

## MEETING AGENDA

**Meeting:** Program & Planning Committee  
**Date:** July 27-28, 2022  
**Time:** 8:30 AM  
**Location:** online via webinar and teleconference  
**Teleconference:** (844) 740-1264 / Meeting Number: 2454 486 6538 # / Attendee Number: #  
<https://alaskamentalhealthtrust.org/>  
**Trustees:** Verné Boerner (Chair), Rhonda Boyles, Kevin Fimon, Brent Fisher, Anita Halterman, Agnes Moran, John Sturgeon

### Wednesday, July 27, 2022

#### Page No

<b>8:30</b>	<b>Call to order (Verné Boerner, Chair)</b> Roll Call / Announcements / Approve agenda / Ethics Disclosure Approval of Minutes: April 21, 2022	5
<b>8:40</b>	<b>CEO Report</b>	
<b>9:00</b>	<b>FY23 Approvals</b> <ul style="list-style-type: none"><li>Covenant House – Covey Academy</li><li>Copper River Mobile Integrated Health Team</li></ul>	19 24
<b>9:45</b>	<b>FY24/25 Trust Budget Recommendations Introduction</b> <ul style="list-style-type: none"><li>Steve Williams, Chief Executive Officer</li><li>Katie Baldwin, Chief Operating Officer</li><li>Autumn Veal, Evaluation &amp; Planning Officer</li></ul>	29
<b>10:30</b>	<b>Break</b>	
<b>10:45</b>	<b>FY24/25 Trust Budget Recommendations Presentation</b> <ul style="list-style-type: none"><li>Mental Health &amp; Addiction Intervention – Eric Boyer, Senior Program Officer</li><li>Disability Justice – Travis Welch, Program Officer</li></ul>	42
<b>12:15</b>	<b>Lunch</b>	
<b>1:00</b>	<b>FY24/25 Trust Budget Recommendations Presentation – (cont'd)</b> <ul style="list-style-type: none"><li>Beneficiary Employment &amp; Engagement – Jimael Johnson, Program Officer</li><li>Housing and Home &amp; Community Based Services – Kelda Barstad, Program Officer</li></ul>	52
<b>2:30</b>	<b>Recess</b>	

## Thursday, July 28, 2022 (continued)

### Page No

<b>8:30</b>	<b>Call to order (Verné Boerner, Chair)</b> Announcements	
<b>8:35</b>	<b>FY24/25 Trust Budget Recommendations Presentation</b> <ul style="list-style-type: none"> <li>Workforce Development – Eric Boyer, Senior Program Officer</li> <li>Early Childhood Intervention &amp; Prevention – Jimael Johnson, Program Officer</li> </ul>	62
<b>10:05</b>	<b>Break</b>	
<b>10:15</b>	<b>FY24/25 Trust Budget Recommendations Presentation</b> <ul style="list-style-type: none"> <li>Non-Focus Area Allocations – Katie Baldwin, Chief Operating Officer</li> </ul>	72
<b>11:15</b>	<b>FY24/25 Trust Budget Recommendations – Next Steps</b> <ul style="list-style-type: none"> <li>Katie Baldwin, Chief Operating Officer</li> <li>Steve Williams, Chief Executive Officer</li> </ul>	
<b>12:15</b>	<b>Recess / Lunch</b>	
<b>2:30</b>	<b>Trustee Comments</b>	
<b>2:45</b>	<b>Adjourn</b>	
<b><u>Additional Documents</u></b>		
	• Link: <a href="#">FY24/25 Budget Development supporting documents, reports, and resources</a>	78
	• Link: <a href="#">Amended FY23 Signed Budget</a>	79
	• Link: <a href="#">Grant Analysis Report FY22</a>	
	• Link: <a href="#">FY24/25 Stakeholder Meeting Summary Notes</a>	90
	• FY24/25 Proposed Budget spreadsheet	hand-out

## Future Meeting Dates

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

(Updated – June 2022)

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

## Future Meeting Dates

### Statutory Advisory Boards

(Updated – June 2022)

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

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

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

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

- Executive Committee – monthly via teleconference (Second Tuesday of the Month)
- Fall Meeting: October TBD / Fairbanks

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

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

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

- Fall Meeting: October 13-15, 2022 / Girdwood & via Webinar

#### **Alaska Commission on Aging**

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

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

- Fall Meeting: TBD

**ALASKA MENTAL HEALTH TRUST AUTHORITY**  
**PROGRAM & PLANNING COMMITTEE MEETING**  
**April 21, 2022**  
**8:30 a.m.**

**WebEx Videoconference/Teleconference**

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

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**Trustees Present:**

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

**Trust Staff Present:**

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

**Trust Land Office staff present:**

Jusdi Warner

**Also participating:**

Gennifer Moreau-Johnson; Jenny Weisshaupt; Jillian Gellings; Charity Carmody; Kathy Craft; Kenneth Kuykendall; Lisa Hodges; Stephanie Hopkins; Tom McRoberts; Joan O'Keefe; Sarah Chapel; Jayla Milford; Robin Dempsey; David Wright; Director Kim Guay; Deputy Commissioner Clinton Lasley; Nicole Borromeo; Michelle Dewitt.

## PROCEEDINGS

### CALL TO ORDER

CHAIR BOERNER greeted all in her Native language and introduced herself. She called the meeting to order and began with a roll call. Trustee Boyles was excused. There was a quorum. She asked for any announcements. She shared that she had the honor of sitting on the Governor's Council on Human Sex Trafficking. They had their first meeting, and she thanked Travis Welch who agreed to provide technical support for her while serving on the Council. She reported that the first meeting was introductory and that she will provide updates of subcommittee activities. She moved to the agenda and asked for a motion.

### APPROVAL OF AGENDA

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

CHAIR BOERNER stated that there would be a change in the schedule for the trustees waiting for the Legislative approval process for their hearings, but that would most likely be done without any changes in the order of the agenda. She moved to a roll-call vote.

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

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

### APPROVAL OF MINUTES

**MOTION:** A motion to approve the minutes of the Program & Planning Committee meeting of January 6, 2022, was made by TRUSTEE HALTERMAN; seconded by TRUSTEE FISHER.

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

CHAIR BOERNER continued to the CEO update.

### CEO UPDATE

MR. WILLIAMS reported that they are recruiting for the senior program officer's position and he hoped to fill that position in the next few weeks. The information on the job description and the application process can be found on the website. He moved to the FY23 budget and the legislative budget process. He stated that the anticipation is that the Senate Finance Committee may start taking up amendments on the budget bills. Depending on how that goes will drive the other conversations around the operating budget. He added that the current version also accounts for forward funding education, as well as some funding for the statutory budget reserve. He stated that there were no significant differences from what trustees recommended, which was a huge positive. He noted that the capital budget had not been released. He continued to the

Chair's role on the Governor's Task Force related to Human Sex Trafficking and talked about Trustee Halterman on the Governor's People First Initiative, the Council on Homelessness. Kelda Barstad is supporting Trustee Halterman on that task force. The Council is scheduled to come up with draft recommendations by the fall, which is on track. He added that Trustee Halterman is also on the Governor's Council on Opioid Remediation, which is supported by Katie Baldwin. There is an ongoing effort with the Division of Public Health on how the State can move forward with its plan for opioid remediation, and we will continue to provide updates. He moved to the implementation of the Crisis Now model, which is moving forward. He stated that there is a hearing in front of House Finance where they would be taking public testimony. He complimented and stated appreciation for the work of the Department in this effort, and would continue keeping the trustees informed. He then moved to the May board meeting planned for Kenai on May 25-26. The plan is to get the bulk of the board business finished on the first day, and we have planned site visits, both programmatic and related to the activities of the Trust Land Office, for the second day. There is also a panel presentation planned from the community to talk about how behavioral health crises are managed or handled on the Kenai Peninsula. He then took the opportunity to thank Deputy Commissioner Tim Lasley, Director Kim Guay and Nicole Borromeo for joining the meeting to help get grounded on where Alaska is with the child foster care system, the child welfare system. He recognized Ms. Baldwin-Johnson for an update on the FY24-25 budget development process.

MS. BALDWIN-JOHNSON gave a brief update on the internal budget development process, which is a very time-intensive, stakeholder-engaging effort. It looks at the needs of the systems, with feedback from the partners and stakeholders that serve all of the beneficiaries, as well as looking at the data and information available internally based on the types of projects funded, how well they were doing, and whether anyone is better off or not. She talked about the process of pulling together the review of the FY22 MHTAAR projects, and the stakeholder survey has been posted. This mechanism is for inviting feedback and input from the partners on priorities, the gaps and opportunities to think about as the '24-'25 budget is developed.

MS. BIASTOCK introduced herself as the Chief Communications Officer for the Mental Health Trust. She said that there would be more about the conference in the future communication program update, and she wanted to give a brief update on some of the work to date. She reminded all that last year the trustees suggested, and staff agreed, that a Trust-sponsored conference would be a great use of Trust resources. There was \$180,000 approved for the conference, and the services of event-planning support had been engaged. She continued that this event was envisioned as an opportunity to be a place to create time, for opportunities to share ideas and data all pertinent to Trust beneficiaries. She added that the prime audience is the Trust-beneficiary-serving partners; and we hope the event will be valuable to the Trust beneficiaries, the policymakers and policy influencers. She went through some of the preparations and then stated that the dates selected for the event were September 27<sup>th</sup> and 28<sup>th</sup>. The top floor of the Dena'ina Convention Center was secured for the event, and we have also added a day of preconference workshops. She noted that the conference name will be The Improving Lives Conference, and a logo has been developed. Improving lives aligns and lives in the mission of the Trust, as well as with the Guiding Principles.

MR. WILLIAMS stated appreciation for the trustees' support and enthusiasm for the work that went into this planning. There is still a lot of work to be done. He added that they are on the

path to a successful conference.

CHAIR BOERNER thanked all and moved to the next item on the agenda, Child Welfare and Foster Care in Alaska. She asked Ms. Baldwin-Johnson for some background and context.

### **CHILD WELFARE AND FOSTER CARE IN ALASKA**

MS. BALDWIN-JOHNSON asked Jimael Johnson to introduce the folks here. She stated that the topic was timely, and we are looking forward to learning more and discussing other thoughts and ideas.

CHAIR BOERNER stated appreciation to Trustee Sturgeon for raising this point and talked about her mother being a foster parent and her own experience of being a primary caregiver. She asked Ms. Johnson to introduce the guests.

MS. JOHNSON stated that she is a program officer with the Trust. She continued that one of her focus areas is children's mental health, early childhood, and everything that encompasses that, which includes the child welfare system and foster care system. She echoed her gratitude for Trustee Sturgeon bringing this to the group, and for the support of the trustees for this conversation. She stated the honor of being joined by the esteemed partners from the State, Deputy Commissioner Lasley and Director Kim Guay. She added that Nicole Borromeo from the Alaska Federation of Natives will also be here. She gave some more background and talked about the objectives for the presentation. She began with a video.

(Video played.)

MS. JOHNSON stated that the video was from the Child Welfare Academy and partners. She turned over the presentation to Deputy Commissioner Lasley of Family, Community and Integrated Services.

DEPUTY COMMISSIONER LASLEY thanked the trustees for the opportunity to talk about this really important topic of child welfare and the foster care system. He continued that the introduction video set the tone of its importance and how it touches so many lives in the state of Alaska. He talked about the reorganization at the Department of Health and Social Services that will go into effect on July 1. He discussed the challenges, and the hope of what the reorganization would accomplish. He asked Director Guay to continue.

DIRECTOR GUAY started by sharing her appreciation for the opportunity to have this important conversation. She moved to the highlights of the vision and mission of the Office of Children's Services. She stated that it was a reactionary agency; something comes to them, and then they look at what is needed to take care of it. She explained that they do get quite a bit of Federal funding, and some it is allocated for primary prevention. They also put out grants and contracts to different community providers for primary prevention. This is an important area at the Office of Children's Services because the capacity to do a lot of prevention work is not available and we are looking to do some expansion. The Federal Government is urging child welfare agencies to get more into the work of prevention and would also like to expand into that area. She talked about the opportunities for prevention, which is the hotline. She described the procedure for the investigations and the intakes, which are centralized. The hotline system is in



Anchorage. She described the array of services available. She moved to foster care licensing, and talked about the unlicensed relative. She explained that some of the foster parents are relatives, and some of the relatives just choose not to be licensed. She talked about the workings of the foster care system and stated that there are many people involved in the foster care system as far as agency partners such as public defenders, guardians ad litem, all in the best interests of the children. She highlighted that they are highly regulated, and due process is always overseen. They are reviewed by the Federal Government every four to five years, and also report on safety, permanency, and well-being for the foster kids. She noted the five regions that the Office of Children's Services was divided into. She talked about turnover in the front-line staff, with the majority leaving in the first year. Recruiting is continuous, and some of the people applying do not have the qualifications like they used to. She stated that there was a different set of staff called social services associates, who make sure that families have contact with their children. The best time to engage the family is when children are removed. Waiting too long causes things to go adrift. Parents may use it as an opportunity to use more substances. She explained that 80 percent of the cases are due to substance use or misuse. One of the issues was not enough service providers that are timely, and the waitlists are too long. There are Federal timelines to get the children to permanency, which is 15 months. She continued that children experience trauma; and staff also experience terrible trauma. She added that secondary trauma is real, and she talked about a critical incident debriefing because of a threat to kill staff. She talked about the Governor's People First Initiative looking at the foster care system and that she was part of that group.

DEPUTY COMMISSIONER LASLEY reemphasized that the issues are vast and are not just within the Office of Children's Services. He wanted all to start thinking about well-being in the state of Alaska, and how to start providing services for the parents asking for help because they do not want to lose their children. The vision for the Department is to be able to have the conversations and not be mired down in the day-to-day activities, but to find ways to solve the issues.

MS. BALDWIN-JOHNSON thanked Deputy Commissioner Lasley and Director Guay for the thoughtful presentations, and she believed that this conversation and understanding this is inherently important to making the connection between the Trust doing work with folks that are struggling with addiction, with mental illness, with poor health outcomes, who are bouncing in and out of the juvenile correctional system. That is directly connected to the incubation of these traumas, and compounding traumas in a child's life over time. What is being seen is the impact of this compounding trauma that just builds and builds. It is important for the Trust to understand why people are struggling with addiction to the degree they do.

CHAIR BOERNER stated that she could hear their hearts in the work they are doing for the children, families and their colleagues. Another thought is that the mental health of those trying to help was being affected. She was appreciative of the emphasis on not waiting until individuals were in places of crisis before intervening.

TRUSTEE COOKE stated his shock at all the information shared. He asked about the incredibly low rate of actual investigations.

DEPUTY COMMISSIONER LASLEY stated that this was one of the challenges with the

bandwidth of what can be investigated and what does not meet the criteria for investigation. One of the things that can be provided is the data, which can also be provided to tribal partners. There is the need to start developing well-being programs in communities.

DIRECTOR GUAY stated that the statute on intakes and what is investigated is broad, and she gave a couple of examples. She continued that there is a regulation that prevents sharing some of the screen-outs without the parents' permission. She talked about going out, investigating, and trying to refer services. Many do not use the services recommended.

CHAIR BOERNER called a ten-minute break.

(Break.)

CHAIR BOERNER welcomed Nicole Borromeo and looked forward to her presentation. She gave Trustee Sturgeon an opportunity to put some comments into the record to address now or have staff look for the answers later.

TRUSTEE STURGEON thanked Deputy Commissioner Lasley and Director Guay, and stated that he asked them, during the break, if there was something that the Trust could do on a piece of the big problem. He stated his appreciation if they would help guide us.

CHAIR BOERNER thanked Trustee Sturgeon and asked Ms. Johnson to provide an introduction for Ms. Borromeo.

MS. JOHNSON stated appreciation for the conversation prior to the break and looked forward to it continuing in this section. She stated that this section would focus on more of the upstream opportunities, and it was framed around the Comprehensive Integrated Mental Health Plan. The two goals in the Comp Plan most relevant to the work in the child welfare system and the foster care system are goal No. 1 related to early childhood, and the more specific goal No. 6, which is about protecting vulnerable Alaskans. She introduced Nicole Borromeo, executive vice president and general counsel with the Alaska Federation of Natives, and a neutral negotiator on behalf of the Child Welfare Compact.

MS. BORROMEO stated appreciation for the invitation to talk about the Tribal Child Welfare Compact that has been in place for five years. She began with a video.

(Video played.)

MS. BORROMEO explained that she is licensed as a lawyer to practice law in Alaska, Washington and Hawaii. She noted that Alaskan Native children are about 15 percent of the State's population, and are 60 percent of the kids in State custody. She continued that the other reason the State experiences retention difficulties within the Office of Children's Services is that it is very stressful work with a high degree of turnover. She explained that the Compact did not originate five years ago, but had been a decades-long labor of love between State, tribal representatives and other invited stakeholders. They began with three goals: to strengthen the State's compliance with the Indian Child Welfare Act; to reduce the disproportionality numbers; and then to build and strengthen the working relationships between the tribes and the State. She

continued her presentation, explaining as she went through the slides. She added that it is an exciting time for the Trust to be approaching the Compact parties to talk about working together, because the State is very supportive of prevention, and the tribes have talked about how to work internally for their own assessments to figure out what other stresses families are under. In addition to being on the cutting edge of law and policy, it is a public-private partnership. She went through the long-term goals of the Compact, which is to have Alaska's children and families served as close to home as possible, Native and nonNative alike; overall improving the life outcomes of Alaska's children and their families, particularly within the Alaska Native community.

CHAIR BOERNER stated appreciation for the presentation and providing the background. She asked the trustees for any questions.

TRUSTEE STURGEON thanked Ms. Borromeo for coming. He stated that tribes are doing a great job, and he was curious if the corporations actually got involved in assisting the tribes at all.

MS. BORROMEO replied that the assistance came indirectly through financial contributions. The video that was shown at the beginning was funded through the contributions.

TRUSTEE COOKE stated that it was a great presentation and added that it was important for the State and the tribal organizations to work together. It was great to hear about all the things that were done, including the Compact.

TRUSTEE COOKE stated that the Trust planned to sponsor a conference at the end of September called the Improving Lives Conference. This would bring together many groups, individuals and beneficiaries that are interested and involved in providing services to Trust beneficiaries. He invited Ms. Borromeo and her organization to work with staff to see what common interests were shared, and what participation would be appropriate for the upcoming conference.

CHAIR BOERNER noted that Ms. Johnson had a few slides that the trustees may be interested in.

MS. JOHNSON gave an overview of some of the additional opportunities that both complement and rely on the child welfare compacting to become successful. She stated that there are a number of bodies of work happening with a number of partners, and she highlighted Alaska Impact Alliance; the State Infant Learning Program; and ASHNHA, the Alaska State Hospital and Nursing Home Association, looking at data around what was happening and for better understanding.

CHAIR BOERNER stated that provided an encompassing picture from the State's presentations to AFN's and to what the Trust is doing. She asked for any questions. There being none, she expressed gratitude for the incredible presentations. She thanked Deputy Commissioner Lasley and Director Guay for staying for the entire presentations and hoped for continuing conversations. She called a lunch break.

(Lunch break.)

### **CRISIS NOW UPDATE**

CHAIR BOERNER welcomed all back and moved to the Crisis Now Update. She invited Katie Baldwin-Johnson, Eric Boyer and Travis Welch to present.

MR. BOYER noted that part of the process of learning while working with partners at the State level and out in the community was thinking about funding for the new mechanisms in the service array. He added that it is definitely taking some time to do the planning and implementation. He talked about the series of four TV spots that came out and are running through May, and that they were working because beneficiaries and stakeholders are reaching out, and also people who had never heard of the Trust called about services. This is one of the efforts in educating the community about the Trust's role and how we are focused on improving their lives and getting support to community members. He stated that this project was engaged with the Department, the Division of Behavioral Health and the stakeholders for four years, and he went through the model and best practices. He talked about changing the system of care, and how this model is changing the paradigm: to be able to accept anyone with some level of need when they come in the door. It takes the burden off law enforcement not needing correctional centers to be part of the solution, and also takes the burden off emergency departments. He explained that the project was at various stages of Phase 1, Phase 2 and Phase 3, and they want the story to be out of how it is developing. He added that Agnew::Beck is the project manager statewide for this initiative, and their work is amazing. The call center, Alaska Care Line, is the national suicide prevention lifeline, and he explained how it was doing. He then talked about Open Beds, which is the access and referral network; the mobile crisis team is part of the network. This is an evolving system. Legislation is critical, and it fully implements no wrong door so that law enforcement has more options than just the emergency room or jail.

MR. WILLIAMS stated that the partnership with the Department and Heather Carpenter is getting the legislation through to process. He also acknowledged the Department of Public Safety, and Commissioner Cockrell provided invited testimony at each of the hearings. He continued that public testimony was heard from NAMI, Emergency Room Doctors' Association, individual emergency room doctors, as well as the Disability Law Center and others.

MR. BOYER stated the need to really promote the framework. He continued that the purpose is the impact to the partners. He added that the financial program sustainability conversations at the commissioner level, Governor level, legislative, the partners, Rasmuson, Mat-Su Health Foundation continue on.

CHAIR BOERNER called a five-minute break.

(Break.)

CHAIR BOERNER moved into the approval section and stated that the first item is the Crisis Now Project Management Contract Funds.

**MOTION: The Program & Planning Committee recommended that the Trust approve \$200,000 of fiscal year '22 Mental Health & Addiction Intervention focus area, Crisis**

Now Initiative funding, for a one-year contract renewal on the Crisis Now Initiative project, management contract services provided by Agnew::Beck Consulting, Inc. was made by TRUSTEE HALTERMAN; seconded by TRUSTEE FIMON.

CHAIR BOERNER stated that this was an approval and not a recommendation to the Full Board. She asked Ms. Baldwin-Johnson to provide the background.

MS. BALDWIN-JOHNSON pointed out that there were five approvals on the docket. She stated that the order of the approvals was intentional beginning with the request for the contract funds. This would enable a third-year renewal to work with Agnew::Beck as the primary project management entity on this initiative.

TRUSTEE COOKE asked who Agnew::Beck reported to.

MS. BALDWIN-JOHNSON replied that, for this contract specifically, she is the contract manager and Agnew::Beck reported to her. She monitored their progress on the work plan, the deliverables, the timelines and also the cost. She stated that there would be value in the future to consider a joint presentation to help articulate the complexity of the work and progress that is happening.

CHAIR BOERNER stated that was a good suggestion.

TRUSTEE HALTERMAN called the question.

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

CHAIR BOERNER moved to the next item, the United Human Services of Southeast Alaska – Teal Street Center.

**MOTION:** The Program & Planning Committee moved approval of a \$300,000 fiscal year '22 partnership grant to United Human Services of Southeast Alaska for the Teal Street Center Phase 3 project was made by TRUSTEE HALTERMAN; seconded by TRUSTEE STURGEON.

CHAIR BOERNER recognized Kelda Barstad.

MS. BARSTAD noted that online were Joan O'Keefe, executive director of United Human Services of Southeast Alaska, as well as Southeast Alaska Independent Living Center; and Sarah Chapel, the campaign coordinator for Teal Street Center. She explained that the Teal Street Center project came before trustees a couple of years ago when it was still in the planning phases. It is an innovative and collaborative project that brought together the creation of a nonprofit facility so that multiple nonprofit agencies could come together under that roof for reduced rent. It benefits those providers by reducing the administrative overhead and the work done to obtain and maintain facilities. So, the amount of money spent on direct services for beneficiaries is increased. A wide variety of services that people can obtain on the Teal Street

Center and St. Vincent de Paul will be a core part of service availability for the community.

TRUSTEE HALTERMAN asked for the meaning of the acronym Pre-ETS.

MS. O'KEEFE replied that Pre-ETS is through the Division of Vocational Rehabilitation, and it helps youth in transition from being a youth to being an adult.

TRUSTEE FISHER reviewed the funding sources and stated substantial other funding for this project and asked when it will be secured.

MS. O'KEEFE replied that the City and Borough of Juneau helped leverage \$1.1 million early on, and then with the price escalation, they introduced 1.3 million additional dollars, which will be voted on next Monday.

TRUSTEE HALTERMAN called the question.

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

CHAIR BOERNER moved to Nome's Housing First Project.

**MOTION:** The Program & Planning Committee moved the approval of \$375,000 for fiscal year '23 Home & Community Based Services focus area allocation to the Nome Community Center for Nome's Housing First Project, Homeplate, LLC, was made by TRUSTEE HALTERMAN; seconded by TRUSTEE FIMON.

CHAIR BOERNER recognized Kelda Barstad.

MS. BARSTAD stated that Nome Community Center embarked on building a new building for the permanent supportive housing project Homeplate. Homeplate would be Nome's first permanent Supportive housing project, and it had been in a planning process for a long time. It was exciting to see it get through the predevelopment stage and be in a place where majority funding and construction could begin. She explained that permanent supportive housing is an evidence-based intervention and provides a combination of long-term housing that is subsidized, and supportive services are offered and tailored to the individual. This project would transform homeless services and housing for individuals in Nome, and it will serve about half of the individuals that have been identified as qualifying for this service.

A brief discussion ensued.

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

CHAIR BOERNER moved to the Bethel Community Services Foundation – Bethel Permanent Supportive Housing Project.

**MOTION:** A motion that the Program & Planning Committee approve a \$345,000 FY23 Home & Community Based Services focus area allocation to Bethel Community Services for the Bethel Permanent Supportive Housing Project was made by TRUSTEE COOKE; seconded by TRUSTEE STURGEON.

MS. BARSTAD stated that this project was similar to the Nome Project with some key differences. In Bethel this would be the first permanent supportive housing project and would house 20 Trust beneficiaries. It will use the permanent supportive housing model and the Housing First model and would serve 100 percent Trust beneficiaries. This project would have secured funding from AHFC through the goal round of funding. She added that Michelle Dewitt, the executive director from the Bethel Community Service Foundation, and Jayla Milford, the executive director of Bethel Winter House are both online.

TRUSTEE COOKE asked about a timeline for construction and opening.

MS. DEWITT replied that the plan was to install a foundation system this fall/winter and to have construction complete and occupants, tenants in the building by December 2024. She added that there was a good chance that it would be occupancy-ready well in advance of December, 2024.

TRUSTEE HALTERMAN stated concern with the shelter being part of an overnight shelter and a vulnerable population being housed together.

MS. DEWITT stated that this would be very unique for a permanent supportive housing project to co-exist so closely to an emergency shelter. It had not yet been done in the state. She continued that the needs for today and the sustainability needs are being looked at with the understanding that the shared services may not always be needed over the next 20 or so years.

MS. MILFORD noted that currently individuals who stay at the shelter are used as semi-contract workers who help during the evening as needed. She added that it proved to be helpful for the year they had been open.

TRUSTEE HALTERMAN called the question.

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

CHAIR BOERNER moved to the Catholic Social Services Complex Care Shelter and asked for a motion.

**MOTION:** The Program & Planning Committee recommended the approval of \$500,000 fiscal year '22 for Home & Community Based Services focus area allocation to Catholic Social Services for the Complex Care Shelter was made by TRUSTEE HALTERMAN; seconded by TRUSTEE STURGEON.

TRUSTEE COOKE pointed out that this is not a recommendation but an approval, because the \$500,000 is the authorized limit for funding directly from the Program & Planning Committee.

CHAIR BOERNER stated that the court reporter said it was stated as a recommendation and the motion needed to be re-read into the record.

**MOTION: The Program & Planning Committee moved to approve \$500,000 of fiscal year '22 Home & Community Based Services focus area allocation to Catholic Social Services for the Complex Care Shelter was made by TRUSTEE HALTERMAN; seconded by TRUSTEE STURGEON.**

CHAIR BOERNER asked Ms. Barstad to provide some background.

MS. BARSTAD stated that Robin Dempsey, executive director of Catholic Social Services, and David Wright, chief operations officer of Catholic Social Services, were online and available for questions, or to expand upon the details of the project. The Complex Care Shelter is a project that resulted from a complex community discussion on solving homelessness in Anchorage. This project was one of the specific solutions that would impact Trust beneficiaries the most. There are a large number of individuals that are homeless and need a significant amount of follow-up medical care. She explained the project in greater detail. A group of individuals formed the Homeless Leadership Council and engaged in the work to rapidly acquire properties. The Sockeye Inn was purchased and is held by a nonprofit entity. Catholic Social Services obtained the contract to manage and operate the facility so individuals that require additional services and are homeless and need the transition into one of the more complex service systems can be supported before they can take the next step. She recommended this project because it would have a huge impact. The number of beds is 61, and there were 61 individuals, plus the opportunity to double up in some of the rooms, if necessary.

TRUSTEE COOKE asked if the building would continue to be owned by the nonprofit and asked about food.

MS. DEMPSEY replied that the current plan is for Ship Creek Community Assets to continue as the owner of the building. With respect to the meals, there would be contracting to make sure that there are three meals a day provided to the participants that stay in this particular shelter. There are also some small kitchenettes and refrigerators that would be available.

TRUSTEE HALTERMAN stated that this was a real bargain for the Trust, and asked if the local Assembly supported this project.

MS. BARSTAD replied that this was one of the projects identified through the negotiated agreement between the Mayor and the Assembly.

TRUSTEE HALTERMAN asked if 1915 funds were being leveraged for populations that may be eligible for additional Medicaid funds for assistance with providing things for supporting them to get into stable housing.

MS. DEMPSEY replied that she did not believe they were. She stated that there are more and



more options for Medicaid to assist with housing, but we have not yet taken advantage of some of the available opportunities.

CHAIR BOERNER asked for any further questions. There being none, she called a roll-call vote.

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

CHAIR BOERNER moved to trustee comments.

### **TRUSTEE COMMENTS**

TRUSTEE COOKE stated that he had been on the road in his motorhome for about six weeks, which the longest time he had been out from Alaska. He continued that they had experienced the beautiful and wonderful country and the friendly people. He was saddened that much of the housing was poor, the old town centers and downtowns, are dotted with vacant buildings and looking like their best days were behind them. He was surprised by the newest and most modern-looking facilities passed by were hospitals and health centers. He added that the Board continues doing a great job, and he thoroughly enjoyed his participation on the Mental Health Trust Authority Board. He appreciated all the efforts that staff consistently made to make the meetings informative, substantive and productive. Thank you.

TRUSTEE FIMON thanked the staff for everything they do and providing everything that is needed. He stated that there were some incredible presentations and he enjoyed them.

TRUSTEE FISHER thanked all and staff for doing a great job. He stated appreciation for all the preparatory work from both staff and outside contractors for all their help.

TRUSTEE STURGEON thanked Chair Boerner for running a very good meeting and thanked staff for all the material they put together. He stated that there were some great presentations, and he hoped that the Trust could help to try and solve some of the foster care problems.

TRUSTEE HALTERMAN thanked staff and stated that she walked away with a lot of information and actually gained a lot of new insights. She continued that one of the things that resonated with her was that most of the children in placement are under the age of five years old. She added that she would like to see community supports in place to keep families together. She thanked Chair Boerner for running a great meeting and thanked everyone.

CHAIR BOERNER thanked all for their flexibility and making adjustments. She asked for a motion to adjourn.

**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 Cooke, yes;*

*Trustee Fimon, yes; Trustee Fisher, yes; Trustee Halterman, yes; Trustee Sturgeon, yes;  
Chair Boerner, yes.)*

(Program & Planning Committee Meeting adjourned at 3:00 o'clock p.m.)

## MEMO

**To:** Verné Boerner - Program & Planning Committee Chair  
**Date:** July 27, 2022  
**Re:** FY23 Partnership Grant Request  
**Amount:** \$250,000.00  
**Grantee:** Covenant House Alaska  
**Project Title:** Covenant House Alaska's Covey Academy

### REQUESTED MOTION:

*Approve a \$250,000 FY23 Partnership grant to Covenant House Alaska for the Covey Academy project.*

**Assigned Program Staff:** Kelda Barstad

### STAFF ANALYSIS

Covenant House Alaska (CHA) has the vision to make the experience of youth homelessness rare, brief and non-recurring and that youth experiencing homelessness have rights. By the time a youth becomes homeless, it is highly likely that they have encountered complex trauma and adverse childhood experiences. Many come from homes in which violence, alcoholism, substance abuse and addiction are prevalent. Homeless youth often have a history of traumatic brain injury and some experience intellectual or developmental disabilities. The majority of youth served by CHA suffer from co-occurring substance abuse issues and mental health disorders. In FY21, 79% of the young people who sought shelter at CHA's Youth Engagement Center met the criteria of being a Trust beneficiary, 52% in more than one category. CHA has expanded its shelter services to include supportive services of all types to include employment services.

CHA is committed to helping residents discover their talents, explore careers and find employment. This is the most important step to ensure future financial independence and a life off the streets. Through CHA's Education and Employment Services, and with help from on-site community partners at the Youth Engagement Center, youth can access the support and resources needed to complete their high school education or a GED program, pursue advanced education, gain employment skills, and find a job. Covey Academy is next step in CHA's evolution from basic shelter services into vocational training and workforce housing.

CHA's Covey Academy is a Vocational Training Center that offers on-site training and housing for young people ages 18 to 24 who are homeless or face barriers to success. This multi-purpose campus

will offer state-of-the-art training for work skills necessary in high-demand Alaskan careers, such as maritime, commercial driving and culinary occupations, heavy equipment operation, aviation, and more. The program also offers intensive, individualized services and case management that ensure vulnerable young people transition into meaningful careers and permanent housing. Often when youth are homeless they do not have a family history of successful or meaningful education and employment to reflect upon. The services offered at Covey Academy provide the knowledge and skills needed to complete training and give youth encouragement and support to take the next steps needed to engage and maintain employment and housing. Youth enrolled in the program will be able to contact CHA if they have questions or need help overcoming obstacles in the future. This project aligns with the Housing & Home and Community Based Services and the Beneficiary Engagement and Employment focus areas, and staff recommends full funding.

COMP PLAN IDENTIFICATION

Goal	Objective	Comments
Goal 3 Economic and Social Well-being	3.2 Integrated employment	

PROJECT DESCRIPTION

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

**PROJECT DESCRIPTION**

Covey Academy is a Vocational Training Center that offers on-site housing for young people ages 18 to 24 who are homeless, low-income, exiting foster care, or face other barriers to employment and housing success. This multi-purpose campus will offer state-of-the-art training for in-demand skills while offering intensive, individualized services that ensure vulnerable young people transition into meaningful careers and permanent housing.

Covey Academy came about from a timely and unique opportunity with tribal organizations that received CARES Act settlements last year. These partners were looking for transformative projects that would help get young Alaskans trained and back to work. CHA presented our long-held dream of a Vocation Training Center + Workforce Housing. The partners were equally excited about this game-changing opportunity. CHA fast-tracked the project: renovation began in the fall of 2021 and the first stage was completed in January 2022. The project is on target to be completed and open by August or September 2022.

The building is located in downtown Anchorage, directly adjacent to CHA’s Youth Engagement Center. This 20,000 square foot \$14 million dollar project will include a first-floor Training Center with high-tech training capabilities, and space for partners to deliver on-site services and the second floor will include 19 small apartments for students.

Covey Academy will answer a long-held question: if CHA provides ALL the services, resources, and relationships that a young person needs in one location, will they be more successful? Vocational training alone is not enough for success; it must be blended with the support that addresses every domain of a young person’s life: health, housing, employment, education, and relentless relationship building. This is a team approach, and CHA will bring in partners such as

Cook Inlet Tribal Council, Nine Star Education & Employment Services, Alaska Works, the Alaska Vocational Technical Center, and Volunteers of America to deliver services that are not already available through CHA. Some of the services and opportunities offered will include: internships, apprenticeships, credentialed training and paid work experience, high school completion services and secondary education prep, employment placement, housing navigation, life skills training, and recovery services for youth who are addressing mental health complications, substance misuse issues or developmental disabilities.

CHA has met with the Department of Labor and Workforce Development, which is considering how to best partner and support Covey Academy. The Office of Children's Services (OCS) has been supportive of the concept of Covey Academy. Foster care youth lack support once they exit care and can fall into homelessness. Youth who have been in foster care are sometimes reluctant to access independent living skills or services from OCS directly. OCS leadership has agreed to help form pathways with CHA to Covey Academy for these youth.

The proximity to CHA's Youth Engagement Center ensures that all participants have full access to CHA's full continuum of transformative services including Southcentral Foundation's Wellness Center medical clinic, CHA's Education + Employment Services program, counseling, and a youth enrichment program including cultural activities, music, art, and a full gymnasium.

## EVALUATION CRITERIA

CHA measures "how much" program was delivered by tracking number of program participants, number and percent of program participants who complete the program, length of stay/program engagement, number of courses completed, individual interactions with staff including engagement notes and length in hours of interactions.

CHA measures "how well" programs are delivered by tracking progress toward Four Core Outcomes, as defined by the United States Interagency Council on Homelessness (USICH): stable housing, permanent connections, education and employment, and social-emotional well-being. For example, CHA tracks the number and percent of youth participants who complete their high school education, achieve stable housing, maintain stable housing, participate in job trainings, build a resume, complete a housing plan, and attend groups or classes that increase self-sufficiency skills.

Covey Academy performance measures (fully operating):

- 1,000 youth annually will be connected to at least one service, including workforce training, education, housing, employment, health care, or recovery services.
- 400 youth will access comprehensive workforce training, education, apprenticeships, or employment life skills training
- 150 youth will complete a certification or apprenticeship that will lead to employment
- 200 youth will obtain jobs through services offered by the Covey Academy
- 50 youth will receive on-site, supported Covey Academy housing

As a result of this project, youth will be able to access workforce training that is often off limits to young people without means, or who face barriers to success. Participation in the program will

help youth build confidence, interpersonal skills, job skills and a network of connections they can carry forward in their lives. Youth will increase their earning potential while pursuing a career field they find interesting and engaging, that will help them to build meaningful, self-sufficient lives—which is the only true way to begin to break cycles of generational trauma.

## SUSTAINABILITY

Thanks to the investment of Native Corporation partners, and with full ownership of the building, monthly operational costs will be manageable. CHA has a diverse stream of revenue, with approximately 38% of funding coming from private sources, 32% from government, and 30% from foundations and other sources.

CHA has a bold, collective, and sustainable funding plan for the Covey Academy project, including a capacity campaign to generate operational funding sufficient for three years, so that CHA can focus on implementation of programming to generate the best outcomes for youth. CHA will continue to engage local and national funders to sustain Covey Academy in the long-term. Alaska Native Corporations, through CARES Act dollars, other corporate partners, and foundations have already awarded multiyear funding, and as Covey Academy begins to demonstrate the efficacy of this collaborative service and training model, funders will continue to invest in this promising model.

Expanding and specializing our education and workforce development efforts through this project will be key to sustaining CHA's overall mission to help youth build healthy futures. As Alaska navigates continuing recession, worsened by the economic fallout of the pandemic, and the Infrastructure Investment and Jobs Act funding begins to generate work opportunities in our state over the next five years, there will be heightened interest in programs like Covey Academy where Alaska can develop and train its own workforce rather than relying on bringing skilled labor in from outside the state.

## WHO WE SERVE

CHA services focus on four of the five Trust beneficiary groups (excluding ADRD because services are for youth), youth who are pregnant or parenting, and systems-involved youth—in particular, youth who are currently in, or who are exiting foster care, who make up at least 40% of CHA's population each year.

By the time a youth becomes homeless, it is highly likely that they have encountered complex trauma and adverse childhood experiences. Many come from homes in which violence, alcoholism, substance abuse and addiction are prevalent, and often struggle with developmental disorders as a result. Many have also sustained traumatic brain injury. The majority of youth served by CHA suffer from co-occurring substance abuse issues and mental health disorders. In FY21, 79% of the young people who sought shelter at CHA's Youth Engagement Center met the criteria of being a Trust beneficiary, 52% in more than one category.

When youth have been involved with the foster care or juvenile justice systems, they frequently do not trust adults or institutions who have been the source of their trauma in the past, and find it

challenging to navigate community systems and resources, particularly when it comes to employment and housing. Covey Academy will offer a wide variety of services in one place, for youth to gain stability, learn vital life and work skills, establish trust and healthy relationships, and learn how to live and work independently. The Covey Academy environment is one in which they can experience success or fail safely, learn from their mistakes, and grow. The full continuum of services at CHA's Covey Academy and Youth Engagement Center provide a healthy environment to learn independent living skills to transition to successful careers and stable housing.

#### ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	500
Developmental Disabilities:	250
Substance Abuse	300
Traumatic Brain Injuries:	20
Number of people to be trained	400

#### BUDGET

Other Costs	\$250,000.00
Other Costs (Other Sources)	\$13,739,013.00
Other Costs Narrative:	Building Purchase - \$2,629,370 Building Renovation - \$5,380,132 Fundraising/Administration - \$637,206 Operations/Operating Start Up - \$2,072,420 Payroll Expenses - \$3,269,885  Total (Trust and Other) - \$13,989,013
Total Amount to be Funded by the Trust	\$250,000.00
Total Amount Funded by Other Sources	\$13,739,013.00

#### OTHER FUNDING SOURCES

Cook Inlet Housing Authority (Secured)	\$4,665,000.00
Afognak Native Corporation (Secured)	\$2,000,000.00
Chugach Alaska Corporation (Secured)	\$1,000,000.00
Tatitlek Corporation (Secured)	\$35,087.00
Matson (Secured)	\$25,000.00
Rasmuson Foundation (Pending)	\$750,000.00
Private Dollars, Corporate Donations, Government Grants (Pending)	\$5,263,926.00
<b>Total Leveraged Funds</b>	<b>\$13,739,013.00</b>

## MEMO

**To:** Verné Boerner - Program & Planning Committee Chair  
**Date:** July 27, 2022  
**Re:** FY23 Mental Health & Addiction Intervention Focus Area Allocation  
**Fund Source:** FY23 Crisis Continuum of Care  
**Amount:** \$391,089.00  
**Grantee:** Copper River Native Association  
**Project Title:** Mobile Integrated Village Health

### REQUESTED MOTION:

*Approve a \$391,089 FY23 Mental Health & Addiction Intervention Focus Area Allocation to the Copper River Native Association for the Mobile Integrated Village Health project. These funds will come from the Crisis Continuum of Care budget line in the FY23 budget.*

**Assigned Program Staff:** Eric Boyer

### STAFF ANALYSIS

This funding request from the Copper River Native Association (CRNA) is for an innovative mobile crisis team that will utilize behavioral health aides (BHA) and emergency medical technicians (EMT) working together in an integrated team response. CRNA serves one of the largest geographic regions in the state, even though they are on the road system, there is a dearth of emergency response personnel available to meet the combined behavioral and physical health needs of the people living there. The behavioral health crisis needs of the Copper River region are increasing and presently there is no mobile response that is integrated, timely, and equipped to meet this need.

This project request is a funding partnership of CRNA, AHTNA Inc., and the State of Alaska Department of Health/Division of Public Health, coupled with the request to the Trust. Funds would cover the cost of a new ambulance to be used in the mobile responses across the region. The three mobile integrated health (MIH) teams will cover all the shifts of the 7-day week. By utilizing the MIH model, rural based organizations like CRNA can maximize existing resources like EMTs and BHAs to work in an integrated approach that meet the whole person needs when they are in an acute BH crisis.

CRNA is seeing an increase in alcohol misuse emergencies, domestic violence, mental illness, Alzheimer's and related dementia, fetal alcohol spectrum disorder, and poly-substance misuse. The Copper River Region will be the first opportunity to expand support aligned with the Crisis Now



model to rural Alaska, which is only possible through the multiple partners that are collaborating on this project.

The first year of this project will involve assessing the community needs, while operationalizing the three MIH teams and implementing the rollout. The on-going plan will be one that uses the mobile outreach in partnership with the existing integrated health clinic at CRNA in Copper Center. Future funding for this project will involve utilizing existing insurance options through the clinic, as well as securing future grant funding opportunities at the local, tribal, state, and federal level. It is recommended by Trust program staff to fund this MIH request by CRNA.

COMP PLAN IDENTIFICATION

Goal	Objective	Comments
Goal 5 Suicide Prevention	5.2 Crisis system improvement	

PROJECT DESCRIPTION

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

**PROJECT DESCRIPTION**

Provide a MIH model for enhancing services in our most underserved communities within our region and expand the services that are currently available in those areas. The plan will focus on a Community Health Needs Assessment, establishing a Mobile crisis team that can provide more primary and urgent medical care, and make available a more robust mental health and substance abuse treatment plan for the region.

First responders in the Copper River Region face an increasing number of 911 dispatched responses for medical emergencies directly related to and/or caused by behavioral, mental health, and/or substance abuse issues. This project is designed to provide instruction to first responders in the areas of mental health first aid, substance abuse, domestic violence, child abuse and alcohol intoxication. In addition, all CRNA team members will complete the behavioral health aide training program.

Many of the native populations we serve are currently in an abusive situation or have suffered trauma from having lived in an abusive situation. Poly substance abuse is prevalent in our population and is all too often part and parcel with domestic violence, FAS and developmental disabilities that exist. Much like the rest of the US, the Copper River is experiencing rapid growth in our elderly populations. The development of Alzheimer's Disease or Related Disorders is a growing portion of our responses.

EVALUATION CRITERIA

**1-A:** CRNA will use the Community Health Needs Assessment to build all criteria for the evaluation tools and methods used to collect data, and to determine the effectiveness of

the services provided, implementation of those services, and the effectiveness of services provided by trained personnel.

**2-A** CRNA will evaluate partnerships and support networks by formulating a robust Policy and Procedures manual that will outline and detail the systems in place and the resources available for services in our region.

**3-A-B:** CRNA will keep documentation and certifications of all staff trained and hired for MIH/BH team. Rosters of frequent drills and meetings will be available for audit and review.

**4A-D:** CRNA will partner with Alaska Mental Health trust and other subject matter expert entities to organize each of the training courses and workshops needed. CRNA's project director will work closely with the Project Manager on recruitment, class logistics, and execution to ensure the highest standards of instruction and training are met during this project. Training pedagogy will adhere to best practices in teaching, using a combination of textbook, hands-on learning with real-time feedback to ensure solid understanding and effective skills development. Zoom teaching sessions will also be used should COVID-19 require restrictions on group activities and meetings.

**5-A:** CRNA will consult the leadership based on real-time evidenced based data collected from the field via patient questionnaires and other electronic surveys to implement other services as needed.

#### **Other Data Collection tools:**

The electronic data collection software will be Cerner System, currently being used by the CRNA medical clinic and the Village Services. The data collection in Cerner was designed specifically for the Native American/Alaskan Native populations; therefore, the language, norms, and values are based on the Alaskan Native population as the focus.

## **SUSTAINABILITY**

CRNA will continue to seek funding opportunities to operate this service, as follows:

- Seeking Behavioral Health grants, both state and federal
- Seeking Primary Care Health grants, both state and federal
- Increasing Medicaid and 3rd party revenue from serving the non-native populations in our catchment.

## WHO WE SERVE

The Copper River Native Association is a Comprehensive Tribal Healthcare Organization serving six Ahtna Tribes – Cantwell, Kluti-Kaah, Gakona, Gulkana, Tazlina, Mentasta and the non-indigenous communities throughout the vast Copper Basin, an area nearly the size of West Virginia.

Behavioral health issues, developmental disabilities and FAS are all either a cause of or a result of poly substance abuse. Poly substance abuse is prevalent in the Copper River Basin. By teaching the area's first responders how to respond and manage a 911 call, we can help to deescalate situations and have trained behavioral health and or healthcare providers move individuals through the process of seeking adequate, effective care where they live. Studies have shown that the provision of behavioral health and healthcare in general delivered locally can reduce the anxiety people have when seeking and/or actively participating in their care.

## ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	250
Developmental Disabilities:	50
Alzheimer's Disease & Related Dementias:	50
Substance Abuse	175
Traumatic Brain Injuries:	25
Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries):	450

## BUDGET

Personnel Services Costs	\$254,656.00
Personnel Services Narrative:	Trust/MIH Funded Project Director .1 FTE \$15,000 (1) FTE Project Manager \$95,355 (1) FTE BHA/EMT Lead \$59,416  Two additional BHA/EMT teams funded by the SOA and CRNA, to be supervised by the Project Manager.
Travel Costs	\$49,780.00 (MIH travel within the Copper River region)
Travel Narrative:	Travel at 29,920 miles @ \$.56 per mile = \$35,380* Lodging at 180 nights @ \$80 per night = \$14,400* $\$35,380^* + \$14,400^* = \$49,780$
Supplies Costs	\$15,652.00
Supplies Narrative:	(1) Training Materials      Misc/various \$ 2,500 (2) Student Textbooks      Misc/various \$ 4,000 (3) EMS Responder Kits      \$300 each x 8 \$ 2,400 (4) IN Naloxone      \$144/kit IN x 8      \$1,152

	(5) EMS Training Supplies Misc/various \$4,000 (7) Personal Protective Equipment Hand Sanitizer, gloves, goggles, & masks necessary for donning/doffing practice and for personal protection from infectious illness during skills labs. \$1,600
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Equipment Costs (Telehealth Infrastructure)	\$24,000.00
Equipment Costs Narrative:	Tablets/Computers: 12 (Quantity) for three MIH Teams and Clinic staff, connected via telehealth.

Other Costs (Indirect and Contractual)	\$47,001.00
Other Costs Narrative:	Indirect costs include senior administrative, human resource, finance, and plant operation salaries and fringe benefits and the associated expenses not directly attributed to program or grant-funded activities.

Total Amount to be Funded by the Trust	\$391,089.00
Total Amount Funded by Other Sources	\$1,108,432.00

#### OTHER FUNDING SOURCES

1. DOH/Division of Public Health- Projected MIH grant funding	\$250,000
2. CRNA- MIH funding	\$358,432
3. AHTNA- MIH funding support	\$500,000
<b>Total Leveraged Funds</b>	<b>\$1,108,432.00</b>

# Trust FY24/25 Budget Development & Focus/Priority Area Overview

Program & Planning Committee

July 2022

**Trust**  
Alaska Mental Health  
Trust Authority



# Trust Budget Process



- Informed and collaborative
- The board of trustees submits to the Governor its budget recommendations no later than September 15
  - Includes recommended expenditures (budget increments) of state general funds and approved use of Trust funds
- Two-year budget cycle (FY24/25)
  - The first year of the budget cycle is the state's fiscal year ending in an even-numbered year
- Budgets typically approved by trustees in August

# The Feedback Loop



ADVISORY BOARDS

BENEFICIARIES

COMMUNITY,  
TRIBAL, LOCAL,  
STATE  
PARTNERS

TRUST STAFF



# FY24/25 Budget Development Timeline (CY2022)

April - Early June	Trust staff working with the Advisory Boards and stakeholders to review current and plan future work to ground FY24/25 budget proposal
Late June - July	Trust staff working with stakeholders to finalize FY24/25 budget proposal
July 27 - 28	Program & Planning Committee meeting: Presentation of proposed FY24/25 budget
August 24 - 25	Board meeting: Trustees approve FY24/25 budget



# Core Budget Development Materials

## Stakeholder Engagement

- Stakeholder meetings (Summary Notes)
- Stakeholder Budget Survey
- Meetings with key department leads

## Grant reporting

- FY21 Closed (Completed) Grant Report
- FY21 MHTAAR Performance Summary
- FY22 Grant Analysis Report



# Stakeholder Engagement – Common Themes

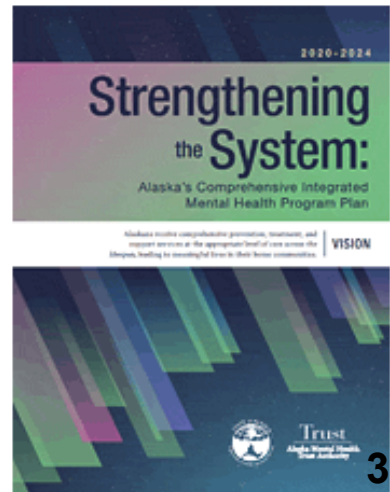
- Workforce shortages
- Serving beneficiaries with complex needs (co-occurring disorders)
- Importance of early intervention/upstream supports
- Need for housing
- Behavioral health continuum, crisis response system



# Comp Plan & the Trust Budget

## Comp Plan Development:

- DHSS Staff (DOH/DCFS)
- Trust Staff
- Advisory Board ED's & Planners
- Targeted Stakeholder Input
  - Advisory Boards
  - DOC, DOLWD, DEED, Tribal Health Partners
- Public Comment

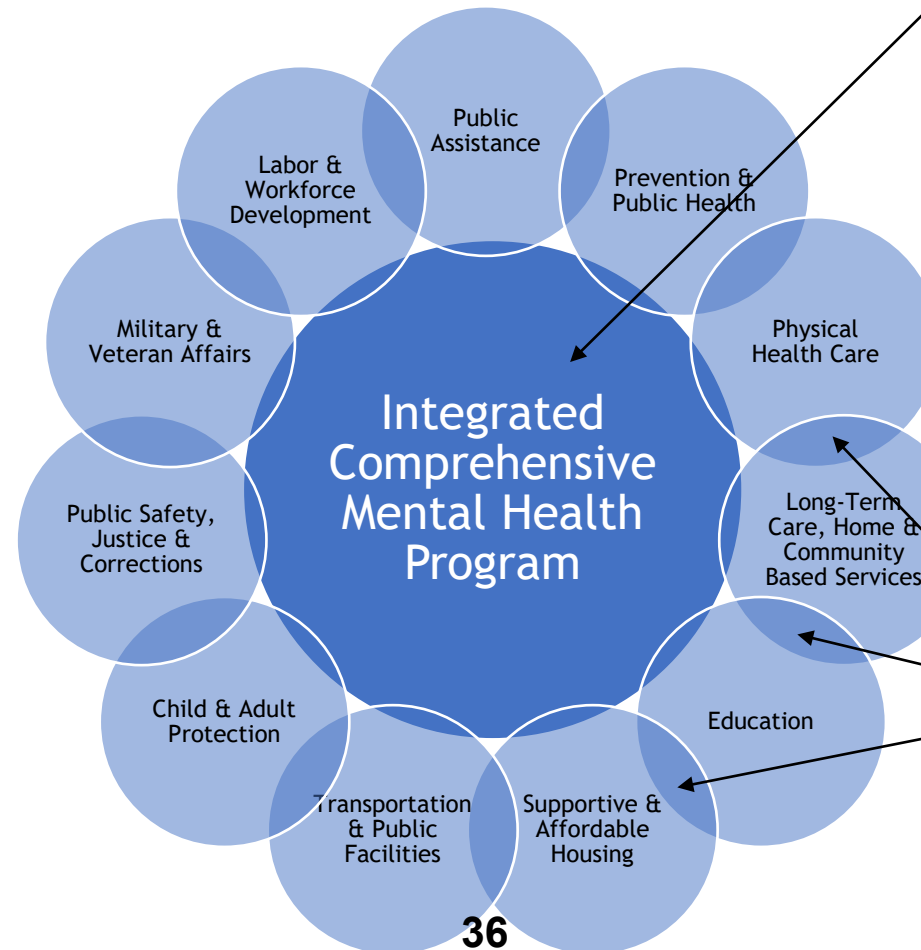




# Integrated Comprehensive Mental Health Program

*State and Tribal plans inform and are informed by the Comprehensive Program Plan*

COMPREHENSIVE  
MENTAL HEALTH  
PROGRAM PLAN



## **“Core”:**

Programs supported with funds from the Mental Health Budget or State operating and capital funds clearly allocated to advance the Comprehensive Mental Health Program

**Integrated:**  
Areas of Mission  
Overlap & Shared  
Responsibility

# Scorecard



ALASKA SCORECARD 2020			
Key Issues Impacting Alaska Mental Health Trust Beneficiaries			
INDICATOR	MOST CURRENT U.S. DATA	MOST CURRENT ALASKA DATA	PREVIOUS YEAR ALASKA DATA
<b>EARLY CHILDHOOD</b>			
1. Percentage of children who received a developmental screening using a parent-completed screening tool in the past year (ages 9 months through 35 months)	36.4% (2018-2019)	47.9% (2018-2019)	40.6% (2017-2018)
2. Percentage of incoming students who regulate their feelings and impulses 80% of the time or more (grades K-1)	*	47.4% (2018-2019)	49.1% (2019-2020)
3. Percentage of women who recently delivered a live birth who have a strong social support system during the postpartum period	*	76.6% (2019)	73.0% (2018)
4. Mean index score of 12 assets associated with child health and well-being that are present at birth	*	9.6 (2019)	9.7 (2018)
<b>HEALTHCARE</b>			
5. Percentage of population without health insurance	9.2% (2019)	12.2% (2019)	12.6% (2018)
6. Rate of non-fatal hospitalized falls (rate per 100,000; ages 65+)	1,646 (2019)	831 (2019)	828 (2018)
<b>ECONOMIC AND SOCIAL WELL-BEING</b>			
7. Percentage of renter-occupied households that exceed 50% of household income dedicated to housing	22.1% (2019)	18.6% (2019)	17.3% (2018)
8. Rate of chronic homelessness (rate per 100,000)	29.3 (2019)	31.6 (2019)	43.8 (2018)
9. Percentage of Alaskans who experience a disability that are employed	38.8% (2019)	38.8% (2019)	42.7% (2018)
10. Percentage of residents living above the federal poverty level (as defined for Alaska)	85.7% (2019)	85.6% (2019)	83.2% (2018)
<b>SUBSTANCE USE DISORDER PREVENTION</b>			
11. Percentage of Alaskans needing but not receiving treatment at a specialty facility for substance use in the past year (ages 12+)	6.9% (2018-2019)	8.9% (2018-2019)	8.4% (2017-2018)
12. Percentage of Alaskans who received mental health services in the past year (ages 18+)	15.6% (2018-2019)	17.1% (2018-2019)	14% (2017-2018)
13. Rate of alcohol-induced mortality (rate per 100,000)	10.4 (2019)	23.7 (2019)	26.4 (2018)
<b>SUICIDE PREVENTION</b>			
14. Rate of suicide attempts (rate per 1,000 emergency department visits)	*	6.0 (2020)	4.7 (2019)
15. Rate of suicide (rate per 100,000; age adjusted)	13.9 (2019)	28.7 (2019)	25.3 (2018)
16. Rate of suicide (rate per 100,000; ages 15 to 24)	13.9 (2019)	57.9 (2019)	44.2 (2018)

KEY:

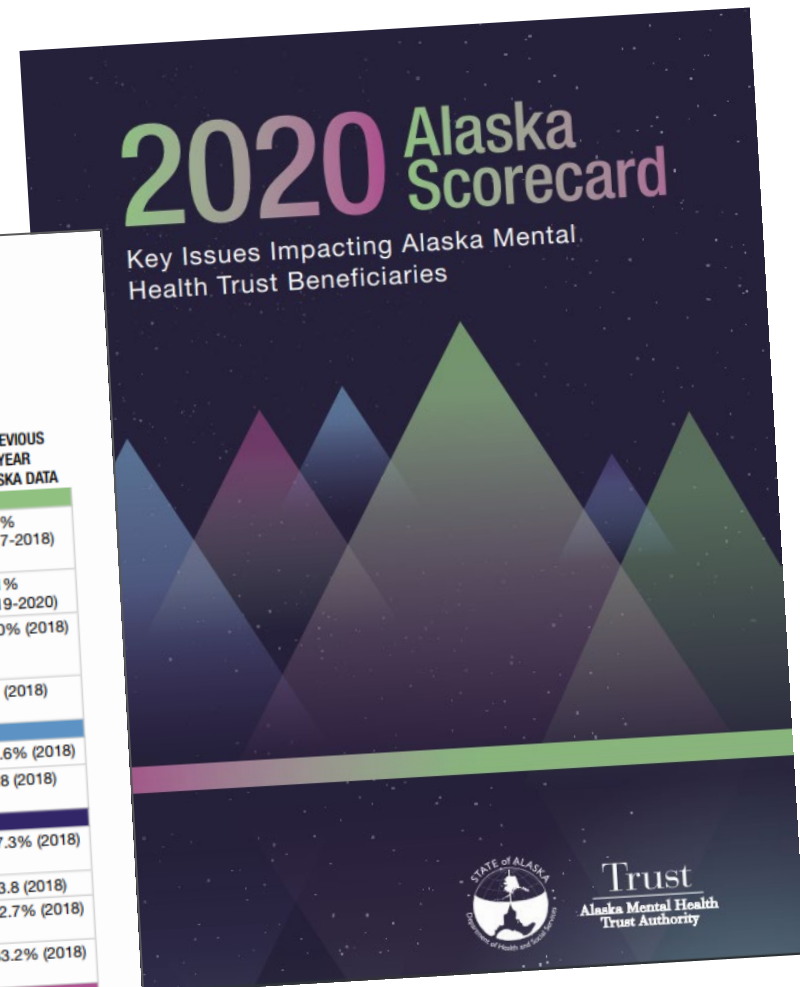
\* Asterisk (\*): no U.S. data available at time of publication

• Calendar year (year): data represents calendar year

• Fiscal year (FY): data represents fiscal year

• Combined year (year-year): data represents year range

37



# Trust Budget Terminology

## Trust funding allocations approved by Trustees:

- **MHTAAR** = Mental Health Trust Authorized Receipts (*grants to SOA agencies*)
- **AG** = Authority Grants (*funds awarded directly from the Trust*)
- **MHT Admin** = Mental Health Trust Admin (*Trust agency spending*)

## Trustee approved recommendations to the Governor and Legislature for the state budget:

- **GF/MH** = General Fund/Mental Health (*Recommendations for the use of state general funds as required by AS47.30.046*)
- **Other** = Other funds such as AHFC Receipts

*Notes: MHTAAR funds require legislative receipt authority to the state agency. Authority grant funding goes directly from the Trust to a partner grantee.*





# Budget Orientation

FY23 Approved

FY24 Proposed

FY25 Proposed

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1		Alaska Mental Health Trust Authority															
2		Program & Planning Committee Meeting															
3		July 27&28, 2022															
4		(amounts in thousands)															
5																	
6			FY23 Approved					FY24 Proposed					FY25 Proposed				
7			Sum of MHTAAR/MHT Admin & AC	MHTAAR/MHT Admin	Authority Grant	CF/MH	Other	Sum of MHTAAR/MHT Admin & AC	MHTAAR/MHT Admin	Authority Grant	CF/MH	Other	Sum of MHTAAR/MHT Admin & AC	MHTAAR/MHT Admin	Authority Grant	CF/MH	Other
8																	
9		Non-Focus Area Allocations															
10		Trust / TLO Operating Budgets	9,360.9	9,360.9	-	-	-	9,643.5	9,643.5	-	-	-	9,643.5	9,643.5	-	-	-
11		Other Non-Focus Area Allocations	7,999.5	2,139.5	5,860.0	2,270.0	-	7,636.0	1,806.0	5,830.0	1,970.0	-	7,206.0	1,506.0	5,700.0	470.0	-
12																	
13																	
14		Focus Areas:															
15		Mental Health & Addiction Intervention	6,212.5	847.5	5,365.0	962.5	-	6,827.5	989.5	5,838.0	1,500.0	-	6,857.5	919.5	5,938.0	2,100.0	-
16		Disability Justice	2,674.9	1,263.4	1,411.5	86.0	-	3,710.5	2,024.0	1,686.5	-	-	3,499.6	1,813.1	1,686.5	416.1	-
17		Beneficiary Employment and Engagement	2,135.2	335.0	1,800.2	50.0	-	2,679.0	405.0	2,274.0	-	-	2,799.0	325.0	2,474.0	-	-
18		Housing and Home & Community Based Services	4,076.3	2,036.3	2,040.0	4,463.0	8,100.0	3,926.3	1,936.3	1,990.0	4,063.0	8,100.0	3,926.3	1,936.3	1,990.0	4,063.0	8,100.0
19																	
20		Other Priority Areas	3,062.6	2,189.6	873.0	100.0	-	3,927.5	2,387.5	1,540.0	250.0	-	4,137.5	2,737.5	1,400.0	300.0	-
21																	
22		Totals	35,521.9	18,172.2	17,349.7	7,931.5	8,100.0	38,350.3	19,191.8	19,158.5	7,783.0	8,100.0	38,069.4	18,880.9	19,188.5	7,349.1	8,100.0
23																	
24																	

# We Will Cover Funding Recommendations for:



## 1) Focus Areas:

- a) Mental Health & Addiction Intervention
- b) Disability Justice
- c) Beneficiary Employment and Engagement
- d) Housing & Home and Community Based Services

## 2) Other Priority Areas:

- a) Workforce Development
- b) Early Childhood Intervention and Prevention

## 3) Non-Focus Area Allocations



# Budget Presentation Approach

The budget is sectioned per focus/priority area. For each we will offer:

- Purpose
- Why the work within is critical for Trust beneficiaries
- Comp Plan goals addressed
- Examples of projects/initiatives
- Proposed FY24/25 spending
- A walk-through of budget section strategies/expenditures





# **Mental Health and Addiction Intervention Focus Area**

# **Mental Health and Addiction Intervention Focus Area**

- Focus Area since 2013

Mental health and addiction is focused on the full continuum of care ensuring beneficiaries have access to prevention, early intervention, and on-going community-based care, the treatment for mental health and substance misuse issues, as well as recovery supports across the various care settings.

This area also includes a focus on improving the crisis system of care for individuals in acute behavioral health crisis.

# **Mental Health and Addiction Intervention Focus Area**

## **Why is this work critical for beneficiaries?**

- Access to comprehensive services and treatment is a critical part of the clinical engagement and recovery process
- Changing the crisis system so that a behavioral health crisis is met with a behavioral health response

## **Comp Plan Strategies Addressed:**

- Goal 4: Prevention and treatment for drug and alcohol misuse is provided through collaborative, effective, and informed strategies.
- Goal 5: Individuals, families, communities, and governments take ownership to prevent suicides and self-harm in Alaska.

# **Mental Health and Addiction Intervention Focus Area**

## **What have been the positive impacts/successes?**

- 24/7 Mobile Crisis Team in Fairbanks
- Operational support for Careline to expand their capacity to meet the demand of 988

## **Current and future efforts:**

- The planning and operationalizing of a “no wrong door” crisis stabilization center in Anchorage
- Support and planning for the opening of the crisis stabilization center in Juneau by next summer

# **Mental Health and Addiction Intervention Proposed Spending**

FY24 \$6,827.5

FY25 \$6,857.5

## **Budget Strategies**

- Increase awareness, improve knowledge to prevent drug/alcohol misuse
- Improve treatment and recovery support services
- Ensure Alaskans have access to comprehensive crisis services and supports



# **Disability Justice Focus Area**



# Disability Justice Focus Area

- Focus Area since:2005

The Disability Focus area works through partnerships to ensure the criminal justice system effectively accommodates the needs of victims and offenders who are Trust Beneficiaries.



# **Disability Justice Focus Area**

## **Why is this work critical for beneficiaries?**

- Beneficiaries are at increased risk of involvement with the criminal justice system
- Beneficiaries involved with the justice system have an average recidivism rate of nearly double that of other offenders

## **Comp Plan Strategies Addressed:**

- Objective 7.3 Reduce the number of Trust beneficiaries entering or becoming involved with Alaska's criminal justice system
- Objective 8.3 Enhance and expand access to clinical and case management resources for Alaskans who are incarcerated.

# **Disability Justice Focus Area**

## **What have been the positive impacts/successes?**

- Holistic Defense Project - Bethel
- Hiland Mountain Correctional Center behavioral health unit remodel.
- Coordinated reentry and declining recidivism rate

## **Current and future efforts:**

- Crisis Intervention Team Training/Behavioral Health training and Programs for First Responders.
- Trauma Treatment For Incarcerated Women

# Disability Justice Proposed Spending

FY24 \$3,710.5

FY25 \$3,499.6

## Budget Strategies

- System and Policy Development
- Increased Capacity, Training, and Competencies
- Community Prevention
- Community Intervention/Diversion
- In-facility Practices
- Re-entry



# **Beneficiary Employment and Engagement Focus Area**

# **Beneficiary Employment & Engagement Focus Area**

- Focus Area Since 2004 (revised 2014)

Improve outcomes and promote recovery for beneficiaries through integrated, competitive employment, and meaningful engagement opportunities.

# Beneficiary Employment & Engagement Focus Area

## Why is this work critical for beneficiaries?

- Beneficiaries underemployed (disparity higher with cognitive impairment)
- Work and/or meaningful engagement is essential to quality of life and recovery
- Peer support and recovery-oriented services enhance beneficiary outcomes

## Comp Plan Strategies Addressed:

- **Objective 3.2:** Ensure that competitive and integrated employment at part-time or full-time jobs pays minimum wage or above in integrated, typical work settings.
- **Objective 4.4:** Utilize ongoing recovery support services to end the cycle of substance misuse.

# Beneficiary Employment & Engagement Focus Area

## What have been the positive impacts/successes?

- BPI grantees provide peer support and recovery-oriented services to nearly 4,000 beneficiaries annually
- 15-25 annual Microenterprise grants to beneficiaries starting or expanding small businesses

## Current and future efforts:

- Evidence based & emerging employment practices
- Beneficiary Project Initiatives



# Beneficiary Employment & Engagement Proposed Spending

FY24 \$2,679.0

FY25 \$2,799.0

## Budget Strategies

- Expand Resources that promote successful, long-term employment for Trust beneficiaries
- Utilize ongoing recovery (including peer and family) supports to reduce the impact of mental health and substance use disorders
- Beneficiaries increase self-sufficiency



# **Housing & Home and Community Based Services Focus Area**



# **Housing & Home and Community Based Services Focus Area**

- Focus Area since 2006

This focus area concentrates on ensuring beneficiaries have access to housing and a continuum of services and supports that maximize independence in their home and community.

# **Housing & Home and Community Based Services Focus Area**

## **Why is this work critical for beneficiaries?**

- Preventing and ending homelessness saves lives.
- Housing First provides the stability needed for recovery.
- Support services help people meet goals for self-efficacy.

## **Comp Plan Strategies Addressed:**

- Objective 3.1 Alaskans have stable, safe housing with appropriate, community-based social supports to maintain tenancy.
- Objective 7.2 Increase access to effective and flexible, person-centered, long-term services and supports in urban and rural areas to avoid institutional placement.

# **Housing & Home and Community Based Services Focus Area**

## **What have been the positive impacts/successes?**

- Formation of the Dementia Action Collaborative with updated plan
- Rural Housing Coordinator position
- New units of permanent supportive housing

## **Current and future efforts:**

- Care Coordination Support project
- Services for beneficiaries with co-occurring conditions
- Supportive housing in rural Alaska

# **Housing & Home and Community Based Services Proposed Spending**

FY24 \$3,926.3

FY25 \$3,926.3

## **Budget Strategies**

- Housing and Home and Community Based Services policy coordination and capacity development
- Beneficiaries have safe, stable housing with tenancy supports
- Beneficiaries access effective and flexible person-centered HCBS
- Optimize information technology and data analytics



# **Workforce Development Priority**



# **Workforce Development Priority Area**

- Priority Area since 2008

The Trust uses workforce development strategies to support recruitment and retention of healthcare employees across Alaska who provide residential and community-based care to our beneficiaries.

# Workforce Development Priority Area

## Why is this work critical for beneficiaries?

- Improving care and treatment requires a skilled, employed workforce
- Increased need for collaborations and connections/Alaska Health Workforce Coalition
- Meet changing needs of the population (working smarter not harder)

## Comp Plan Strategies Addressed:

- Objective 9.1 Strengthen workforce capacity with improved recruitment and retention
- Objective 9.2 Advance the competencies of the healthcare, behavioral health and public health workforce



# Workforce Development

## What have been the positive impacts/successes?

- In FY21 AKTC instructors provided training for 4,054 unduplicated participants who work in non-profit/tribal agencies, across 568 programs, in 171 Alaska communities
- Trust funded SHARP programming for API to help stabilize their practitioner workforce

## Current and future efforts:

- Utilizing ARPA funding through SDS to provide an 18-month DSP Pilot project for Certification program
- Expanding the AHEC Path Healthcare Academies to middle school aged children

# Workforce Development Proposed Spending

FY24 \$1,557.5

FY25 \$1,907.5

## Budget Strategy

- Increased Capacity, Training, and Competency

# Early Childhood Intervention and Prevention Priority



# Early Childhood Intervention & Prevention Priority Area

- Priority Area Since “Bring the Kids Home” focus area (2004-2012) - formalized in Trust budget 2020

Programs serving infants and young children promote resiliency, prevent and address trauma, and provide access to early intervention services to improve outcomes for Trust beneficiaries.

# **Early Childhood Intervention & Prevention Priority Area**

## **Why is this work critical for beneficiaries?**

- Early interventions for beneficiaries with delays or disabilities improve educational and health outcomes
- Trauma early in life is highly correlated with beneficiary groups
- Highest return on investment (ROI) from earliest investments in children

## **Comp Plan Strategies Addressed:**

- Objective 1.1: Promote practice-informed, universal screening efforts and early intervention services
- Objective 6.1: Prevent child maltreatment by ensuring resilient families

# **Early Childhood Intervention & Prevention Priority Area**

## **What have been the positive impacts/successes?**

- Partnership Access Line - Pediatric Alaska (PAL-PAK) mental health consultation
- Trauma-informed schools pilot and framework

## **Current and future efforts:**

- Trauma-engaged practice and behavioral health supports in education settings
- Infant and early childhood mental health capacity building
- Foster care/child welfare focused supports and systems



# Early Childhood Intervention & Prevention

## Proposed Spending

FY24 \$2,370.0

FY25 \$2,230.0

### Budget Strategies

- Promote practice-informed, universal screening efforts and early intervention services
- Ensure accurate identification of social-emotional needs for children and caregivers
- Reduce Instances and Impact of Adverse Childhood Experiences (ACEs)

# **Non-Focus Area Allocations**



# Other Non-Focus Area Allocations

## Why is this work critical for beneficiaries?

- Improve the lives of Trust beneficiaries across the life span
- Advocate for beneficiary needs and community supports
- Strengthening the System: Alaska's Comprehensive Mental Health Program Plan

## Comp Plan key strategies addressed:

- Goal 2: Alaskans will have access to integrated healthcare options that promote optimal health, wellness and independence
- Goal 9: The State of Alaska has the workforce capacity, data, and technology systems in place to support the resources and funding of Alaska's Comprehensive Integrated Mental Health Program Plan

# Other Non-Focus Area Allocations

## How we measure success and progress:

- Meeting health care, basic needs and quality of life supports of beneficiaries
- Policy improvements and reduced stigma
- Strengthened continuum of care for beneficiaries

# **Other Non-Focus Area Allocations Proposed Spending**

FY24 \$7,636.0

FY25 \$7,206.0

## **Budget Strategies**

- Grant Making Programs
- Mini-Grants
- Trust Statutory Advisory Boards
- Consultative & Technical Assistance Services
- Comp Plan / Data Evaluation
- Capital Requests
- Other



**THANK YOU**

**Questions?**



# **Additional Documents**

## FY24 - FY25 Budget Planning Supplemental Documents & Links

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### Introduction

The Alaska Mental Health Trust Authority's overall purpose is to help beneficiaries thrive in their communities and avoid long-term institutionalization. One of the duties of the Trust is to develop a budget for Trust spending and recommendations for how the state will fund a comprehensive, integrated mental health program.

This page contains materials intended to inform Trust staff, trustees, and stakeholders in the FY24/25 budget development process.

The Trust uses a two year budgeting cycle; in August 2022 trustees will adopt a FY24/25 budget that will then be transmitted to the Governor and Legislature in September 2022 by the deadline defined in Alaska Statute. It is anticipated that trustees will consider revisions to the FY25 Trust budget in calendar year 2023:

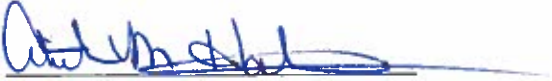
<https://alaskamentalthrust.org/trust-fy24-25-budget-development/>

### Supplemental Documents & Links

#### Core Budget Documents:

- [FY23 Budget \(Amended\)](#)
- [FY24 Stakeholder Budget Survey Results \(Updated July 2022\)](#)
- [FY21 Mental Health Trust Authority Authorized Receipt Grant \(Grants to State Agencies\) Performance Summary \(May 2022\)](#)
- [FY24 Budget Development Stakeholder Meeting Summary Notes \(July 2022\)](#)
- FY21 Trust Closed (Completed) Grant Report (July 2022)
  - [Beneficiary Employment and Engagement Projects](#)
  - [Disability Justice Projects](#)
  - [Housing and Home & Community-Based Services Projects](#)
  - [Mental Health and Addiction Interventions Project](#)
  - [Other Priority Area Projects](#)
  - [Non-Focus Area Projects](#)
- [FY22 Trust Grant Analysis Report \(July 2022\)](#)
- [FY21 Trust Annual Report](#)

	A	B	AB	AC	AD	AE	AF
1		<b>Alaska Mental Health Trust Authority</b>					
2		<b>Board of Trustees Meeting</b>					
3		<b>May 25, 2022</b>					
4		<i>(amounts in thousands)</i>					
5							
6			<b>FY23 Approved (5/25/2022)</b>				
7			<b>Sum of MHTAAR/MHT Admin &amp; AG</b>	<b>MHTAAR/MH T Admin</b>	<b>Authority Grant</b>	<b>GF/MH</b>	<b>Other</b>
8							
9		Non-Focus Area Allocations					
10		Trust / TLO Operating Budgets	9,360.9	9,360.9	-	-	-
11		Other Non-Focus Area Allocations	7,999.5	2,139.5	5,860.0	2,270.0	-
12							
13							
14		Focus Areas:					
15		Mental Health & Addiction Intervention	6,212.5	847.5	5,365.0	962.5	-
16		Disability Justice	2,674.9	1,263.4	1,411.5	86.0	-
17		Beneficiary Employment and Engagement	2,135.2	335.0	1,800.2	50.0	-
18		Housing and Home & Community Based Services	4,076.3	2,036.3	2,040.0	4,463.0	8,100.0
19							
20		Other Priority Areas	3,062.6	2,189.6	873.0	100.0	-
21							
22		<b>Totals</b>	<b>35,521.9</b>	<b>18,172.2</b>	<b>17,349.7</b>	<b>7,931.5</b>	<b>8,100.0</b>
23							
24							
75							
76		<b>Date</b>	<b>FY23 Spending Changes</b>	<b>FY23 Incremental Budget Change</b>			
77		Amendment #1	January 27, 2022	\$285.0	\$0.0		
78		Amendment #2	May 25, 2022	\$0.6	\$0.0		
79							
80							
81		*July 1, 2022 the State of AK divided the Dept of Health & Social Services into the Dept of Health and Dept of Family & Community Services					
82							

  
 Anita Halterman, Chair

Summary

	A	B	C	D	E	F	G	AI	AJ	AK	AL	AM
5	Non-Focus Area Allocations						Type	FY23 Approved (5/25/2022)				
6		Dept/RDU   Component (or recipient)	Trans Type	IncT Begin	IncT End	Operating (O) / Capital (C) / Auth Grant (AG)		Sum of MHTAAR/MHT Admin & AG	MHTAAR/MHT Admin	Authority Grant	GF/MH	Other
7	Trust & TLO Agency Budgets											
8	Trust Authority MHT Agency Budget		DOR	IncM		O		4,430.3	4,430.3	-	-	-
9	Trust Land Office Agency Budget		DNR	IncM		O		4,930.6	4,930.6	-	-	-
10	Total Trust & TLO							9,360.9	9,360.9	-	-	-
11	Other Non-Focus Area Allocations											
12	Grant Making Programs											
13	Partnerships / Designated Grants					AG		2,150.0	-	2,150.0	-	-
14	Subtotal							2,150.0	-	2,150.0	-	-
15	Dental											
16	Trust Directed Projects - Dental		ANHC (Anch Comm Hlth)			AG		140.0	-	140.0	-	-
17	Trust Directed Projects - Dental		ICHC (Fbks Comm Hlth)			AG		100.0	-	100.0	-	-
18	Donated Dental		Dental Lifeline Network			AG		30.0	-	30.0	-	-
19	Subtotal							270.0	-	270.0	-	-
20	Mini Grants											
21	Mini grants for ADRD beneficiaries		Alzheimers' Resource Agency			AG		400.0	-	400.0	-	-
22	Mini Grants for beneficiaries experiencing mental illness, chronic alcoholism & substance abuse.		Information Insights			AG		834.4	-	834.4	-	-
23	Mini Grants for beneficiaries experiencing mental illness, chronic alcoholism & substance abuse.		Information Insights - Contract Services			AG		165.6	-	165.6	-	-
24	Mini grants for beneficiaries with developmental disabilities		Information Insights			AG		391.3	-	391.3	-	-
25	Mini grants for beneficiaries with developmental disabilities		Information Insights - Contract Services			AG		58.7	-	58.7	-	-
26	Subtotal							1,850.0	-	1,850.0	-	-
27	Trust Statutory Advisory Boards											
28	ABADA/AMHB joint staffing		Dept of Health/DBH/AMHB-ABADA	IncM	2018	2028	O	491.5	491.5	-	-	-
29	GCDSE Joint Staffing		Dept of Health/DSDS/GCDSE	IncM	2018	2028	O	184.5	184.5	-	50.0	-
30	Beneficiary employment technical assistance and program coordination		Dept of Health/DSDS/GCDSE	IncT	2018	2028	O	123.5	123.5	-	-	-
31	ACoA Staffing and Beneficiary Program Support		Dept of Health/DSDS/ACoA	IncM	2018	2028	O	200.0	200.0	-	-	-
32	Subtotal							999.5	999.5	-	50.0	-

  
Anita Halterman, Chair

	A	B	C	D	E	F	G	AI	AJ	AK	AL	AM
5	Non-Focus Area Allocations						Type	FY23 Approved (5/25/2022)				
6		Dept/RDU   Component (or recipient)	Trans Type	IncT Begin	IncT End	Operating (O) / Capital (C) / Auth Grant (AG)		Sum of MHTAAR/MHT Admin & AG	MHTAAR/MHT Admin	Authority Grant	GF/MH	Other
48	<b>Consultative &amp; Technical Assistance Services</b>											
49	Grant-writing technical assistance	Contract Services				AG		200.0	-	200.0	-	-
50	Technical assistance for beneficiary groups & Trust initiatives	Contract Services				AG		510.0	-	510.0	-	-
51	Communications					AG		400.0	-	400.0	-	-
52	Subtotal							1,110.0	-	1,110.0	-	-
53	<b>Comp. Plan/ Data Evaluation</b>											
54	Comprehensive Program Planning & Consultative Services					AG		350.0	-	350.0	-	-
55	Scorecard Update	Dept of Health/DPH/HAVRS	IncT	2018	2028	O		40.0	40.0	-	-	-
56	DHSS Comprehensive Program Planning Coordinator	Dept of Health/DPS/Emergency Programs	IncT	2021	2028	O		75.0	75.0	-	75.0	-
57	Alaska Health Workforce Profile	DOLWD / Administrative Services Division	IncT	2018	2028	O		25.0	25.0	-	-	-
58	Beneficiary Mental Health Status Data Collection	Dept of Health/DPH/CDPHP	IncT	2022	2032	O		45.0	45.0	-	45.0	-
59	Subtotal							535.0	185.0	350.0	120.0	-
60	<b>Capital Requests (supported by all boards)</b>											
61	Deferred Maintenance	Dept of Health/Dept Support Services   Facilities Management				C		250.0	250.0	-	250.0	-
62	Medical Appliances and Assistive Technology	Dept of Health				C		-	-	-	500.0	-
63	Coordinated Community Transportation (FY2022-FY2026-MHTAAR Lapses June 20, 2026)	DOTPF/Program Development   Alaska Transit Office				C		300.0	300.0	-	1,000.0	-
64	Essential Program Equipment (FY2023-FY2027-MHTAAR Lapses June 20, 2027)	Dept of Health/Dept Support Services   Facilities Management				C		300.0	300.0	-	300.0	-
65	Subtotal							850.0	850.0	-	2,050.0	-
66	<b>Other</b>											
67	Rural & Community Outreach					AG		-	-	-	-	-
68	Traumatic & Acquired Brain Injury (TABI) Advisory Council Staff	UAA/CHD	IncT	2022	2025	O		105.0	105.0	-	-	-
69	AK Autism Resource center	DEED/Teaching/SSA	IncT	2005	2023	O		-	-	-	50.0	-
70	Trust Sponsored MH Conf	Contract Services				AG		130.0	-	130.0	-	-
71	Subtotal							235.0	105.0	130.0	50.0	-
72	Total Other Non-Focus Area Allocations							7,999.5	2,139.5	5,860.0	2,270.0	-
73	Total Non-Focus Area Allocations							17,360.4	11,500.4	5,860.0	2,270.0	-
74												

  
Anita Halterman, Chair

	A	B	C	D	E	F	G	A	AC	AD	AE	AF	AG
5		<b>Mental Health &amp; Addiction Intervention</b>					Type		<b>FY23 Approved (5/25/2022)</b>				
6			Dept/RDU   Component (or recipient)	Trans Type	IncT Begin	IncT End	Operating (O) / Capital (C) / Auth Grant (AG)		Sum of MHTAAR/M HT Admin & AG	MHTAAR/MHT Admin	Authority Grant	GF/MH	Other
7		<i>Increase awareness, improve knowledge to prevent drug/alcohol misuse</i>											
8		Partnerships: Recover Alaska	Sultana				AG		100.0	-	100.0	-	-
9		Subtotal							100.0	-	100.0	-	-
10		<i>Improve Treatment and Recovery Support Services</i>											
11		Treatment Access and Recovery Supports					AG		1,000.0	-	1,000.0	-	-
12		Subtotal							1,000.0	-	1,000.0	-	-
17		<i>Ensure Alaskans have access to comprehensive crisis services and supports</i>											
18		Crisis Continuum of Care					AG		4,215.0	-	4,215.0	-	-
19		Open Beds	Dept of Health/DPH/CDPHP				O		285.0	285.0	-	-	-
20		Crisis Now Continuum of Care Grants	Dept of Health/DBH	IncT	2022	2026	O		-	-	-	900.0	-
21		Zero Suicide Initiative	Dept of Health/DBH	IncT	2022	2024	O		62.5	62.5	-	62.5	-
22		Statewide Designation, Evaluation, Stabilization & Treatment Coordinator	Dept of Family and Community Services/Commissioner's Office/Departmental Support Services	IncT	2021	2023	O		75.0	75.0	-	-	-
23		Adult Protective Services III Position	Dept of Health / SDS	IncT	2021	2023	O		75.0	75.0	-	-	-
24		Mental Health Professionals Off-site Evaluations/ Legal Competency Restoration Pilot	Dept of Family and Community Services / Commissioner's Office/Departmental Support Services	IncT	2021	2023	O		300.0	300.0	-	-	-
25		Statewide Suicide Prevention Plan/Development & Implementation	Dept of Health/DBH/AMHB-ABADA	OTI			O		50.0	50.0	-	-	-
26		Subtotal							5,062.5	847.5	4,215.0	962.5	-
27		<i>Administration</i>											
28		Focus Area Administration					AG		50.0	-	50.0	-	-
29		Subtotal							50.0	-	50.0	-	-
30		<b>Mental Health &amp; Addiction Intervention Focus Area Total</b>							<b>6,212.5</b>	<b>847.5</b>	<b>5,365.0</b>	<b>962.5</b>	<b>-</b>
31													

  
Anita Halterman, Chair



	A	B	C	D	E	F	G	AC	AD	AE	AF	AG
5	<b>Disability Justice</b>						Type	<b>FY23 Approved (5/25/2022)</b>				
6		Dept/RDU   Component (or recipient)	Trans Type	IncT Begin	IncT End	Operating (O) / Capital (C) / Auth Grant (AG)		Sum of MHTAAR/M HT Admin & AG	MHTAAR/M HT Admin	Authority Grant	GF/MH	Other
7	<i>Systems and Policy development</i>											
8	Alaska Justice Information Center		UAA/Anchorage Campus	IncT	2018	2025	O	225.0	225.0	-	-	-
9	<b>Subtotal</b>							<b>225.0</b>	<b>225.0</b>	<b>-</b>	<b>-</b>	<b>-</b>
10	<i>Increased Capacity, Training, &amp; Competencies</i>											
11	Public Guardian Position		DOA/OPA/Public Guardian	IncT	2019	2025	O	91.5	91.5	-	-	-
12	Crisis Intervention Team/Behavioral Health training and Programs for First Responders					AG		40.0	-	40.0	-	-
13	Crisis Intervention Team/Behavioral Health training and Programs for First Responders		DPS - AK State Troopers	IncT	2021	2025	O	80.0	80.0	-	-	-
14	Crisis Intervention Team/Behavioral Health training and Programs for First Responders		DPS - AK Police Standards Council	IncT	2021	2025	O	80.0	80.0	-	-	-
15	Training for therapeutic court staff		ACS/Therapeutic Courts	IncT	2020	2025	O	15.0	15.0	-	-	-
16	Training for DOC mental health staff		DOC/Inmate Health/Behavioral Health Care	IncT	2018	2025	O	25.0	25.0	-	-	-
17	Specialized skills & service training on serving criminally justice involved beneficiaries		UAA/CHD	IncT	2014	2027	O	72.5	72.5	-	-	-
18	<b>Subtotal</b>							<b>404.0</b>	<b>364.0</b>	<b>40.0</b>	<b>-</b>	<b>-</b>
19	<i>Community Prevention</i>											
20	Interpersonal Violence Prevention for beneficiaries		UAA/CHD	IncT	2014	2025	O	80.0	80.0	-	-	-
21	<b>Subtotal</b>							<b>80.0</b>	<b>80.0</b>	<b>-</b>	<b>-</b>	<b>-</b>

  
 Anita Halterman, Chair

	A	B	C	D	E	F	G	AC	AD	AE	AF	AG
5	<b>Disability Justice</b>						Type	<b>FY23 Approved (5/25/2022)</b>				
6		Dept/RDU   Component (or recipient)	Trans Type	IncT Begin	IncT End	Operating (O)/ Capital (C) / Auth Grant (AG)		Sum of MHTAAR/M HT Admin & AG	MHTAAR/M HT Admin	Authority Grant	GF/MH	Other
22	<i>Community Intervention/Diversion</i>											
23	Juneau Mental Health Court		ACS/Therapeutic Courts	IncT	2009	2025	O	126.1	126.1	-	-	-
24	Flex Funds for Mental Health Courts (Anchorage, Juneau, Palmer, and PFIT)		Partners for Progress				AG	229.5	-	229.5	-	-
26	Disability Justice Support Funding						AG	100.0	-	100.0	-	-
27	Centralized Competency Calendar Paralegal		ACS/Therapeutic Courts	IncT	2020	2025	O	78.3	78.3	-	-	-
28	Holistic Defense-Bethel		DOA/PDA	IncT	2016	2025	O	-	-	-	86.0	-
29	Holistic Defense-Bethel		AK Legal Services				AG	180.0	-	180.0	-	-
30	<b>Subtotal</b>							<b>713.9</b>	<b>204.4</b>	<b>509.5</b>	<b>86.0</b>	<b>-</b>
34	<i>In-facility Practices</i>											
36	Disability Justice Support Funding						AG	200.0	-	200.0	-	-
37	<b>Subtotal</b>							<b>200.0</b>	<b>-</b>	<b>200.0</b>	<b>-</b>	<b>-</b>
38	<i>Re-entry</i>											
39	Local re-entry coalition coordinator						AG	412.0	-	412.0	-	-
40	Implement APIC Discharge Planning Model in DOC		DOC/Inmate Health/Behaviorial Health Care	IncT	2014	2025	O	290.0	290.0	-	-	-
41	DOC Discharge Incentive Grants		DOR/AHFC	IncT	2016	2025	O	100.0	100.0	-	-	-
42	Re-entry Transition Supports						AG	200.0	-	200.0	-	-
43	<b>Subtotal</b>							<b>1,002.0</b>	<b>390.0</b>	<b>612.0</b>	<b>-</b>	<b>-</b>
44	<i>Administration</i>											
45	Focus Area Administration						AG	50.0	-	50.0	-	-
46	<b>Subtotal</b>							<b>50.0</b>	<b>-</b>	<b>50.0</b>	<b>-</b>	<b>-</b>
47	<b>Disability Justice Focus Area Total</b>							<b>2,674.9</b>	<b>1,263.4</b>	<b>1,411.5</b>	<b>86.0</b>	<b>-</b>
48												

  
Anita Halterman, Chair

	A	B	C	D	E	F	G	A	AC	AD	AE	AF	AG
1	Beneficiary Employment and Engagement						Type	FY23 Approved (5/25/2022)					
2			Dept/RDU   Component (or recipient)	Trans Type	IncT Begin	IncT End	Operating (O)/ Capital (C) / Auth Grant (AG)	Sum of MHTAAR/M HT Admin & AG	MHTAAR/ MHT Admin	Authority Grant	GF/MH	Other	
7	Expand resources that promote successful, long term employment for Trust beneficiaries												
9	Individual Placement & Supports (IPS) Capacity Building		Dept of Health/DBH	IncT	2022	2025	O	30.0	30.0	-	-	-	
10	Evidence Based and Promising Employment and Engagement Practices						AG	350.0	-	350.0	-	-	
11	Subtotal							380.0	30.0	350.0	-	-	
12	Utilize ongoing recovery (including peer and family) supports services to reduce the impact of mental health and substance use disorders												
14	BPI Program Grants		CHOICES				AG	410.2	-	410.2	-	-	
15			Consumer Web				AG	333.6	-	333.6	-	-	
16			Polaris House				AG	213.0	-	213.0	-	-	
17			NAMI Juneau				AG	100.6	-	100.6	-	-	
18			NAMI Anchorage				AG	154.1	-	154.1	-	-	
19			AYFN				AG	208.7	-	208.7	-	-	
20	Peer Support Certification		Dept of Health/DBH	IncT	2021	2025	O	130.0	130.0	-	50.0	-	
21	Subtotal							1,550.2	130.0	1,420.2	50.0	-	
22	Beneficiaries increase self sufficiency												
23	Micro enterprise		UAA/CHD	IncT	2018	2028	O	175.0	175.0	-	-	-	
24	Subtotal							175.0	175.0	-	-	-	
25	Administration												
26	Focus Area administration						AG	30.0	-	30.0	-	-	
27	Subtotal							30.0	-	30.0	-	-	
28	Beneficiary Employment & Engagement Focus Area Total							2,135.2	335.0	1,800.2	50.0	-	
29													

  
Anita Halterman, Chair

	A	B	C	D	E	F	G	A	AC	AD	AE	AF	AG
5		<b>Housing and Home &amp; Community Based Services</b>					Type		<b>FY23 Approved (5/25/2022)</b>				
6			Dept/RDU   Component (or recipient)	Trans Type	IncT Begin	IncT End	Operating (O) / Capital (C) / Auth Grant (AG)		Sum of MHTAAR/M HT Admin & AG	MHTAAR/M HT Admin	Authority Grant	GF/MH	Other
7		<i>Housing and Home and Community Based Services policy coordination and capacity development</i>											
10		Rural Housing Coordinator - NWAB	DOR/AHFC	IncT	2022	2024	O		135.0	135.0	-	-	-
11		Rural Housing Coordinitor - new region	DOR/AHFC	IncT	2022	2026	O		135.0	135.0	-	-	-
12		IDD System Capacity Development	AK Assn of Developmental Disabilities (AADD)				AG		65.0	-	65.0	-	-
13		Rural Elder/Senior Assisted Living Planning	DOR/AHFC	OTI			O		-	-	-	500.0	-
14		System infrastructure and capacity development for implementing ADRD and TABI state plans					AG		150.0	-	150.0	-	-
15		<b>Subtotal</b>							<b>485.0</b>	<b>270.0</b>	<b>215.0</b>	<b>500.0</b>	<b>-</b>
16		<i>Beneficiaries have safe, stable housing with tenancy supports</i>											
17		Legal Resources for Trust Beneficiaries(evictions, legal barriers to stable housing)	Alaska Legal Services				AG		75.0	-	75.0	-	-
18		Special Needs Housing Grant	DOR/AHFC				C		200.0	200.0	-	1,750.0	1,750.0
20		Homeless Assistance Program	DOR/AHFC				C		950.0	950.0	-	850.0	6,350.0
21		Rapid Rehousing Projects					AG		350.0	-	350.0	-	-
22		Supportive Housing Projects					AG		750.0	-	750.0	-	-
23		<b>Subtotal</b>							<b>2,325.0</b>	<b>1,150.0</b>	<b>1,175.0</b>	<b>2,600.0</b>	<b>8,100.0</b>
24		<i>Beneficiaries access effective and flexible person-centered HCBS</i>											
26		Services and Supports identified as priorities in TABI and ADRD state plans					AG		450.0	-	450.0	-	-
27		HCBS Reform Support	Contract Services				AG		150.0	-	150.0	-	-
28		Rural HCBS Coordinator	Dept of Health/SDS	IncT	2021	2023	O		81.0	81.0	-	-	-
30		Home Modifications & Upgrades	Dept of Health/Facilities				C		100.0	100.0	-	1,050.0	-
31		Aging and Disability Resource Centers	Dept of Health/SDS/Senior Community Based Grants	IncT	2022	2026	O		300.0	300.0	-	250.0	-
32		<b>Subtotal</b>							<b>1,081.0</b>	<b>481.0</b>	<b>600.0</b>	<b>1,300.0</b>	<b>-</b>
36		<i>Optimize information technology and data analytics</i>											
37		Develop targeted outcome data	Dept of Health/SDS	IncT	2018	2023	O		80.0	80.0	-	-	-
38		Care Coordination Support	Dept of Health/SDS	IncT	2022	2026	O		55.3	55.3	-	-	-
39		IT application/Telehealth Service System Improvements	Dept of Health/SDS	IncT	2016	2022	O		-	-	-	63.0	-
40		<b>Subtotal</b>							<b>135.3</b>	<b>135.3</b>	<b>-</b>	<b>63.0</b>	<b>-</b>

  
Anita Halterman, Chair

	A	B	C	D	E	F	G	A	AC	AD	AE	AF	AG
5		Housing and Home & Community Based Services					Type		FY23 Approved (5/25/2022)				
6			Dept/RDU   Component (or recipient)	Trans Type	IncT Begin	IncT End	Operating (O)/ Capital (C) / Auth Grant (AG)		Sum of MHTAAR/M HT Admin & AG	MHTAAR/M HT Admin	Authority Grant	GF/MH	Other
41		Administration											
42		Focus Area Administration					AG		50.0	-	50.0	-	-
43		Subtotal							50.0	-	50.0	-	-
44		Housing and Home and Community Based Services Focus Area Total							4,076.3	2,036.3	2,040.0	4,463.0	8,100.0
45													

  
 Anita Halterman, Chair

	A	B	C	D	E	F	G	A	AI	AJ	AK	AL	AM
5		<b>Other Priority Areas</b>					Type		<b>FY23 Approved (5/25/2022)</b>				
6			Dept/RDU   Component (or recipient)	Trans Type	IncT Begin	IncT End	Operating (O)/ Capital (C) / Auth Grant (AG)		Sum of MHTAAR/M HT Admin & AG	MHTAAR/M HT Admin	Authority Grant	GF/MH	Other
7		<b>Workforce Development</b>											
8		<i>Increased Capacity, Training, and Competencies</i>											
9		The Alaska Training Cooperative	UAA/CHD	IncT	2014	2025	O		885.6	885.6	-	100.0	-
10		Providing Support for Service to Health Care Practitioners (SHARP)	Dept of Health/DPH/Emergency Programs	IncT	2018	2025	O		200.0	200.0	-	-	-
11		Alaska Area Health Education Centers	UAA AHEC (COE)	IncT	2018	2025	O		55.0	55.0	-	-	-
14		Supported Employment Workforce	UAA/CHD	IncT	2018	2025	O		100.0	100.0	-	-	-
15		System Improvement Admin					AG		50.0	-	50.0	-	-
16		Subtotal							1,290.6	1,240.6	50.0	100.0	-
17		<b>Early Childhood Intervention &amp; Prevention</b>											
18		<i>Promote practice-informed, universal screening efforts and early intervention services</i>											
19		Keep the Kids Home: Pediatric BH Treatment Coordination					AG		50.0	-	50.0	-	-
20		Children's Mental Health Conferences (CAFBH & IECMH)					AG		50.0	-	50.0	-	-
21		Help Me Grow Alaska: Early Childhood Community Outreach & Dev Screening	All Alaska Pediatric Partnership				AG		100.0	-	100.0	-	-
22		Ages & Stages Questionnaire - 4th Edition (FY23 only)	All Alaska Pediatric Partnership				AG		68.0	-	68.0	-	-
23		Behavioral Health Screening in Primary Care	Dept of Health/DBH	IncT	2022	2025	O		50.0	50.0	-	-	-
24		Partner Access Line - Pediatric Alaska (PAL - PAK)	Dept of Health/DBH	IncT	2022	2023	O		89.0	89.0	-	-	-
25		Intensive At-Risk Early Intervention Services	Dept of Health/SDS/EIILP	IncT	2022	2025	O		460.0	460.0	-	-	-
26		Subtotal							867.0	599.0	268.0	-	-

  
 Anita Halterman, Chair

Other Priority Areas



	A	B	C	D	E	F	G	A	AI	AJ	AK	AL	AM
5		<b>Other Priority Areas</b>					Type		<b>FY23 Approved (5/25/2022)</b>				
6			Dept/RDU   Component (or recipient)	Trans Type	IncT Begin	IncT End	Operating (O) / Capital (C) / Auth Grant (AG)		Sum of MHTAAR/M HT Admin & AG	MHTAAR/M HT Admin	Authority Grant	GF/MH	Other
27		<i>Ensure accurate identification of social-emotional needs for children and their caregivers</i>											
28		Trauma Informed practice promotion					AG		250.0	-	250.0	-	-
29		Rural Student Behavioral Health Counseling	DEED-Health & Safety	IncT	2022	2025	O		150.0	150.0	-	-	-
30		Infant & Early Childhood Mental Health Capacity Building					AG		100.0	-	100.0	-	-
31		<b>Subtotal</b>							<b>500.0</b>	<b>150.0</b>	<b>350.0</b>	<b>-</b>	<b>-</b>
32		<i>Reduce Instances and Impact of Adverse Childhood Experiences (ACEs)</i>											
33		Improve social determinants of health for families and young children: Peer Support/Parenting Policy, data & programs					AG		70.0	-	70.0	-	-
34		Early Childhood Governance: Public-Private Partnership					AG		50.0	-	50.0	-	-
35		Kinship Caregiver Support	Volunteers of America				AG		85.0	-	85.0	-	-
36		Evidence Based Practice: Family Treatment Model	Dept of Health/DBH	IncT	2022	2025	O		100.0	100.0	-	-	-
37		ACEs Data Linkage and Analysis	Dept of Health/DPH/WCFH	IncT	2022	2025	O		100.0	100.0	-	-	-
39		<b>Subtotal</b>							<b>405.0</b>	<b>200.0</b>	<b>205.0</b>	<b>-</b>	<b>-</b>
43		<b>Other Priority Areas Total</b>							<b>3,062.6</b>	<b>2,189.6</b>	<b>873.0</b>	<b>100.0</b>	<b>-</b>
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Anita Halterman, Chair

Other Priority Areas

# **FY24/25 Trust Budget Development Stakeholder Meeting Summary Notes**

*July 2022*

## **Introduction**

The Trust's mission is to improve the lives of beneficiaries through advocacy, planning, implementing and funding a Comprehensive Integrated Mental Health Program in Alaska. Trust beneficiaries include groups of Alaskans experiencing mental illness, developmental disabilities, chronic alcohol or drug addiction, Alzheimer's disease and related dementia, and traumatic brain injuries. The Trust also works in prevention and early intervention services for individuals at risk of becoming beneficiaries.

The Trust develops biannual budgets, and, following trustee approval, submits a budget for the upcoming fiscal year to the Governor and the Legislative Budget and Audit Committee each September. An essential part of developing the Trust's budget is listening to partner organizations who support and serve Trust beneficiaries across Alaska, as well as beneficiaries and advocates. One tool used to gather such feedback is direct engagement with partners through stakeholder meetings.

This document is a summary of the many conversations that took place during the stakeholder meetings informing the development of the FY24/25 budget in June 2022. In August 2022 the board of trustees will consider the proposed FY24/25 budget, and it is anticipated that trustees will consider revisions to the FY25 Trust budget in calendar year 2023.

For more information about the current budget development process, visit:  
<https://alaskamentalhealthtrust.org/trust-fy24-25-budget-development/>

*The Trust offers sincere thanks to all partner organizations who participated in these stakeholder meetings. The experience, expertise, knowledge, and recommendations shared are invaluable in informing Trust budget development and decision making.*

## **Purpose of Stakeholder Meetings**

As a part of developing the FY 24 and 25 budgets, Trust staff engaged with numerous partners organizations in a series of designated budget development stakeholder meetings. Over a series of virtual and in-person meetings, most including facilitated breakout groups, Trust staff led and documented conversations with representatives from organizations support Trust beneficiaries through a variety of means. The diverse perspectives in the groups contributed to robust conversations, strengthening the stakeholder process.

As a part of these meetings, Trust staff asked partners to provide input and prioritization of key issues impacting Trust beneficiaries. While specific initiatives were discussed in many of these meetings, the prime purpose of the Trust's stakeholder meetings was to solicit feedback on funding and advocacy priorities to help beneficiaries thrive in their communities. Stakeholders were asked to provide input from their respective areas of expertise by looking at the system holistically, not just what impacts a specific beneficiary group.

Though each stakeholder meeting was unique, the list below includes general questions asked in the meetings. This list does not represent all the questions asked.

- *What services/projects/initiatives do you identify as priorities for the Trust to serve beneficiaries?*
  - *How would you prioritize these areas based upon the needs of your communities?*
- *What kind of resources are needed to support Trust beneficiaries in rural communities?*
- *What investments should the Trust make, that will prevent institutionalization or service in higher levels of care?*
- *Are there projects that need formal evaluation to be replicated or brought to a statewide scale?*
- *What are advocacy priorities related Trust beneficiaries that we can work together on?*
- *How can the Trust better engage with organizations, communities, and regions?*

## **Stakeholders Engaged**

The Trust met with a multitude of stakeholders as a part of the Trust's budget development process. Program staff organized stakeholder meetings around the Trust's established focus and priority areas, these include Housing and Long-Term Services & Supports, Mental Health and Addiction Intervention, Disability Justice, Beneficiary Employment and Engagement, Workforce Development, and Early Childhood Prevention and Intervention.

This list represents partner organizations that were engaged as a part of the Trust's FY24/25 budget development stakeholder meetings.

- |  |   |
|--|---|
| • AARP                                     | • Alaska Commission on Aging  |
| • Alaska Addiction Rehabilitation Services | • Alaska Court System   |
| • Alaska Behavioral Health Association     | • Alaska Hospital & Healthcare Association                          |
| • Alaska Behavioral Health Center          | • Alaska Mental Health Board & Alaska Board on Alcohol & Drug Abuse |
| • Alaska Children's Trust                  | • Alaska Youth & Family Network                                     |

- Alzheimer's Resource of Alaska
- Anchorage Project Access
- Anchorage Youth Court
- Brain Injury Association of Alaska
- Bristol Bay Native Association
- Cook Inlet Housing Association
- Department of Administration - Public Defenders Administration
- Department of Corrections
- Department of Education & Early Development
- Department of Health & Social Service
- Department of Public Safety
- Division of Behavioral Health
- Division of Public Health
- Division of Senior & Disabilities Services
- Gastineau Human Services Corporation
- Governor's Council on Disabilities & Special Education
- Interior Alaska Center for Non-Violent Living
- Juneau Reentry Coalition
- NAMI Anchorage
- Recover Alaska
- RurAL CAP
- SAIL, Inc.
- The Glory Hall
- Thread Alaska
- Tribal Behavioral Health Directors From: Kenaitze Tribe, Alaska Native Tribal Health Consortium, Southcentral Foundation, Eastern Aleutian Tribes, Metlakatla, Kodiak Area Native Association
- University of Alaska - Alaska Justice Information Center
- University of Alaska Anchorage - College of Health
- University of Alaska Anchorage - Center for Human Development
- Veteran's Administration (VA)

Organizations that were invited to participate in the Trust budget development stakeholder meetings but were unable to attend were invited to complete an online survey with the same questions noted above. Several Trust partners completed that survey, informing this summary:

- Alaska Coalition on Housing and Homelessness
- Anchorage Reentry Coalition
- Association of Alaska Housing Authorities
- Arctic Access Inc. Center for Independent Living
- Best Beginnings
- Ionia
- Mat-Su Health Foundation
- R.O.C.K. Mat-Su
- Senior Citizens of Kodiak, Inc.
- True North Recovery
- University of Alaska Fairbanks – Child Development & Family Studies
- Western Interstate Commission for Higher Education (WICHE)
- Yukon Koyukuk Elder Assisted Living Facility

Further, while the meetings chronicled in this summary were organized expressly to gather information to support Trust budget related decision making, it is notable that Trust staff remain engaged with a multitude of partners throughout the year, and information from those conversations also impact the work of the Trust.

## Stakeholder Discussion Summary

The summaries below represent the many discussion comments recorded by Trust staff during the FY24/25 budget development stakeholder meetings.

Prior to being summarized in the table below, comments were organized by common themes as they relate to goals in [Strengthening the System: Alaska's Comprehensive Integrated Mental Health Program Plan, 2020-2024](#), aka the Comp Plan. The Comp Plan is made up of nine goals, all intended to ensure that Alaskans receive comprehensive prevention, treatment, and support services at the appropriate level of care across the lifespan, leading to meaningful lives in their home communities. The goals include:

Goal 1: Early Childhood	Goal 6: Protecting Vulnerable Alaskans
Goal 2: Healthcare	Goal 7: Services in the Least Restrictive Environment
Goal 3: Economic and Social Well-being	Goal 8: Services in Institutional Settings
Goal 4: Substance Use Disorder Prevention	Goal 9: Workforce, Data, and Funding
Goal 5: Suicide Prevention	

While organized by goal, many of the themes below were discussed in multiple stakeholder conversations, and across goal topics. In addition, the table below includes comments not directly related to a Comp Plan goal in an “other themes discussed” category.

<b>Goal 1: Early Childhood</b> <i>Programs serving young children promote resiliency, prevent and address trauma, and provide access to early intervention services.</i>	
Summary of comments related to Goal 1	<p>Stakeholders advocated that continued and increased priority areas focus on early childhood and “upstream” interventions to help prevent longer-term adverse health outcomes that impact young and those at risk of becoming beneficiaries. Many health and social problems are attributed to and can be predicted by childhood experiences. The COVID-19 pandemic has simultaneously increased family stress and reduced access to support. The multigenerational effect of trauma was noted, including the fact that many grandparents are parenting their grandchildren (kinship care) due to their children's unaddressed mental health needs. Eligibility for early intervention services (Infant Learning Programs) could also be addressed to lower barriers to participation in services for beneficiaries ages birth-three years to maximize positive therapeutic impact and prevent/reduce the need for higher levels of services.</p> <p>Stakeholders emphasized the need for continued focus on evidence-based practices such as Infant &amp; Early Childhood Mental Health (IECMH) and expanding screening (developmental, social-emotional, and brain injury-related) efforts statewide. Mental health consultation in early care and education, as well as school settings, was identified as a critical strategy for</p>

	<p>development. Additionally, continued focus on school-based services, increased accessibility services, and “normalization/de-stigmatization” of mental health education for youth, help improve outcomes for Trust beneficiaries of all ages. Systems-level strategies include the development of the “Pyramid Model” of Positive Behavioral Intervention &amp; Supports (PBIS) for both early childhood and K-12 school systems.</p> <p>Workforce needs were highlighted, including increased capacity for IECMH providers, inclusive early care and learning, and school-based mental health service providers. Private foundation and other funders have expressed interest in planning a coordinated approach to increasing statewide access to high quality early care and education programs.</p> <p>Stakeholders emphasized using public health data such as the Alaska Longitudinal Child Abuse and Neglect Linkage Project (ALCAN) to focus more on adverse childhood experiences (ACEs) prevention, prenatal and preconception, and family planning.</p>
<p><b>Goal 2: Healthcare</b>  <i>Alaskans have access to integrated healthcare options that promote optimal health, wellness, and independence.</i></p>	
Summary of comments related to Goal 2	<p>Stakeholders promoted the idea that Trust beneficiaries should have real access to integrated healthcare options that promote optimal health, wellness, and independence. The need for increased numbers of providers, and accessible services, including telehealth services, was emphasized for a broad range of populations across the lifespan.</p> <p>Specifically, the feedback highlighted the increased need for access to care for beneficiaries who experience traumatic and acquired brain injury (TABI), other brain-based disorders (e.g., Alzheimer’s and Related Dementias (ADRD), Fetal Alcohol Spectrum Disorder (FASD)), and individuals experiencing complex behaviors.</p> <p>When considering those experiencing traumatic and acquired brain injury, or other brain-based disorders, a need for a complete continuum of response was emphasized. The continuum of need ranged from screening to the coordination of care and intervention across the life span and in multiple settings ranging from schools to rehabilitation facilities. Additionally, there was a call to address funding options, the need for improved population data, and increased advocacy.</p>



### **Goal 3: Economic and Social Well-Being**

*Trust beneficiaries have strong economic and social well-being.*

Summary of comments related to Goal 3 Part 1: Employment	<p>Stakeholders encouraged the Trust to continue supporting the Center for Human Development's work around Microenterprise efforts and supported employment best practices. These services are just starting to gain momentum, and there were thoughts expressed to expand these and work to get more beneficiaries working.</p> <p>Where possible, the Trust was asked to leverage its funds to bring in more federal dollars and support increased transportation and housing for staff and beneficiaries. Interest was expressed in expanding housing and transportation infrastructure to rural settings.</p> <p>When considering those experiencing TABI, or other brain-based disorders, a need for a complete continuum of response was emphasized. Care for beneficiaries with TABI was noted as not having many resources in the communities of Alaska.</p> <p>COVID impacts on employment and opportunities for employment were discussed, with supported employment providers emphasizing the need to continue to focus on individualized, person centered employment services rather than “plugging” beneficiaries into any job available regardless of fit. The supported employment workforce has been impacted by COVID as well, with a reduced number of specialized support staff available to assist beneficiaries with seeking and maintaining employment.</p> <p>Some partners identified engagement with DVR as a continued challenge to supporting beneficiaries seeking employment, particularly in rural communities. The “Work Matters Task Force” recommendations scheduled to become available in Summer 2022 have been identified as a hopeful opportunity to address policy and other barriers faced on the state and community levels.</p> <p>Stakeholders acknowledge that despite being an “Employment First” state, Alaska has difficulty making systemic progress in this area, and measurement of cross-departmental success continues to be a challenge. Trust Beneficiaries are part of the workforce solution in the continuum of care as peers and as direct service providers. Participants urged seeking opportunities to expand attractive career paths for all types of beneficiaries who want to enter or reenter the workforce. Creating an attractive career path includes prioritizing the advocacy work of the Trust and reducing the stigma of hiring and interacting with beneficiaries in the community.</p>
Summary of comments related to Goal 3 Part 2: Housing	<p>Stakeholders overwhelmingly supported the growing need for housing. It was reported that beneficiaries who lack affordable and safe shelter could not work on treatment, relationships, employment, etc.</p>

	<p>There is an increased need for specialty housing in all beneficiary categories. Specifically noted was transitional housing for people stepping down from treatment with substance use disorders or those experiencing serious mental illness, which is reportedly not readily available. Housing for people with ADRD and TABI is hard to come by as well. So, all forms of transitional and supportive housing are needed. Getting transitional housing in rural Alaska is even more complex and is a barrier to improving a beneficiary's life.</p> <p>Lastly, permanent supportive housing, including sober living, is vital to long-term outcomes for beneficiaries.</p>
<p>Summary of comments related to Goal 3 Part 3: Services for Alaskans Experiencing Developmental Disabilities</p>	<p>Stakeholders discussed that through the Shared Vision, we are promoting the idea that beneficiaries can live the life they direct but is this happening, and are enough resources being put to this end to make it a reality?</p> <p>Many barriers significantly impact beneficiaries, such as lack of access to affordable transportation. In addition, food insecurity across beneficiary categories was reported to be exacerbated by the COVID pandemic.</p> <p>Furthermore, beneficiaries need additional support with supported employment, increased case management, and better access to direct support professionals.</p> <p>One highlight is the Trust mini-grant program, which is working very well to have positive impact on the individual lives of beneficiaries.</p>
<p><b>Goal 4: Substance Use Disorder Prevention</b>  <i>Prevention and treatment for drug and alcohol misuse are provided through collaborative, effective, and informed strategies.</i></p>	
<p>Summary of comments related to Goal 4 Part 1: Access and Treatment</p>	<p>Stakeholders emphasized the need to build out the treatment and recovery infrastructure to include access to residential beds and outpatient services for all ages. Providers are seeking a clear understanding of the systemic methods needed to increase access and support to navigate funding. It was noted that older Alaskans are less apt to engage in the treatment system and are less likely to get help. In addition, children and adolescents in rural Alaska cannot access substance use disorder (SUD) services and often must access care in the larger cities.</p> <p>There is also a great need and support for behavioral health resources to be offered outside the traditional brick-and-mortar behavioral health center, and to shift to service delivery into schools, universities, mobile behavioral health units, and adult and pediatric primary care settings. Screening, Brief Intervention, and Referral to Treatment (SBIRT) services are working, and there was a dialogue about expanding these services to families. Several stakeholders expressed the need for enhanced access to SUD case management services with the ability to do ongoing community-based support.</p>

	<p>Stakeholders would like to see the burdensome administrative requirements for gaining access to care be alleviated and progress on this expedited.</p> <p>There was general support for the work of Recover Alaska and the mini-grant program administered by the Trust.</p>
Summary of comments related to Goal 4 Part 2: Recovery and Supports Using Peers	<p>Stakeholders encouraged the ongoing development of peer and recovery-oriented services as a solution for serving underserved areas, increasing the workforce, and expanding the continuum of care.</p> <p>Stakeholders also promoted enrichment activities for those beneficiaries in recovery, such as healing circles, sports, recovery cafes, and other activities that support community connection.</p> <p>Wrap-around intensive case management is also critical to recovery.</p>
<p><b>Goal 5: Suicide Prevention</b>  <i>Individuals, families, communities, and governments take ownership to prevent suicides and self-harm in Alaska.</i></p>	
Summary of comments related to Goal 5	<p>There was a lot of feedback encouraging the Trust to continue supporting the Crisis Now system of care, including 988/Call Center, mobile crisis teams, and 23-hour crisis stabilization centers. There is agreement that Alaska needs to act to transform its system of behavioral health crisis response. Support for the Trust and its partners need to continue working to make this happen. Funding, policy support, and technical help for agencies who want to provide these services are necessary to support the implementation of these improvements.</p> <p>Stakeholders expressed strong interest in including child and youth mental health in the emerging crisis continuum of care work led by the Trust. The need for specialized training and staffing for youth and families was highlighted, with a focus on best practice and prioritizing developmentally appropriate interventions across settings for youth, particularly for mobile response services. Crisis stabilization facilities and respite for families experiencing a high level of stressors were identified as critical gaps in the child/youth mental health continuum.</p> <p>Several stakeholders expressed a concern that behavioral health crisis response services should reach rural Alaska, understanding that adaptations to the Crisis Now model may be needed. Stakeholders support the screening process in all phases of the crisis triage process, plus keeping up the evidenced-based training like Mental Health First Aid.</p>

**Goal 6: Protecting Vulnerable Alaskans**

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

Summary of comments related to Goal 6	<p>Stakeholders advocated for increasing resiliency among families by expanding support for working families, including access to affordable, high-quality childcare, universal pre-K programs, and after-school programs. They also supported increased access to prenatal and early childhood home visitation and in-home therapy services, along with parenting classes that would promote trauma-informed care.</p> <p>Stakeholders desire leadership to help build and implement the early intervention services outlined in the 1115 Medicaid Behavioral Health Waiver. They seek support regarding the administrative burden these services carry and faster access to the continuum of care to prevent an individual from having a crisis. As noted above, the emerging crisis continuum of care work should include child, youth and family specific supports as soon as possible. State partners working with at-risk and child welfare involved families also prioritize increased access to stabilization services and facilities youth as well as respite for families.</p> <p>They also voiced that investing in provider resources will aid in strengthening families who may interact with the protective service system by using innovative programs that support the whole family, not just the individual family member who entered the system. Provider resources should be expanded to recruit and retain an adequate census of foster parents. It was encouraged that we explore using the Indian Child Welfare Act (ICWA) workforce as a powerful voice in prevention. Overall, there is an ongoing need to focus on additional strategies and investments in the protective service system, especially the child welfare system.</p>
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**Goal 7: Services in the Least Restrictive Environment**

*Trust beneficiaries' behavioral health needs are accurately assessed and met in the least restrictive environment.*

Summary of comments related to Goal 7	<p>Stakeholders emphasized that the Trust's work and initiatives should be conducted with diversity, equity, and inclusion at its core, and its respective policies should also reflect the same.</p> <p>Stakeholders aspire to have more prevention and early intervention supports and services for families to raise children into healthy adults. Raising healthy children has an upstream impact on preventing future engagement with the criminal justice system. The Department of Corrections (DOC) should not be Alaska's largest behavioral health provider.</p> <p>To improve justice outcomes for Trust beneficiaries, stakeholders would like to increase our training partners, for example, additional law enforcement/</p>
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	<p>judiciary/legal professionals, to increase the understanding of behavioral health crisis response, beneficiary challenges, etc. Another example is training more professionals using the Crisis Intervention Training (CIT) model.</p> <p>Stakeholders would like to see an expansion of the therapeutic, family, and wellness courts to rural communities. Public defender clients are Trust beneficiaries, and further work must be done to divert Trust beneficiaries away from the criminal justice system, such as through diversion facilities. Furthermore, the Trust should explore expanding the restorative justice efforts such as those occurring in Kake, Alaska, and prioritize these practices.</p>
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### ***Goal 8: Services in Institutional Settings***

*Trust beneficiaries who are in an institutional setting receive the necessary services and recovery supports to return to the community of their choice.*

Summary of comments related to Goal 8	<p>Stakeholders highlighted that significant investment is needed in building the technology infrastructure to deliver behavioral health programming and reentry coordination within DOC institutions. It was noted that this technology infrastructure likely requires amending statutes. There is a need for expanded programming within DOC institutions for beneficiaries developing and living with ADRD. These beneficiaries require critical wrap-around intensive case management.</p> <p>There is a desire for designated, flexible funds that probation officers could use to assist reentrants with quickly accessing support services such as housing. Expanding immediate access to care for reentrants is critical to their success. The population of reentrants experiences long wait lists for behavioral health services, including case management, and services for reentrants are negligible to nonexistent, especially in smaller/rural communities.</p> <p>Investment is needed for in-state solutions to better address the needs of individuals with complex behaviors to keep them from having to leave the State. The Trust needs to be more involved in these discussions.</p> <p>Use existing screening tools, and develop new tools if needed, that can assess the risk level of reentrants. Work on coordinating care with BH service providers using risk assessment.</p>
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## **Goal 9: Workforce, Data, and Funding**

*The State of Alaska has the workforce capacity, data, and technology systems in place to support the resources and funding of Alaska's Comprehensive Mental Health Program.*

Summary of comments related to Goal 9 Part 1: Workforce Shortages	<p>The healthcare workforce continues to be a significant issue, particularly around concerns related to recruiting enough people to staff the positions that provide and implement the care for Trust beneficiaries. There are ongoing retention issues due to chronic low wages in the non-profit agency world, plus burnout and stress are taking a toll on the current workforce. Another retention method discussed involved providing behavioral health care to the caregivers and the team serving beneficiaries. Current programs like the Alaska Psychology Internship Consortium (AK PIC), AmeriCorps, and Behavioral Health Aids and Community Health Aids (BHA/CHA) are all successful programs, and discussions focused on how to expand these excellent programs.</p> <p><i>Grow Your Own</i> programs in the high schools are great, and one of the only programs that target future staff in rural regions. Stakeholders would like to see such programs expanded to include younger students.</p> <p>The Trust was encouraged to be engaged in expanding diversity in the workplace and delivering innovative programs and outreach. Further, stakeholders urged the exploration of creative solutions to enhance wages and create attractive career paths for the workforce serving beneficiaries. Beneficiaries, youth, and peers with lived experience are part of this workforce solution. Utilize diversity equity and inclusion approaches when exploring workforce strategies.</p>
Summary of comments related to Goal 9 Part 2: Training the Workforce	<p>Overall, the workforce training themes discussed involved the need for the continued support of the University system classes, Alaska Training Cooperative, and the Center for Human Development. Support the DEI goals that the University of Alaska, Anchorage, is weaving into its training programs. Also, support the hybrid methods for training delivery that have evolved through the pandemic. Provide evidenced-based training on-site for clinical teams that cannot travel to training to enhance their clinical skills.</p> <p>Expand the training offered to law enforcement, including Village Public Safety Officers (VPSOs), to include TABI, co-occurring behavioral health, and ADRD. Law enforcement and clinical teams also need support around compassion fatigue and burnout.</p>
Summary of comments related to Goal 9 Part 3: Data	<p>Data is critical, and the need to evaluate our systems of care for the young, adults ages, and elderly is needed. Stakeholders were concerned that there was a lack of actionable data and that the Health Information Exchange (HIE) was underutilized.</p>



	<p>Stakeholders encouraged the Trust and DHSS to support the evaluation of the Crisis Now system of care and support.</p> <p>The Trust can assist with getting people connected with the available data resources through the State's various divisions. There was an emphasis on ensuring the data was secure and safe, especially where protected health information was involved.</p>
Summary of comments related to Goal 9 Part 4: Funding	Stakeholders encouraged the Trust to advocate for funding from the State of Alaska for the Comp Plan goals and initiatives. Concern was expressed that there is a heavy administrative burden connected to the 1115 Behavioral Health Waiver and how to advocate with Optum. Also, factor in equitable funding for rural Alaska.
<b><i>Other Themes Discussed</i></b> <b><i>(Not directly related to the Comp Plan)</i></b>	
Summary of other comments received	<p>Support Health and Racial equity across the Trust initiatives and beneficiary-related systems of care. Increased focus on cultural awareness across diverse cultural groups and addressing social determinants of health for all. Explore equity consultants.</p> <p>Improved parity between rural and urban programming, funding, and advocacy. More regional/hub-based services. It is helpful to consider rural-only focus groups to identify challenges and solutions. Advocate for increased regional and rural outreach and legislative visits.</p> <p>Increase the use of culturally based, evidence-based, or promising practice interventions. Work with the State and partners to create solutions to challenges in the provider system, such as reducing providers' administrative burden.</p>