	<p>1) The program seeks to renew the contractual relationship with the entity currently managing the Alaska Careline social media platforms. With the heightened visibility of call centers as a result of 9-8-8, the following year will provide a unique opportunity to engage new audiences and to encourage help seeking behaviors. The contractor selected is familiar with safe messaging and the Alaska Careline program. This contract will provide social media management for one calendar year and will include the creation of original content, monitoring of social media performance metrics, etc. Cost for the one-year contract is \$9600.</p>

- 2) The program requests \$350 to redirect the current website to an updated web address. This work will be completed by a vendor that is currently working on the Careline web page to update content.
- 3) The program requests \$1000 to work with a graphic artist to refresh/update the program logo and associated graphics. The program has secured a quote from a reputable graphic designer out of Anchorage.

Total Amount to be Funded by the Trust	\$197,400.00
Total Amount Funded by Other Sources	\$796,400.00

OTHER FUNDING SOURCES

State of Alaska, Division of Behavioral Health: SECURED	\$764,000.00
Central Peninsula General Hospital: SECURED	\$24,000.00
South Peninsula Behavioral Health Services: SECURED	\$8,400.00
Total Leveraged Funds	\$764,400.00