Trust
Alaska Mental Health Trust Authority

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

# MEETING AGENDA

**Meeting:** Program & Planning Committee
**Date:** July 31, 2024
**Time:** 9:10 AM
**Location:** Trust Authority Building, 3745 Community Park Loop, Anchorage
**Teleconference:** (844) 740-1264 / Meeting Number: 2634 490 5555 # / Attendee Number: #
https://alaskamentalhealthtrust.org/
**Trustees:** Agnes Moran (Chair), Rhonda Boyles, Corri Feige, Kevin Fimon, Brent Fisher, Anita Halterman, John Morris

## Wednesday, July 31, 2024

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# Wednesday, July 31, 2024
# (continued)

**Page No**

**2:15** **Break**

**2:30** **FY26/27 Trust Budget Recommendations Presentation**

- Housing Home & Community Based Services – Kelda Barstad, Program Officer 116
- Workforce Development – Eric Boyer, Senior Program Officer 121
- Early Childhood Intervention & Prevention – Tina Voelker-Ross, Program Officer 125
- Non-Focus Area Allocations – Katie Baldwin, Chief Operating Officer 129

**3:45** **Adjourn**

**Additional Documents**

- Link: FY26/27 Budget Development supporting documents, reports, and resources
- FY25 Signed Budget hand-out
- FY26/27 Proposed Budget spreadsheet hand-out
- FY26 Proposed Budget Detail Report hand-out

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# Future Meeting Dates

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

(Updated – July 2024)

| | | |
|---|---|---|
| • Full Board of Trustees | August 28-29, 2024 | (Wed, Thu) – Anchorage |
| • Audit & Risk Committee | October 16, 2024 | (Wed) |
| • Finance Committee | October 16, 2024 | (Wed) |
| • Resource Mgt Committee | October 16, 2024 | (Wed) |
| • Program & Planning Committee | October 17, 2024 | (Thu) |
| • Full Board of Trustees | November 13-14, 2024 | (Wed, Thu) – Anchorage |
| • Audit & Risk Committee | January 8, **2025** | (Wed) |
| • Finance Committee | January 8, **2025** | (Wed) |
| • Resource Mgt Committee | January 8, **2025** | (Wed) |
| • Program & Planning Committee | January 9, **2025** | (Thu) |
| • Full Board of Trustees | February 5-6, **2025** | (Wed, Thu) – Juneau |
| • Audit & Risk Committee | April 23, **2025** | (Wed) |
| • Finance Committee | April 23, **2025** | (Wed) |
| • Resource Mgt Committee | April 23, **2025** | (Wed) |
| • Program & Planning Committee | April 24, **2025** | (Thu) |
| • Full Board of Trustees | May 21-22, **2025** | (Wed, Thu) – TBD |
| • Audit & Risk Committee | July 29, **2025** | (Tue) |
| • Finance Committee | July 29, **2025** | (Tue) |
| • Resource Mgt Committee | July 29, **2025** | (Tue) |
| • Program & Planning Committee | July 30 – 31, **2025** | (Wed, Thu) |
| • Full Board of Trustees | August 27-28, **2025** | (Wed, Thu) – Anchorage |

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# Future Meeting Dates

## Statutory Advisory Boards

(Updated – July 2024)

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

- Quarterly Meeting (fall): September 9-13, 2024 / Kotzebue
- Quarterly Meeting (winter): December 4, 2024 / Zoom

**Alaska Mental Health Board / Advisory Board on Alcoholism and Drug Abuse**
AMHB: http://dhss.alaska.gov/amhb/Pages/default.aspx
ABADA: http://dhss.alaska.gov/abada/Pages/default.aspx
Acting Executive Director: Stephanie Hopkins, 907) 465-4667, stephanie.hopkins@alaska.gov

- Quarterly Meeting (fall) – October 1-4, 2024 / Ketchikan
- Standing Advocacy Committee: Mondays from 12:00pm – 1:00pm
- Executive Committee: Second Monday at 9:00am

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

- Triannual Meeting (fall): September 19-20, 2024 / Anchorage
- Triannual Meeting (winter): February 11-13, 2025 / Juneau

**ALASKA MENTAL HEALTH TRUST AUTHORITY**
**PROGRAM & PLANNING COMMITTEE**
**April 25, 2024**
**1:30 p.m.**

**Hybrid Meeting:**
**Alaska Mental Health Trust Authority**
**3745 Community Park Loop, #200**
**Anchorage, Alaska 99508**

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**Trustees Present**:
Agnes Moran, Chair (Virtual)
John Morris, Acting Chair
Anita Halterman (Virtual)
Kevin Fimon
John Sturgeon
Rhonda Boyles

**Trust Staff Present:**
Steve Williams
Katie Baldwin-Johnson
Miri Smith-Coolidge
Michael Baldwin
Julee Farley
Allison Biastock
Valette Keller
Kelda Barstad
Luke Lind
Debbie Delong
Carrie Predeger
Janie Caq'ar Ferguson
Eliza Muse
Eric Boyer
Heather Phelps
Tina Volker-Ross
Kat Roch

**Truste Land Office staff present:**
Jusdi Warner
Sarah Morrison
Jeff Green
Tracy Salinas
Blain Alfonso
Peter Mueller
Mariana Sanchez
Heather Weatherall

**Also participating:**
Valerie Mertz; Jacki Mallinger; Ann Ringstad; Brenda Moore; Lisa Cauble; Paul Cornils; Philip Licht; Stephanie Kings; Kathi Trawver; John Springsteen; Patrick Reinhart; Justin Slaughter; Alyssa Bish; Jena Crafton; Rod Shipley; Tony Newman; Stephanie Wheeler; Stephanie Hopkins; Katie Jacques; Wendi Kannenberg; Dustin Larna; Daniel Hartman; Sylvia Craig; Sean Gilbert; Philip Licht.

## PROCEEDINGS

**CALL TO ORDER**

ACTING CHAIR MORRIS called the meeting to order and began with a roll call. He asked for any announcements. There being none, he continued to the approval of the agenda.

**APPROVAL OF THE AGENDA**

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

TRUSTEE HALTERMAN stated that trustees are considering a motion at the end to deal with a funding issue for The Arc. She asked if a motion was needed to adjust the agenda to allow for that conversation.

ACTING CHAIR MORRIS stated that he was adding that to the agenda. He asked for anything else to be added to the agenda. Seeing and hearing none, he called for the vote.

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

ACTING CHAIR MORRIS asked for any ethics disclosures.

TRUSTEE MORAN noted that in her capacity as the executive director of WISH that her staff will be a resident in that facility, and as of right now it is not known if rent will be charged or not, so she stated that she would opt out of that discussion.

ACTING CHAIR MORRIS asked for a motion to approve the minutes from the January 4th Program & Planning Committee meeting.

**APPROVAL OF MINUTES**

**MOTION:** A motion to approve the minutes from January 4, 2024, was made by TRUSTEE STURGEON; seconded by TRUSTEE BOYLES.

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

ACTING CHAIR MORRIS moved to the CEO update with Steve Williams.

**CEO UPDATE**

MR. WILLIAMS stated that this is the update on the Program side of the house for the Trust Authority. The quarterly grant report that includes both CEO approvals as well as grants approved by trustees has been provided, and it has been placed on the agenda to see if there are any questions by trustees about any of the grants. There were 14 grants that were approved by the CEO's authority; that is up to $100,000. There were four grants that were approved by trustees: Two of those grants exceeded the CEO's authority just because of the dollar amount; and two of those grants exceeded the CEO's authority because an amount was approved previously in the fiscal year, which bumped it cumulatively over the CEO's authority. There

was a total of 18 grants that were approved this quarter, totaling a little over $1 million. He continued to the Opioid Settlement Funds. An opioid task force was formed, and the Department just announced this month that they are going to be putting out $3.3 million this fiscal year -- and for the next three years annually -- for groups to apply for funding related to the settlement funds. They are hoping to get three successful grantees identified from the seven regions identified in the Division of Public Health, and they are also planning to do one statewide grant. Trust staff will be sitting on the PEC, with others, that will be reviewing all of those applications as they come in. He continued that the public comment period is still open until May 1 on the draft comp plan. The currently draft-revised five-year plan that the Department has put out is still moving forward. He noted that regarding the FY25 budget, the legislative session is getting close to the end with 20-some odd days left. The way the budget is shaping up right now is that the trustees' recommendations for General Fund spending are included in the budget. They were included in the House version of the budget, with the exception of one increment for the centralized accommodation fund for approximately $100,000. The Senate has not finished up their work on the budget, but the trustee recommendations are included in that version of the budget. He moved on to '26/'27, and stated that the program officers, along with our stakeholders, are working to look at what the work is that has been done in the various focus areas and other priority areas for FY24; what is going to be happening in FY25; and then using that as a foundation for looking forward to FY26 and '27. As part of this process, a budget survey has been pushed out to all of our stakeholders, and over 300 responses have been received, which are currently being reviewed by the staff, and a draft summary report will be circulated to trustees in one of the CEO weekly reports. The results will also be posted on the FY26-27 budget development page of the website that everyone can view. He explained the new grant proposal resource for our partners, for organizations that serve Trust beneficiaries, so that they can apply for all types of grants. He explained that applicants and organizations that have used this resource to apply for grants have been successful. He continued that on May 3rd the Trust will be doing a partnership with Southcentral Foundation, pulling together our key partners for convening to provide an update on the work that is being done with the Departments, the Trust, and our community providers on Crisis Now. Also, in the fall the second annual conference will be held.

(A discussion ensued about the grant-writing support.)

ACTING CHAIR MORRIS asked for any questions. Hearing none, he continued to the Traumatic and Acquired Brain Injury/ADRD Data Enrollment Training Presentation.

**TRAUMATIC AND ACQUIRED BRAIN INJURY/ADRD DATA ENROLLMENT TRAINING PRESENTATION**

MR. BALDWIN introduced Wendi Kannenberg and Sylvia Craig from McKinley Research Group. He stated that trustees last year approved funding to do a contract to help support work around data development and identifying key pieces of data and what sources and resources are needed to work on to build around that infrastructure for beneficiaries experiencing traumatic and acquired brain injuries, as well as Alzheimer's disease and related dementias. McKinley Research Group was awarded that contract, and we are very excited about how that has turned out.

MS. KANNENBERG stated that this project started on November 2, and a copy of our full suite of findings has been provided. The intent was to lay a foundation to advance some future long-term data development around TABI and ADRD for Trust beneficiaries. There was a need from

the Trust, from your stakeholders, community partners to find out what data is out there, and where is it located. She continued that they held 33 executive interviews with key stakeholders in the state and national experts on the matter. At a high level, the available data comes down to two buckets: the public health surveillance data, like the BRFSS surveys, YRBS. There is also registry data out there, like vital records, which typically contains some information, particularly tasks that might be related to TABI or ADRD. The other big bucket is health care utilization data. We query and get information on claims for services, health care services that are utilized, particularly from public payor sources, and then also the EHR, electric health record, data. Some healthcare providers have access to shared data, an EHR environment. Health facilities discharge reporting can be pulled, as well as syndromance surveillance. She spoke about data development and management in great detail. She explained that there is not universal agreement, even between large, national organizations, of what really is a brain injury. The military describes it one way; the American Neurological Institute describes and defines it another way. All of that impacts utilization data. She continued that the Alaska State Department of Health did an assessment of their own internally. They had 33 different informational systems just within the Department; and they do not automatically share all those sorts of things. Recently, there was a traumatic brain injury report that was done by State Epidemiology that is great, but there are no plans for it to be continued. She stated that there is a real cry for high quality, adequate, and timely data; but everybody wants something on very specific subpopulations, and there are data suppression rules and privacy that come into play with that. She noted that one of the key takeaways from this study is the really unique composition at play of discrete health systems that we have in our state. Most states have these, but they are in a much more level playing field. Alaska has military health systems, tribal, and then all other health systems, which are functioning in their own silos with their data. Key takeaways for stakeholders are that they have diversity and purpose in their use for their data. Competing priorities and resources does not mean that stakeholders and current agencies do not care, but they are not equally vested in data development statewide. She continued that it is probably key to keep in mind current efforts about data monitorization around core infrastructure of the public health data landscape. A lot of tribal, State, other private entities that are coming to the table, truly think about data monitorization that is needed, infrastructure in our state. When we talk about continuum of care data and how to develop this, there are two buckets: central services types of data, which are sort of delineated there; and then the fiscal and the resource data, continuum-of-care data around fiscal things, like, what are the reimbursement mechanisms, and how are people accessing those economic studies. Cost-of-illness studies can be very informative as we are looking at the silver tsunami of citizens quit-claiming Social Security now, how are we going to fund that, and what are we looking at for Medicaid enrollees. The Trust has done work before in economic studies around census use and that type of thing. She stated that there are many ways to think about continuum of care data associated with these TABI and ADRD for beneficiaries. We have talked about BRFSS data enhancement, and one of our recommendations is about the timing and the resourcing for some of the key questions. Some states have determined on an annual basis that a group of epidemiologists across the state say which modular optional questions should be added to these surveys; they are state-specific, that is determined by the funder. Some states have gotten around that by putting funding for key pieces right in state legislation; removing the question on an annual or every-other-year basis. She explained that there is some foundational work for TABI and ADRD; registry development. Registries are very difficult to develop, implement, and maintain. However, the payoff can really be good. With continuum-of-care data, there are some states that really are leading this band. Regarding data management, there really has not been any cursory work done at really assessing where the State is as far as their legislative and regulatory infrastructure management

around data management and data sharing. Looking at other states and working other projects, we know that the legislation always lags behind the technology. There could be some benefit from doing some additional investigatory work. A consideration for the Trust is that there is an idea of public health versus population health data. Public health data really has a community-level promotion and disease prevention lens; population health is the focus that healthcare takes. Meaningful data development is going to mean an integration in some regard to pieces of some of that. There is limited awareness in the state about what factors really impact data development, so there is room for education. The Trust may see TABI and ADRD development through maybe a brain condition focus lens; public health sees it in a chronic disease management lens; population health sees it through a treatment lens. She continued with some final things that we leave with, considering the role and reach of the Trust. In other data development that McKinley has done for other organizations, questions have been put out there just to provoke thought as long-term/short-term strategies are thought about, along with areas of influence and involvement as this work moves forward.

ACTING CHAIR MORRIS stated that it seemed that McKinley listed a number of places to go to get data on the topic of traumatic brain injury and ADRD, and a number of the challenges to collecting that data from them. Also listed were challenges to analyzing the data. And then a recommendation was given that we work to do those things in a variety of ways. He asked if any of the data was acquired that was mentioned.

MS. KANNENBERG replied that data was not acquired; that was not part of the scope of this project. The scope was to describe the data landscape. A core piece of that is describing the available data sets, which are going to be detailed. What we were asked to do by the Trust was to conduct an investigation, and then taking and describing those data sets which was a core piece of this work.

ACTING CHAIR MORRIS stated the appropriation for this study was $115,475, and a number of different data sources have been listed. He asked if they had an opportunity, for example, to talk to Alaska Regional Hospital and say, “Hey, would you agree to share your EMR data with us when we stand this up?” He asked if they received buy-in from the Department of Health to share their payment data. He asked if that level had been reached, or if we are at the level of these are good places to go when asking in the next round.

MR. BALDWIN answered that that is very much the next round. The first step was figuring out what is there and what are the potential barriers.

MS. BOYLES stated that her memory of why this was funded was because there were no numbers on brain injury, and the concern was about what is this going to cost us in the future. The same with dementia, which she believes is pandemic. She stated that she was glad to see this much of the work done. She continued that if she was sitting in Juneau, she would be very interested in how much dementia was going to cost this state, and how we were going to handle it in the next 15 or 20 years.

ACTING CHAIR MORRIS asked if there were any other comments or questions. Hearing none, he called for a break.

(Break.)

ACTING CHAIR MORRIS called the meeting back to order and stated that next on the agenda was the Southcentral Foundation TABI presentation.

**SOUTHCENTRAL FOUNDATION TABI PRESENTATION**

MS. BALDWIN-JOHNSON introduced Daniel Hartman, the service line medical director with Southcentral Foundation, and Katie Jacques, the clinical director with Southcentral Foundation.

MS. BARSTAD stated that this project is in its second year, with the first year of direct service implementation. Two years ago, we started a project with Southcentral Foundation to explore how to implement grant services for beneficiaries with brain injuries across their service system. She turned the floor over to the presenters to describe the progress to date.

MS. JACQUES stated that the work that has been completed has really been impactful for the staff, as well as our customer owners that we have served on our medical campus. One of the biggest gaps that we had noticed after our first year was education awareness. Some of the work that our prevention, awareness, and resources group focused on this year was educating staff and the community. We have partnered with our PR groups in Anchorage, as well as in the Valley, and really boosted up during Brain Injury Awareness Month in March, with education tables, posters, incentives that we were handing out as they were coming to our booth. We also really looked to lean in on our social media to help push out to some owners in the community in general. Different platforms were used, such as Spotify, iHeart, and Google. Next, was a lot of education for staff. People were very aware that they were seeing customer owners and patients right in front of them that had brain injuries, but not always knowing who could help them, or what was going on, and the tools that they could have with just a little bit of extra education. She continued that with the funds that were granted from the Trust, we did a massive education year where we had over 91 providers from several different disciplines, including nursing, our behavioral health consultants, physical therapy, occupational therapy, speech and language pathology, exercise physiology, applied behavioral analysis -- those that will be doing the diagnosing of these conditions. Audiology and optometry participated in TABI-specific education over this past year. The total trainings will be over 750 dedicated hours for learning completed by the end of May. There will be over 400 continuing education credits at ANMC specifically for TABI that will be completed by the end of May. Also, with the funds that were granted by the Trust, we obtained some equipment, specifically a rotary chair. On our medical campus at the moment, we have a full gamut to be able to perform audiology testing and services for vestibular dysfunctions. An audiologist has completed the training and testing. For sustainability, it does allow us the opportunity to expand our billable services that we have with new codes. There will be 15 new tests that are billable. She continued that the first outpatient adult speech and language pathologist has been hired, which allows for referrals in the very near future to have full wrap-around rehab care for physical therapy, occupational therapy, and speech and language pathology. Prior to hiring this person, the State would get PT out to one area and speech in another, but might not have the same ability to do a co-treat or comprehensive care. There are also seven behavioral health clinicians that received TABI-specific cognitive behavioral therapy training to help expand the behavioral health services side of the work over this past year.

DR. HARTMAN stated that for a person with traumatic brain injury, not acquired, the median number of visits in a year is 16. For an average customer/owner system, it is only seven in a year. Under-coding is a major issue in this area of medicine. As clinicians, we are naturally hesitant if we were not involved in the care to code traumatic brain injuries as compared to a

disease data like asthma where it is very clear to everybody that asthma exists. Under-coding in traumatic and acquired brain injury is a major issue and a major reason for poor data. He continued that we cannot rely on the fact that somebody is not putting it on a note or putting it on a problem list, and that is the main driver for the data messiness. In the Anchorage service unit at ANMC, at least 800 people carry a diagnosis of traumatic brain injury, which we believe is only 40 percent of the actual number of people served in the Anchorage service unit with a traumatic brain injury. That is our gauge for the undercount due to under-coding for traumatic brain injury. When we were faced with this data problem, we went to our partner experts at Centers of Excellence at Spalding, which is Harvard's adult rehabilitative hospital in Cambridge, Mass., Boston Children in Boston proper, and then to Aurora at Colorado Children's and the Marcus Institute for kids and adults. The first question we had for them when we started the new data is: what are you using for population health? Are you approaching it with a population health perspective? Do you use value sets? All four of them said "No, we are not doing that." We set about with our data services department to developing value sets at ANMC for acquired brain injury and traumatic brain injury. We have not deployed them yet, but they are set, and are ready to be used. That is a product of the funds that the Trust helped us with.

MS. JACQUES walked through an overall view of the traumatic and acquired brain injury care team. She stated that they met with partners and colleagues and learned what works well, what does not work well. Obviously, it varies from area to area. Within our system of healthcare, we have a Nuka model of care: we are the primary care team, and the customer owners are the center of the care. Around the edge are traumatic and acquired brain injury care team components. Between BICA and all the partnerships, we have also started our work group in addition to the data identification. In the infrastructure, we started a community collaboration work group where anybody is welcome. Regarding community partnership in the State of Alaska and Concussion Legacy Foundation, we feel good about the relationships we have built to help bridge these gaps that we all can identify. She noted other areas such as community resources and family health specialists that help find resources for those in need, or help with enrolling for insurance, rehabilitation, complementary medicine, or behavioral health. She continued that there is room for improvement for TABI, complementary care, peds rehab, and exercise physiology. The testing psychologist position has not been filled yet. Regarding that interdisciplinary assessment team approach, we are in the process of getting those players at the table. We do have a hired-on nurse case manager that started with us this year who is helping from a high level to navigate all of those customer owners through our medical campus for services that they need. Community resources falls in the infrastructure as well, and that is work that is actively being done. Physical medicine and rehabilitation doctors, we have two that are associated with our campus. We also have a peds contract where somebody comes up to our child development services that is PMR, but again, not specific to TABI; and that is where a full-time brain health PMR is something that we would like to explore in the future.

DR. HARTMAN stated that at ANMC, all of the teams have good access to the services that were just outlined. But those referral services are ad hoc, so that a provider can choose what services might be useful. The OT usually comes up with some bright ideas and modifies the referral network. In March, we got together our 10th Clinical Core Business Group on the ANMC campus, which exists on every Joint Commission accredited campus. They report on our campus to the Clinical Quality Council and the executive management team, which have actually been brought forth through to the joint operating board. It is clinical quality and high reliability. Anything that is new or novel clears a pathway in the product. A new drug has to go through those groups before they are actually deployed and used. The CCBG, as we have worked to

establish it, we got really strong buy-in from trauma services and stroke services and neurosurgery, which are also conveniently the same services that traumatic and acquired brain injury on our campus relate to. TABI is actually going to be woven into the CCBG quite a bit. All these new pathways, protocols, order sets that are built through TABI will go through this group. The interdisciplinary assessment team, IDAT, is a care model that is developed on our campus with child and family developmental services, and it is also the same model that is used by the four centers of excellence that we visited -- wraparound services in support of multidisciplinary longitudinal care is the idea. There are three levels on our campus and on other campuses, which is the general approach. We are aiming and hiring for that. We are also looking at a structured discharge planning effort in coordination with a Clinical Quality Council on our campus centered around trauma, neurosurgical services, and stroke services, with a hope of applying our value sets this summer. We will begin outreach in Anchorage and the Valley for adults and statewide for children, and we will be hopefully partnering with those more long-term in a more structured way. We set about an actuarial study of a number of people that are served in the past 12 months for acquired and traumatic brain injury, with an estimate of 1,318 people in the last 12 months in the breakdown for the different areas of service. In the coming year, until the summer of 2025, we conservatively estimate a 14 percent growth to 1500 folks. He stated that his belief is that it is going to be a bigger growth, but we wanted to bring an honest assessment of what we thought. We learned in our child and family developmental services that opening up referrals wide open for all referrals in an area where there is a huge need quickly overwhelms the service. If the team is new, then they get a giant backlog hoisted on them right away. The growth that we are hoping for is small in the initial year to two years. The BICA structure was chosen because it works and it supports the sustainability. We think the IDAT model is scalable. It works nationally; it works for us here; and with our calculation, it is well received by our population. There is replicability in the server-shared domain, which is our electronic health record. There are 11 THOs on this shared domain out of the 16 THOs in the state. We have an electronic dashboard for referrals called Care Connections that the other five THOs will have access to beginning this month. That referral management system was standardized by statewide vote last November. It is functioning super well right now. We feel that that is going to help with our referrals for pediatrics statewide, and our referrals in PSU from neuro-surg, inpatients, strokes, et cetera. We are going to standardize discharge pathways and do a better job of what we call "pull discharges," which is understanding that somebody with stroke or a neurosurgical need is on the inpatient service. He continued that we are not waiting for the call that they are about to be discharged, but going there and working with them to coordinate in what is called a pull discharge process. We have replicated the CFDS IDAT model. They have five years of modifications for that model in the Med pod, ABA services, testing psychology. We keep updating, and it works really well. There is a big expansion in the Valley anticipated by 2028. About 2.5 times the space will be built by then, and we are expecting that the TABI will have a home there, along with CFDS.

TRUSTEE BOYLES asked after TABI is within some parameters and reaching some of the goals, if the plan is to move forward into the dementia world.

DR. HARTMAN answered, yes, that all dementias are brain injuries and fit under TABI. Dementias are not being split out from TABI.

ACTING CHAIR MORRIS moved the meeting to approvals.

**APPROVALS**

MS. PHELPS introduced Sean Gilbert, the grant manager for Set Free Alaska, and stated that Philip Licht is on the phone. She continued that this is a requested proposal for a capital project for 250,000 for Set Free Alaska, for an expansion project of a previous capital project that the Trust has funded. This is a very fiscally responsible request as there are many different funding sources for this project: Federal funds from HUD for $5 million; $500,00 from the MJ Murdock Foundation that is secured; $900,000 from the Mat-Su Health Foundation, also secured. The project is going to expand outpatient services. There are huge wait lists for mental health services in our state, and adding outpatient services is very beneficial. This would add 70 more slots for children and family services, and 75 more slots for adult services. This would be for addiction and for mental health. Telehealth is also available, so that it can reach communities that are outside driving distance.

MR. BOYER asked to read the motion before continuing.

> **MOTION:** A motion that the AMHTA Program & Planning Committee approve a $250,000 FY25 Mental Health and Addiction Intervention focus area allocation to Set Free Alaska for the therapeutic campus expansion capital project. These funds will come from the FY25 Treatment Access and Recovery Supports budget line. The motion was made by TRUSTEE BOYLES; seconded by TRUSTEE FIMON.

MS. PHELPS continued that 377 more beneficiaries will be reached per year; about 1,000 beneficiaries. It is also going to double the capacity of crisis beds. Six or eight beds will either be used for recovery residences, for reentrants, or for treatment services. An entire continuum of care is going to be expanded. It is a very well-rounded project that is going to have maximum benefit reaching Trust beneficiaries, both children through adults, addiction, and mental health.

ACTING CHAIR MORRIS asked for any questions.

TRUSTEE BOYLES asked if she heard correctly that there will be additional crisis beds.

MS. PHELPS answered yes. Also, when people are successful and released from those beds, they actually can continue with the continuum of care at Set Free in outpatient services. This is keeping people in their communities in the least restrictive environment.

TRUSTEE MORAN stated that the more behavioral health services we can get, the better. She asked if additional staff will be needed.

MR. LICHT answered that we have visiting live and telehealth remote workers, and it is not our most preferred, ideal situation; however, it has worked really well. We have great technology in place, so at this point, we have employees in seven different states. Those clinicians out of state are helping supplement the clinicians, counselors, the behavioral health staff that we do have in person. The crisis services will all be in person. For some of the expanded outpatient services, we anticipate developing workforce as needed through a combination of in-person, maybe 70 percent or 80 percent, to 20 percent remote clinicians. As an example, we can outreach for a clinician in Georgia, and through some of the expanded telehealth regulations we have been able to champion in our state, we can get 50 applications in two days, as opposed to months of trying to find one clinician here in Alaska. We are trying to develop and grow workforce here while utilizing workforce in other areas through technology.

TRUSTEE MORAN stated that one of the issues we have had with telehealth is there is such a cultural divide that, especially for our elder participants, is not as beneficial as having someone who is in Alaska or who is comfortable.

MR. LICHT stated that they have been able to overcome that by doing in-person services for those individuals that are less comfortable, and then supplementing some of the services through telehealth. There is a good combination of the two. We do some cultural competency training for all of our staff, and helping remote staff to understand the Alaskan culture and things that are different here in terms of our people, groups, and just different nuances of everything from environmental to different ways and peoples here in Alaska.

ACTING CHAIR MORRIS asked for any other comments or questions. Hearing none, he called for the vote.

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

ACTING CHAIR MORRIS moved to the RYC Emergency Stabilization & Assessment Program.

**RYC EMERGENCY STABILIZATION & ASSESSMENT PROGRAM**

MS. BALDWIN -JOHNSON introduced Dustin Larna, the CEO executive director of RYC. She stated that Janie Ferguson is going to introduce this program.

ACTING CHAIR MORRIS asked for the motion to be read.

**MOTION:** A motion that the AMHTA Program & Planning Committee approve a $400,000 fiscal year '25 Mental Health and Addiction Intervention focus area allocation to Residential Youth Care, Inc. for the SeaLevel Community Youth Center Project. These funds will come from the fiscal year '25 Treatment Access and Recovery Supports budget line. A $250,000 FY25 Mental Health and Addiction Intervention focus area allocation to Set Free Alaska for the therapeutic campus expansion capital project. These funds will come from the FY25 Treatment Access and Recovery Supports budget line. The motion was made by TRUSTEE FIMON; seconded by TRUSTEE HALTERMAN.

MS. FERGUSON stated that SeaLevel really has an innovative approach. Imagine youth and young adults in crisis based in Ketchikan and Southeast needing a place for support. SeaLevel envisions supporting these Trust beneficiaries in an innovative approach to community-based care. If approved, this will be focus-area allocations, and primarily this is a capital project for renovation to the already purchased SeaLevel building by RYC earlier this year. In addition to Trust funding, RYC has made substantial gains in securing various funding from various funders, amounting to over $3.1 million, which is nearly 75 percent of the capital funds necessary. RYC is based in Ketchikan, but they serve the entire Southeast Region and statewide. They are a comprehensive, accredited, comprehensive behavioral health provider based on 100 percent of the most vulnerable Trust beneficiaries. Currently, they are serving close to 118 beneficiaries and a substantial number of family members, friends, and community members. With this project, RYC has the potential to expand their services to those youth and young adults in Ketchikan, but also around the region and statewide, through early intervention, prevention,

but also for intervention and treatment, RYC has a substantial service array with outpatient, residential, short-term, and long-term residential treatment, and are also engaged in the schools in Ketchikan. SeaLevel aims to provide this broad range of services to Trust beneficiaries. RYC has provided a business plan detailing the capital timeline, as well as the operational plan. There is substantial work to insure financial stability. In response to the DOJ report and looking to shift and change supporting youth in crisis earlier, SeaLevel aims to deinstitutionalize the experiences that many Trust beneficiaries have been a part of, giving Trust beneficiaries the opportunity to be in their community of choice in the least restrictive setting.

TRUSTEE BOYLES noted that a lot of numbers were touched here. She asked if this grant is issued, will we see those numbers increased or documented.

MR. LARNA responded absolutely, we would love to come back, and we look forward to reporting on outcomes.

TRUSTEE STURGEON stated one of the objectives is to try to find youth jobs and job training. He asked how that is accomplished.

MR. LARNA stated that one of the innovations with this project is to work in tandem with some of the employers in Ketchikan, which has a huge tourism industry, with a ton of summer jobs. For a lot of those businesses, finding employees is tough. He continued that one of our strategies is to work with local businesses and really identify what skills do youth, young people need to have to be productive employees, even for those summer jobs when they are in high school, and some of the other jobs in the communities as they go forward. Beyond job skills training, curriculums are being built to give young people the skill set to be successful in those specific jobs. A small cafe/coffee shop has been added with the goal of developing skills while helping to run that café.

TRUSTEE STURGEON asked if they go outside Ketchikan to promote jobs.

MR. LARNA answered that for some of the youth and young adults that we have supported throughout our services, we have helped to identify other jobs in outlying communities or other industries, and we help to get them on a training track to pursue other roles outside of Ketchikan.

TRUSTEE FIMON asked about one of the numbers that really stuck out: the 4,000 secondary beneficiaries. He asked how those secondary beneficiaries play a role into the program.

MR. LARNA replied that the route taken was based on the number of youth and young people that we think we can impact over the course of a year, and we extrapolated that out to the family and the people around them. The level of impact on that 4,000 is not known. We do think that collecting data is very important, and we do have a lot of plans for collecting data on the youth coming in and out of that youth center, and from a whole host of community and education events, and things like that.

TRUSTEE BOYLES asked for an example of how SeaLevel reached out and incorporated other nonprofits, and what they do in the community of Ketchikan to work together as a unit.

MR. LARNA replied that we have plans to work with Ketchikan Youth Court. They have a location that is pretty big, but at certain times they need more space. Part of the design for

SeaLevel is to have some office spaces to help co-locate people. Instead of having an entire location that is big enough that they do not use all the time, they could have that office and then utilize some of the spaces within SeaLevel during certain times. Another example, the Ketchikan Wellness Coalition has recently secured a Federal grant focused on substance abuse prevention in the community. Even though SeaLevel is not up and running, knowing this is coming and being involved in the planning, there are positions under that grant that we would be located and doing work within them being integrated into the building. Public Health will be able to do limited clinic services at that location. We are trying to meet young people where they are instead of referring out, but not duplicating a lot of the great work that is already happening.

ACTING CHAIR MORRIS asked if there are any unsheltered teens currently living on the streets.

MR. LARNA replied yes. He continued that when he talks to folks about trying to support youth who are really homeless or really unstably housed, they are surprised because we do not often see youth walking around town with everything on their shoulder like we see in some other communities. We are aware of a lot of youth couch-surfing in very unstable environments where there are youth. He found out last summer there were four different youth that spent the whole summer living in the woods. We have run into youth that we have supported in the past that are 20 years old, and they say, "I am doing great. I am working. I am on track. I am sober." But when asked where they are staying, they say, "Oh, I live with so and so in her car." We definitely have some challenges in our community with homelessness.

ACTING CHAIR MORRIS asked if overnight services will be provided in this facility.

MR. LARNA replied that this project is not set up to provide overnight services. That would be a next phase for us. He continued that we have expanded to more community-based services, and are really trying to take that leap upstream to reduce the need for services.

ACTING CHAIR MORRIS asked why is the first project not to provide a place of safety for those folks to give them a safe night's sleep rather than a day center.

MR. LARNA replied that in our existing programming, we are able to help support a lot of youth now and even get them off the street and engaged in services. Several of the youth that we serve in our existing programs, treatment foster homes, residential programs would be homeless without engaging in that. He stated that they are able to have an impact on that now.

ACTING CHAIR MORRIS asked if there were any other comments or questions from trustees or on the line. Hearing none, he called the vote.

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

ACTING CHAIR MORRIS moved the meeting to the Rural Housing Evaluation Contract, UAA.

**RURAL HOUSING EVALUATION CONTRACT, UAA**

MS. BALDWIN-JOHNSON stated that Michael Baldwin and Kelda Barstad will be introducing this topic after trustees read the motion.

**MOTION:** A motion that the AMHTA Program and Planning Committee approves up to $291,000 for a contract for evaluation of Rural Alaska Housing First programs. These funds will come from the Fiscal Year '24 Comprehensive Program Planning and Consultative Services budget line of the Non-Focus Area section of the budget. The motion was made by TRUSTEE FIMON; seconded by TRUSTEE HALTERMAN.

MR. BALDWIN stated that this project is brought forward in support of the housing and home- and community-based services focus on beneficiaries to insure that they have safe and stable housing. The funding today is to support contracting with the University of Alaska Anchorage staff to evaluate supportive housing projects in three rural communities that the Trust has provided partial funding and support and development to in Nome, Bethel, and Sitka.

MS. BARSTAD continued that all three projects are very interested in participating in the program evaluation and adding to the body of research around permanent supportive housing projects. Different components do not work, or they are problematic. The primary reason behind that is either models are not operating to fidelity, or they are not participating in a dynamic evaluation process to identify problems early on. We want to be proactive to not only understand what their needs are and the nuance of operating this kind of project within rural Alaska, but also to see what are the broad similarities across projects. We have participated in funding evaluations for Anchorage, Fairbanks, and Juneau. We are able to leverage the Juneau evaluation, as it will be the same entity, and we are going to start with the same questions.

ACTING CHAIR MORRIS asked if there were any questions from trustees.

TRUSTEE STURGEON stated that he always asks this question whenever he sees the University of Alaska involved. Often, they would do a study for us and they want a 50 percent administrative cost.

MR. BALDWIN noted that they estimated the administrative cost at about approximately 25 percent for this project.

TRUSTEE STURGEON replied that they like those fees. That seems pretty excessive with the overhead they have with the University of Alaska.

TRUSTEE MORAN stated that one of her concerns is that all of these programs are so new; not more than two years old. She asked if they have enough of a track record in the community to really have valid data, or if this is looking at this as kind of stage 1 data, and that they will come back in two or three years and do it again.

MR. BALDWIN answered that this is laying the groundwork. It is baseline. In the initial stages, there will be a six-month window before, and then a six-month period after they move in as that groundwork. It will prepare us for future follow-up for a period of a year or potentially years.

TRUSTEE MORAN asked who utilized the Juneau data and who is the target for the data coming out of this survey.

MS. BARSTAD answered that for the Juneau data, the target audience was a couple of different

groups. One was the operating agencies. The Juneau Housing First Collaborative made sure that they were implementing the program as intended and to see how the beneficiaries were doing in housing. One of the early findings that led the agency to change some of the work they were doing is that people's well-being was noted to go down after housing, and that was an unexpected outcome. The program was able to adapt their programming and some of the services and opportunities they had available to their residents to help create more of a sense of community. When people move into a single apartment, there is grieving and a loss in that community. That was something that was known, but the impact was not as evident until that evaluation was done. They found that police encounters with the housed individuals went down substantially; emergency room usage went down substantially; ambulance usage went down substantially. These emergency services are very expensive for cities/municipalities to run. The City saw that this housing project was a good investment for them because they were able to reduce the amount of high-cost, sometimes not-reimbursed services. A lot of those are paid for by property taxes or other taxation systems. They could reduce that and pay a smaller amount of money in grants for housing, and people had better, more stable outcomes and more appropriate interactions with emergency services. That evaluation has led to a more sustainable type of model for housing in Juneau. The City has seen an impact on their budget. They can spend their dollars more wisely for the outcomes that they are looking for, and they have invested in that model. Juneau is now on its third permanent supportive housing project, looking to house 28 more homeless individuals who have pretty complex needs.

TRUSTEE MORAN asked if the plan is to repeat the study in Juneau to see if those gains were maintained.

MS. BARSTAD answered that they did do a follow-up study at one year, and then at two years. There were some individuals that were able to be tracked over multiple years, and then they added additional residents because they built a second phase in the middle. There was some pretty significant follow-up for that first cohort of Juneau residents.

MR. BALDWIN stated that a secondary benefit of the project is that it creates organizational capacity to track this data, and then to implement those types of follow-ups that may be not as expensive as doing a full evaluation, but they are able to engage from an ongoing data monitoring kind of process, too.

TRUSTEE BOYLES stated that she does not know that we have ever funded a data collection evaluation process like this before. We find the money somewhere to build the house, then we are going back and saying, “Here is your house. Are you happy here? And what could we have done better and differently?” In the long run, you have that data and you build better houses. She asked to convince her that this has to be done.

MR. BALDWIN replied that this is about the impact on the community, and the individual beneficiary, as well. It is about the systems that are in place and public safety systems that are engaged in providing expensive services; and so that is the benefit of evaluating these kinds of efforts to reduce the costs and pull on the community. One of the additional benefits that comes from supportive housing is the reduction of public safety responses. We find that folks that have not had access to health care now are able to, because they are in a stable living environment. He continued that it is not specifically evaluating the nature of the house, but the system. What is unique about this is looking at this model in a rural community, which we do not know if that works. It will be very valuable to inform planning; and if it does not work, we will know. If it

does work, then we have information to utilize in planning going forward. We have funded evaluation and data projects before, but those are brought forward sparingly and cautiously, generally.

ACTING CHAIR MORRIS asked if there were any comments or questions from trustees. He stated that it looks like we spent about $750,000, and it is hard to quantify the exchange for these housing projects in Bethel and Sitka. He asked if reporting on these metrics about housing move-in date, housing move-out date, is something we should have gotten in return for $750,000. He would have thought that would be a basic requirement of any grant we give, that we get a basic report back of who benefited, how it worked out. He asked why we would pay an additional $300,000 to find that out.

MS. BARSTAD answered that those are the capital projects, and they would have different outcome measures tracked, with the primary ones being that the units are built, they are habitable, and we have the expectation that the beneficiaries would be moving into those units. Once that capital portion of the project is complete, the project is considered complete and satisfied. This would build upon the work that they are doing internally. It is not expected that the programs will be tracking a variety of different measures. This effort will help to insure that there is some uniformity across even permanent, supportive housing projects within the state. The projects do not have the capacity to look at the community impact; they are interested in what the community impact may be. But they do not have the internal administrative capacity or ability to really take a look at that and to move forward with that part of the work.

ACTING CHAIR MORRIS stated that the case has been made that we are looking at the broader impact on the community. The list of data to be collected appears to be the usual set of data that is collected on Housing First projects which uniformly gives the same result, which is great. He stated that he does not see any data points about what has happened in the community during these two years as the number of persons experiencing homelessness increased or decreased in Bethel or Sitka. He stated that he would pay for that. That would be a study of what is happening in the community. This is perfectly designed to get the same results that you got in Juneau, which is to say, "Yes, this is fine." But it does not tell the story of what happened in Juneau. He asked for other comments or questions from the trustees. Hearing none, he called the question.

*After the roll-call vote, the MOTION was NOT APPROVED. (Trustee Sturgeon, yes; Trustee Fimon, yes; Trustee Boyles, no; Trustee Moran, no; Trustee Halterman, yes; Acting Chair Morris, no.)*

ACTING CHAIR MORRIS asked for a trustee to read the next motion.

TRUSTEE HALTERMAN stated that yesterday the Board of Trustees approved an agreement with The Arc of Anchorage whereby the Alaska Mental Health Trust Authority would purchase for a million dollars the buildings, improvements, furniture, fixtures, and equipment located at the Trust land and leased by The Arc of Anchorage under Lease No. 02130.

**MOTION:** A motion that the AMHTA Program & Planning Committee approves that the Board of Trustees fund this purchase with funds from the budget reserve for program-related investment, including beneficiary peer support services facilities, which currently has a balance of $3,655,000. The use of these funds furthers the purpose of making sure

these services provided by The Arc of Anchorage can be sustained for the benefit of the Alaska Mental Health Trust Authority beneficiaries. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE MORAN.

ACTING CHAIR MORRIS asked if Trustee Halterman would care to speak to the motion.

TRUSTEE HALTERMAN stated that this motion gives some direction so we can begin the process of executing a transfer of funds and identify the budget source for the administrative side of the Trust. This motion is a clean-up. Yesterday we forgot to identify the funding source. We will have to do this in multiple motions, but this motion will identify the source of funding.

ACTING CHAIR MORRIS asked Mr. Williams if this is a reasonable place for a source of funding.

MR. WILLIAMS replied, yes.

ACTING CHAIR MORRIS asked for any comments or questions from trustees.

TRUSTEE FIMON stated that he does not know if that changes necessarily the intent of the motion, but he does not think it is maybe the proper verbiage.

MR. WILLIAMS added that this motion was drafted by legal counsel.

TRUSTEE FIMON stated that we had a motion after we talked with everybody that was involved yesterday with The Arc. He asked if we have heard back from them.

ACTING CHAIR MORRIS replied that we have not. The motion read yesterday did not have a funding source included. This is a housekeeping motion to complete what we did yesterday. If they accept the offer, we have the ability by counsel to move forward.

TRUSTEE HALTERMAN clarified that she was on the phone with our counsel at 5:45 this morning making sure that we were considering our approach. We initially had identified a different funding source. We have been bouncing this back behind the scenes while folks have been busy working in the room today. She stated that counsel has been involved in the drafting of this particular motion.

ACTING CHAIR MORRIS asked if there was any further discussion on this motion. Hearing none, he called the question.

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

ACTING CHAIR MORRIS asked if there was a second motion.

TRUSTEE HALTERMAN stated that this motion has to do with trustees' duty for grant-making authority for the CEO. During our governance document review meeting with our attorney and counsel in the room, the CEO and attorney engaged in a discussion about the ability of trustees to delegate grant-making authority to the CEO. Our counsel asked for the origins of this authority,

and if the CEO could provide a copy for review. I would like to get clarification on this issue in the form of a legal opinion.

> **MOTION:** A motion that the AMHTA Program & Planning Committee, the Board of Trustees, ask our counsel to provide the Board with a legal opinion on whether the Board of Trustees has the authority to delegate grant-making approvals to the CEO. I move the Board of Trustees authorize our counsel to research whether the Board of Trustees can delegate authority to the CEO to approve grants and other powers attributable to the trustees by statute. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE FIMON.

TRUSTEE BOYLES asked if this is not part of the governance work that we are doing and that Mr. Hickey is engaging in holding our hand very solidly through the whole process.

TRUSTEE HALTERMAN replied that it does relate to our governance work, and that she does not have the authority to seek legal counsel's advisory opinion without going through the Board of Trustees to get that support from the Board. She stated that she would like to lay the foundation with an appropriate comprehensive answer to the question that was asked during the last governance discussion so that we can begin to build upon a foundation that is informed with legal advice or an opinion.

TRUSTEE BOYLES repeated back to you what she thought she heard: We need to go ask him to do this and research this. He has been researching and advising us now for months. She asked if that work was inappropriate, and if trustees are going to have to go through the governance with a fine-tooth comb, and that everything that we need his opinion and advice on, we will need to come back to the Board and get a motion.

TRUSTEE HALTERMAN replied that this is a matter of seeking additional clarification that is not available without full Board support. She stated that she cannot go forward and say she sees a lack of clarity, and we were unable to give an answer to the attorney when we were in our last discussion. Therefore, the only way to get an opinion or additional clarification is to get Board approval in support of seeking that advice. She stated that she is one trustee, and she needs the majority support for these kinds of motions, and for this kind of direction.

TRUSTEE BOYLES thanked Chair Halterman.

ACTING CHAIR MORRIS asked if CEO Williams or staff had any comments on this motion.

MR. WILLIAMS stated that this is part of our Board governance discussion, and he felt that we resolved this issue a year and a half ago when we looked specifically at the charter of the CEO and made those changes to the charter under the direction of legal counsel. But he understood if there is further work that needs to be done.

TRUSTEE MORAN stated support of this just because of the clarification on it. We do have a fiduciary responsibility. She continued that she would rather know now rather than enshrine it into our governance documents.

ACTING CHAIR MORRIS asked if there were any comments or questions. Seeing none, he called the question.

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

ACTING CHAIR MORRIS stated that now is the time for trustee comments after our two days of meetings.

**TRUSTEE COMMENTS**

TRUSTEE MORAN thanked John Sturgeon. She stated that he has been a stalwart, and we will be hard-pressed to replace his breadth and depth of knowledge. She noted that she attended the quarterly Advisory Board meeting on mental health and alcoholism and drug abuse last week. She encouraged others to sit in on those, if they could, as they seem to have more of a direct line to the folks that they are serving. They have discussions from which she learned a lot. It was a very different perspective than we get at our Board meetings.

TRUSTEE HALTERMAN stated that she also attended one of the Advisory Board meetings, the Advisory Board for the Governor's Council on Disabilities and Special Education. There is a deeper dive into departmental conversations that happens within those rooms that gets adjusted before it gets to our board. There are more details shared with our advisory boards that she found insightful about the pillars of effort that are ongoing for the Department that address each of those individual advisory boards. She would also like to encourage other trustees that are interested in attending any of those meetings to seek approval, and she will approve anyone participating in any, whether they require travel or not. She thought that it is beneficial for our Board to be out there and active with those advisory boards. She thanked Trustee Sturgeon for his service to the Trust; it is nothing but honorable, and it has been an honor to serve with him. She thanked her fellow trustees for their support on some interesting motions over the last couple of days. She stated that she knows that some questions will become clearer as we finish our governance work. The materials have been well presented by staff, and she appreciated the amount of work that goes into putting these meetings together with our committee chairs. She thanked them, too, for their leadership. She thanked John Morris for stepping in for Trustee Moran in her absence today. And she thanked Trust Moran for hanging in there despite not feeling well.

TRUSTEE FIMON stated that he is looking forward to getting to travel to Ketchikan. He is super appreciative of all the staff and all the presenters, and especially his fellow trustees, because there were some maybe even unexpected and certainly some hard issues and motions brought forward, and he felt that there is some good sense of urgency, maybe for reasons he did not know when the day started, of getting a few things that have been outstanding completed. He thanked Chair Halterman for pursuing the things that she feels are important, and giving us at least the opportunity to discuss them and finish them going forward. Trustee Sturgeon has been a real mentor and a friend as he came on the Board the last couple years, and he did not know until a couple of hours ago that this was it, and he is kind of sad about that. But he thanked him and noted that it has been his honor.

TRUSTEE BOYLES stated to Trustee Sturgeon that everybody says they are going to miss him. She stated her hope that he is recruited, or that we can get a replacement even 10 percent as knowledgeable as him. She mentioned to both the staff and to the Chair that regarding all of the training that we need to do relative to the governance project, to please put her on the e-mail,

because if we invite only chairs, she will be the only trustee missing. SeaLevel Community Center was one of the most phenomenal, well-done presentations. She sees a lot of potential beneficiaries with the support folks around them being helped by that project. She continued that she will be looking forward to a little more data on that, maybe in a year or a half a year. She stated that all of our staff does an excellent job. She continued that sometimes we do have to make hard decisions, and sometimes she likes the way the decision turns out, but does not approve of the process. She is happy that we did the hard work that we did in this meeting. She thanked Ms. Smith-Coolidge who made her aware, kind of subtly, that we have never had a meeting with four Executive Sessions in three months, and she went above and beyond.

ACTING CHAIR MORRIS stated that it is the convention to take this opportunity to thank everyone who has been such a positive contribution during the meetings, and the folks who come to see us. A lot of good appreciation, which he echoed, has been said by his fellow trustees. Also, there have been plenty of good things said about Trustee Sturgeon. He took his time to go a little different way. He thinks about some of the new paths we have charted over the past couple of days, particularly with the Arc and the TLO. He is conscious that, despite the fact that we are an organization that has at its disposal literally hundreds of millions of dollars in assets, the most valuable component of the Mental Health Trust, in his view, is the staff, their wealth of knowledge, their commitment to beneficiaries. As we go forward on these new paths, he would like to ask that we stay conscious of the fact of how valuable they are and be conscious of the effect that uncertainty can have on a team, and to try to provide clarity and good communication so that we keep this incredibly valuable team at its high-level function.

TRUSTEE STURGEON replied well, what do you say at the last meeting? His style would have been to leave a note on the desk saying that he resigns. He would like to thank and show appreciation to his fellow trustees. What an honor it is been to work with them. We have been through some bumpy times, but we have begun some good work. He thinks that everybody here, the Board of Trustees, is looking out for our beneficiaries and the differences of opinion about how to serve those beneficiaries best. People put in a lot of work and a lot of effort, and our hearts are definitely in the right place. He thanked everybody for their nice thoughts. For the staff, Steve and Katie and Allison, Jusdi, Jeff, Eric, he really appreciated all of the support given to the Board over the years. He continued that he has been on a lot of boards, and the AMHTA staff has been the best of the best. The packages staff puts together and the homework that they do is truly incredible. He hopes that they never, ever forget what a wonderful and great job they are doing, and what they are doing for our beneficiaries. There are not many jobs in the world where you can do the good work that you are doing, especially in these days when you read the news of all the strife in the world, strife in the United States, and even the problems we have here in Alaska. Staff is in a unique position of being able to solve some of those problems. He stated his goodbye and farewell.

MS. WARNER stated that Trustee Sturgeon did not give us much time to give him a plaque or something wonderful, but we do have a slab of carbon that we would love for him to part with.

ACTING CHAIR MORRIS asked if there were any other comments or offers of lumber.

CEO WILLIAMS stated his thank you to Trustee Sturgeon. He has been a huge resource and a really good sort of trustee to help lay a path for the Trust Land Office. He has also done that with the Trust Authority Office. The words about the beneficiaries and keeping them in the

forefront of our minds and the work that we do today and into the future is really important, and he appreciated Trustee Sturgeon sharing that.

TRUSTEE STURGEON replied with a thank you to Mr. Williams.

ACTING CHAIR MORRIS called for a motion to adjourn.

> **MOTION:** A motion to adjourn the Program & Planning Committee meeting was made by TRUSTEE STURGEON; seconded by TRUSTEE FIMON.
>
> *After the roll-call vote, the MOTION was APPROVED. (Trustee Sturgeon, yes; Trustee Fimon, yes; Trustee Boyles, yes; Trustee Moran, yes; Trustee Halterman, yes; Acting Chair Morris, yes.)*

(AMHTA Program & Planning Committee meeting adjourned at 4:20 p.m.)

Trust
Alaska Mental Health Trust Authority

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Tel 907.269.7960
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**To:** Board of Trustees
**Date:** July 31, 2024
**Re:** Authority Grant Approval Memos

On an ongoing basis, the Trust receives grant requests from organizations around the state that serve Trust beneficiaries. Trust program staff reviews these requests to assess their fit with the Trust's mission and current funding priorities. Following this review, there are 12 FY25 grant proposals that are recommended by Trust staff for approval by the board of Trustees.

These requests have been evaluated by Trust program staff and a memo has been prepared that contains the grant information provided by the applicant, an analysis explaining the program staff's recommendation, the request's connection to the Comprehensive Integrated Mental Health Plan, and the proposed performance measures that will be assigned to assess each grant's outcomes.

The individual requests follow this memo in the packet.

| | Proposed Motion | Budget Fund Source | Project Title | Organization | Page # |
|---|---|---|---|---|---|
| 1 | Trustees approve a $500,000 FY25 Housing & Home and Community Based Services Authority grant to Southcentral Foundation for the Traumatic and Acquired Brain Injury (TABI) Phasic Implementation Plan for Identification, Intervention, and Enhanced Community Infrastructure project. | Focus Area Allocation | Traumatic and Acquired Brain Injury (TABI) Phasic Implementation Plan for Identification, Intervention, and Enhanced Community Infrastructure | Southcentral Foundation | 28 |
| 2 | Trustees approve a $50,000 FY25 Early Childhood Intervention & Prevention authority grant to the All Alaska Pediatric Partnership for the Early Childhood Governance Outreach Coordination project. | Focus Area Allocation | Early Childhood Governance Outreach Coordination | All Alaska Pediatric Partnership | 35 |
| 3 | Trustees approve a $100,000 FY25 partnership grant to the Anchorage Coalition to End Homelessness for the "the Next Step" project. | Partnership | The Next Step | Anchorage Coalition to End Homelessness | 40 |
| 4 | Trustees approve a $75,000 FY25 partnership grant to the Sultana New Ventures LLC for the Health TIE project. | Partnership | Health TIE | Sultana New Ventures LLC | 45 |

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| **5** | Trustees approve a $50,000 FY25 Partnership Grant to the Interior Alaska Center for Non-Violent Living for the Fairbanks Housing Case Manager project. | Partnership | Fairbanks Housing Case Manager | Interior Alaska Center for Non- Violent Living | **50** |
| **6** | Trustees approve a $50,000 FY25 Partnership Grant to Nikiski Senior Citizens Inc for the Kenai Peninsula Family Caregiver Support Program | Partnership | Kenai Peninsula Family Caregiver Support Program | Nikiski Senior Citizens Inc | **55** |
| **7** | Trustees approve a $50,000 FY25 partnership grant to Valley Charities for the Durable Medical Equipment Lending Program New Location. | Partnership | Durable Medical Equipment Lending Program New Location | Valley Charities | **60** |
| **8** | Trustees approve a $48,080 FY25 Partnership Grant to the Hospice of Homer for the Healthy Aging Project. | Partnership | Healthy Aging Project | Hospice of Homer | **65** |
| **9** | Trustees approve a $48,022 FY25 partnership grant to the Anchorage Neighborhood Health Center for the Behavioral Health Assessments project. | Partnership | Behavioral Health Assessments | Anchorage Neighborhood Health Center | **70** |
| **10** | Trustees approve a $15,000 FY25 partnership grant to the Alaska Literacy Program for the FY25 Alaska Literacy Program project. | Partnership | Alaska Literacy Program - FY25 | Alaska Literacy Program | **76** |
| **11** | Trustees approve a $2,500 FY25 partnership grant to the Alaska Eating Disorders Alliance for the Immersive Eating Disorders Essentials project. | Partnership | Immersive Eating Disorders Essentials | Alaska Eating Disorders Alliance | **82** |
| **12** | Trustees approve a $2,500 FY25 partnership grant to the Alaska Children's Alliance for the 2024 Alaska Conference on Child Maltreatment. | Partnership | 2024 Alaska Conference on Child Maltreatment | Alaska Children's Alliance | **86** |

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# MEMO

| | |
|---|---|
| **To:** | Board of Trustees |
| **Date:** | July 31, 2024 |
| **Re:** | FY25 Housing & Home and Community Based Services Focus Area Allocation |
| **Fund Source:** | FY25 Services and Supports Identified as Priorities in TABI and ADRD State Plans (Page 12, Line 23 of the FY25 budget) |
| **Amount:** | $500,000.00 |
| **Grantee:** | Southcentral Foundation (SCF) |
| **Grant Term:** | August 1, 2024 to July 31, 2025 |
| **Project Title:** | Traumatic and Acquired Brain Injury (TABI) Phasic Implementation Plan for Identification, Intervention, and Enhanced Community Infrastructure |

## REQUESTED MOTION:

*The Program and Planning Committee approves a $500,000 Housing & Home and Community Based Services focus area allocation to Southcentral Foundation for the Traumatic and Acquired Brain Injury (TABI) Phasic Implementation Plan for Identification, Intervention, and Enhanced Community Infrastructure project.*

**Assigned Program Staff:** Kelda Barstad

## STAFF ANALYSIS

In 2022 the Trust partnered with SCF to complete the planning necessary for this proposed project. The Traumatic and Acquired Brain Injury (TABI) Early Identification and Intervention Services Planning, Design, and Capacity Building identified the best practices selected to move forward with implementing TABI services for SCF's customer-owners. Funding continued with the first year of direct services work to implement the *TABI Phasic Implementation Plan for Identification, Intervention, and Continued Assessment of Capacity and Community Infrastructure Building* (the project), which will create and implement processes for early identification and intervention services for TABI that require system-level changes. There are three identified phases: 1) Adults empaneled to SCF clinics residing in the Municipality of Anchorage and the Matanuska-Susitna Borough; 2) Adults empaneled to SCF's rural Community Health Centers; 3) Children empaneled to Alaska's Tribal Healthcare System. The intent of this effort is to ensure that individuals with TABIs are identified and provided supportive services at the earliest point in time possible to maximize their quality of life; the long-term goal is to ensure people served by SCF are routinely screened for TABI and, when indicated, assessed, diagnosed, and referred to services as quickly as possible.

In 2023, 91 providers participated in TABI-specific education, requiring 750 dedicated hours of learning, and 400 Continuing Education Credit Hours to be completed by ANMC. 800 Trust beneficiaries with brain injuries were diagnosed and referred to services.

The proposed project is the second year of direct services work and builds on the first year of work to add staff in specialty positions, establish care pathways along with infrastructure, and fill a gap for adult speech-language pathology and audiology services. Requested Trust grant funds are focused on the essential personnel needed to initiate enhanced or new services based on the gap analysis findings, the implementation plan, and services supported through previous and current grant awards.

This project improves access to person-centered health care for the beneficiary population who has a traumatic brain injury, with an impact across focus areas. The project offers the opportunity to rehabilitate brain injuries early, avoiding the long-term cognitive effects of going without treatment. TABIs are known to be dramatically underdiagnosed in justice-involved and houseless populations and, without treatment, can create additional barriers for beneficiaries to obtain basic needs, employment, and benefits. There are currently few services available to beneficiaries with a traumatic brain injury. A project of this nature has the potential for replication across providers to create a system change in access to healthcare services for beneficiaries with traumatic brain injury.

## COMP PLAN IDENTIFICATION

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

## PROJECT DESCRIPTION

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

**PROJECT DESCRIPTION**

The project will create and implement processes for early identification and intervention services for traumatic and acquired brain injury (TABI) that require system-level changes. There are three identified phases: 1) Adults empaneled to SCF clinics residing in the Municipality of Anchorage and the Matanuska-Susitna Borough; 2) Adults empaneled to SCF's rural Community Health Centers; 3) Children empaneled to Alaska's Tribal Healthcare System. The intent is to ensure individuals with TABIs are identified and provided supportive services at the earliest point in time possible to maximize their quality of life.

According to the 2020 Alaska Native Injury Atlas, Alaskans have a high rate of traumatic brain injuries (TBI), which are present in 19.2% of all injuries reported to the Alaska Trauma Registry. Of the brain injuries reported, 30% of them were experienced by Alaska Native people, which is disproportionate to the percentage of Alaska's population that identify as Alaska Native. The rate for Alaska Native people with Traumatic Brain Injury Hospitalizations was 25.4 per 10,000 people in Anchorage, which is nearly three times the state-wide Non-Native rate. The rates for Alaskan children ages 0-4 in 2018 reached 110.9 per 10,000; ages 5-9 was 56.1; 10-14 hit 73.5 and

15-19 stood at a staggering 113.7. The National Concussion Surveillance Systems Pilot Summary conducted by the Centers for Disease Control, estimates that only 40% of adults and 60% of children and adolescents with TBI were evaluated for their injury.

Southcentral Foundation (SCF) would use the requested grant funds to continue the implementation of improved and expanded best practices for early identification and treatment of Traumatic or Acquired Brain Injury (TABI), based on the 2022 Traumatic and Acquired Brain Injury (TABI) Early Identification and Intervention Services Planning, Design, and Capacity Building gap analysis project funded by the Alaska Mental Health Trust performed in 2022. The focus for the project period will be on creating and implementing processes for early identification and intervention services for traumatic and acquired brain injury (TABI) that require system-level changes.

There are three identified populations: 1) Adults empaneled to SCF clinics residing in the Municipality of Anchorage and the Matanuska-Susitna Borough; 2) Adults empaneled to SCF's rural Community Health Centers; 3) Children empaneled to Alaska's Tribal Healthcare System. The intent is to ensure that individuals with TABI are identified and provided supportive services at the earliest point in time possible to maximize their quality of life. The project includes community networking and partnerships to ensure this is successful at a state-wide level.

The TABI Care Team starts with the customer-owner and their primary care team. When a person receives a TABI diagnosis, their care will be customized to the specific diagnosis and symptoms experienced. A patient may not need all the services available. The TABI Care Team consists of a physical medicine and rehabilitation doctor, a TABI Nurse Case Manager, a Testing Psychologist, adult and pediatric rehabilitation services (OT. PT, EP, ABA, etc.), behavioral health specialty services, Complementary care (traditional healing, music therapy, talking circles, etc.) and a community resource specialist. Internally, the systems work has led to increased ad hoc referrals, connection between inpatient and outpatient services, and strong buy-in from the ANMC trauma services, stroke services, and neurosurgery team.

The grant from the prior year contributed to the purchase of equipment to conduct a minimal test battery for all patients. This includes Videonystagmography (VNG), rotary chair, vHIT, and cervical vestibular evoked myogenic potential testing (cVEMP).

The prior year grant also contributed to conducting a vestibular learning series for physical, occupational, speech, audiology, and optometry therapists, covering tools to evaluate balance and vestibular issues in customers with mild traumatic brain injury (mTBI). The hope is to prepare providers to identify and screen brain injury and balance problems and pave the way for a quicker recovery. This can be accomplished by streamlining how pathways are used in the health care system to reduce secondary complications of mTBI. In 2023, 91 providers participated in TABI-specific education, requiring 750 dedicated hours of learning. 400 Continuing Education Credit Hours are expected to be completed by ANMC.

The next phase of the Trust grant and overall implementation of the project has four parts. It will create an interdisciplinary assessment team to implement levels 1-3, from brief to in-depth assessments, and utilize a care model that supports wrap-around services and multidisciplinary longitudinal care. Discharge planning efforts will become more intentional for TABI patients to

include a partnership with the ANMC Clinical Quality Council. ICD-10 value sets will be applied to inform outreach. Outreach for adults will continue in Southcentral Alaska, and pediatric outreach will be statewide. The outcomes study will become formalized, comparing current to future state and building an iterative improvement effort.

For this year of the grant, the focus is on continued staffing of specialty positions (such as a neuropsychologist), establishing care pathways along with infrastructure, and filling a gap for adult speech language pathology and audiology services. Additional details on positions funded with this grant can be found in the budget section. Requested grant funds are focused on the essential personnel needed to initiate enhanced or new services based on the gap analysis findings, the implementation plan, and implementation pilots supported through previous and current grant awards.

The long-term goal is to fill the gap in care people with brain injury have in the health care system. SCF will continue to reduce the silos within the SCF health care system to ensure that people with a TABI are screened and quickly referred to the care they need. This is critical not only for system efficiency but for better patient care. In calendar year 2023, SCF discovered that the 800 people diagnosed with a brain injury had twice as many encounters with the healthcare system as those who were not diagnosed.

Alaska Native Medical Center (ANMC) and SCF staff actively participate in the Brain Injury Council of Alaska (BICA). SCF's TABI team has identified system gaps, which have also been identified by BICA, as community/state gaps to provide wrap-around care for people who have experienced a TABI. In partnership with community groups, like BICA, establishing key team players and education for all is required to reach the aims of the Alaska State Plan for Brain Injury: Prevention, Awareness, Resources, Data, and Infrastructure.

## PERFORMANCE MEASURES

How much did you do?

a. Number (#) of individuals identified as having a history of head injury.
b. Number (#) of individuals identified as in need of a Functional Assessment.
c. Total (#) of individuals participating in the project during the grant term.
d. Number (#) professionals trained during the grant term.

How well did you do it?

a. Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the project. Be sure to provide an electronic copy of any outreach materials that were distributed to customer-owners. Additionally, please include an electronic copy of any pre/post-participation data collected and subsequent results.
b. Number (#) and percentage (%) of participants who felt supported, respected, and encouraged while participating in the project.
c. Number (#) and percentage (%) of participants who were satisfied with the level of information and support received through their participation in the project.

Is anyone better off?

a. Number (#) and percentage (%) of participants who had improvement in one or more indicators of quality of life after participating in the program.
b. Number (#) and percentage (%) of participants who feel their participation in the course has better prepared them for living with a traumatic or acquired brain injury.
c. Three statements from participants describing how the information and services received through participation in the program helped prepare them to improve their quality of life and independent functioning.

## SUSTAINABILITY

The requested funds will continue to make it possible for SCF and ANTHC employees at ANMC to have professionals obtain education and training to specifically support beneficiaries with TABI. The intent is to continue scaling up the efforts, education, training, and infrastructure with local and rural communities to provide a continuum of care. By investing funds in workforce training and especially developing local Certified Brain Injury Specialist trainers, access to training and education for the state will be far more accessible. Once established, sustainability comes from increased local resources.

The grant has allowed for the purchase of vestibular evaluation equipment, which has allowed for additional tests and procedures to be performed. Approximately a dozen conditions can now be diagnosed in-house that previously had to be referred out, and 15 additional billing codes are now available to use when applicable. The purchase of specific equipment and supplies to support TABI diagnosis and treatment will endure past the grant funding period.

SCF is heavily invested in this project and is expanding its organizational resources beyond the detailed match for this application. Permanent system changes will be made throughout this project period and are a key outcome. A pro forma has been created for the services being developed under this project and is updated regularly by SCF to confirm that these system and service improvements remain after the grant project period ends.

## WHO WE SERVE

SCF's TABI team will be working with Trust beneficiaries defined as having a traumatic or acquired brain injury (TABI). An established set of metrics will be used to provide treatment and services to improve and protect their quality of life. The caregivers for beneficiaries with TABI who have limited mobility or independence will also be supported and educated by the providers involved with this project. The TABI work aims to improve care coordination between specialty services that are currently siloed; protect, maximize, and improve the quality of life for individuals with TABI; and reduce or eliminate risks of further TABIs through early identification, prevention services, and TABI specific treatments.

| Year (CY) | Active Empaneled Customer-Owners with TBI Diagnoses, all ages |
|---|---|
| 2021 | 740 |
| 2022 | 789 |

| | |
|---|---|
| 2023 | 800* |

*768 from Anchorage/MatSu and 32 Outside Southcentral Alaska

Other Trust beneficiaries will likely benefit as well, since co-occurring disorders are common amongst individuals with TABI, such as Alzheimer's, dementia, developmental delays, and mental illness. Pulling in individuals at risk of falling intends to prevent TABIs from occurring in the first place or to keep further TABIs from occurring.

## ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

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|---|---|
| Traumatic Brain Injuries: | 350 |
| Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries): | 150 |
| Number of people to be trained | 50 |

## BUDGET

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| Personnel Services Costs | $434,800.00 |
| Personnel Services Costs (Other Sources) | $55,350.00 |
| Personnel Services Narrative: | --Neuropsychologist-(1FTE =173,300): Psychologists use tests and assessment tools to measure and observe patient's behaviors to arrive at a diagnosis and guide treatment.--Speech and Language Pathologist (1FTE=147,400): Oversees assessment and treatment for cognition, communication, stuttering, dysphagia, aphasia, vocal cord dysfunction, swallowing disorders.--Nurse Case Manager (.5FTE =74,100): Provides care coordination of healthcare journey throughout the Alaska Native Medical Center and community re-integration, place referrals and follow up guidance as needed.--Program Coordinator (.2FTE=12,300); Works closely with the project leads to establish and coordinate outreach with community partners, resources, and customers.--Evaluator (.2FTE=27,700): Conducts the local implementation and impact evaluation and will be responsible for all data collection and compilation of data for this project.--SCF will cover personnel costs for a Clinical Specialist RN (.2FTE=37,500) and Physical Therapists (.35FTE=17,850). ***All amounts include Fringe at 30%. |

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| Other Costs | $65,200.00 |
| Other Costs (Other Sources) | $144,350.00 |

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| Other Costs Narrative: | Indirect rate is 34.1% but is capped at 15% per Trust employee guidance. Indirect costs for personnel funded by SCF and the indirect shortfall total $144,350. |

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| Total Amount to be Funded by the Trust | $500,000.00 |
| Total Amount Funded by Other Sources | $199,700.00 |

## OTHER FUNDING SOURCES

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|---|---|
| Southcentral Foundation-SECURED | $199,700.00 |
| **Total Leveraged Funds** | **$199,700.00** |

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# MEMO

| | |
|---|---|
| **To:** | Board of Trustees |
| **Date:** | July 31, 2024 |
| **Re:** | FY25 Other Priority Area Allocation – Early Child Intervention and Prevention |
| **Fund Source:** | FY25 Early Childhood Governance: Public-Private Partnership (Page 16, Line 42 FY25 Budget) |
| **Amount:** | $50,000.00 |
| **Grantee:** | All Alaska Pediatric Partnership |
| **Grant Term:** | August 1, 2024 to July 31, 2025 |
| **Project Title:** | Early Childhood Governance Outreach Coordination |

## REQUESTED MOTION:

*Trustees approve a $50,000 FY25 Early Childhood Intervention & Prevention authority grant to the All Alaska Pediatric Partnership for the Early Childhood Governance Outreach Coordination project*

**Assigned Program Officer:** Tina Voelker-Ross

## STAFF ANALYSIS

All Alaska Pediatric Partnership (A2P2) requests Trust funding for the Early Childhood Governance Outreach Coordination project to improve coordination and governance of Alaska's programs and services targeted for prenatal, infant, and early childhood populations. This funding will be allocated from the FY25 Other Priority Area Allocation-Early Childhood Intervention and Prevention, line-item Early Childhood Governance: Public-Private Partnership. Trust funds will support personnel, travel, supplies, and contractual costs associated with the project.

Alaska's infant and early childhood system supports young Trust beneficiaries and their families and crosses multiple state divisions. This multi-agency approach results in separate systems, funding streams, and decision-making authority which may impact Alaska's ability to identify and support families with children experiencing disabilities. For the past 2 years, A2P2 has been leading a multi-agency Early Childhood Governance Task Force to develop a plan that aims to improve coordination and governance of Alaska's programs and services targeted for the prenatal, infant, and early childhood populations. In the current phase of this work, A2P2 and the task force are focused on sharing the researched information they have compiled on governance structures that have been successful in other states, coalition building, and supporting system-level conversations on the best path to a more effective, accountable, and coordinated system of early childhood programs. The task force will also focus on a long-term

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messaging strategy, designed to build more broad-based support for early childhood governance and policy improvements within Alaska's system of intervention for prenatal, infant, and early childhood populations.

A2P2 has secured additional funding through the New Venture Fund, which they are leveraging with Trust funding to continue moving this project forward.

## COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|---|---|---|
| Goal 9 Workforce, Data, & Funding | 9.5 Data-driven decision making | |

## PROJECT DESCRIPTION

After two years of research and design work on a new model for early childhood governance in Alaska and a period of initial outreach and feedback solicitation, we are moving into the second phase of the larger Early Childhood (EC) Governance initiative. The initiative aims to improve coordination and governance of Alaska's programs and services targeted at the prenatal and early childhood population. The All Alaska Pediatric Partnership (A2P2) has been identified by the workgroup to be the primary lead on this phase of the project. Funding is requested to support the EC Governance Project Management contract and relevant A2P2 staff travel expenses and salary.

Alaska's early childhood system supporting young Trust beneficiaries and their families is fragmented. The fragmentation and lack of coordination creates a scattershot of separate systems, funding streams, and decision-making authority and ultimately undermines Alaska's ability to adequately identify and support families with children experiencing disabilities. In response to the systemic challenges of early childhood program coordination, a Joint Task Force was formed of a cross-sector of stakeholders representing public, tribal, and private agencies to develop an early childhood strategic plan. In September 2020, the statewide Early Childhood strategic plan, "Early Childhood Alaska: A Strategic Direction for 2020-2025", was finalized and later adopted by Alaska's Early Childhood Coordinating Council in March 2021. A specific strategy under the plan was to form a governance task force with the focus on creating an improved, sustainable, and accountable governance approach with decision-making authority. The Alaska Early Childhood Governance Task Force was formed and convened in early 2020 and began working to develop recommendations and a proposal for a new governance design. The design process utilizes a systems perspective so that the programs and funding streams are harnessed in a set strategic direction as well as to establish roles and responsibilities to implement the strategic plan for improved outcomes for children and families. After more than two years of work with the help of national consultants specializing in early childhood systems work, the group developed a comprehensive draft approach to a new governance structure.

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The next phase in the project included continued outreach to stakeholders for feedback on this model for governance change as well as some initial cost analysis work for the different components of the proposed model. Thanks to funding from a national group of funders operating under a foundation called "The New Venture Fund," A2P2 contracted with Juneau-based Stellar Group to manage the project and conduct the needed research and cost analysis. Work with Stellar Group began in January 2023 with the creation of a "proposal document" with information and background on the work of the Early Childhood Governance Taskforce that informed stakeholders of the work, solicited initial feedback and questions, and began building the groundwork for system-level conversations about the path to better governance and accountability for the early childhood system.

The next year will represent a transition to a coalition-building phase. This will be a time for champions to educate sector stakeholders and build messaging and momentum around the critical issues of early childhood in Alaska and to focus the partners on creating a cohesive sector-led initiative. The funding requested is for A2P2 to continue leading and facilitating this work, for the implementation of the communication and outreach plan, and for sharing white papers on the topic. The focus will be on a long-term messaging strategy, designed to build more broad-based support for early childhood governance efforts. This includes creating a name and brand that will be a home for the coalition built around this effort, and to position the coalition as experts on what is needed for policy makers.

## PERFORMANCE MEASURES

Provide a narrative that describes the timeline, activities, successes, challenges, and any lessons learned during the reporting period. Be sure to include an electronic copy of the final recommendations produced through the project as a result of family and community engagement.

Provide the following information regarding engagement efforts:

(a) Number (#) of stakeholders reached during the reporting period.
(b) Number (#) of stakeholder meetings conducted during the reporting period.
(c) Number (#) of tribal entities engaged during the reporting period.
(d) Number (#) and percentage (%) of stakeholders reporting satisfaction with the engagement process.

## SUSTAINABILITY

Thanks to the concerted efforts of the Early Childhood Governance Taskforce and the resulting proposed model to guide continued outreach activities, Alaska was invited to apply for a one-time $200,000 Early Childhood Governance & Finance award from New Venture Fund that began in January of 2023. A2P2 was selected by the group as the fiscal agent and project lead for the next phases of the work. The award was amended in November 2023 to include an additional $21,600, bringing the total award to $221,600. The funding from the New Venture ECGF grant along with support provided from the Mental Health Trust are sufficient to support this work through the end of 2024. As this year will see the work transition to a coalition building phase, it is anticipated that the future sustainability will be based in the resulting coalition. There is a lot of support for

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this work within and outside the early childhood sector as Alaska is grappling with inadequate access to the services most needed for health and wellness of the state's population. Through the coalition-formation process, we will be addressing considerations around the potential for continuation funding from existing national funders, sector support and other sources to maintain the work of the effort.

## WHO WE SERVE

Beneficiary families with young children are often overlooked during systems-level planning. In this phase of the EC Governance project, we are focused on sharing the compiled research, coalition building within the sector and supporting system-level conversations on the best path to a more effective, accountable and coordinated system of early childhood programs. We will do this while ensuring a broad stakeholder group of families, as well as provider agencies serving families, are included in the outreach with the goal that the resulting governance will help alleviate some of the disparities young beneficiaries experience when attempting to access services and supports. Additionally, a well-designed governance structure for early childhood in Alaska will ensure more streamlined early identification and access to early intervention services for young beneficiaries and families.

## BUDGET

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|---|---|
| Personnel Services Costs | $10,100.00 |
| Personnel Services Costs (Other Sources) | $8,900.00 |
| Personnel Services Narrative: | Salary for All Alaska Pediatric Partnership staff for contract management, coordination, and participation in outreach activities and travel. |

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| Travel Costs | $3,500.00 |
| Travel Costs (Other Sources) | $18,600.00 |
| Travel Narrative: | A2P2 staff travel to communities in Alaska to conduct and participate in outreach activities. |

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| Supplies Costs | $400.00 |
| Supplies Costs (Other Sources) | $3,000.00 |
| Supplies Narrative: | Supplies for hosting outreach meeting and activities in communities around the state. |

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|---|---|
| Other Costs | $36,000.00 |
| Other Costs (Other Sources) | $41,140.00 |
| Other Costs Narrative: | Contract with The Stellar Group for project coordination, facilitation and research support - $31,000<br><br>Indirect (10%) - $5,000 |

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|---|---|
| | Other funding:<br>Contract with The Stellar Group - $11,960<br>Contract for marketing & graphic design - $10,180<br>Printing & Copying - $3,000<br>Indirect (20%) - $16,000<br>(Of the $221,600 in funding secured from other organizations for this project, approximately $80,000 is anticipated to be applied to SFY25). |

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|---|---|
| Total Amount to be Funded by the Trust | $50,000.00 |
| Total Amount Funded by Other Sources | $221,600.00 |

| Other Funding Sources | |
|---|---|
| New Venture Fund SECURED | $221,600.00 |
| **Total Leveraged Funds** | **$221,600.00** |

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# MEMO

| | |
|---|---|
| **To:** | Board of Trustees |
| **Date:** | July 31, 2024 |
| **Re:** | FY25 Partnership Grant Request |
| **Fund Source:** | FY25 Partnerships/Designated Grants (page 2, line 13 FY25 budget) |
| **Amount:** | $100,000.00 |
| **Grantee:** | Anchorage Coalition to End Homelessness |
| **Grant Term:** | August 1, 2024 to July 31, 2025 |
| **Project Title:** | The Next Step |

## REQUESTED MOTION:

*Trustees approve a $100,000 FY25 partnership grant to the Anchorage Coalition to End Homelessness for the "the Next Step" project.*

**Assigned Program Officer:** Kelda Barstad

## STAFF ANALYSIS

The Anchorage Coalition to End Homelessness (ACEH) coordinates agencies operating homelessness services in the Anchorage area for advocacy, planning, and education. ACEH recently issued a community plan for 2023-2028 "Anchored Home" that details implementing a homelessness response system for Anchorage.

The goals of this plan include:

- Creating 150 housing units a year for people experiencing homelessness.
- Strengthening project-based subsidy programs and project- and sponsor-based vouchers.
- Establishing partnerships between the Coalition and 100 non-homelessness service providers in the financial and business sector, private sector, health care system, philanthropy, and faith communities for donations of land, property, or resources to build affordable housing.
- Increasing street outreach to house at least 150 unsheltered people a year.
- Identify funding sources outside of government sources.

ACEH is also implementing The Next Step project. The first phase of this project successfully housed 150 people in Anchorage. The project used strategies of housing collaboration, braided funding, landlord incentives, in-home support, and one year of housing assistance to stably house Anchorage residents experiencing homelessness. It uses the principles of the evidence-based Rapid Rehousing intervention. The first phase of the project showed housing stability at 96% after 6 months. The average cost of the program is $85 a day, with an average of $31,000 cost per person to include one

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year of housing assistance and tailored support to include case management. (Shelter care averages $100 a day.)

This project is recommended for funding for Phase 2. The budget described below reflects funding for the entire project, with a majority of the funds already expended. Currently, ACEH has funding to house 45 more people, and Trust funding would be braided with other sources to reach the full goal of housing another 150 people. The strategy for Summer 2024 is to house people directly from camps, following the City of Houston model. This project aligns with the goals of the Housing & Home and Community Based Services focus area, and is expected to benefit primarily Trust beneficiary groups experiencing mental health conditions or addiction. However, any homeless Trust beneficiary living in Anchorage could benefit from the program.

## COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|---|---|---|
| Goal 3 Economic and Social Well-being | 3.1 Housing | |

## PROJECT DESCRIPTION

The Next Step project is similar to a Rapid Rehousing program as it pairs housing with support. It directly moves people from literal homelessness (shelter or unsheltered) to housing, a stable platform from which they can connect to other necessary services and supports. For Trust beneficiaries, this platform can allow a person to reconnect with essential health and behavioral health care, consider reentry into the job market, or apply for appropriate public benefits.

During the 2024 Point in Time count 834 people were counted staying unsheltered or in a seasonal emergency shelter bed. Just over 3,000 people in total were experiencing homelessness in Anchorage in April, and over 1,200 of them self-identified as a Mental Health Trust Beneficiary.

The target population of the Next Step is people experiencing homelessness in the Municipality of Anchorage. This proposed funding would focus on providing services to Trust beneficiaries. With funding from local, State, and Federal sources, as well as the support of the Homeless Prevention and Response System Advisory Council, this project has widespread support.

## PERFORMANCE MEASURES

How much did you do?

a. Total number (#) of unduplicated Trust beneficiaries who were housed during the reporting period, broken down by primary Trust beneficiary category.
b. Total number (#) of Trust beneficiaries who received the following supportive services during the reporting period:
   i. Document readiness

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ii. Application assistance
iii. Move-in kit (linens, furniture, etc.)
iv. Rental assistance
v. Case management

How well did you do it?

a. Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the project.
b. Average length of time (in days) from participant identification/initial contact to participant becoming housed.
c. Number (#) and percentage (%) of participants who felt they were treated with dignity and respect by staff.

Is anyone better off?

a. Number (#) and percentage (%) of participants who increased their access to health care.
b. Number (#) and percentage (%) of participants who increased their income.
c. Number (#) and percentage (%) of participants who increased their access to health insurance.
d. Number (#) and percentage (%) of participants who felt their quality of life has increased since participating in the project.
e. Two statements from participants that describe how their quality of life has increased since participating in the project.

## SUSTAINABILITY

With widespread support from multiple stakeholders, the intent is to continue to apply for local, State, and Federal resources to sustain future cohorts of this project. A request has been made to Senator Murkowski's office for funding for a cohort, and by building a network of resources for other rapid rehousing and permanent supportive housing projects, applications from all grantees will be strengthened to allow this work to continue with other resources. There have been 5 consecutive months of reductions in the number of people experiencing homelessness in Anchorage. With targeted investments in services, along with building affordable and accessible new housing units the need for homelessness services can be reduced.

## WHO WE SERVE

In 2023, nearly 41% of people who met the HUD definition of homeless receiving services from the Homeless Prevention and Response System self-reported as a AMHTA beneficiary.

The 2023 Gap Analysis for the Anchorage Continuum of Care identified a need for over 2000 permanent housing units for people experiencing homelessness. Over 500 of those units identified are a need for housing with supportive services. By creating an "all-in" system that ensures resources are available for a person from document readiness, application assistance, move-in kits, rental assistance, and ongoing case management services risk mitigation, ACEH will allow the barriers someone may be facing that are preventing them from accessing permanent,

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stable housing to be overcome with housing navigation services, a landlord liaison securing units that are matched with individual clients, and ongoing personalized case management and housing retention services that are person-centered and client chosen.

## ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

| | |
|---|---|
| Mental Illness: | 30 |
| Developmental Disabilities: | 6 |
| Alzheimer's Disease & Related Dementias: | 3 |
| Substance Abuse | 40 |
| Traumatic Brain Injuries: | 8 |
| Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries): | 10 |
| Number of people to be trained | 10 |

## BUDGET

| | |
|---|---|
| Personnel Services Costs | $20,000.00 |
| Personnel Services Costs (Other Sources) | $80,000.00 |
| Personnel Services Narrative: | .20 FTE Housing First Director (Includes Fringe). This position is the project manager for the Next Step, and oversees all communications with the landlord liaison, case management organizations, landlords, and clients. |

| | |
|---|---|
| Supplies Costs | $10,000.00 |
| Supplies Costs (Other Sources) | $10,000.00 |
| Supplies Narrative: | Move in kits to support newly housed clients. Items could include furniture, linens and textiles, and kitchen supplies. |

| | |
|---|---|
| Other Costs | $70,000.00 |
| Other Costs (Other Sources) | $2,040,000.00 |
| Other Costs Narrative: | Housing related expenses such as rental support, security deposits, application fees, case management contracts, transportation to unit inspections, and staff supplies. |

| | |
|---|---|
| Total Amount to be Funded by the Trust | $100,000.00 |
| Total Amount Funded by Other Sources | $2,130,000.00 |

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| Other Funding Sources | |
|---|---|
| Municipality of Anchorage - ARPA - Secured | $120,000.00 |
| Municipality of Anchorage - ATAX - Secured | $2,000,000.00 |
| Wells Fargo Foundation - Secured | $10,000.00 |
| **Total Leveraged Funds** | **$2,130,000.00** |

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# MEMO

**To:** Board of Trustees
**Date:** July 31 2024
**Re:** FY25 Partnership Grant Request
**Fund Source:** FY25 Partnerships/Designated Grants (page 2, line 13 FY25 budget)
**Amount:** $75,000.00
**Grantee:** Sultana New Ventures LLC dba The Foraker Group
**Grant Term:** August 1, 2024 to June 30, 2025
**Project Title:** Health TIE

## REQUESTED MOTION:

*Trustees approve a $75,000 FY25 partnership grant to the Sultana New Ventures LLC for the Health TIE project*

**Assigned Program Officer:** Eric Boyer

## STAFF ANALYSIS

Health TIE is a healthcare innovation hub that works with healthcare partners and entrepreneurs to identify problems and gaps in care for Trust beneficiaries and develop digital/telehealth solutions to support the workforce in providing improved care for Trust beneficiaries. This Trust grant is requested from the Trust Partnership fund line and will fund supplies and contractual work to support the operation of Health TIE.

An example of Health TIE's work in the last year is a pilot of the evidenced-informed digital platform OpiAID. With OpiAID, beneficiaries wear a smartwatch that monitors vital biometric systems, and then that information is relayed to a dashboard where their clinical caregiver monitors them for relapse potential. If a relapse is imminent, then the care team implements an action/safety plan for supporting the beneficiary and preventing harm. Dr. Sarah Spencer at the Ninilchik Clinic is in the pilot stages of using the OpiAID support system with 50-100 beneficiaries who are receiving treatment and care on the Kenai Peninsula. Outcome data from this pilot will be available this winter/spring.

Another partnership facilitated by Health TIE during FY24 was between Dr. Grove/Brain Bus and Anonymous Health, which offers virtual mental health services. Dr. Grove uses the mobile Brain Bus for screening and provides treatment support for beneficiaries where the bus sets up planned visits, like out in Mat-Su Valley or on the Kenai peninsula. Anonymous Health can provide TBI/SUD support for beneficiaries in partnership with Dr. Grove.

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The work of Health TIE is solely focused on organizations that provide community-based services to Trust beneficiaries. This is the third year of funding support requested by Health TIE through the umbrella non-profit organization Sultana. The Mat-Su Health Foundation, OpiAID, and Rasmuson support Health TIE with funding or are in the process of bringing forward financial support.

## COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|---|---|---|
| Goal 9 Workforce, Data, & Funding | 9.4 Technology investments | |

## PROJECT DESCRIPTION

Health TIE is an Alaskan-based healthcare innovation hub that is a bridge between innovative entrepreneurial partners and healthcare organizations, providing crucial services to Trust beneficiaries.

Operating as the Health TIE Opportunity, Innovation, and Deployment Center, in FY25 Health TIE plans to leverage and expand on its existing successful model by hosting a series of technology/innovation summits through partnership with the Trust's Improving Lives conference as well as conferences and events in partnership with the Alaska Association of Developmental Disabilities, the Alaska Behavioral Health Association, HealtheConnect, the Alaska Dementia Action Collaborative, the Alaska Healthcare and Hospital Association, and the Alaskan entrepreneurial ecosystem. Health TIE is also working with healthcare innovation sites in Washington, Oregon, and Montana to create a regional partnership.

Health TIE continues to catalyze innovation, support changemakers, and introduce new ideas through making introductions, initiating pilot projects, and creating opportunities to strategically address identified gaps and barriers in Alaskan healthcare and social services.

Through introducing innovators, Health TIE provides important new ideas and perspectives. Entrepreneurs and designers have an inverse relationship with problems: where others see frustration, they see solvable opportunities. By matching innovators and Alaskan social service and healthcare organizations, Health TIE can harness their ideas and solutions and match them with Alaskan healthcare organizations that critically need their assistance.

In addition to good communication, common goals, and open collaboration, introducing new ideas requires building relationships and trust. Through partnerships with existing organizations, Health TIE has established a better understanding of organizational pain points while improving and expediting pilot projects. Partnerships that may have previously taken years to develop now move forward in a matter of weeks or months and quickly provide much-needed, crucial resources and access to care.

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Organizations have limited resources and capacity for sourcing alternatives: Health TIE's innovation and tech summits will capitalize on key contacts' attention while they are away from their day-to-day responsibilities and will allow opportunities to work with them to create evaluative processes that will explore and filter possible prospects. Along with simply making and managing successful projects, Health TIE is now intentionally focusing on helping organizations evaluate and integrate them successfully. Furthermore, Health TIE now understands that, often overwhelmed by options as well as slick marketing campaigns, organizations are aware that many options exist but lack time and resources to properly evaluate, select, or match them to their clients or gaps in services. By creating physical space and programming for introducing innovation, Health TIE will extend organizations' capabilities to assess, thereby potentially having an increased impact for catalyzing new ideas while initiating partnerships between Alaskan organizations and innovative partners.

Health TIE also plans to extend beyond Alaska's borders. Alaskan organizations and Trust Beneficiaries will benefit from ideas and connections being developed through a regional partnership with universities and incubators, accelerators, and investors located in Oregon, Washington, Idaho, and Montana. Along with increasing collaborative opportunities, it will also provide a conduit for Alaskan healthcare innovators who stand to benefit from other programs and resources.

In addition to existing services, developing the Health TIE Opportunity, Innovation, and Deployment Center will create a locus for finding solutions to address the ongoing challenges faced by many Trust Beneficiaries as they seek to live their best, most actualized, and most meaningful lives. Using established practices like ideation, Design Thinking, and sprints, Health TIE will support changemakers in identifying barriers while developing, introducing, and testing solutions.

## PERFORMANCE MEASURES

1. Provide a narrative that describes the timeline, activities, successes, challenges, and any lessons learned during the project reporting period. Be sure to provide details on Open Innovation meetings and Innovation Events held during the project reporting period, as well as information regarding the pilot projects that were initiated during the project reporting period.

2. Number (#) of collaborative partnerships formed during the project reporting period. Please list the collaborative partnerships as well as a brief description of each.

3. Number (#) of pilot projects initiated during the project reporting period. Please list the projects as well as a brief description.

## SUSTAINABILITY

Health TIE now has a proven track record for initiating projects and providing value. Along with grant funding, over the past year Health TIE has added a project management funding stream as

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a part of initiating some pilot projects. Paid by either organizational or innovative partners, it has increased Health TIE's sustainability.

Along with project management funding, Health TIE plans to expand its grant foundation base through working with collaborative partners. Health TIE has established partnerships with the Alaska Association of Developmental Disabilities, Alaska Behavioral Health Association, and HealtheConnect, and is building relationships with Envoy Integrated Health, and programs like Life Science Washington, Washington State University SP3, University of Oregon OTRADI and Bioscience Incubator, and University of Montana entrepreneurial and innovation programs.

## WHO WE SERVE

Health TIE creates both virtual and real spaces to have crucial discussions about the future of Alaskan healthcare. Working proactively, Health TIE is engaged in helping organizations strategically integrate new methods, broaden access, and work at lower costs. Along with Traumatic Brain Injuries, Health TIE is addressing four main additional Beneficiary areas: 1) Behavioral Health, 2) Intellectual/ Developmental Disabilities, 3) Substance Use Disorders, and 4) Senior/Eldercare.

Reduced funding and an ongoing workforce crisis mean that many agencies supporting Trust beneficiaries are at their breaking points. As the care landscape radically changes, an acute need for services remains. Through introductions and projects with OpiAID, Step Away, MapHabit, Anonymous Health, Zinnia TV, Pear Suite, and many others, Health TIE has shown that new, updated innovations allow organizations to be more efficient while Beneficiaries gain increased independence and success, often at a very accessible cost. This allows for agencies to continue to provide services while reserving one-on-one care for high-needs Beneficiaries.

To increase access to life-changing services for individuals and those who support them, Health TIE is introducing organizations to ideas to help them move forward. Creating partnerships with innovators allows them to evaluate strategies through low-risk experiments that then can be evaluated and then either expanded, adjusted, or discarded. Introducing financially accessible technologies like Zinnia TV and MapHabit, allows Beneficiaries to be more independent while also providing support and education for their care circles, usually family and friend providers. This reduces Beneficiaries' dependence on social service agencies and helps develop alternatives in case of staff turnover or agency closures.

## ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

| | |
|---|---|
| Mental Illness: | 100 |
| Developmental Disabilities: | 50 |
| Alzheimer's Disease & Related Dementias: | 60 |
| Substance Abuse | 200 |
| Traumatic Brain Injuries: | 50 |

## BUDGET

| | |
|---|---|
| Travel Costs | $1,100.00 |

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| | |
|---|---|
| Travel Costs (Other Sources) | $0.00 |
| Travel Narrative: | Travel to two events for training or conferences |

| | |
|---|---|
| Supplies Costs | $1,200.00 |
| Supplies Costs (Other Sources) | $0.00 |
| Supplies Narrative: | General supplies needed to run an office as well as web hosting, virtual meetings, and events. |

| | |
|---|---|
| Other Costs | $72,700.00 |
| Other Costs (Other Sources) | $100,000.00 |
| Other Costs Narrative: | Trust Other Costs - List and describe each item with the corresponding budget amount.<br>$8,000 - costs for fiscal sponsorship through Foraker/Sultana<br>$64,700 - contractual Health TIE Executive Director position (Jacqueline Summers), which includes program oversight, outreach and coordination, events, presentations, and pilot project implementation and management.<br><br>Other (Misc.) Costs Funded by Other Organizations<br>$10,700 - costs for fiscal sponsorship through Foraker/Sultana<br>$88,800 - contractual, Health TIE Executive Director position (Jacqueline Summers)<br>$500 - subscription services (Streak/CRM, Zoom, Canva, web hosting, G-Suite) |

| | |
|---|---|
| Total Amount to be Funded by the Trust | $75,000.00 |
| Total Amount Funded by Other Sources | $100,000.00 |

| Other Funding Sources | |
|---|---|
| Mat-Su Health Foundation, Confirmed | $50,000.00 |
| OpiAID, PENDING | $25,000.00 |
| Rasmuson Foundation, PENDING | $25,000.00 |
| **Total Leveraged Funds** | **$100,000.00** |

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# MEMO

| | |
|---|---|
| **To:** | Board of Trustees |
| **Date:** | July 31, 2024 |
| **Re:** | FY25 Partnership Grant Request |
| **Fund Source:** | FY25 Partnerships/Designated Grants (page 2, line 13 FY25 budget) |
| **Amount:** | $50,000.00 |
| **Grantee:** | Interior Alaska Center for Non- Violent Living |
| **Grant Term:** | August 1, 2024 to July 31, 2025 |
| **Project Title:** | Fairbanks Housing Case Manager |

## REQUESTED MOTION:

*Trustees approve a $50,000 FY25 Partnership Grant to the Interior Alaska Center for Non-Violent Living for the Fairbanks Housing Case Manager project*

**Assigned Program Staff:** Kelda Barstad

## STAFF ANALYSIS

The Interior Alaska Center for Non-Violent Living (IAC) seeks to develop a multiagency shared Rapid Re-Rehousing (RRH) and low-barrier housing program for beneficiaries experiencing homelessness by establishing the Fairbanks Housing Case Manager project. This program works with Trust beneficiaries who are homeless and are identified as having the capacity to maintain their own housing after six months of assistance. The project operates within the private housing market and uses landlord engagement, case management, and tapering financial support to transition program participants quickly from homelessness to becoming independent tenants and thriving members of the community. Trust funds will support a full-time case manager position for the project.

This project is modeled after the National Alliance for Ending Homelessness (NAEH) and Supportive Services for Veteran Families (SSVF) benchmarks and standards for rapid rehousing programs. The NAEH/SSVF standards and benchmarks are evidence-based, national best practices with proven results of increasing participants' independence and quality of life. Nationally, 80% of rapid rehousing participants exit the program stably housed in private market rentals and 85% of the stably housed participants are able to maintain long-term independence. This makes rapid rehousing the most successful and resource-efficient housing solution for people experiencing homelessness. Trust beneficiaries are overrepresented in homeless populations with 49% of the homeless population in Fairbanks self-identifying as Trust beneficiaries. This project is recommended for funding as it aligns with the Housing & Home and Community Based Services focus area. It will serve beneficiaries of any

type, with the highest percentages of people expected from the beneficiary populations experiencing a brain injury, mental health condition, or addiction.

## COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|---|---|---|
| Goal 3 Economic and Social Well-being | 3.1 Housing | |

## PROJECT DESCRIPTION

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

**PROJECT DESCRIPTION**

Interior Alaska Center for Non-Violent Living (IAC) seeks to develop a multiagency shared Rapid Re-Rehousing (RRH) and low-barrier housing program for beneficiaries experiencing homelessness. The program will promote consumer choice in the private rental market through landlord engagement, case management, and tapering financial support. The goal of this program would be to stabilize individuals in scattered private rentals within 30-90 days of entering the program to reduce the harmful effects of homelessness.

Trust funding will be used to provide staffing for a full-time case manager who will provide supportive services to IAC clients who are in the process of being housed or recently housed. The target population to be served is those living in the North Star Borough who are experiencing homelessness. There is a pressing need for RRH services in this area.

RRH has been found to be among the most successful and cost-effective solutions for people experiencing homelessness. Substantial data indicates that the longer a person or family is homeless, the less likely they are to regain independence, but when a person's housing needs are rapidly stabilized, they tend to be healthier, have an improved quality of life, and are increasingly likely to succeed. When a person has stable housing, their morbidity and mortality rates also decrease.

The program has shown that it is effective with 85% of participants never again needing homelessness services. No other program has such high rates. This effective and resource-efficient program would reduce homelessness recidivism and free up resources for more vulnerable clients. This is a collaborative project intended to work with and be accessible to all of those in need in the Fairbanks area.

## PERFORMANCE MEASURES

How much did you do?

a) Number (#) of unduplicated Trust beneficiaries served during the reporting period, broken down by beneficiary category.

b) Number (#) of families/households (duplicated # from above) served during the reporting period.
c) Number (#) of individuals who were provided goal-oriented case management during the reporting period.
d) Number (#) of individuals who were provided limited financial support in order to maintain financial stability.

How well did you do it?

a) Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the project. Be sure to provide information on the coordination of a network of landlords willing to house individuals and families leaving homelessness.
b) Number (#) and percentage (%) of participants who felt the case management and additional services and supports they received were rendered in a non-judgmental, respectful and comfortable environment.

Is anyone better off?

a) Number (#) and percentage (%) of individuals reporting an increase in their quality of life as a result of participating in the project.
b) Two stories from participants describing (in their own words) how their quality of life has improved since participating in the project.
c) Number (#) and percentage (%) of individuals placed in permanent housing within 30 days of presenting to the program.
d) Number (#) and percentage (%) of individuals and families who maintained a stable housing situation for six (6) months post being housed by the program.

## SUSTAINABILITY

The City of Fairbanks has donated office space. When the HUD grant renews for CY2025, the option to adjust the RRH budget to fulfill its staffing needs better will be available. AHFC is also identified as a future funding source through the Homeless Assistance Program grant.

## WHO WE SERVE

The research linking mental and physical health to housing stability is vast. Gudinski et al. found in a 2021 study that 82% of homeless adults in California reported experiencing serious mental health symptoms, depression, anxiety, using illicit drugs, or drinking heavily; 35% stated they were currently using illicit drugs regularly. Through other programs, IAC serves domestic violence victims, of which a majority identify as Trust beneficiaries. Currently IAC serves 10 families who are Trust beneficiaries: 17 individuals in low-barrier housing. Substance abuse and mental illness are the largest numbers of Trust beneficiaries served in this program.

## ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

| | |
|---|---|
| Mental Illness: | 29 |

| | |
|---|---|
| Developmental Disabilities: | 10 |
| Substance Abuse | 10 |
| Traumatic Brain Injuries: | 5 |
| Number of people to be trained | 2 |

## BUDGET

| | |
|---|---|
| Personnel Services Costs | $50,000.00 |
| Personnel Services Costs (Other Sources) | $19,000.00 |
| Personnel Services Narrative: | 1 full time Case Manager staff position to provide supportive services between the RRH (75%) and Low Barrier (25%) housing clients. This amount will pay the staff salary, and fringe. |

| | |
|---|---|
| Space or Facilities Costs | $0.00 |
| Space or Facilities Costs (Other Sources) | $18,000.00 |
| Space or Facilities Narrative: | The City of Fairbanks has agreed to assist us with meeting our in-kind match portion of the RRH grant by donating office space for our full-time case manager to work out of. It is our goal that this space will allow anyone in need of housing access to services and supports. |

| | |
|---|---|
| Supplies Costs | $0.00 |
| Supplies Costs (Other Sources) | $10,000.00 |
| Supplies Narrative: | The City of Fairbanks has agreed to donate the supplies needed to run an office out of its building. This includes office furniture, telephone services, internet and computers, consumables, and marketing valued up to $10,000. |

| | |
|---|---|
| Other Costs | $0.00 |
| Other Costs (Other Sources) | $61,200.00 |
| Supplies Narrative: | Rental assistance and other financial assistance for items critical for clients to obtain housing stability. Examples include: car repairs, work clothing, short term child care assistance. |

| | |
|---|---|
| Total Amount to be Funded by the Trust | $50,000.00 |
| Total Amount Funded by Other Sources | $108,200.00 |

## OTHER FUNDING SOURCES

| | |
|---|---|
| Interior Alaska Center for Non-Violent Living - AHFC Secured | $8,000.00 |
| City of Fairbanks - Office and supplies - secured in kind | $28,000.00 |
| HUD - RRH grant Secured | $72,200.00 |
| **Total Leveraged Funds** | **$108,200.00** |

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# MEMO

**To:** Board of Trustees
**Date:** July 31, 2024
**Re:** FY25 Partnership Grant Request
**Fund Source:** FY25 Partnerships/Designated Grants (page 2, line 13 FY25 budget)
**Amount:** $50,000.00
**Grantee:** Nikiski Senior Citizens Inc
**Grant Term:** August 1, 2024 to July 31, 2025
**Project Title:** Kenai Peninsula Family Caregiver Support Program

## REQUESTED MOTION:

*Trustees approve a $50,000 FY25 Partnership Grant to Nikiski Senior Citizens Inc for the Kenai Peninsula Family Caregiver Support Program*

**Assigned Program Staff:** Kelda Barstad

## STAFF ANALYSIS

Nikiski Senior Citizens, Inc.'s Kenai Peninsula Family Caregiver Support Program (KPFCSP) provides needed services to unpaid caregivers of family and loved ones across the entire Kenai Peninsula. Trust funds will support contracted respite services, facilitated support groups and training, durable medical equipment, assistive technology, consumable supplies, and information and assistance services. The project aims to improve the quality of life, reduce crisis medical or mental health care, support continued and enhanced caregiving, and support the family caregiver. Consistent support of family caregivers paired with in-home services has been shown to delay and avoid higher levels of care.

The KPFCSP is recommended for funding as it aligns with the Housing and Home & Community Based Services focus area goals to prevent or reduce institutionalization. The project's purpose is to prevent caregiver burnout and provide much-needed services to the beneficiary population experiencing Alzheimer's disease or related dementia who live on the Kenai Peninsula. Other senior beneficiaries cared for at home by an unpaid caregiver would also be eligible for services.

## COMP PLAN IDENTIFICATION

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

## PROJECT DESCRIPTION

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

**PROJECT DESCRIPTION**

Nikiski Senior Citizens, Inc. administers the Kenai Peninsula Family Caregiver Support Program (KPFCSP), which is funded through the National Family Caregiver Support Program (NFCSP) via a state grant. KPFCSP provides caregiver support group meetings and training, case management, paraprofessional counseling, contracted respite service, and supplemental services and supplies to unpaid family and loved one's caregivers. Though based in Nikiski, KPFCSP provides these services to the entire Kenai Peninsula.

To be eligible for NFCSP grant-funded services, the caregiver must be an adult caring for an older individual or an adult caring for a person of any age with Alzheimer's Disease or Related Dementia (ADRD). KPFCSP wants to assist all qualified caregivers without instituting a waiting list. According to census data and the Alzheimer's Association, it is estimated that 8.4% of seniors age 65+ on the Kenai Peninsula have Alzheimer's Disease, approximately 1,000 individuals. The program aims to provide services to as many individuals and their caregivers as possible. Many of those served may also have a traumatic brain injury, addiction, or a mental health condition. These Trust beneficiary categories will be added to intake forms so that the program can better understand the true number of Trust beneficiaries served.

Since restarting the KPFCSP this past fiscal year, a great need for these services across the Peninsula has been discovered. In past years, under the previous grant holder, respite was the top service requested by the program. While still an important aspect of the program, the greatest number of requests has been for supplemental services and supplies this past fiscal year. FY24 American Rescue Plan Act (ARPA) funding, which is ending, allowed the agency to provide these supplemental supplies and services on a limited basis. The requested funding from AMHTA will continue the supplemental services and supplies service and bolster the amount of respite services provided.

Nikiski Senior Citizens Inc. regularly partners with the Alzheimer's Association for training and outreach materials. Additionally, local care coordinators are frequent partners. KPFCSP is a bridge program to assist family caregivers. Many are applying for Medicaid Waiver programs, with Nikiski Senior Citizens Inc. providing some services while the family completes the application process.

## PERFORMANCE MEASURES

1. How much did you do?
    a. Total number (#) of unduplicated primary Trust beneficiaries served during the reporting period, broken down by primary Trust beneficiary category.
    b. Total number (#) of unduplicated secondary (family member/caregiver) Trust beneficiaries served during the reporting period.
    c. Provide a quantifiable (# of service hours (chore/respite/PCA), # of caregiver support group meetings, # of trainings, # of Durable Medical Equipment

(DME) items, etc.) list of supplemental services and supplies provided during the reporting period.

2. How well did you do it?
    a. Provide a narrative that describes the timeline, activities, successes, challenges, and any lessons learned during the relocation project. Be sure to include a brief summary of the participant demographic information, as well as the satisfaction survey results.
    b. Number (#) and percentage (%) of participants who were satisfied with the assistance and services they received through the KPFCSP.
    c. Number (#) and percentage (%) of participants who felt they were treated with dignity and respect by the staff at the KPFCSP.

3. Is anyone better off?
    a. Number (#) and percentage (%) of participants (client or caregiver) who felt their quality of life had improved as a result of participating in the KPFCSP.
    b. Three (3) statements from participants (client or caregiver) that describe how their quality of life has improved since participating in the KPFCSP.

## SUSTAINABILITY

The project will continue under state funding alone, if necessary. This funding has always allowed caregiver support group meetings, training, and respite services, along with counseling and case management. Nikiski Senior Citizens Inc. continues to look for additional funding sources to better serve the population above and beyond what government grants allow. The model and grant restrictions do not allow operation on a fee-for-service basis.

## WHO WE SERVE

Trust beneficiaries of any age experiencing ADRD are one of the program's primary populations. An estimated 8.4% of seniors above the age of 65 have Alzheimer's Disease or 1,000 individuals in the Kenai Peninsula. This does not include those under the age of 65 who may have ADRD. FY25 will be the first-year other senior beneficiary categories are tracked consistently. Information is unavailable to estimate those populations, but they are eligible to be served through the program if they have an unpaid caregiver.

Many individuals contact our program for information and referral services only. These are not tracked by individuals but are reported as unregistered caregiver services with the state.

## ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

| | |
|---|---|
| Alzheimer's Disease & Related Dementias: | 250 |
| Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries): | 375 |

## BUDGET

| | |
|---|---|
| Personnel Services Costs | $0.00 |
| Personnel Services Costs (Other Sources) | $90,631.67 |
| Personnel Services Narrative: | |

| | |
|---|---|
| Travel Costs | $0.00 |
| Travel Costs (Other Sources) | $2,517.82 |
| Travel Narrative: | |

| | |
|---|---|
| Space or Facilities Costs | $0.00 |
| Space or Facilities Costs (Other Sources) | $12,800.00 |
| Space or Facilities Narrative: | |

| | |
|---|---|
| Supplies Costs | $0.00 |
| Supplies Costs (Other Sources) | $1,496.69 |
| Supplies Narrative: | |

| | |
|---|---|
| Other Costs | $50,000.00 |
| Other Costs (Other Sources) | $35,892.85 |
| Other Costs Narrative: | Supplemental Services/Supplies - $25,000<br>This includes Chore/PCA service, Durable Medical Equipment (DME), Assistive Technology, Emergency Response Systems (ERS), consumable supplies, minor home modifications/repairs, rent/utility support, transportation, and nutrition.<br><br>Respite service - $25,000<br>Services that offer temporary, substitute supports or living arrangements for care recipients to provide a brief period of relief or rest for caregivers. This may include in-home respite or respite provided at an adult day program |

| | |
|---|---|
| Total Amount to be Funded by the Trust | $50,000.00 |
| Total Amount Funded by Other Sources | $143,339.03 |

## OTHER FUNDING SOURCES

| | |
|---|---|
| National Family Caregiver Support Program (NFCSP) via State of Alaska | $130,308.21 |
| Nikiski Senior Center required match to NFCSP | $13,030.82 |

| | |
|---|---|
| **Total Leveraged Funds** | **$143,339.03** |

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# MEMO

| | |
|---|---|
| **To:** | Board of Trustees |
| **Date:** | July 31, 2024 |
| **Re:** | FY25 Partnership Grant Request |
| **Fund Source:** | FY25 Partnerships/Designated Grants (page 2, line 13 FY25 budget) |
| **Amount:** | $49,945.00 |
| **Grantee:** | Valley Charities, Inc. |
| **Grant Term:** | September 1, 2024 to August 31, 2025 |
| **Project Title:** | Durable Medical Equipment Lending Program New Location |

## REQUESTED MOTION:

*Trustees approve a $50,000 FY25 partnership grant to Valley Charities for the Durable Medical Equipment Lending Program New Location*

**Assigned Program Staff:** Kelda Barstad

## STAFF ANALYSIS

The Valley Charities Durable Medical Equipment Lending Program is a free community resource for residents of the Mat-Su Valley who do not have the resources or insurance coverage to purchase Durable Medical Equipment (DME) such as wheelchairs, power mobility equipment, walkers, crutches, canes, hospital beds, and bathroom safety items. The Medical Equipment Lending Program operates like other similar loan closet programs and receives donated new or gently used equipment from people who no longer need it. Valley Charities will then clean and check the equipment and make it available to another person. The equipment may be loaned out for six months, with extensions granted on a case-by-case basis. When the equipment is returned, it is cleaned, checked for safety, and made available for the next person. Valley Charities is expanding the program to serve the needs of the borough better. Since the program became more formalized and had a separate dedicated space (with funding from the Trust and MatSu Health Foundation), the program's visibility has increased, and demand has skyrocketed. Because of this increased demand and equipment donation, Valley Charities Medical Equipment Lending Program needs to relocate into a larger space and is requesting Trust funds to support its new location.

The Valley Charities Durable Medical Equipment Lending Program, New Location project, is recommended for partner funding as it aligns with the Housing and Home and Community-Based Services focus area, providing Mat-Su Valley residents with needed durable medical equipment temporarily. For some, it helps to fill the gap between discharge and an order being shipped to Alaska

for those who have insurance or are applying for insurance. For others, it fills a gap while they complete at-home rehabilitation and only need the equipment for a short time. Since hospitalization and the need for home and community-based services increases with age, it is most likely to be used by Trust beneficiaries with ADRD, but all Trust beneficiary groups can use the program if they need to borrow DME. This program is open to the general public who needs DME to include Trust beneficiaries. The level of Trust investment aligns with the number of Trust beneficiaries served.

## COMP PLAN IDENTIFICATION

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

## PROJECT DESCRIPTION

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

**PROJECT DESCRIPTION**

Since 1956 Valley Charities' focus has always been helping Mat-Su neighbors with quality of life. Medical expenses have a huge impact on a person's well-being, both financially and emotionally. Some residents do not seek the medical assistance they need because of the costs they would incur. The Durable Medical Equipment Lending Program helps all Mat-Su residents and Trust beneficiaries reduce cost burden and stress by reducing overall medical expenses.

Valley Charities' existing Durable Medical Equipment Lending Program location is not big enough for the medical equipment inventory needed to expand and meet the growing demand from the community. As a result, the Durable Medical Equipment Lending program needs to be relocated to a larger location with better parking and accessibility options. In October 2024, the program will move from a 1400 sq ft location to a 3300 sq ft. location to meet the community's needs. However, the location needs minor remodeling for the lending program to be effective and presentable. The new location is in a strip mall across from Walmart in Wasilla.

Target Population and geographic area served: Valley Charities will serve all Mat-Su Valley residents, including all categories of trust beneficiaries who need to borrow durable medical equipment. The program's primary goals are to reduce the burden of medical expenses for Mat-Su residents by providing a no-charge loan of durable medical equipment and increasing the number of Trust beneficiaries served in 2024 as compared to the prior year. The purpose of the project is to re-open the Durable Medical Equipment Lending Program in its new location.

## PERFORMANCE MEASURES

How much did you do?

a. TOTAL number (#) of unduplicated individuals who used the lending program during the grant term.

b. Number (#) of Trust beneficiaries who used the lending program during the grant term (#s will be duplicated from above).
c. Number (#) of items loaned out during the grant term.
d. Example list of items loaded out during the grant term and the quantity (#) of each item (approximate).
e. Please include other demographic information, if available (i.e., age).

Provide a narrative that describes the timeline, activities, successes, challenges, and any lessons learned during the relocation project. Be sure to include electronic photographs of the new equipment and new lending space.

## SUSTAINABILITY

Valley Charities has operated the lending program for over 60 years out of the thrift store's backroom. The potential of the lending program was unknown until it moved out of the thrift store to a location dedicated to the lending program. Since October of 2022 the lending program has expanded in popularity and medical equipment inventory size to meet the unexpected demand. Moving the lending program to its own location created the ability to properly care for and account for all the durable medical equipment. As a result, more Mat-Su residents and Trust beneficiaries are receiving services.

The Durable Medical Equipment Lending Program is not an efficiently sustainable program without grant support. The Program does not charge for the medical equipment, so there is no revenue generation. Over 60 years ago, the medical equipment lending program began as a community service through Easter Seals. Valley Charities has sustained the lending program that the founders established. This program is now considered a very cost-effective community service to all Mat-Su residents and Trust beneficiaries.

## WHO WE SERVE

Trust beneficiaries' use of the Durable Medical Equipment Program began in April of 2023. The tracking started slowly, but as the staff understood how a resident would qualify as a Trust beneficiary, the number of beneficiaries utilizing the program grew. The Trust beneficiaries assisted from April to December 2023 were as follows:

A. 22 with Addictions
B 33 with Traumatic Brain Injury
C. 19 from Developmental Disability
D. 52 from a Mental Health Condition
E. 65 with ADRD

We saved 189 Trust beneficiaries $56,469.00 in medical expenses during this time. These savings enabled Trust beneficiaries to afford other important services that may be a financial challenge. The estimates below are conservative numbers.

## ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

| | |
|---|---|
| Mental Illness: | 36 |
| Developmental Disabilities: | 12 |
| Alzheimer's Disease & Related Dementias: | 72 |
| Substance Abuse | 36 |
| Traumatic Brain Injuries: | 36 |
| Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries): | 450 |

## BUDGET

| | |
|---|---|
| Personnel Services Costs | $0.00 |
| Personnel Services Costs (Other Sources) | $82,664.00 |
| Personnel Services Narrative: | No funds are being requested from the Trust for staff. |

| | |
|---|---|
| Space or Facilities Costs | $16,250.00 |
| Space or Facilities Costs (Other Sources) | $33,900.00 |
| Space or Facilities Narrative: | We will need to purchase the following items to make the space functional for our lending program.<br><br>Trust funded items:<br>1. Double doors $3500.00<br>2. Paint $250.00<br>3. Materials for a greeting counter $2500.00<br>4. Outside Sign $10,000.00 |

| | |
|---|---|
| Supplies Costs | $5,350.00 |
| Supplies Costs (Other Sources) | $0 |
| Supplies Narrative: | We will need to purchase the following supplies over the course of next year.<br><br>Trust funded items:<br>1. HubScrub machine cleaning detergent to maintain the cleanliness of the loaned equipment. $2600<br>2. Parts to repair the medical equipment lending inventory $2500<br>3. Administration printer supplies $250 |

| | |
|---|---|
| Equipment Costs | $11,100.00 |
| Equipment Costs (Other Sources) | $0 |
| Equipment Costs Narrative: | We will need to purchase the following equipment to enhance our expansion.<br><br>Trust funded items: |

| | |
|---|---|
| | 1. Medical Equipment storage shelves 24 boxes @ $400 each totaling $9600.00<br>2. Computers/scanner/printer $1500.00 |

| | |
|---|---|
| Other Costs | $17,245.00 |
| Other Costs (Other Sources) | $23,436.00 |
| Other Costs Narrative: | We will need to purchase the following services to set up the new expansion facility.<br><br>Trust funded items:<br>1. Re-installation of the HuBScrub cleaning machine $8250.00<br>2. Installation of the double doors accessing the backroom to the HuBScrub machine $2750.00<br>3. interior painting services $1750.00<br>4. Indirect $4495.00 |

| | |
|---|---|
| Total Amount to be Funded by the Trust | $49,945.00 |
| Total Amount Funded by Other Sources | $140,000.00 |

## OTHER FUNDING SOURCES

| | |
|---|---|
| Mat-Su Health Foundation | $140,000.00 |
| **Total Leveraged Funds** | **$140,000.00** |

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# MEMO

| | |
|---|---|
| **To:** | Board of Trustees |
| **Date:** | July 31, 2024 |
| **Re:** | FY25 Partnership Grant Request |
| **Fund Source:** | FY25 Partnerships/Designated Grants (page 2, line 13 FY25 budget) |
| **Amount:** | $48,080.00 |
| **Grantee:** | Hospice of Homer |
| **Grant Term:** | September 1, 2024 to August 31, 2025 |
| **Project Title:** | Healthy Aging Project |

## REQUESTED MOTION:

*Trustees approve a $48,080 FY25 Partnership Grant to the Hospice of Homer for the Healthy Aging Project*

**Assigned Program Staff:** Kelda Barstad

## STAFF ANALYSIS

The Hospice of Homer (HOH) Healthy Aging Project will engage Clients facing Alzheimer's disease and related dementias (ADRD) and caregivers in promising practices and empower the aging community (ages 50+) to embrace a pro-aging healthy lifestyle through two initiatives: Lifelong Learning and Volunteer Engagement. HOH will focus on engaging volunteers in programs that will benefit Trust beneficiaries with ADRD, caregivers, and the general public through outreach and education. Trust grant funds will support personnel and associated training and meeting costs.

This project aims to improve the aging experience for people who live in the South Kenai Peninsula to prevent Trust beneficiary status and to target services toward Trust beneficiaries who have ADRD. Isolation and loneliness are two predictors of developing a mental health condition or addiction, and this project would serve in a preventive capacity for this population. Emerging research shows that adopting healthy lifestyle habits can delay or prevent the development of some types of dementia. Those at risk of becoming Trust beneficiaries later in life will benefit from the Healthy Aging Project by preventing or delaying the development of ADRD, anxiety, depression, or addiction through adding healthy lifestyle habits and improved social connections. The Trust beneficiary group experiencing ADRD and their caregivers will benefit form added services in the area. This project aligns with the focus area of Housing and Home and Community Based Services.

## COMP PLAN IDENTIFICATION

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

## PROJECT DESCRIPTION

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

**PROJECT DESCRIPTION**

According to the Alaska State Plan for Senior Services FFY 2024 – FFY 2027, "Alaska leads the nation in senior population growth," and aging is the single greatest risk factor for developing ADRD. Research strongly suggests that adopting a healthy aging lifestyle may reduce the risk of developing dementia diseases, especially for younger seniors. Subsequently, the State report concludes: "Planning for greater capacity and infrastructure across the spectrum of senior services, including home and community-based services," is critical to creating a "more effective network of services for seniors."

To address these challenges, HOH proposes the Healthy Aging Project as an innovative community-based solution that incorporates prevention and intervention programs, serving the senior or aging community (ages 50+) living within the Southern Kenai Peninsula. At the heart of this project is building meaningful relationships on the pillars of purpose, learning 'you are not alone', and inspiring deeper understanding into the shared human experience of aging; all of which are key ingredients to healthy aging.

To this end, HOH will implement this project through two initiatives — Lifelong Learning and Volunteer Engagement, which will target clients experiencing ADRD (primary beneficiaries), Caregivers (secondary beneficiaries), and the General Public (e.g., individuals at risk of becoming beneficiaries) through outreach and education programs. Specific activities include, but are not limited to 1) facilitating five trainings to provide volunteers with the tools to build meaningful relationships with older community members; 2) organizing three guided community conversations on topics relevant to seniors that encourage participants to learn from each other; 3) recruiting and training at least twenty new volunteers and caregivers in evidence-based models (e.g., Creative Art Therapy) to engage individuals with ADRD; and 4) utilizing the power of storytelling and music as catalysts to enhancing the quality of life for beneficiaries experiencing ADRD.

As a trusted nonprofit that has been providing exceptional care to primary and secondary Trust beneficiaries for more than 35 years, HOH has extensive community support. The Healthy Aging Project has been discussed with select supporters and the Board of Directors with tremendously positive feedback on this new direction.

## PERFORMANCE MEASURES

How much did you do?

a. Number (#) of unduplicated primary Trust beneficiaries served during the reporting period, broken down by primary Trust beneficiary category.
b. Number (#) of unduplicated secondary (family member/caregiver) Trust beneficiaries served during the reporting period.
c. Number (#) of unduplicated volunteers trained during the reporting period.
d. Number (#) of individuals engaged through public outreach during the reporting period.
e. Number (#) of volunteer trainings held during the reporting period. Please provide a brief description of each training that includes the following elements: location, date, # of attendees, topics covered.
f. Number (#) of guided community conversations held during the reporting period. Please provide a brief description of each community conversation that includes the following elements: location, date, # of attendees, topics covered.
g. Number (#) of volunteer and caregivers trained in evidence-based models (e.g., Creative Art Therapy) to engage individuals with ADRD.

How well did you do it?

a. Provide a narrative that describes the timeline, activities, successes, challenges, and any lessons learned during the project. Be sure to include electronic copies of any outreach materials, as well as an example of volunteer training materials (e.g., training agendas, etc.).
b. Number (#) and percentage (%) of volunteers who were satisfied with the training they received through Hospice of Homer.
c. Number (#) and percentage (%) of volunteers who felt that the training received through Hospice of Homer adequately prepared them for engaging with individuals who experience Alzheimer's disease and related dementias.

Is anyone better off?

a. Number (#) and percentage (%) of volunteers who were positively impacted by their involvement in the project.
b. Number (#) and percentage (%) of Trust beneficiaries (clients and caregivers) who felt their quality of life had improved as a result of participating in the project.
c. Three (3) statements from volunteers and/or participants (client or caregiver) that describe how their quality of life has improved since participating in the project.

## SUSTAINABILITY

Hospice of Homer has trained and dispatched volunteers to serve clients for decades. Over the past four years, the organization has slowly and steadily increased the volunteer base, improved educational opportunities, and enrolled additional clients. The organization is funded primarily through generous donations from local individuals and businesses. Though we expect this to

continue, we are actively looking for grant funds to expand the volunteer program to respond to the increase in the aging population.

Hospice of Homer's Healthy Aging Program allows for establishing a more permanent recruitment infrastructure and robust training opportunities for volunteers and caregivers to serve into the next decade. This infrastructure will be maintained over the years and can easily evolve with the community's support as needs change.

## WHO WE SERVE

The Healthy Aging Project and Lifelong Learning and Volunteer Engagement work will target aging Trust beneficiaries, with direct outreach to beneficiaries with ADRD. Through this program, they will receive improved care from volunteers and their family caregivers.

Caregivers, secondary beneficiaries for this project, will receive a higher quality of respite care from Hospice volunteers and/or increased understanding and skills for themselves, improving the caregiver experience and decreasing some of the stress associated with caregiving.

The general public (e.g., individuals at risk of becoming beneficiaries) will experience increased quality of life through outreach and education. Prevention and intervention will occur through volunteer engagement and offering meaningful service to the community. Time spent volunteering serves as a preventative measure for the volunteer while providing socialization and respite care for the primary and secondary beneficiaries.

## ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

| | |
|---|---|
| Mental Illness: | 4 |
| Alzheimer's Disease & Related Dementias: | 20 |
| Substance Abuse | 9 |
| Traumatic Brain Injuries: | 6 |
| Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries): | 25 |
| Number of people to be trained | 25 |

## BUDGET

| | |
|---|---|
| Personnel Services Costs | $33,528.00 |
| Personnel Services Costs (Other Sources) | $1,660.00 |
| Personnel Services Narrative: | Director - 53 hrs @$46 = $2,438<br>Volunteer Coordinator - 50% of 2080 hrs @$31/hr = $32,240<br>Marketing Support- 17 hrs @ $30/hr =$510<br><br>*Estimated 2000 hours of volunteer time will be donated. |

| | |
|---|---|
| Travel Costs | $150.00 |
| Travel Costs (Other Sources) | $0 |
| Travel Narrative: | Staff Mileage - 224 miles @ $0.67 = $150<br><br>*Estimated 1000 miles of volunteer driving will be donated. |

| | |
|---|---|
| Space or Facilities Costs | $1,200.00 |
| Space or Facilities Costs (Other Sources) | $350.00 |
| Space or Facilities Narrative: | Event rental space - 8 @ $150 and 3 @ $100 = $1500<br><br>*Space for groups 15 people or less will be donated by Hospice of Homer and other local organizations/venues. |

| | |
|---|---|
| Supplies Costs | $7,902.00 |
| Supplies Costs (Other Sources) | $570.00 |
| Supplies Narrative: | SMPL music players - 20 players @ $150 = $3000<br>Music $1/song x 30 songs per player = $600<br>Books on healthy aging strategies, dementia, and loss - 125 @ $5.95-$24.95 = $2502<br>Marketing materials and media advertising for recruiting and events = $1470<br>Training Materials (books and/or creating new binders for volunteer trainings) = $700<br>Miscellaneous office supplies = $200 |

| | |
|---|---|
| Other Costs | $5,300.00 |
| Other Costs (Other Sources) | $400.00 |
| Other Costs Narrative: | Improvisation trainer for dementia caretakers and Hospice volunteers - 150 hours @$35/hr = $5250<br>Refreshments for events = $450 |

| | |
|---|---|
| Total Amount to be Funded by the Trust | $48,080.00 |
| Total Amount Funded by Other Sources | $2,980.00 |

## OTHER FUNDING SOURCES

| | |
|---|---|
| Alaska Humanities Forum - Dialogues Grant - Pending | $2,980.00 |
| **Total Leveraged Funds** | **$2,980.00** |

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# MEMO

| | |
|---|---|
| **To:** | Board of Trustees |
| **Date:** | July 31, 2024 |
| **Re:** | FY25 Partnership Grant Request |
| **Fund Source:** | FY25 Partnerships/Designated Grants (page 2, line 13 FY25 budget) |
| **Amount:** | $48,022.00 |
| **Grantee:** | Anchorage Neighborhood Health Center |
| **Grant Term:** | August 1, 2024 to July 31, 2025 |
| **Project Title:** | Behavioral Health Assessments |

## REQUESTED MOTION:

*Trustees approve a $48,022 FY25 partnership grant to the Anchorage Neighborhood Health Center for the Behavioral Health Assessments project*

**Assigned Program Officer:** Heather Phelps

## STAFF ANALYSIS

The Behavioral Health Assessments project proposes to expand Anchorage Neighborhood Health Center's psychological assessment and testing availability to underserved and disadvantaged Alaskans. Psychological assessment represents an opportunity for a comprehensive appraisal of an individual's abilities and functioning, including diagnostic evaluation strengths and weaknesses, treatment recommendations, and evaluation for referral to additional services. If awarded, funds will be used to procure behavioral health testing materials, facilitating psychological testing services to 50 ANHC patients who are Trust beneficiaries. The one time grant request would give ANHC the needed resources, training, psychological testing processes, and procedures to maintain a self-sustaining testing service line that will benefit patients for years. Trust funds will support personnel, supplies, equipment and contractual data service costs associated with the project.

This project is recommended for funding as the results from psychological assessment will improve communication between patients and their care teams, improve patient self-management and engagement, enhance quality of care, decrease waitlist and financial burden, and make more informed referrals to appropriate resources. The project aligns with the mental health and addiction focus areas and is open to serving all beneficiary groups.

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## COMP PLAN IDENTIFICATION

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

## PROJECT DESCRIPTION

The proposed project would expand the repertoire of services available to provide comprehensive behavioral health assessment to a wider variety of individuals with diverse presenting concerns (e.g., intellectual, and developmental disabilities; Alzheimer's and related disorders). ANHC has identified a significant lack of psychological service referral options for our patients, especially those accepting Medicaid, Medicare, and sliding fees. This occurred simultaneously with an increase in primary care physician referrals for psychological testing. Funds will be used for Behavioral Health (BH) testing materials, training, program implementation, and care plan development. We project approximately 50 ANHC patients, who are all Trust beneficiaries, will benefit. Additionally, approximately 125 secondary beneficiaries will be positively impacted.

Established in 1972, Anchorage Neighborhood Health Center (ANHC) operates as a Federally Qualified Health Center (FQHC) in Anchorage, Alaska, offering a diverse array of healthcare services encompassing primary medical, BH, and dental care. ANHC's patient demographic comprises Alaska's medically underserved population, for whom psychological testing is often financially prohibitive. This creates a notable gap in service provision, with many patients either going unserved in this crucial area or being referred elsewhere for such services and placed on lengthy waitlists. By acquiring comprehensive testing batteries through the grant, ANHC aims to bridge this gap, ensuring that most referred patients can receive the necessary assessments without enduring substantial out-of-pocket expenses or months of wait time.

The wait time for psychological assessment through referral sources external to ANHC is approximately 6-9 months, so the ability to offer assessments in-house would significantly reduce the wait time for patients (e.g., 2 months). Moreover, the financial burden to the patient (e.g., often thousands of dollars for uninsured patients) would be addressed through ANHC's sliding scale fee schedule (i.e., between $5 and $20 per visit), as well as billed services through Medicaid and Medicare.

This funding would increase BH assessments offered by ANHC psychologists, improving patient access, particularly those dealing with complex co-occurring conditions such as medical, mental health, and substance use disorders.

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## PERFORMANCE MEASURES

How much did you do?

a. Total number (#) of unduplicated Trust beneficiaries referred for in-house psychological assessment services during the reporting period, broken down by primary Trust beneficiary category.
b. Number (#) and percentage (%) of Trust beneficiaries who completed the psychological assessment, broken down by primary Trust beneficiary category.
c. Number (#) and percentage (%) of Trust beneficiaries who were unable to complete the psychological assessment, broken down by primary Trust beneficiary category. Please provide several examples as to reasons why a psychological assessment was unable to be completed.
d. Number (#) of unduplicated secondary Trust beneficiaries who were positively impacted by the psychological assessment.

How well did you do it?

a. Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the project. Be sure to include information on how ANHC integrated psychological testing into the existing information technology systems and workflows.
b. Number (#) and percentage (%) of Trust beneficiaries for whom the psychological assessment could not be used to inform a comprehensive care plan for the medical team. Please provide several examples as to reasons why the psychological assessment could not be used.
c. Average number (#) of days from time of referral to completion of the psychological assessment for all assessments completed during the reporting period.
d. Average number (#) of days from completion of psychological assessment to creation of a comprehensive care plan for the medical team during the reporting period.
e. Number (#) and percentage (%) of Trust beneficiary participants who felt they were treated with dignity and respect while participating in the project, from referral to completion of the psychological assessment.

Is anyone better off?

a. Number (#) and percentage (%) of Trust beneficiaries for whom the psychological assessment informed a comprehensive care plan for the medical team.
b. Two statements from Trust beneficiary participants on how completion of the psychological assessment has contributed (or will contribute) to an increase in quality of life.

## SUSTAINABILITY

Psychological testing tools (e.g., intelligence scales and achievement tests) are typically valid for a minimum of approximately 10 years after publication (i.e., until a revised version is released). Thus, the one-time investment in psychological assessment batteries to benefit ANHC patients

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would be sustained even after the Trust's funding ends. Some tests require subscription services to enable scoring and analysis, and this expense has already been included in ANHC's annual behavioral health budget. Assessments will be administered by psychologists professionally trained in psychological testing; thus, no additional training expense is needed to sustain this worthwhile project.

ANHC has already piloted the billing process for psychological assessment related to Medicaid and Medicare reimbursement for this service. We will continue to streamline this process and address any barriers to payment for psychological testing that arise during the grant timeframe. The outcome of billing for the psychological assessment will be captured to assure success in long-term program sustainability. This grant project will allow ANHC to build a psychological assessment service that will be self-sustaining for years.

## WHO WE SERVE

In 2023, ANHC provided care to 13,453 unique patients, among whom 58 percent had incomes at or below 200 percent of the federal poverty level, and 77 percent were covered by Medicaid, Medicare, or self-pay/uninsured. ANHC's patient population is comprised largely of the medically underserved community in Anchorage (i.e., uninsured, Medicaid, and Medicare), and commonly face disparities regarding social determinants of health (e.g., housing security, economic stability, transportation). Many ANHC patients have complex medical presentations, including mental health concerns, alcohol and substance use disorders, intellectual and developmental disabilities, TBI, and/or Alzheimer's and related disorders.

ANHC collaborates with many community agencies to provide patient-centered medical home services to our shared care population, including, but not limited to, Catholic Social Services, Volunteers of America, Anchorage School District, Hope Center, and Anchorage Mental Health Court. As a patient-centered medical home (PCMH), we rely on testing results to build a comprehensive care plan for some of our patients in the highest need. In-house capacity for psychological assessment through ANHC would reduce the burden and barriers to providing such services through external community agencies, which do not offer this service and struggle to refer to private practice psychologists for testing. The outcomes of these assessments will be instrumental in improving patient care by fostering a deeper understanding of their strengths and weaknesses, facilitating focused treatment planning, and enabling more informed referrals to appropriate resources.

## ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

| | |
|---|---|
| Mental Illness: | 10 |
| Developmental Disabilities: | 10 |
| Alzheimer's Disease & Related Dementias: | 10 |
| Substance Abuse | 10 |
| Traumatic Brain Injuries: | 10 |

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| | |
|---|---|
| Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries): | 125 |
| Number of people to be trained | 6 |

## BUDGET

| | |
|---|---|
| Personnel Services Costs | $16,462.00 |
| Personnel Services Costs (Other Sources) | $0.00 |
| Personnel Services Narrative: | Salary Cost for Staff Supporting the Project:<br>Sarah Dewane, Project Director $8,080<br>--Main task is to develop psychological assessment service line workflow and reimbursement<br>By Thao, Project Coordinator $3,182<br>--Main task is to develop referral workflow and ensure close loop<br>IT Specialist $1,500<br>-- Main task is to prepare laptops and iPads and install testing software<br><br>Fringe Benefits: $3701 (29%)<br><br>Total: $16,462 |

| | |
|---|---|
| Supplies Costs | $15,994.00 |
| Supplies Costs (Other Sources) | $0.00 |
| Supplies Narrative: | Psychological Testing Supplies:<br>Psychological Tests $15,905<br>Q Local Scoring $89<br>Total Supplies Costs $15994 |

| | |
|---|---|
| Equipment Costs | $4,200.00 |
| Equipment Costs (Other Sources) | $0.00 |
| Equipment Costs Narrative: | Psychological Testing Laptops 2 X 1,500 =$3,000<br>Testing Administration Ipads 2 X 600 =$1,200<br>Total Equipment Costs: $4,200 |

| | |
|---|---|
| Other Costs | $11,366.00 |
| Other Costs (Other Sources) | $0.00 |
| Other Costs Narrative: | Contractual- Data Contractor for extracting MH Trust Beneficiary data- $7,000 |

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| | |
|---|---|
| | Indirect Costs: $4,366<br><br>Total Other Costs: $11,366 |

| | |
|---|---|
| Total Amount to be Funded by the Trust | $48,022.00 |
| Total Amount Funded by Other Sources | $0 |

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# MEMO

**To:** Board of Trustees
**Date:** July 31, 2024
**Re:** FY25 Partnership Grant Request
**Fund Source:** FY25 Partnerships/Designated Grants (page 2, line 13 FY25 budget)
**Amount:** $15,000.00
**Grantee:** Alaska Literacy Program, Inc.
**Grant Term:** August 1, 2024 to July 31, 2025
**Project Title:** ALP Family Literacy

## REQUESTED MOTION:

*Trustees approve a $15,000 FY25 partnership grant to the Alaska Literacy Program for the FY25 Alaska Literacy Program project*

**Assigned Program Officer:** Kelda Barstad

## STAFF ANALYSIS

Alaska Literacy Program (ALP) provides year-round reading, writing and English as a Second Language instruction to adults with low literacy skills and limited English proficiency. The ALP Family Literacy program provides services for low-income immigrant and refugee families with young children. These services include four core components that all participating families enroll in: 1) adult education, 2) parenting support time, 3) parent and child together time and 4) early childhood education. Refugee parents come from violent upheaval and horrific experiences. All have experienced trauma and loss in their home country and in the refugee camp, resulting in a high prevalence of post-traumatic stress disorder (PTSD).

The Family Literacy Program helps parents and children with PTSD to develop resilience factors in seeking support from others, increasing language skills to express feelings, finding coping strategies, and being able to respond effectively despite feelings of fear and anxiety. For the children, these early childhood experiences help create school success. For parents, they learn to navigate a new culture and see a positive future for themselves and their families. This program is recommended for funding in partnership with United Way, Alaska Children's Trust, and Providence Foundation. This is an early intervention program that reduces the impact of Adverse Childhood Experiences (ACEs) experienced by refugee children and helps connect adult refugees to needed support and services in addition to providing English language instruction. This program aligns with the Early Intervention and Prevention focus area and primarily serves the Trust beneficiary group experiencing mental illness.

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## COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|---|---|---|
| Goal 1 Early Childhood | 1.3 Reduce the impact of ACEs | |

## PROJECT DESCRIPTION

Alaska Literacy Program (ALP) provides year-round reading, writing, and English as a Second Language (ESL) instruction to adults with low literacy skills and limited English proficiency. ALP Family Literacy enrolls low-income immigrant and refugee families who have a child between ages 3-5 and the parent who has an educational goal. These services include four core components that all participating families enroll in: 1) adult education, 2) parent support time, 3) parent and child together time, and 4) early childhood education.

Immigrant and refugee parents come from violent upheaval and horrific experiences. All have experienced trauma and loss in their home country and the refugee camp. Their children have been born in camps knowing no home country or have recently been displaced due to war and conflict. Many of these refugees suffer from post-traumatic stress disorder (PTSD), an anxiety disorder. We believe deeply that the path to impacting our core mission of changing lives through literacy is through families on a multi-generational level.

ALP Family Literacy provides a safe and trauma-informed program for families to receive support from fellow Anchorage community members, with the highest percentage coming from the Mountain View neighborhood, and professional teachers, where they learn about child development. The Family Literacy educator is trained in ACES, Mental Health First Aid, and ACT's child abuse prevention. The program is a partner in the Strengthening Families Initiative, addressing the five Protective Factors in its programming, including parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, as well as social and emotional consequences of children.

The Family Literacy Educator is also a leading Peer Leader Navigator (PLN) and has training and years of experience supporting families with navigating systems that impact all areas of public health, such as housing and support (including navigating shelter entry), language access, food assistance, medical, referrals for legal supports, and transition into the Anchorage School District. The position works closely with our public health efforts, and this collaboration is essential to supporting our larger community, supplementing preschool hours with online and one-on-one support time for families, and interviewing parents to learn ways we can help overcome barriers so they can come to school.

ALP Family Literacy methods involve direct instruction, parent participation in preschool and parent discussions with staff. Parents may take up to 12 instructional hours per week in English classes. Children 3-5 years old attend an on-site preschool while their parents are in classes.

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Parents join their child in the preschool to play, eat snacks and have open discussions on matters related to their child's growth and development for two hours. ALP's preschool teacher also offers personalized instruction to children one-on-one and in small groups via distance learning (with parents nearby) to support families with transportation and childcare limitations.

ALP Family Literacy identifies four expected outcomes, ranging from short to long-term. The first outcome is increasing knowledge of English for both the child and parent. The second outcome is that parents expand their knowledge of child development. The third outcome is that parents increase their use of positive parenting skills. The fourth outcome is that children will increase appropriate behaviors in home and school.

ALP Family Literacy helps parents and children with PTSD to develop resilience factors in seeking support from others, increasing language skills to express feelings, finding coping strategies and being able to respond effectively despite feelings of fear and anxiety. For the children, these early childhood experiences help create school success and emotionally stabilizing experiences for the child and family. For parents, they learn to navigate a new culture and see a positive future for themselves and their families. ALP's Family Literacy program supports lifting the whole family.

As a full-time staff member, the Family Literacy Educator is available to connect with all families enrolled at ALP, regardless of whether they participate in the preschool program, broadening the impact of this critical support.

## PERFORMANCE MEASURES

How much did you do?

a) Number (#) of individuals served during the reporting period.
b) Number (#) of family units served during the reporting period.
c) Number (#) of parents who took up to 5 English as a Second Language classes for 15 hours/week during the reporting period.
d) Number (#) of children (ages 3-5) who attended up to 10 hours/week of preschool during the reporting period.
e) Number (#) of parents who received 2-3 hours/week of parent education during the reporting period.
f) Number (#) of family units participating in Ready! for Kindergarten during the reporting period.
g) Number (#) of family units graduating from the program during the reporting period.

How well did you do it?

a) Provide a brief narrative describing the activities, successes, challenges, and any lessons learned during the project.
b) Number (#) and percentage (%) of project participants who were satisfied with the training and instruction they received while participating in the project.

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c) Number (#) and percentage (%) of project participants who felt respected by project staff during their participation.
d) Number (#) and percentage (%) of parents demonstrating an increase in parenting knowledge, child development, and appropriate discipline behaviors.
e) Number (#) and percentage (%) of children demonstrating an increase in appropriate behavior and home and school.

Is anyone better off?

a) Number (#) and percentage (%) of individuals reporting an increase in their quality of life as a result of their participation in the program.
b) Two stories from individuals describing (in their own words) how their quality of life has improved since participating in the program.

## SUSTAINABILITY

ALP Family Literacy began in 1996 and has served families throughout this time, benefiting from ALP's increasingly robust Peer Leader Navigator health initiative program (launched 2013) and expanding community partnerships. Drawing on decades of experience supporting ethnically diverse, low-literacy English Language Learner (ELL) families, the program proved invaluable to under-served immigrant and refugee families during the Covid-19 pandemic. Prior to the Covid-19 pandemic, families who attended ALP Family Literacy were asked to pay a nominal fee to cover costs, though no one was turned away because of inability to pay. All program fees were discontinued in 2020 to remove as many barriers to access to services as possible. ALP also leveraged Covid-19 pandemic relief funds to increase staff hours for parent support time with meaningful positive outcomes. Subsequently, ALP increased its program budget to continue offering extended staff hours for parent support.

ALP is dedicated to continuing the Family Literacy program, despite it being our most under-resourced program, because of its critical importance. After the Trust's funding has ended, ALP will continue with support from United Way of Anchorage, Alaska Children's Trust, and community donations.

## WHO WE SERVE

ALP Family Literacy serves primarily low-income immigrant and refugee families within the Anchorage community whose caregiver is working towards educational, employment, community and civics goals. Enrollment at ALP has dramatically increased, with hundreds of new immigrants and refugees from Afghanistan, Ukraine, and Congo. When families enroll in ALP Family Literacy, they build capacity in the parents/caregivers and their children. By working with the family holistically, this early intervention helps to prevent additional adverse childhood experiences that many of these children have already encountered.

ALP's goal is to prevent the need for higher level intervention of behavioral health issues and disability by providing evidence-based educational and social support services to at-risk children, young beneficiaries and their families. ALP aims to develop parental resilience, the process of managing stress and functioning well even when faced with challenges, adversity, and trauma.

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ALP creates social connections to receive and provide emotional support, informational support, and instrumental support. All families are encouraged to participate in our Health Day, which includes topics about mental health resources, disaster preparedness, dental health, chronic disease prevention, cancer screenings, health care access, and more.

## ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

| | |
|---|---|
| Mental Illness: | 20 |
| Developmental Disabilities: | 5 |
| Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries): | 100 |
| Number of people to be trained | 2 |

## BUDGET

| | |
|---|---|
| Personnel Services Costs | $15,000.00 |
| Personnel Services Costs (Other Sources) | $49,488.00 |
| Personnel Services Narrative: | Family Literacy Educator - $53,280 ($15,000 Trust; $38,280 Other)<br>Dir of Social Services & ED - $11,208 (Other) |

| | |
|---|---|
| Space or Facilities Costs | $0.00 |
| Space or Facilities Costs (Other Sources) | $5,200.00 |
| Space or Facilities Narrative: | ALP owns its facility outright. Overhead costs to operate and maintain the facility are allocated as a percentage of program cost. |

| | |
|---|---|
| Supplies Costs | $0.00 |
| Supplies Costs (Other Sources) | $1,500.00 |
| Supplies Narrative: | Preschool classroom supplies |

| | |
|---|---|
| Other Costs | $0.00 |
| Other Costs (Other Sources) | $10,988.00 |
| Other Costs Narrative: | Shared services (utilities, copy machine, cleaning service, etc) - $1,275<br>Professional Development - $250<br>In-Kind classroom aid - $9,243 |

| | |
|---|---|
| Total Amount to be Funded by the Trust | $15,000.00 |

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| | |
|---|---|
| Total Amount Funded by Other Sources | $67,176.00 |

| Other Funding Sources | |
|---|---|
| United Way of Anchorage - Secured | $14,270.00 |
| Alaska Children's Trust - Secured | $10,000.00 |
| Providence of Alaska Foundation - Secured | $5,000.00 |
| General Funds (fundraising) - Secured & Pending | $28,406.00 |
| In-Kind Donations of Services - Pending | $9,000.00 |
| In-Kind Donations of Supplies - Pending | $500.00 |
| **Total Leveraged Funds** | **$67,176.00** |

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# MEMO

**To:** Board of Trustees
**Date:** July 31, 2024
**Re:** FY25 Partnership Grant Request
**Fund Source:** FY25 Partnerships/Designated Grants (page 2, line 13 FY25 budget)
**Amount:** $2,500.00
**Grantee:** Alaska Eating Disorders Alliance
**Grant Term:** August 1, 2024 to August 31, 2024
**Project Title:** Immersive Eating Disorder Essentials

## REQUESTED MOTION:

*Trustees approve a $2,500 FY25 partnership grant to the Alaska Eating Disorders Alliance for the Immersive Eating Disorders Essentials project*

**Assigned Program Officer:** Janie Caq'ar Ferguson

## STAFF ANALYSIS

Alaska Eating Disorders Alliance (AKEDA) is hosting a three-day conference in Anchorage, AK, to train thirty-five medical and behavioral health providers, dietitians, and pre-licensed students. The conference will host Dr. Tara Deliberto, Ph.D., an expert in eating disorders, covering topics including eating disorder basics, treatment modalities, and case studies to equip providers to support adults and adolescent Beneficiaries with Anorexia (AN) and Severe/Enduring Anorexia Nervosa (SE-AN). The conference offers 14 continuing education credits (CEs). There will be a free hybrid training session for parents and caregivers, offering skills to support loved ones with eating disorders. The training will also provide didactic fundamentals of treatment, allowing providers to increase their competency and skills and begin implementing treatment immediately with patients.

Alaska Eating Disorders Alliance has secured various funds, including conference fee revenue, to implement the conference and training.

## COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|---|---|---|
| Goal 9 Workforce, Data, & Funding | 9.2 Workforce competencies | Expand and enhance training and professional development |

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| | | |
|---|---|---|
| | | opportunities for all healthcare and behavioral health professionals. |

## PROJECT DESCRIPTION

The Alaska Eating Disorder Alliance (AKEDA) is hosting Dr. Tara Deliberto, Ph.D., an expert in eating disorders, in Alaska from August 21-23, 2024. On August 21st, from 5-7 pm, there will be a free hybrid training session for parents and caregivers, offering skills to support loved ones with eating disorders.

On August 22nd and 23rd, Dr. Deliberto will lead a conference for healthcare professionals covering eating disorder basics, treatment modalities, and case studies. This conference is open to therapists, physicians, dietitians, and pre-licensed students and offers 14 continuing education credits.

Eating disorders are serious mental illnesses with additional physical complications, and they have the highest mortality rate of any mental illness, second only to opioid abuse. These disorders are challenging to treat, and the supportive resources available to Alaskans are limited, particularly for Medicaid beneficiaries. A large burden of care falls on outpatient providers due to this lack of resources, as well as on the families trying to support those with eating disorders. This project aims to enhance the knowledge of outpatient providers to increase the number of providers equipped to treat eating disorders in Alaska, as well as to provide tangible skills to caregivers on how to support those with eating disorders towards recovery.

Starting with the August 21st free parent caregiver training, AKEDA will train secondary beneficiaries on how to support their loved ones, the primary beneficiaries, in their journey toward eating disorder recovery. On August 22nd and 23rd, we will offer an immersive eating disorders training conference to improve the number and ability of healthcare professionals available to treat patients with eating disorders. The combination of secondary beneficiary training and professional-level training aims to increase support for beneficiaries with eating disorders both in the healthcare sector and their home environments.

Eating disorders, like any mental health condition, do not discriminate and affect all regions of our state. Our parent caregiver training will be offered both in person and virtually, allowing those outside the greater Anchorage area to attend. This course will be free of charge to encourage attendance regardless of socioeconomic status. Our healthcare professional training will be offered in person only due to the immersive nature of the training, but we have partnered with the Family Services Training Center to offer scholarships, including travel, for providers within their eligible agencies. This will encourage statewide attendance, especially from behavioral health providers that serve Medicaid beneficiaries. Additionally, GCI, a frequent supporter of AKEDA's work, has provided a GCI-gives grant for additional funding support of this project.

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## PERFORMANCE MEASURES

Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the three-day conference/training. In addition, please include the following information:

a) Number (#) of conference/training attendees.
b) List of communities (or regions) represented by attendees.
c) Copy of the agenda and/or other materials that briefly describes the topics discussed during the training.
d) Results of the attendee satisfaction survey.
e) (#) and percentage (%) of attendees earning continuing education credits.
f) Two stories from participants, in their own words, detailing how they will use the information learned at the training.

## SUSTAINABILITY

While this is a one-time conference, AKEDA's ongoing work will continue to support these efforts after the event. For parents and caregivers, we have a free Family and Friends support group that meets monthly, providing a space where caregivers can find peer support and connection. For healthcare providers, we offer a free monthly consultation group where providers can connect with one another, share resources, and have case consultations. Additionally, we will have a Fall Project ECHO series for providers that is also free, offers 1.5 CE/CME, and is generously funded by ConocoPhillips. This 6-part series is designed to support ongoing education and training. Furthermore, we continue to run a free weekly support group for adults with eating disorders, where Alaskans can find community and pro-recovery support. We believe that while our training events are incredibly important, the continued support services we offer are vital to long-term success for both the individual beneficiaries and the teams that support them.

## WHO WE SERVE

Eating disorders are complex disorders with the highest mortality rate of any mental illness, second only to opioid abuse, and resources available to Alaskans with eating disorders are limited. There are no higher-level care facilities in-state, and for Medicaid beneficiaries, these higher-level care options are also restricted. Currently, the only facility contracted by Alaska Medicaid only accepts females ages 13-21, and all Medicaid beneficiaries age out of this benefit at 21. This means a large burden of care falls on outpatient providers to support patients who may not identify as female and/or fall outside the age range of 13-21.

This project aims to increase the number of skilled eating disorder outpatient providers and support the secondary beneficiaries, families of those with eating disorders. By increasing the number and skills of equipped providers, beneficiaries are more likely to be screened, identified, and treated earlier, leading to stronger prognosis and recovery outcomes. Training caregivers will directly increase the support system for primary beneficiaries in their recovery. With increased health professional support and home support, this can directly impact the recovery outcomes for beneficiaries with eating disorders.

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## ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

| | |
|---|---|
| Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries): | 40 |
| Number of people to be trained | 35 |

## BUDGET

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|---|---|
| Other Costs | $2,500.00 |
| Other Costs (Other Sources) | $2,500.00 |
| Other Costs Narrative: | $5000 contract for Dr. Deliberto to present the 2 full days of provider training and the evening parent caregiver training. |

| | |
|---|---|
| Total Amount to be Funded by the Trust | $2,500.00 |
| Total Amount Funded by Other Sources | $2,500.00 |

| Other Funding Sources | |
|---|---|
| GCI Gives | $2,500.00 |
| **Total Leveraged Funds** | **$2,500.00** |

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# MEMO

**To:** Board of Trustees
**Date:** July 31, 2024
**Re:** FY25 Partnership Grant Request
**Fund Source:** FY25 Partnerships/Designated Grants (page 2, line 13 FY25 budget)
**Amount:** $2,500.00
**Grantee:** Alaska Childrens Alliance
**Grant Term:** September 1, 2024 to September 30, 2024
**Project Title:** 2024 Alaska Conference on Child Maltreatment

## REQUESTED MOTION:

*Trustees approve a $2,500 FY25 partnership grant to the Alaska Children's Alliance for the 2024 Alaska Conference on Child Maltreatment*

**Assigned Program Officer:** Tina Voelker-Ross

## STAFF ANALYSIS

Alaska Children's Alliance requests Trust sponsorship in the amount of $2,500.00 for the 2024 Alaska Conference on Child Maltreatment with funding from the FY25 Non-Focus Area budget line-item Partnerships.

The Alaska Children's Alliance will be hosting the Alaska Conference on Child Maltreatment in September 2024. This conference provides essential training to a broad range of professionals who work within the area of child abuse. The Alaska Longitudinal Child Abuse and Neglect (ALCANLink) study has identified that 1 in 3 Alaska children are reported to child welfare before their 7th birthday. Because of the high rates of child abuse in Alaska (consistently among the highest nationally), it is important for Alaska's professionals to have the training that they need to provide the best services possible to child abuse victims and their families. This is particularly relevant to the Trust and our beneficiaries due to the significant overlaps between child abuse and mental illness, developmental disabilities, and substance misuse. Additional funding is secured to leverage this project in addition to the anticipated conference registration fees from participants.

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## COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|---|---|---|
| Goal 9 Workforce, Data, & Funding | 9.2 Workforce competencies | |

## PROJECT DESCRIPTION

From September 24-27, 2024, the Alaska Children's Alliance will be hosting the eleventh biennial Alaska Conference on Child Maltreatment. This is the only training event of its kind dedicated to supporting Child Advocacy Centers and their multi-disciplinary team partners including professionals from mental health, child protection, victim advocacy, prosecution, law enforcement, and medicine.

The Alaska Children's Alliance (ACA) is a 501(c)(3) non-profit organization dedicated to strengthening the statewide multi-disciplinary response to child maltreatment. From September 24-27, 2024, ACA will be hosting the eleventh biennial Alaska Conference on Child Maltreatment. The only training of its kind, this conference strives to provide essential training to a spectrum of child abuse professionals, equipping them to do the best job possible in holding offenders accountable and helping kids to heal. Our diverse multi-disciplinary program features nationally and internationally known experts, and offers workshops in medicine, mental health, trauma treatment, child welfare, investigation, law, forensic interviewing, and prevention. At our last event in 2022, the Conference had 296 attendees representing 27 communities throughout Alaska and multiple stakeholder groups, all committed to improving outcomes for children. Evaluations were positive; the overall conference averaged a rating of 9.2/10.

As a state that consistently suffers from some of the nation's highest rates of child abuse, is critically important that Alaska's professionals have the training that they need to provide the best services possible to child victims and their families. This is particularly relevant to the Trust and its beneficiaries due to the significant overlaps between child abuse and mental illness, developmental disabilities, and substance misuse. Please see the below for more information.

## PERFORMANCE MEASURES

How much did you do?

a) Number (#) of professionals trained.
b) List of disciplines trained and list of affiliation.
c) Number (#) and list of communities represented.
d) Number (#) of attendees who received continuing education credits

How well did you do it?

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a) Provide a brief narrative describing the activities, successes, challenges experienced, and any lessons learned during the planning phase of the conference, as well as the event itself. Be sure to mention how the virtual event compared to years past when the conference was held in person.
b) Number (#) and percentage (%) of attendees reporting satisfaction with the summit.

Is anyone better off?

a) Number (#) and percentage (%) of attendees who felt they gained skills/knowledge that will be used to improve the lives of Trust beneficiaries and their family members.
b) Two stories from attendees describing (in their own words) how knowledge gained at the Conference will directly or indirectly help Trust beneficiaries within their community.

## SUSTAINABILITY

This 2024 conference will be our eleventh biennial conference. We have been fortunate each of those years to cover the expenses of this event through a variety of sponsors (10 sponsors in 2022, including Alaska Mental Health Trust Authority) and through registration revenue (ticket sales).

## WHO WE SERVE

Maltreatment-related childhood adversity has been cited as the leading preventable risk factor for mental illness, substance misuse, and re-victimization later in life. Alaska consistently struggles with some of the highest rates of child abuse in the nation, and therefore deals with the constellation of problems resulting from childhood trauma – mental health issues, substance misuse, domestic violence, suicide, and high crime rates. Child abuse is a well-established risk factor for developing depression and PTSD and has also been identified as a risk factor in Bipolar and Borderline Personality Disorder. Child abuse (including physical, sexual, and emotional abuse) have each been associated with increased risk for tobacco, alcohol, illicit, and polysubstance abuse. Additionally, research has found that over and above other forms of childhood adversities, child maltreatment uniquely predicts persistent alcohol dependence in adulthood. Given the prevalence of child abuse in Alaska and the strong links between child abuse and adult outcomes, it is critical that our statewide system is well equipped to support child victims and their families.

Additionally, research shows that children with disabilities are at a much-elevated risk for experiencing abuse and neglect. For example, some studies show that children with disabilities are over 3 times more likely to be a victim of abuse.

From medical and mental health providers, to investigators, advocates, child welfare workers, and tribal representatives, the professionals who benefit from our conference all play important roles in the healing process for children and families, a significant portion of whom are impacted by mental illness, substance misuse, and developmental disabilities.

## ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

| | |
|---|---|
| Number of people to be trained | 300 |

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## BUDGET

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|---|---|
| Personnel Services Costs | $0.00 |
| Personnel Services Costs (Other Sources) | $10,000.00 |
| Personnel Services Narrative: | Conference planning time (ACA executive director) |

| | |
|---|---|
| Travel Costs | $0.00 |
| Travel Costs (Other Sources) | $30,000.00 |
| Travel Narrative: | Speaker travel/lodging |

| | |
|---|---|
| Space or Facilities Costs | $0.00 |
| Space or Facilities Costs (Other Sources) | $50,000.00 |
| Space or Facilities Narrative: | Marriott- Food, beverages, venue fees |

| | |
|---|---|
| Supplies Costs | $0.00 |
| Supplies Costs (Other Sources) | $1,000.00 |
| Supplies Narrative: | Name badges, printing, signage, bags, pens, paper |

| | |
|---|---|
| Other Costs | $2,500.00 |
| Other Costs (Other Sources) | $42,000.00 |
| Other Costs Narrative: | Contract with Alaska A/V for labor and rental of A/V equipment (total A/V expenses estimated at $22,000)<br>Contractor to support with conference planning/registration/website development- $7500<br>Cvent App- $10000<br>Speaker fees $5000 |

| | |
|---|---|
| Total Amount to be Funded by the Trust | $2,500.00 |
| Total Amount Funded by Other Sources | $124,000.00 |

| Other Funding Sources | |
|---|---|
| Children's Justice Act Task Force- secured | $15,000.00 |
| Alaska Children's Trust- secured | $1,000.00 |

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| | |
|---|---|
| Mat-Su Health Foundation- secured | $2,500.00 |
| Cortexflo- secured | $5,000.00 |
| Kodiak Area Native Association- secured | $3,000.00 |
| Providence Alaska Medical Center- secured | $5,000.00 |
| Ticket (conference registration) revenue- pending | $92,500.00 |
| **Total Leveraged Funds** | **$124,000.00** |

# FY26/27 Proposed Budget

## Program and Planning Committee

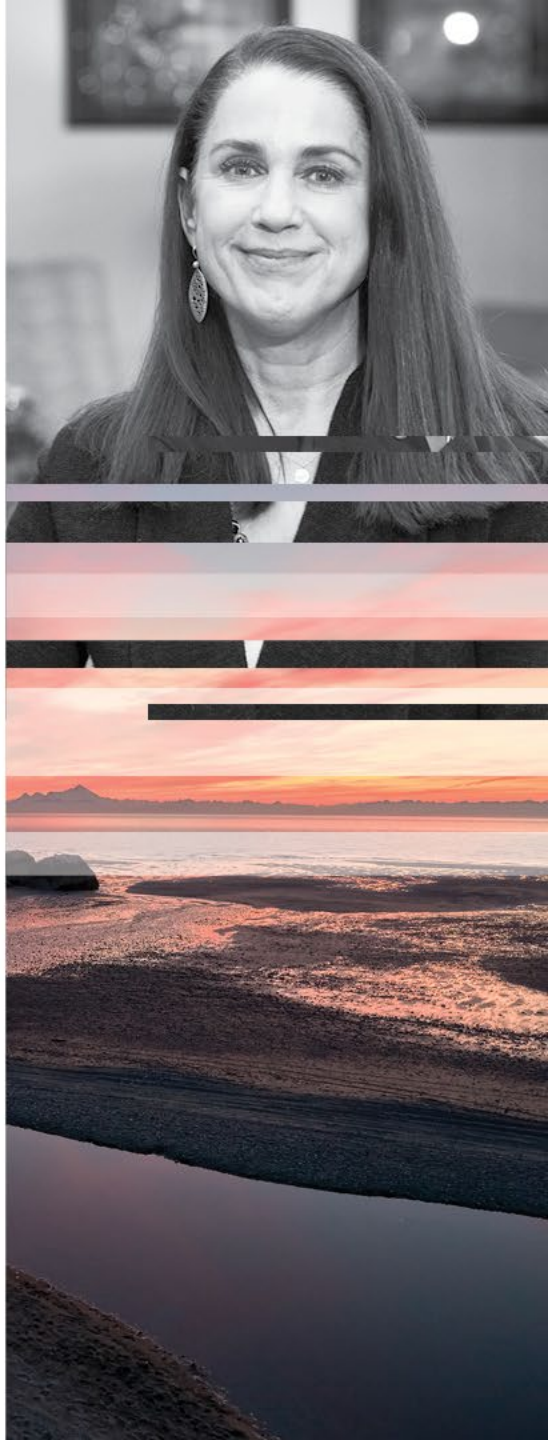
July 2024

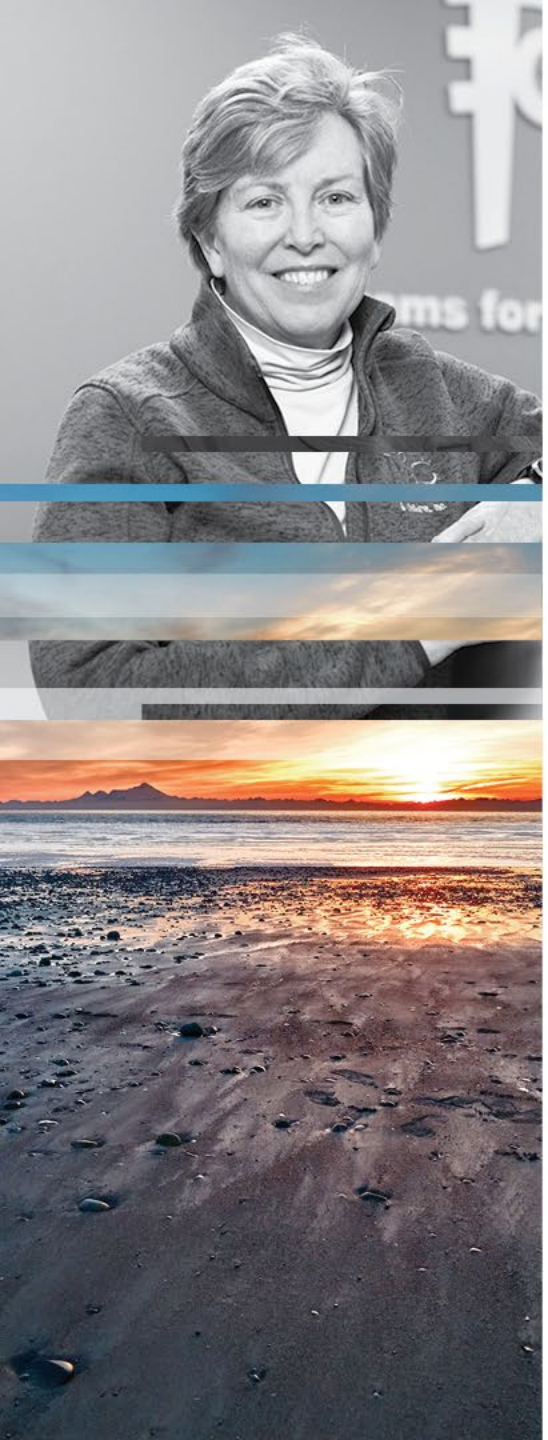
Trust

Alaska Mental Health Trust Authority

# Trust Budget Process

- Informed and collaborative development process
- 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
  - The annual budget is always revisited in the second year of the cycle
- Budgets typically approved by trustees the August before the start of the fiscal year (FY25 begins July 1, 2024)
- The board of trustees submits its budget to the Governor and Legislature no later than September 15 each year
  - Includes recommended expenditures (budget increments) of state general funds (GF/MH) and approved use of Trust funds (MHTAAR)





# The Feedback Loop

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

Trust Staff

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

# Budget Development Timeline

| | |
|---|---|
| Ongoing | Trust staff engage with stakeholders to discuss priorities and the Trust budget |
| April – July 2024 | FY26/27 budget recommendations are finalized by staff |
| July 2024 | Program & Planning Committee meeting: presentation of proposed FY26/FY27 budget |
| August 2024 | Board meeting: Trustees approve FY26/FY27 budgets |
| September 2024 | FY26 budget transmitted to the Governor and LB&A |
| Spring/Summer 2025 | Staff consider revisions to FY27 budget, to be presented to Trustees in July 2025 |

# Core Budget Development Materials

**Stakeholder Engagement**

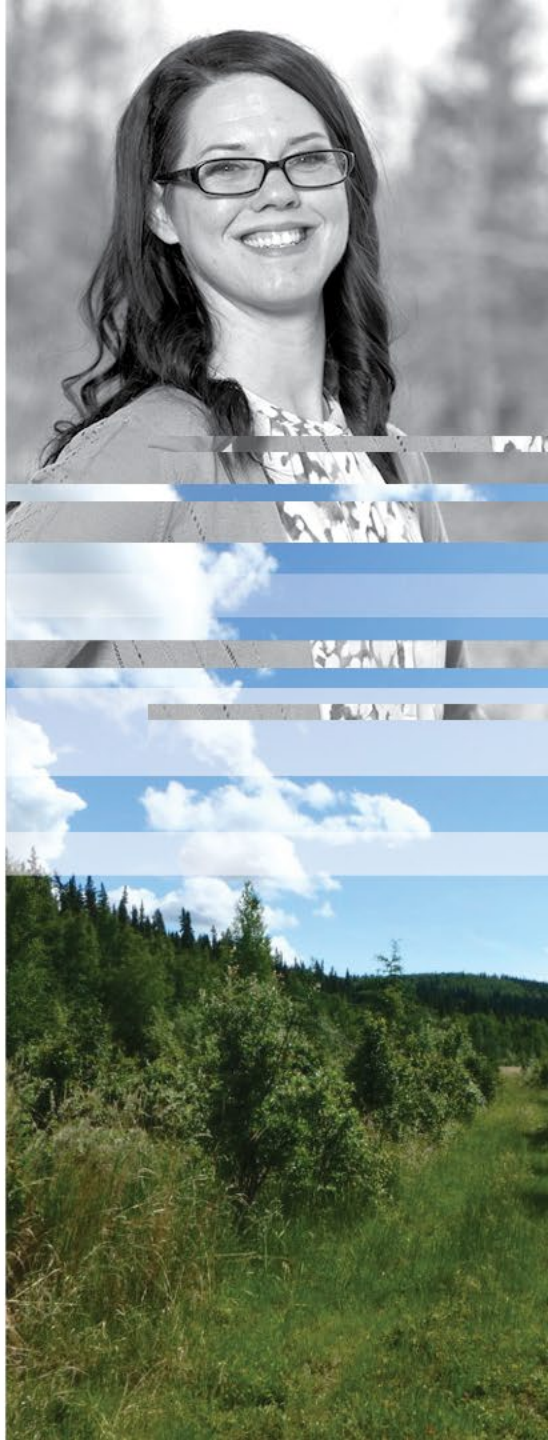
- Stakeholder meetings (Summary Notes)
- Stakeholder Budget Survey
- Meetings with advisory boards and key department leads

**Grant information**

- FY23 MHTAAR Performance Summary
- FY26 Proposed Budget Detail Report

**Data**

- Alaska Scorecard
- Program Evaluations
- Economic and Demographic data

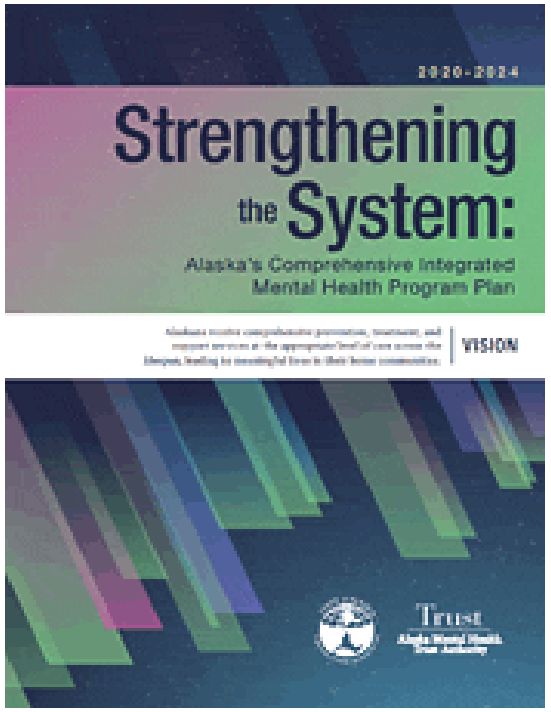


# Stakeholder Engagement – Common Themes

- **Sustainability of Providers:** Ensuring the long-term financial viability of service providers within the comprehensive mental and behavioral health program.
- **Addressing Leadership Gaps:** Identifying and developing strong leadership throughout the system to navigate complex challenges and drive positive change.
- **Integration of Behavioral Health into Primary Care**: Supporting the integration of mental and behavioral health services into primary care settings, improving access, and creating a more seamless care experience for beneficiaries.
- **Workforce Development**: Addressing challenges in recruitment, retention, and compensation of mental and behavioral health professionals to ensure a qualified workforce can meet the needs of Alaskans.
- **Housing:** Guaranteeing access to safe and affordable housing options for beneficiaries, a crucial element for stability and recovery.
- **Data Collection:** Implementing a comprehensive data collection plan to identify service gaps, resource deficiencies, and inappropriate placements. This data will be instrumental in informing future resource allocation and program development.
- **Policy and Advocacy:** Leveraging data collected to inform policy recommendations and advocacy efforts that promote systemic change and improve mental and behavioral health services across Alaska.

# Trust Budget and the Comp Plan

- Trust budget items are linked to Comp Plan Goals and Objectives (*see Budget Detail Report*)
- Many items in the Trust budget link to multiple Goals/Objectives




**Strengthening the System Goals:**

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

# Scorecard

ALASKA SCORECARD 2023

Key Issues Impacting Alaska Mental Health Trust Beneficiaries

| INDICATOR | LATEST U.S. DATA | LATEST ALASKA DATA | AVG. BASELINE ALASKA DATA | CHANGE FROM AVG. BASELINE |
|---|---|---|---|---|
| **EARLY CHILDHOOD** | | | | |
| 1. Percentage of children who received a developmental screening using a parent-completed screening tool in the past year (ages 9 months to 35 months) | 34.4% (2022) | 42.3% (2022*) | 43.6% (2016-2019) | -1.3% |
| 2. Percentage of incoming students who regulate their feelings and impulses 80% of the time or more (grades K-1) | * | 46.1% (2022-2023) | 47.3% (2017-2020) | -1.2% |
| 3. Percentage of women who recently delivered a live birth who have a strong social support system during the postpartum period | * | 76.6% (2021) | 74.7% (2017-2019) | +1.9% |
| 4. Mean index score of (12) indicators associated with child health and well-being that are present at birth | * | 9.5 (2022) | 9.8 (2017-2019) | -0.3 |
| **HEALTHCARE** | | | | |
| 5. Percentage of population without health insurance | 8.0% (2022) | 11.0% (2022) | 12.8% (2017-2019) | -1.8% |
| 6. Rate of non-fatal fall injuries (rate per 100,000; ages 65+) | 3,276.7 (2021) | 4,595.3 (2022) | 4,398.6 (2017-2019) | +196.7 |
| **ECONOMIC AND SOCIAL WELL-BEING** | | | | |
| 7. Percentage of rental occupied households that exceed 50 percent of household income dedicated to housing | 24.8% (2022) | 18.5% (2022) | 18.2% (2017-2019) | +0.3% |
| 8. Rate of chronic homelessness (rate per 100,000) | 38.3 (2022) | 78.2 (2022) | 34.8 (2017-2019) | +43.4 |
| 9. Percentage of Alaskans who experience a disability that are employed | 44.5% (2022) | 50.4% (2022) | 43.9% (2017-2019) | +6.5% |
| 10. Percentage of Alaskans living above 125% of the federal poverty level | 84.8 (2022) | 87.8% (2022) | 83.1% (2017-2019) | +4.7% |
| **SUBSTANCE USE DISORDER PREVENTION** | | | | |
| 11. Percentage of Alaskans needing but not receiving treatment at a specialty facility for substance use in the past year (ages 12+) | 6.8% (2021) | 10.0% (2021) | 8.6% (2016-2019) | +1.4% |
| 12. Percentage of Alaskans who received mental health services in the past year (ages 18+) | 21.8% (2022) | 22.0% (2022) | 14.7% (2016-2019) | +7.3% |
| 13. Rate of alcohol-induced mortality (rate per 100,000; age-adjusted) | 13.6 (2022) | 36.2 (2022) | 23.4 (2017-2019) | +12.8 |
| **SUICIDE PREVENTION** | | | | |
| 14. Rate of intentional self-harm/suicide attempt emergency department visits (rate per 100,000; age-adjusted) | 46.8 (2021) | 125.8 (2022*) | 131.1 (2017-2019) | -5.3 |
| 15. Rate of intentional self-harm/suicide deaths (rate per 100,000; age adjusted) | 14.2 (2022) | 27.7 (2022) | 27.2 (2017-2019) | +0.5 |
| 16. Rate of intentional self-harm/suicide deaths (rate per 100,000; ages 15-24) | 13.6 (2022) | 46.2 (2022) | 49.5 (2017-2019) | -3.3 |

KEY: • Asterisk (*): No U.S. data available at time of publication • Calendar year (yyyy): data represents calendar year • Fiscal year (FYyyyy): data represents fiscal year (July–June) • Combined year (yyyy-yyyy): data represents year range

04 ALASKA SCORECARD 2023

# 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

**Named grantee**
*(if field is blue, it is a bucket and projects will be developed for FY26)*

**Fund type:**
O: Operating MHTAAR
C: Capital MHTAAR
AG: Authority Grant

**Subtotal of all allocations**

**Allocation type**
MHTAAR: Grant to state agency
Authority Grant: Direct grant to partner (non-SOA)
GF/MH: Recommendation for GF spending

**Trust Budget Strategies (*in yellow*)**

**Specific project/initiative, or name of bucket**

| | A | C | G | T | U | V | W |
|---|---|---|---|---|---|---|---|
| 5 | Disability Justice | | Type | FY25 Proposed Approved(8/25/2022) | | | |
| 6 | (amounts in thousands) | Dept/RDU \| Component (or recipient) | Operating (O)/ Capital (C) / Auth Grant (AG) | Sum of MHTAAR/MHT Admin & AG | MHTAAR/MHT Admin | Authority Grant | GF/MH |
| 7 | *Systems and Policy development* | | | | | | |
| 8 | Alaska Justice Information Center | UAA/Anchorage Campus | O | 225.0 | 225.0 | - | - |
| 9 | Subtotal | | | 225.0 | 225.0 | - | - |
| 10 | *Increased Capacity, Training, & Competencies* | | | | | | |
| 11 | Public Guardian Position | DOA/OPA/Public Guardian | O | 91.5 | 91.5 | - | - |
| 12 | Public Guardian Position - OCS Transition | DOA/OPA/Public Guardian | O | 138.0 | 138.0 | - | - |
| 13 | Crisis Intervention Team/Behavioral Health training and Programs for First Responders | | AG | 50.0 | - | 50.0 | - |
| 14 | Crisis Intervention Team/Behavioral Health training and Programs for First Responders | DPS - AK State Troopers | O | 80.0 | 80.0 | - | - |

# Named Grantees vs. "Buckets"

- Buckets are budget lines, for specific purposes, that do not yet have a named grantee (or grantees)
- Trustees are considering approval of that amount for that specific purpose
- In these lines, the recipient field is **blue** and blank
- Throughout the year, projects will be proposed from these buckets when identified and developed
- Buckets will fund one or more projects during the fiscal year

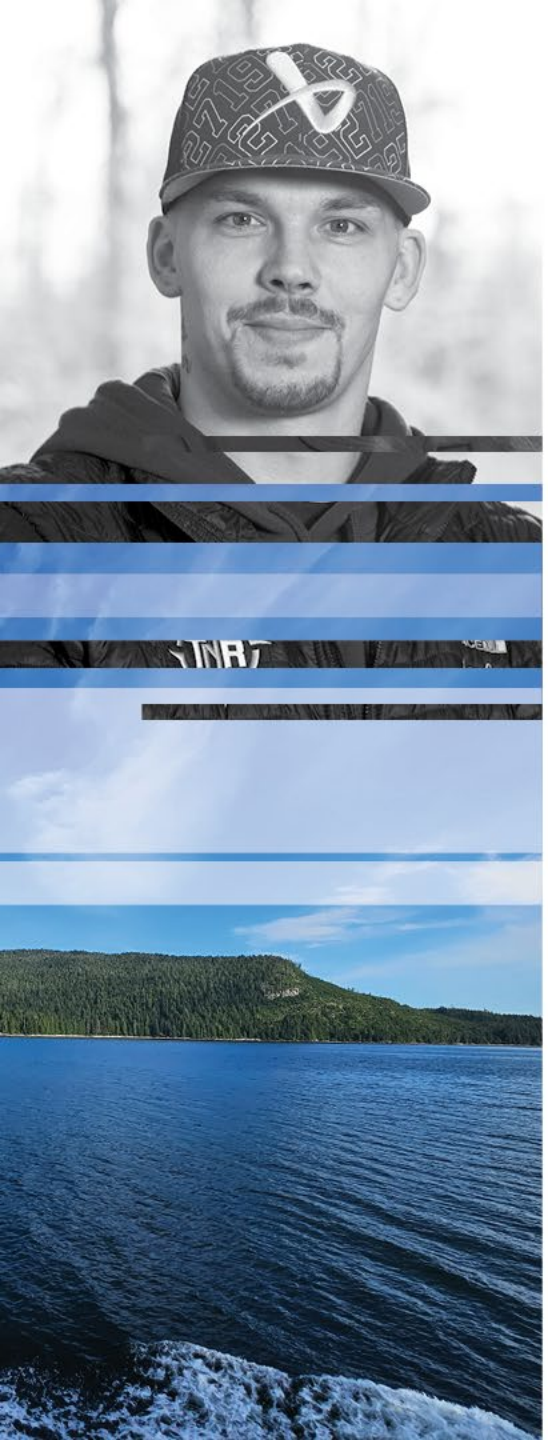
| | A | B | C | G | H | I | J | K | L | M | N | O | P | Q |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | Mental Health & Addiction Intervention | | | Type | | FY26 Proposed | | | | | FY27 Proposed | | | |
| 6 | (amounts in thousands) | | Dept/RDU \| Component (or recipient) | Operating (O)/ Capital (C) / Auth Grant (AG) | | Sum of MHTAAR/MHT Admin & AG | MHTAAR/MHT Admin | Authority Grant | GF/MH | | Sum of MHTAAR/MHT Admin & AG | MHTAAR/MHT Admin | Authority Grant | GF/MH |
| 7 | *Improve Treatment and Recovery Support Services* | | | | | | | | | | | | | |
| 8 | | Behavioral & Physical Health Care Integration | DOH/DBH | O | | 75.0 | 75.0 | - | - | | 75.0 | 75.0 | - | - |
| 9 | | Treatment Access and Recovery Supports | | AG | | 1,000.0 | - | 1,000.0 | - | | 1,000.0 | - | 1,000.0 | - |
| 10 | | **Subtotal** | | | | **1,075.0** | **75.0** | **1,000.0** | **-** | | **1,075.0** | **75.0** | **1,000.0** | **-** |
| 11 | *Ensure Alaskans have access to comprehensive crisis services and supports* | | | | | | **101** | | | | | | | |
| 12 | | Crisis Continuum of Care | | AG | | 3,000.0 | - | 3,000.0 | - | | 3,000.0 | - | 3,000.0 | - |

# We Will Cover Funding Recommendations for:

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

2) Other Priority Areas:
   a) Workforce Development
   b) Early Childhood & Youth

3) Non-Focus Area Allocations

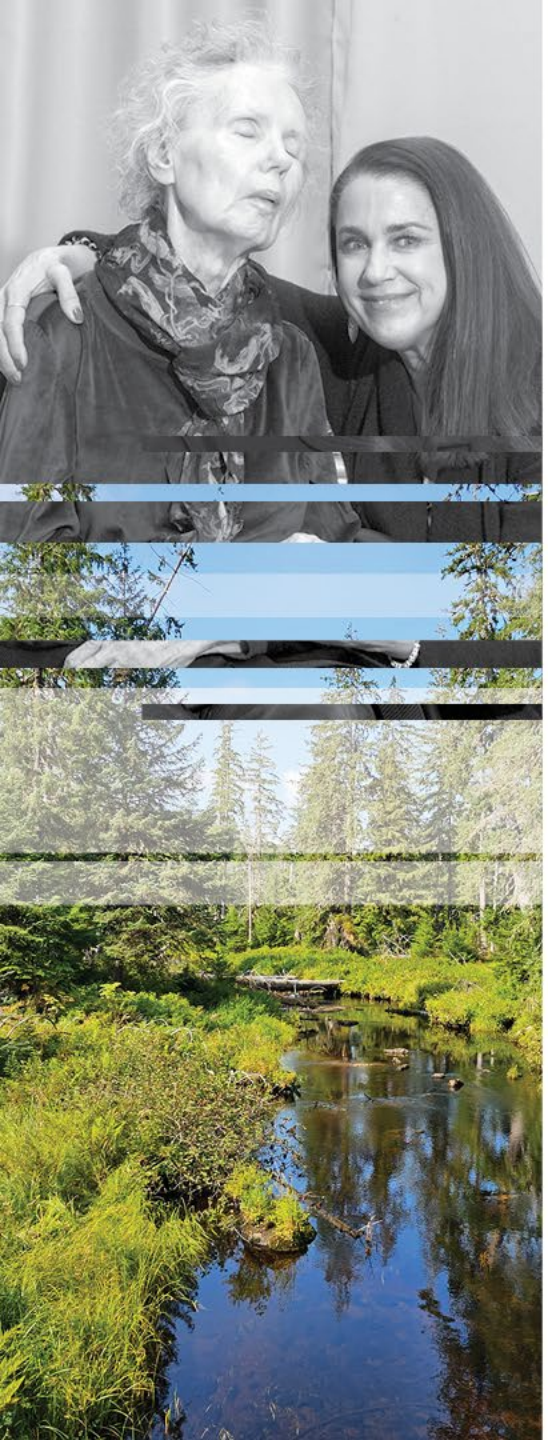


# Budget Presentation Approach

The budget is sectioned per focus/priority area, as well as non-focus Area allocations.

For each section we will offer:

- A description of the area of work
- Budget strategies
- Total proposed amounts by allocation type
- Buckets of funding proposed
- New items and changes from FY25



# Mental Health and Addiction Intervention Focus Area

This focus area supports the entire continuum of care, ensuring beneficiaries have access to prevention, early intervention, ongoing community-based care, treatment for mental health and substance use disorders, and recovery support across the various care settings. And on improving the crisis system of care for individuals in acute behavioral health crises.

- Strategies for FY26/27
  - Increase awareness and improve knowledge to prevent mental illness and substance misuse
  - Improve treatment and recovery support services
  - Ensure Alaskans have timely access to comprehensive crisis services and supports
  - Improve the crisis system of care for individuals in acute behavioral health crises

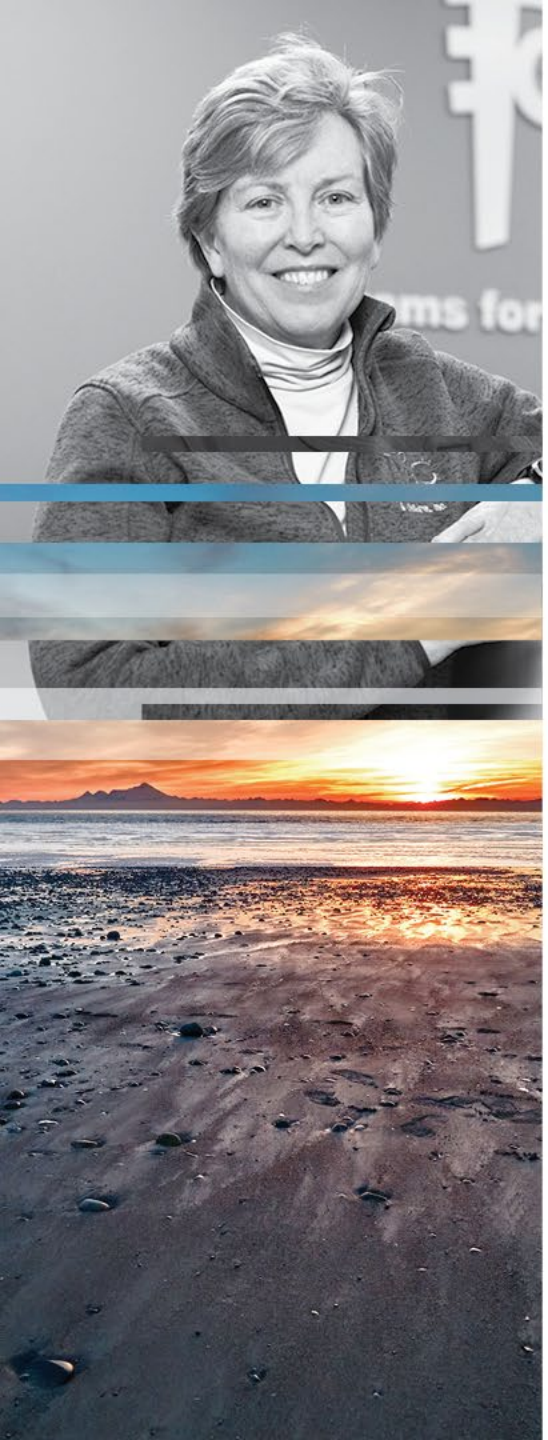
# Mental Health and Addiction Intervention Focus Area

Proposed FY26 Focus Area Budget: $6,812.0

- MHTAAR: $2,199.5
- Authority Grant: $4,612.5
- GF/MH: $1,750.0

## Buckets

- Treatment Access and Recovery Supports: $1,000.0
- Crisis Continuum of Care: $3,000.0



# Mental Health and Addiction Intervention Focus Area

## New items

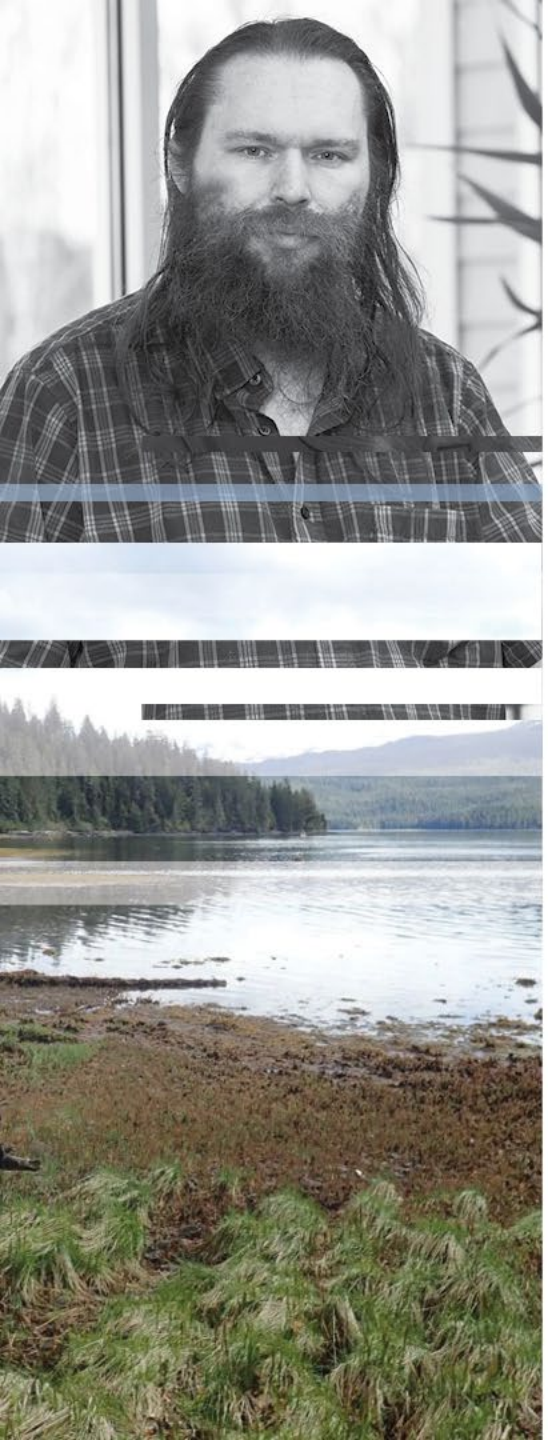
- Behavioral Health & Physical Health Care Integration: $75.0 AG
- Crisis Call Center: $750.0 GF/MH

## Changes

- Removed Partnerships Recover Alaska: ($100.0 AG)
- Removed Crisis Services Grants (EMS/Behavioral Health mobile integrated teams) DOH/DPH: ($500.0 GF/MH)
- Removed Access and Referral Network: ($245.0 MHTAAR) ($100.0 GF/MH)
- Removed Child & Youth Crisis Response System of Care and Technical Assistance: ($200.0 AG)
- Removed Outpatient Competency Restoration: ($300.0 MHTAAR)
- Decreased Crisis Continuum of Care: ($875.5 AG)
- Decreased Start-Up Crisis Now Grants (mobile crisis/Crisis stabilization) DOH/DBH changed to Crisis Services Grants (mobile crisis teams/crisis stabilization) ($500.0 GF/MH)

# Mental Health and Addiction Intervention Focus Area

## Discussion and Questions



# Disability Justice Focus Area

Disability Justice reduces Trust beneficiary involvement in the criminal justice system by focusing on evidence-based practices, data, strong partnerships, and advocacy for systemic change. It also focuses on reducing Trust beneficiary recidivism rates and enhancing/expanding access to clinical and case management resources for incarcerated Trust beneficiaries.

## Strategies for FY26/27

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

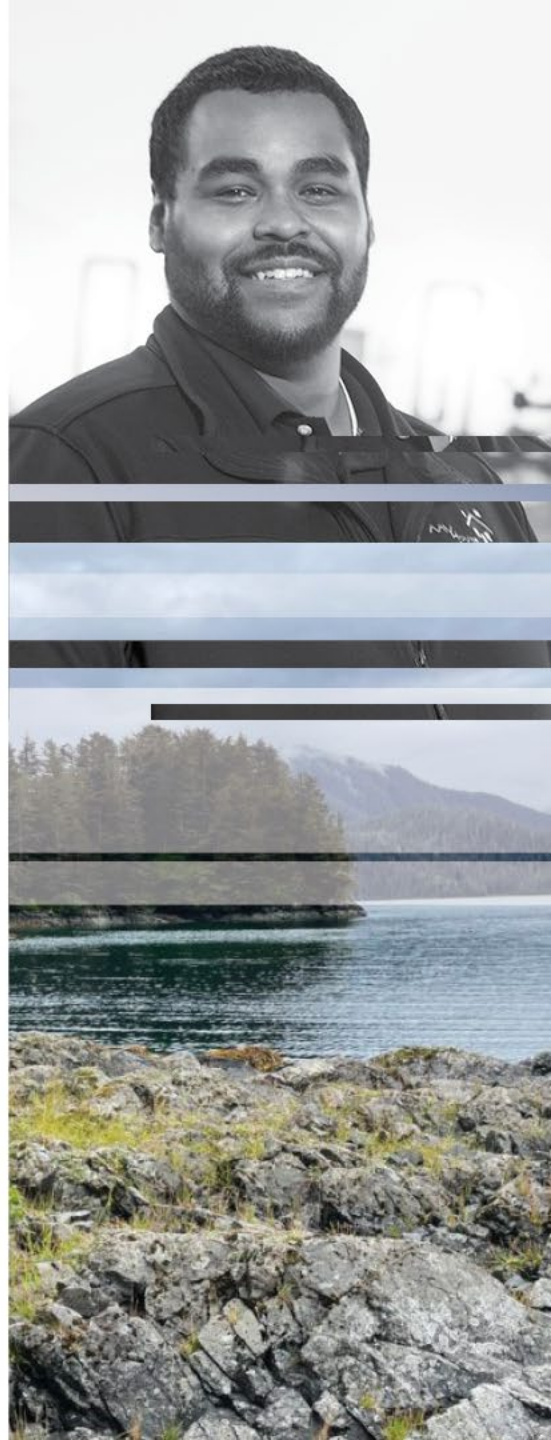
# Disability Justice Focus Area

Proposed FY26 Focus Area Budget: $3,552.4

- MHTAAR: $2,315.9
- Authority Grant: $1,236.5
- GF/MH: $150.0

## Buckets

- The Disability Justice bucket was removed in FY 26 and instead partnership grants will be utilized



# Disability Justice Focus Area Changes in FY26

## New items

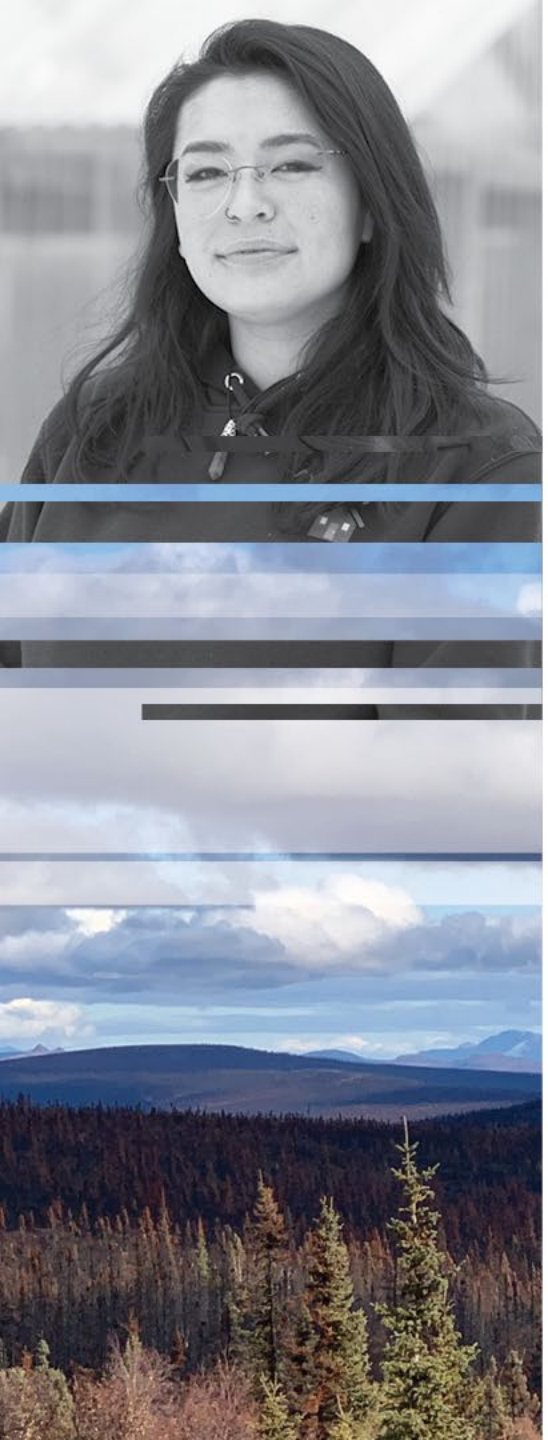
- Trust Beneficiaries in Alaska Department of Corrections Study: $400.0 MHTAAR
- Criminal Justice Sequential Intercept Model Convening: $105.0 MHTAAR

## Changes

- Public Guardian Positions, DOA/OPA asked to switch the funding amount for the two positions we support: $91.5 & $138.0 MHTAAR respectively
- Removed Specialized skills & service training on serving criminally justice-involved beneficiaries: ($72.5 MHTAAR)
- Removed Juneau Mental Health Court: ($126.1 GF/MH)
- Removed Re-entry Services Expansion for Severe and Persistently Mentally Ill: ($131.0 MHTAAR)
- Removed Re-entry Transition Supports: ($200.0 AG)
- Change in fund source Training for therapeutic court staff to Alaska Court System: $20.0 GF/MH
- Change in fund source Interpersonal/Violence Prevention for beneficiaries to UAA: $80.0 GF/MH
- Merged Centralized Competency Calendar Paralegal and Centralized Competency Calendar Paralegal- Statewide to Centralized Competency Calendar Project Manager
- Renamed DJJ Behavioral Health Program Support to Occupational Therapist in DJJ Youth Facilities

# Disability Justice Focus Area

Discussion and Questions



# Beneficiary Employment and Engagement Focus Area

This focus area works to improve outcomes and promote recovery for beneficiaries through integrated, competitive employment, and meaningful engagement opportunities.

Strategies for FY26/27

- Promote successful, long-term employment
- Increase recovery services
- Beneficiaries increase self-sufficiency

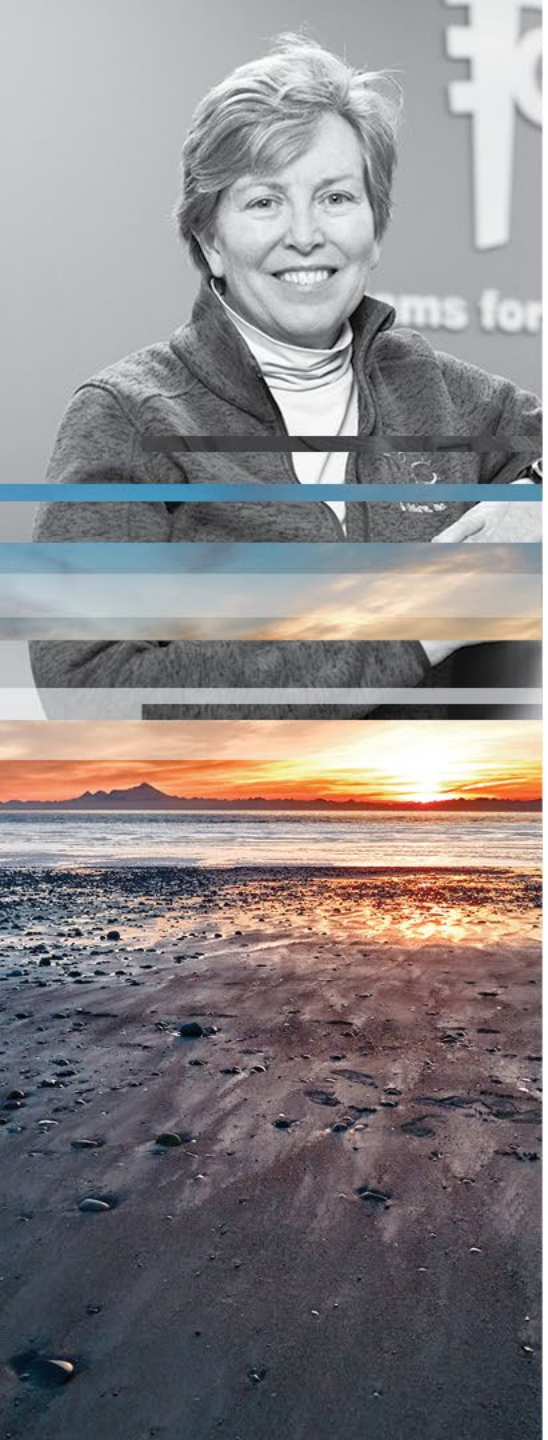
# Beneficiary Employment and Engagement

Proposed FY26 Focus Area Budget: $1,650.0

- MHTAAR: $250.0
- Authority Grant: $1,400.0

## Buckets

- Mental Health Advocacy, Support, Education, and Awareness: $400.0
- Clubhouse Support for Rehabilitation, and Recovery: $800.0



# Beneficiary Employment and Engagement Changes in FY26

New items

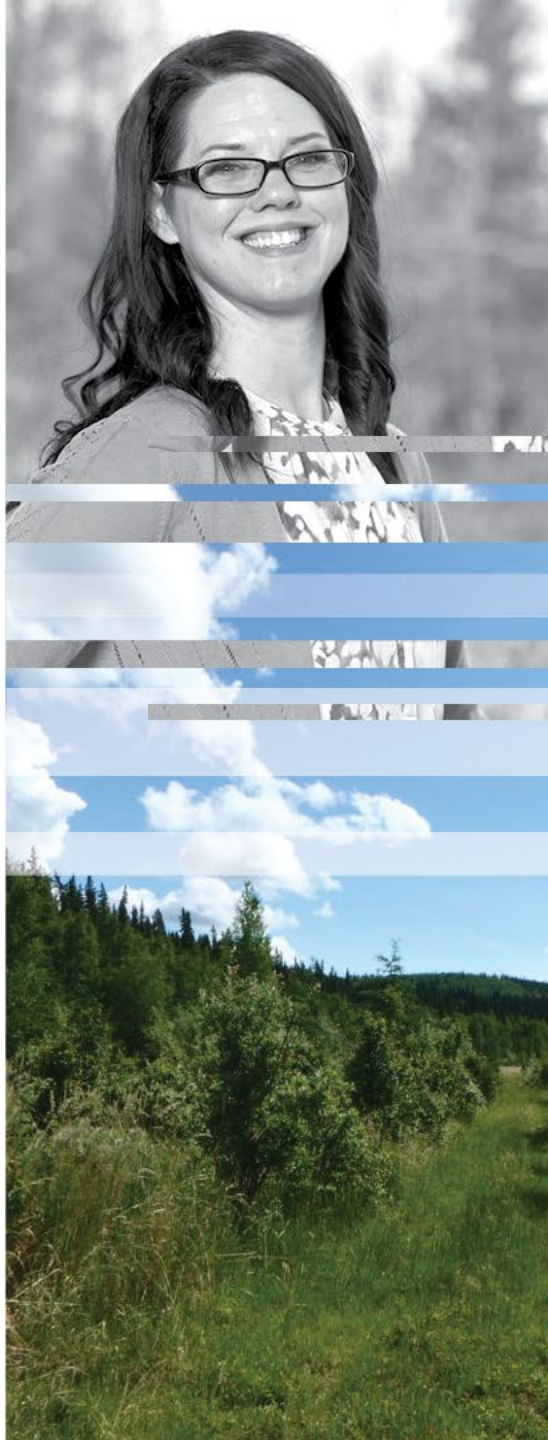
- Mental Health Advocacy, Support, Education, and Awareness: $400.0 AG
- Clubhouse Support for Rehabilitation, and Recovery: $800.0 AG

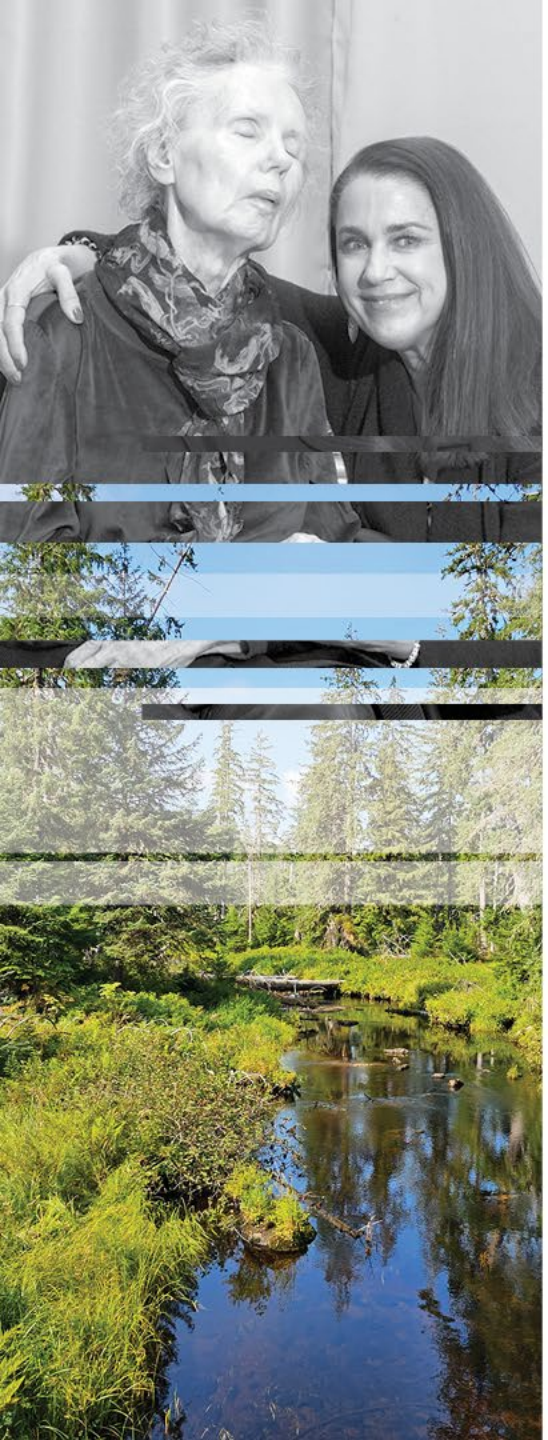
Changes

- Decreased Beneficiary Employment Technical Assistance and Planning: ($45.0 MHTAAR)
- Decreased BPI Program Grants: ($10.0 AG)
- Removed BPI Program Grants: ($1,364.0 AG)
- Removed Work Matters Task Force: ($50.0 AG)
- Removed Centralized Accommodation Fund: ($100.0 GF/MH)
- Removed IPS Supported Employment Implementation: ($250.0 AG)
- Moved Individual Placements and Supports (IPS) to Workforce: $30.0 MHTAAR
- Moved Evidenced-Based and Promising Employment and Engagement Practices to Workforce: $250.0 AG

# Beneficiary Employment and Engagement Focus Area

Discussion and Questions





# Housing & Home and Community Based Services Focus Area

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.

## Strategies for FY26/27

- Housing & 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

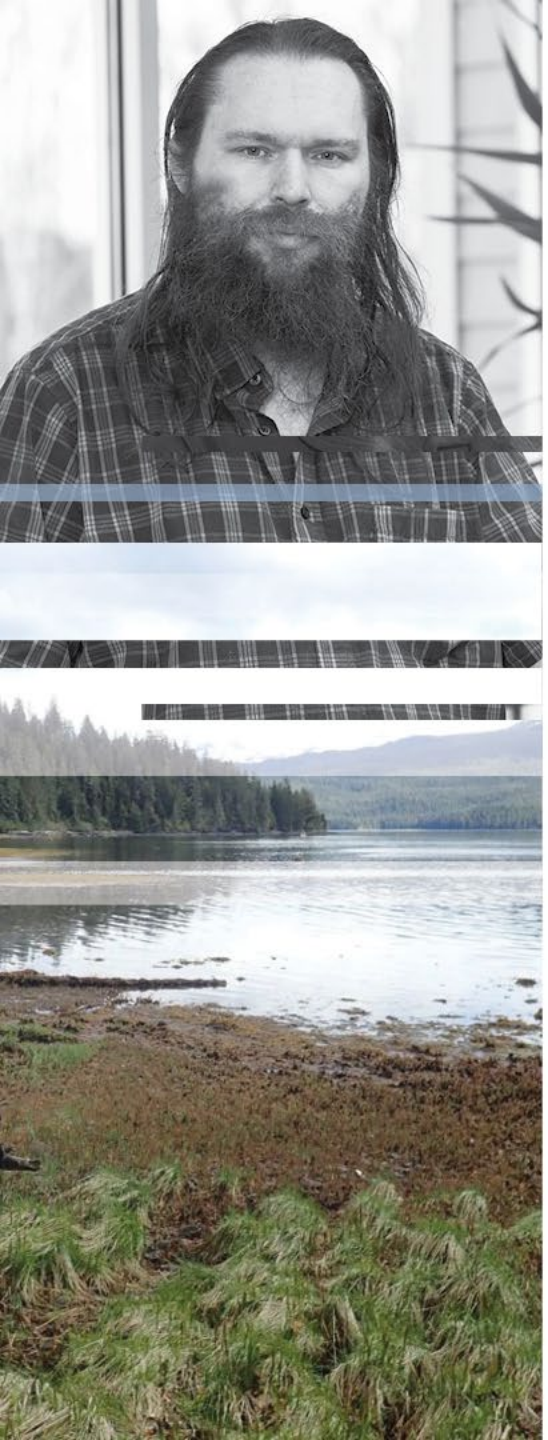
# Housing & Home and Community Based Services Focus Area

Proposed FY26 Focus Area Budget: $4,318.3

- MHTAAR: $2,123.3
- Authority Grant: $2,195.0
- GF/MH: $6,045.0

## Buckets

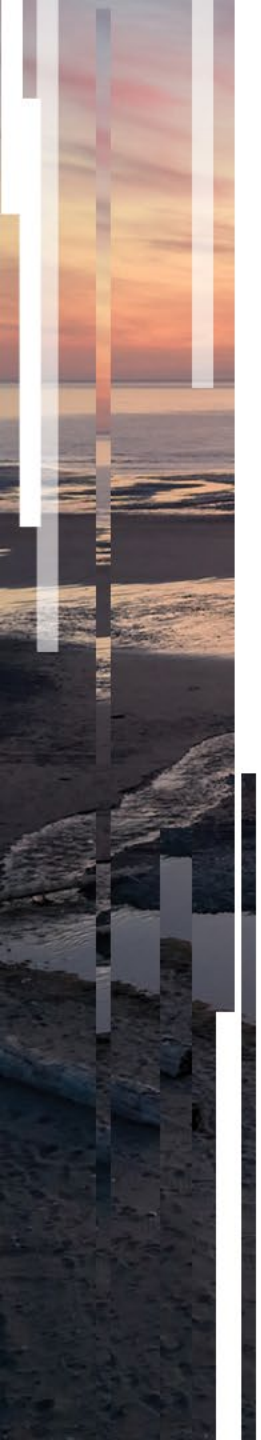
- HCBS System Sustainability $150.0
- Beneficiary Housing Projects and Related Services $750.0
- TABI and ADRD Services and Supports (FY27 only) $400.0



# Housing & Home and Community Based Services Focus Area New Items in FY26

## New items

- Alaska Dementia Action Collaborative: $75.0 AG
- Affordable Housing Development Position: $75.0 AG
- HCBS System Sustainability: $150.0 AG
- Beneficiary Housing Projects and Related Services: $750.0 AG
- TABI Phasic Implementation Plan for Identification, Intervention, and Enhanced Community Infrastructure: $350.0 AG
- Environmental Modifications Improvement: $94.0 MHTAAR
- No Wrong Door Coordinated Access to Services: $300.0 MHTAAR
- Self-directed HCBS: $300.0 AG
- ADRD Rural Outreach and Prevention: $175.0 AG
- Person Centered Transportation: $250.0 MHTAAR, $250.0 GF/MH



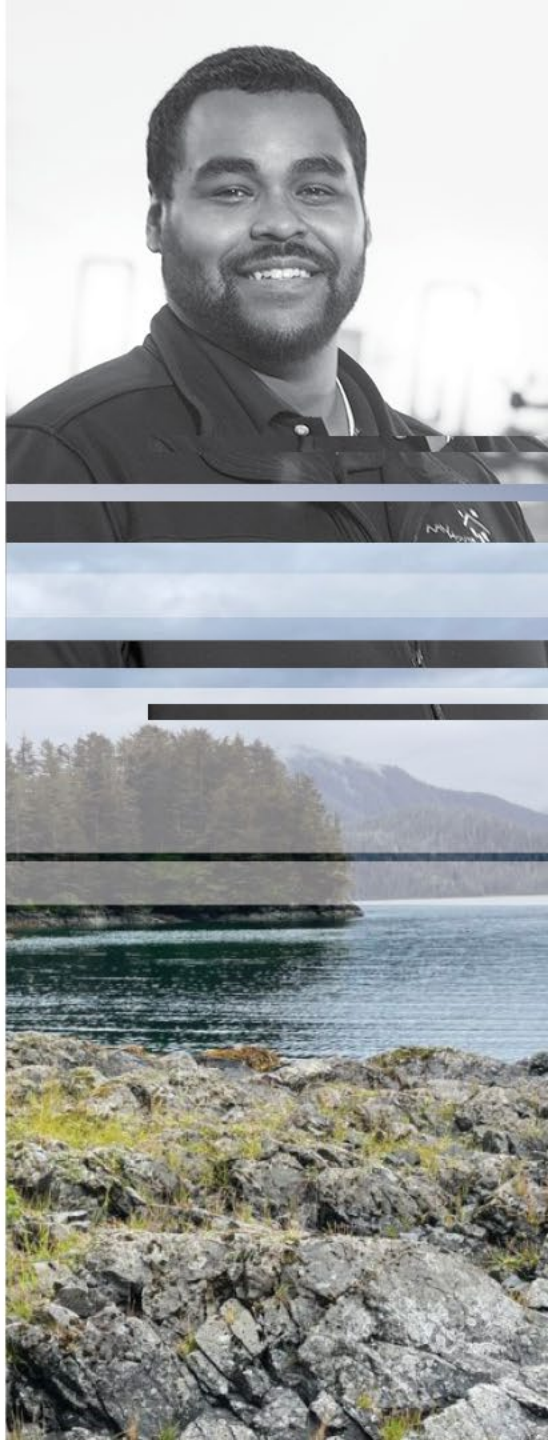
# Housing & Home and Community Based Services Focus Area Changes in FY26

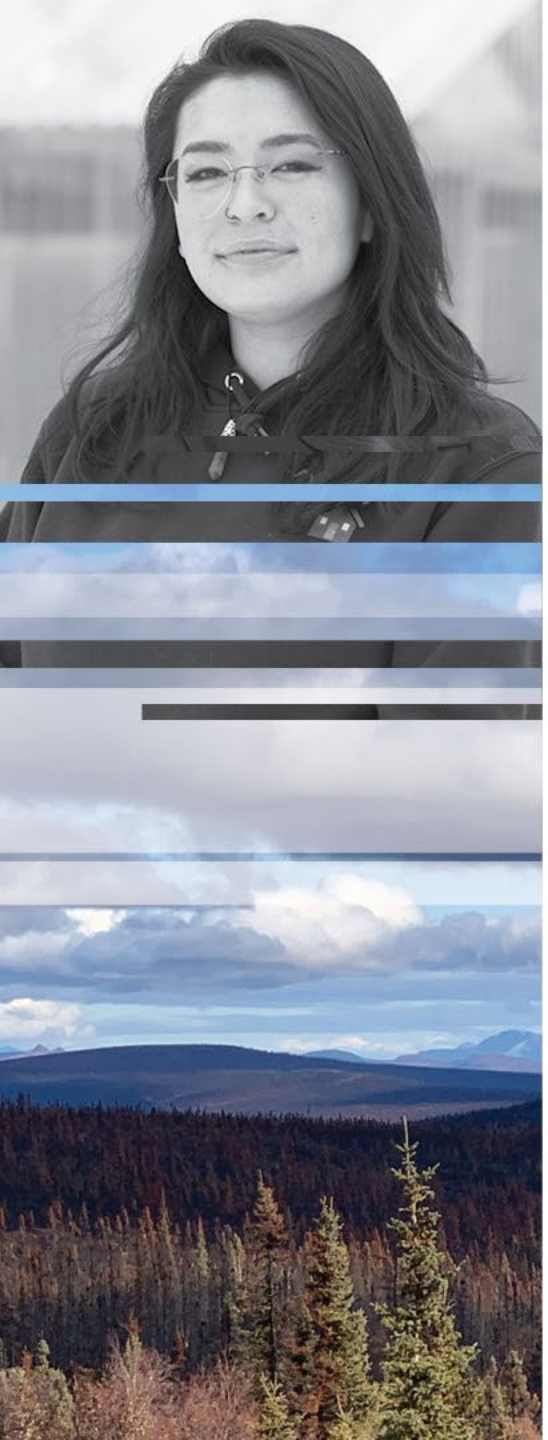
## Changes

- Removed Rural Housing Coordinator NWAB, project end: ($135.0 MHTAAR)
- Removed ADRD and TABI Capacity Building, project end: ($150.0 AG)
- Removed Legal Resources for Trust Beneficiaries project end: ($75.0 AG)
- Removed Supportive Housing Projects project end: ($650.0 AG)
- Removed Aging and Disability Resource Centers, project end: ($300.0 MHTAAR) & continue $250.0 GF/MH
- Removed Develop Targeted Outcome Data, project end, transition to GF/MH: ($80.0 MHTAAR) & $45.0 GF/MH
- Decreased TABI and ADRD Services and Supports : ($500.0 AG)
- Decreased IDD System Capacity Development project : ($15.0 AG)
- Decreased HCBS Reform Contract: ($30.0 AG)
- Increased Care Coordination Liaison: $34.0 MHTAAR
- Increased Gulf Coast TABI Expansion Project: $25.0 AG
- Received Brain Injury Council Staff from Non-Focus Allocation: $105.0 MHTAAR
- Moved Youth Brain Injury Program Coordinator to Early Childhood & Youth: $246.8 AG
- Home Modifications and Upgrades – project changed divisions from FMS to SDS: $1,150.0 GF/MH

# Housing & Home and Community Based Services Focus Area

Discussion and Questions





# Workforce Development Priority Area

The Trust utilizes workforce development strategies to support engaging, recruiting, training, and retaining healthcare employees across Alaska who provide residential and community-based services to Trust beneficiaries.

## Strategies for FY26/27

- Strengthen workforce capacity
- Enhance the competency of the healthcare workforce

# Workforce Development Priority Area

Proposed FY26 Focus Area Budget: $2,240.0

- MHTAAR: $1,415.0
- Authority Grant: $825.0
- GF/MH: $750.0

Buckets

- SHARP Access: $400.0
- Evidenced Based and Promising Employment and Engagement Practices: $200.0

# Workforce Development Priority Area Changes in FY26

## New items

- SHARP Access: $400.0 AG
- Clinical Supervision Support: $200.0 AG

## Changes

- Decreased The Alaska Training Cooperative: ($100.0 MHTAAR), $100.0 GF/MH
- Decreased Peer Support Certification: ($25.0 MHTAAR, $50.0 GF/MH)
- Decreased Direct Support Professional Training: ($100.0 MHTAAR), $100.0 GF/MH
- Increased AK Area Health Education Centers: $50.0 MHTAAR
- Removed Rural Health and Workforce: ($150.0 MHTAAR)
- Removed Support for Service (SHARP) DOH/DPH: ($100.0 MHTAAR)
- Removed SHARP Fiscal Agent: ($100.0 AG)
- Received Individual Placement and Supports (IPS) from Beneficiary Employment and Engagement: $30.0 MHTAAR
- Received Evidenced Based and Promising Practices from Beneficiary Employment and Engagement: $200.0 AG
- Received Alaska Workforce Profile from Non-Focus Allocations: $25.0 MHTAAR

# Workforce Development Priority Area

## Discussion and Questions

# Early Childhood & Youth Priority Area

This Trust priority area funds early screening and detection, intervention, and prevention strategies to connect infants, children, youth, and families to resources. The goal is to promote healthy development, prevent trauma, reduce and mitigate the impact of Adverse Childhood Experiences (ACEs). It recognizes the importance of prevention across the lifespan for mental health and well-being.

Strategies for FY26:

- Promote practice-informed, universal screening efforts and early intervention services
- Ensure accurate identification and treatment of social-emotional needs for children, youth, and their caregivers
- Improve social determinants of health and strengthen family resiliency

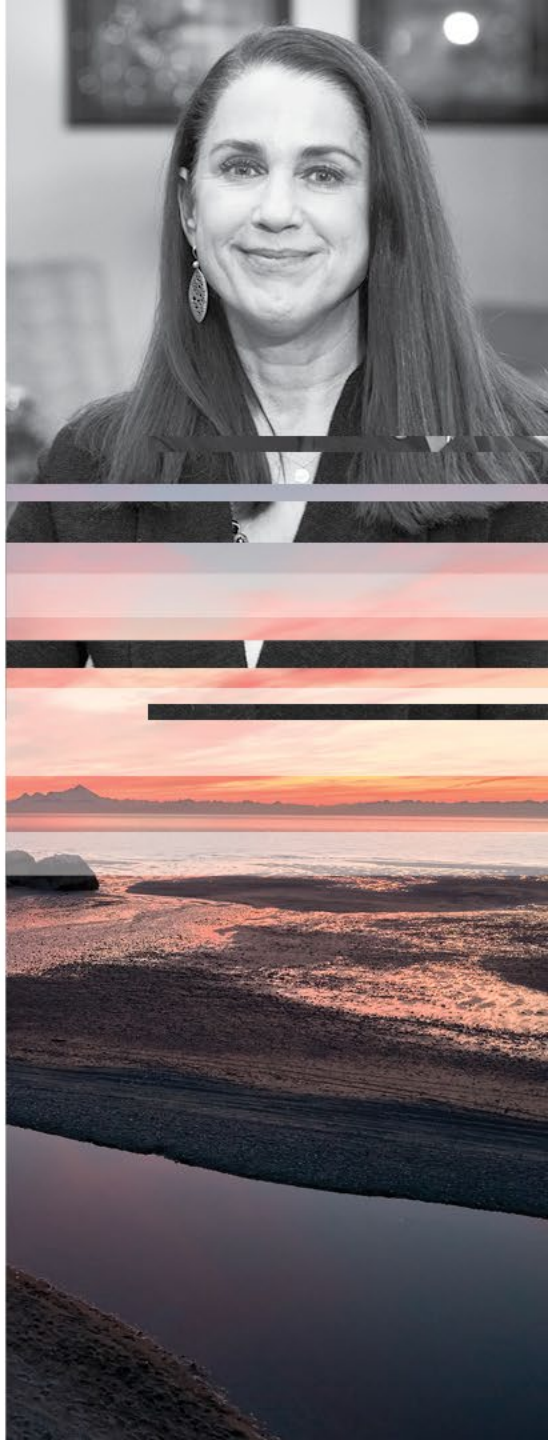
# Early Childhood & Youth

Proposed FY26 Focus Area Budget: $3,371.9

- MHTAAR: $1296.6
- Authority Grant: $2,075.3
- GF/MH: $250.0

Buckets

- Screening, & intervention for infants, children or youth & their families: $250.0
- Infant, Early Childhood, & Youth Mental Health Capacity Building: $325.0
- Improve social determinants of health for children, youth, and their families: $265.0
- Foster Care, Child Welfare, and Kinship Programs: $250.0



# Early Childhood & Youth Priority Area Changes in FY26

New items

- ILP Statewide Equity Project: $150.0 & a recommendation for 150.0 in GF/MH
- Screening, & intervention for infants, children or youth & their families bucket: $250.0 AG

Changes

- Decreased Youth Brain Injury Program Coordinator: ($39.2 AG)
- Decreased Reimagining Child Welfare Project: ($50.0 AG)
- Decreased Infant, Early Childhood & Youth Mental Health Capacity Building bucket: ($75.0 AG)
- Decreased Foster Care, Child Welfare & Kinship Programs: ($250.0 AG)
- Decreased Flex Funds for Transition Aged Foster Youth: ($50.0 MHTAAR)
- Decreased Family Services Training Center-1115 Early Childhood Services: ($200.0 MHTAAR)
- Increased Pediatric Mental Health Care Access Program: $31.6 MHTAAR
- Removed Keep the Kids Home Pediatric BH Services & Supports Bucket: ($50.0 AG)
- Removed Children's Mental Health Conference: ($50.0 AG)
- Removed Ages & Stages Questionnaire (4th Edition) (FY24 only) placeholder line
- Removed Project Transform/Mental Health Consultation in Schools: ($150.0 AG)
- Removed Early Childhood Governance: Public-Private Partnership: ($50.0 AG)

# Early Childhood & Youth Priority Area

## Discussion and Questions

# Non-Focus Area Allocations

Non-Focus Area Allocations support Trust partners, policy improvements and reduced stigma, a strengthened continuum of care, and address health care, basic needs, and quality of life for Trust beneficiaries.

Strategies for FY26/27

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

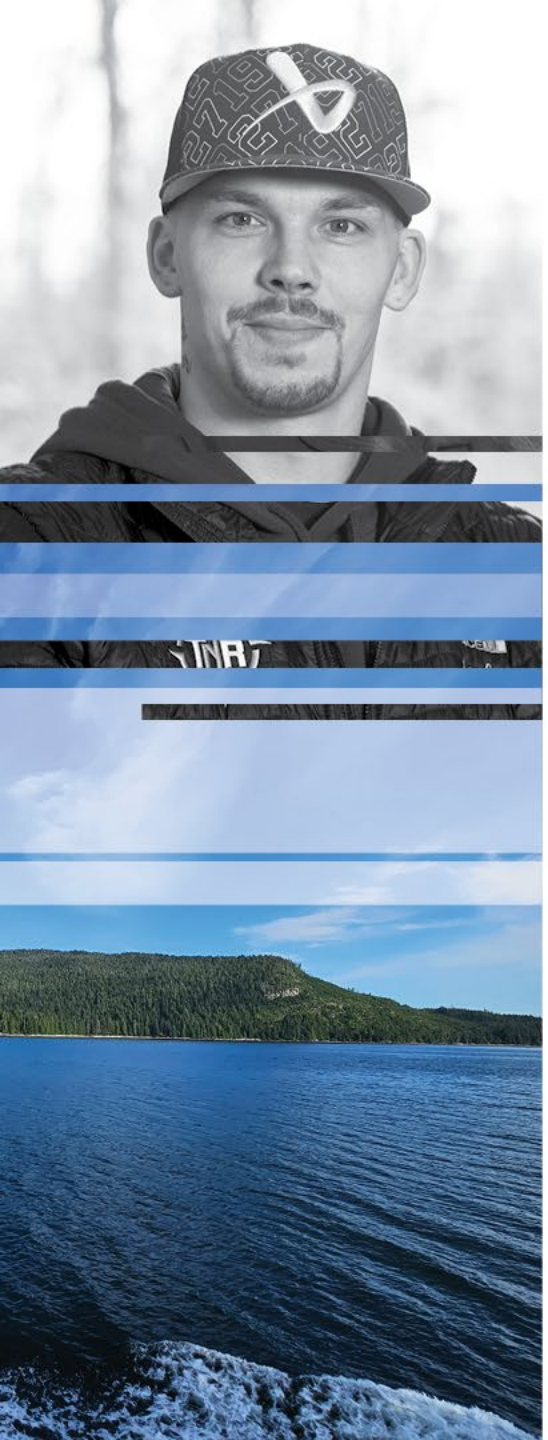
# Non-Focus Area Allocations

## Proposed FY26 Focus Area Budget: $7,206.5

- MHTAAR: $1,356.5
- Authority Grant: $5,850.0
- GF/MH: $1,469.0

## Buckets

- Partnership/Designated Grants: $2,150.0
- Comprehensive Program Planning and Consultative Services: $350.0



# Non-Focus Area Allocations Changes in FY26

New items

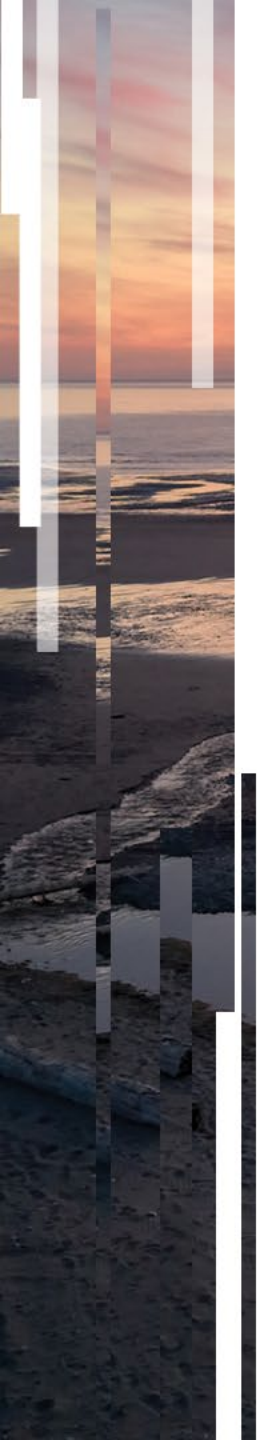
- Programmatic Administration: $150.0 AG

Changes

- Decreased Coordinated Community Transportation: ($250.0 MHTAAR)
- Decreased Trust Conference: ($130.0 AG)
- Decreased Crisis Intervention Team/Behavioral Health training and Programs for First Responders: Reduction to AST ($30.0 MHTAAR), GF/MH $50.0
- Removed Beneficiary Population Health Data, project ended: ($50.0 MHTAAR)
- Removed Beneficiary ACE's Data Collection, project ended: ($85.0 MHTAAR)
- Removed AK Autism Resource Center, project ended: ($50.0 GF/MH)
- Increased GCDSE Joint Staffing: $40.5 MHTAAR
- Increased Scorecard Update: $40.0 MHTAAR
- Increased Rural & Community Outreach: $130.0 AG
- Increased Long Term Care Ombudsman: $10.5 GF/MH
- Moved Alaska Workforce Profile to Workforce: $25.0 MHTAAR
- Moved Brain Injury Council Staff to Housing & Home and Community Based Services: $105.0 MHTAAR

# Non-Focus Area Allocations

Discussion and Questions



# Questions?