

MEETING AGENDA

Meeting: Program & Planning Committee
Date: October 20, 2022
Time: 8:30 AM
Location: online via webinar and teleconference
Teleconference: (844) 740-1264 / Meeting Number: 2453 203 2405 # / Attendee Number: #
<https://alaskamentalhealthtrust.org/>
Trustees: Verné Boerner (Chair), Rhonda Boyles, Kevin Fimon, Brent Fisher, Anita Halterman, Agnes Moran, John Sturgeon

Thursday, October 20, 2022

Page No

| | | |
|--------------|---|----------------------------|
| 8:30 | Call to order (Verné Boerner, Chair) Roll Call / Announcements / Approve agenda / Ethics Disclosure Approval of Minutes: July 27-28, 2022 | 5 |
| 8:35 | CEO Update | |
| 9:00 | COMP Plan in Action: Traumatic Brain Injury <ul style="list-style-type: none"> Kelda Barstad, Trust Program Officer Dr. Adam Grove Katie Jacques, Southcentral Foundation Lucy Cordwell, Center for Human Development | 22 hand-out hand-out |
| 10:30 | Break | |
| 10:45 | Governor's Task Force Updates <ul style="list-style-type: none"> Governor's Advisory Council on Opioid Remediation Alaska Council on the Homeless Governor's Council on Human and Sex Trafficking | 46 |
| 11:15 | Sitka Hítx'i Sáani (Little Houses) Cabin Project <ul style="list-style-type: none"> Kelda Barstad, Trust Program Officer Andrew Hinton, Executive Director Sitka Homeless Coalition Lenise Henderson, Volunteer Sitka Homeless Coalition | 58 |
| 11:45 | Lunch | |

Page No

| | | |
|--------------|---|----|
| 12:30 | Approvals | |
| | • Alaska Behavioral Health Mobile Crisis Team (Fairbanks) | 65 |
| | • True North Day One Center Mat-Su | 71 |
| | • True North Mobile Crisis Team (Mat-Su) | 77 |
| | • HB 172- Mental Health Facilities & Medications: Report to the Legislature – contract funding | 83 |
| | • Volunteers of America – At Risk Youth Rapid Re-Housing | 89 |
| 2:00 | Break | |
| 2:15 | Mental Health Supports in Alaska’s Schools | 94 |
| | • Jimael Johnson, Trust Program Officer | |
| | • Beverly Schoonover, Alaska Mental Health Board/Advisory Board on Alcoholism & Drug Abuse | |
| | • Sharon Fishel, Department of Education & Early Development | |
| | • Pat Sidmore, Department of Education & Early Development | |
| 3:15 | Trustee Comments | |
| 3:30 | Adjourn | |

Future Meeting Dates

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

(Updated – October 2022)

- | | | |
|--------------------------------|----------------------------|------------------------|
| • Audit & Risk Committee | October 19, 2022 | (Wed) |
| • Finance Committee | October 19, 2022 | (Wed) |
| • Resource Mgt Committee | October 19, 2022 | (Wed) |
| • Program & Planning Committee | October 20, 2022 | (Thu) |
| • Full Board of Trustee | November 16-17, 2022 | (Wed, Thu) – Anchorage |
| | | |
| • Audit & Risk Committee | January 5, 2023 | (Thu) |
| • Finance Committee | January 5, 2023 | (Thu) |
| • Resource Mgt Committee | January 5, 2023 | (Thu) |
| • Program & Planning Committee | January 6, 2023 | (Fri) |
| • Full Board of Trustee | January 24-25, 2023 | (Tue, Wed) – Juneau |
| | | |
| • Audit & Risk Committee | April 19, 2023 | (Wed) |
| • Finance Committee | April 19, 2023 | (Wed) |
| • Resource Mgt Committee | April 19, 2023 | (Wed) |
| • Program & Planning Committee | April 20, 2023 | (Thu) |
| • Full Board of Trustee | May 24-25, 2023 | (Wed, Thu) – TBD |
| | | |
| • Audit & Risk Committee | July 25, 2023 | (Tue) |
| • Finance Committee | July 25, 2023 | (Tue) |
| • Resource Mgt Committee | July 25, 2023 | (Tue) |
| • Program & Planning Committee | July 26-27, 2023 | (Wed, Thu) |
| • Full Board of Trustee | August 29-30, 2023 | (Tue, Wed) – Anchorage |

Future Meeting Dates

Statutory Advisory Boards

(Updated – July 2022)

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

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

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

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

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

Governor’s Council on Disabilities and Special Education

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

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

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

Alaska Commission on Aging

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

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

- Fall Meeting: October 3-5, 2022 / TBD
- Winter Meeting: December 5-6, 2022 / TBD

**ALASKA MENTAL HEALTH TRUST AUTHORITY
PROGRAM & PLANNING COMMITTEE MEETING**

**July 27, 2022
8:30 a.m.**

WebEx Videoconference/Teleconference

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

Trustees Present:

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

Trust Staff Present:

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

Trust Land Office Staff Present:

Jusdi Warner

Also participating:

Patrick Reinhardt; Lesley Thompson; John Walker; Meredith Griggs; Kathy Craft; Charity Carmody; Betsey Chivers; Alison Kear; Emily Urlacher; Gloria Bennett; Beverly Schoonover; Josephine Stern; Lisa Guzman; Adam Rutherford; Michelle Bartley; Sharon Tetlow; Kim Champney; Beth Goldstein; Jonathan Pistouk; Janice Weiss; Jennifer Smerud; Anthony Newing; Timothy Ledna; Terry Kadel; Lezelda Fiebig.

PROCEEDINGS

CALL TO ORDER

CHAIR BOERNER called the meeting to order and began with a roll call. She stated that there was a quorum and asked for any announcements. There being none, she moved to the agenda.

APPROVAL OF THE AGENDA

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

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

CHAIR BOERNER asked for any ethics disclosures. There being none, she moved to the minutes of April 21, 2022.

APPROVAL OF THE MINUTES

MOTION: A motion to approve the minutes of April 21, 2022, was made by TRUSTEE HALTERMAN; seconded by TRUSTEE STURGEON.

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

CEO UPDATE

MR. WILLIAMS explained that we would have some approvals, and then dive into the FY24-25 budget recommendations. He then recognized Autumn Vea for 15 years of State service. He stated that she received a certificate from the Governor. She started her State career at the Department of Health and Social Services, then moved to the Department of Corrections where she worked for the Division of Health and Rehabilitation. She came to the Trust in 2018. She has been the point person in working with the departments related to the Comprehensive Integrated Mental Health Program Plan.

(Applause.)

MR. WILLIAMS recognized Kelda Barstad's birthday with a "Happy Birthday." He moved to an issue in Anchorage that was related to the beneficiaries who are houseless or homeless. Clearly, the city was working on developing a plan, as it gets closer to the colder months and winter, on housing the beneficiaries and the houseless. He stated that the Trust had actively engaged in this conversation, and he represented the Trust on the Anchorage Homeless Leadership Council. That includes the City, Mayor, several other public partners, AHFC, the Trust, private partners, Wells Fargo, ConocoPhillips, GCI, First Presbyterian Church, the Rasmuson Foundation, Alaska Native corporations. They meet on a monthly basis to get updates on what is going on in Anchorage. He continued that updates are received from the Anchorage Coalition to End Homelessness on the issues and needs related to the houseless population in Anchorage. He moved to the update on the upcoming conference for the 27th and 28th at the Dena'ina Center with the plan for up to 400 people. He stated that there was a call-out for

presentations to participate in the conference, and they received 61 applications for about 16 to 18 slots. He continued that two keynote speakers were secured, both from the National Association on Mental Illness: the CEO of NAMI, Daniel Gillison; and, also from NAMI, Kevin Duckworth, the chief medical officer, who is board-certified in children's mental health and adult mental health. He added that registration for the conference is open. He moved to the grant summary report and stated that 47 grants were approved for this quarter, with a total of 91 for FY22, totaling roughly \$3.7 million. The list of grantees was included in the packet.

CHAIR BOERNER congratulated Autumn Vea and thanked her for all her work over 15 years; and she wished Kelda Barstad a happy birthday. She stated that it was great news on the conference, and that she was glad to hear about all the interest for the presentations.

TRUSTEE STURGEON asked how many grants were rejected. He thought that the board may be interested in the rejections, and then get an idea of the kind of demand there is.

TRUSTEE HALTERMAN asked if the Improving Lives Conference would be happening at the event.

MR. WILLIAMS asked Ms. Biastock to share some of the details.

MS. BIASTOCK replied that there are some pre-conference workshops planned for the 26th, and we hope to have that information on the website shortly. She stated that trustees are all welcome to attend any and all portions of the Trust conference. She encouraged folks to take advantage of them.

TRUSTEE HALTERMAN asked Mr. Williams to present something on the securitization of the Opioid Task Force funds.

MR. WILLIAMS replied that the Governor's Advisory Council on Opioid Remediation, GACOR, was set up by the Governor via executive order. Trustee Halterman is the Trust representative on the advisory council, and Ms. Baldwin-Johnson and Mr. Boyer sit in. He explained that the litigation against pharmaceutical companies that manufactured the opioids that led to the opioid epidemic was settled. The State of Alaska is expected to receive approximately \$40 million from that settlement, and will have a variety of opportunities for how those funds could be used. He continued that the funds have to be deployed in specific areas, specified in the settlement. He stated that one of the topics of conversation at the council was the role of the Trust in awarding the grants. He continued that Trustee Halterman asked that he look into the viability of the Trust playing that role and communicate back to the council on whether the Trust could or could not participate. The first step was to determine whether this was legally a possibility, and we reached out to the Department of Law. The lawyer's opinion was that, because of the legal framework in the statutes, the Trust would not be able to take on nonTrust funds and then grant them out. He added that it was strongly suggested that the Trust be involved in the process for where those funds should be prioritized and identified.

TRUSTEE HALTERMAN added that there had been a subcommittee meeting put together by Senator Begich, and the recommendation of the subcommittee was that the Trust be a stakeholder in making decisions with regard to where these funds will be disbursed. She continued that there would be a statute change before the ownership of those funds.

CHAIR BOERNER was glad that the Trust would be a stakeholder, and she looked forward to learning more. She moved to the approvals process.

APPROVALS

COVENANT HOUSE, THE COVEY ACADEMY

MOTION: A motion that the Program & Planning Committee recommends to approve \$250,000 of fiscal year '23 partnership grant to Covenant House Alaska for Covey Academy project was made by TRUSTEE HALTERMAN; seconded by TRUSTEE MORAN.

CHAIR BOERNER clarified that this is a request for an approval and not a recommendation to the Full Board. She recognized Kelda Barstad to continue.

MS. BARSTAD stated that this project was fantastic and would impact the lives of the Trust beneficiaries that are youth and impacted by homelessness. She explained that the Covey Academy was a result of Covenant House of Alaska taking a look at how to better impact the lives of youth who were homeless. Their process led to a brand-new youth shelter, a resource center where youth can obtain medical care, psychological care, and a variety of different activities to help inspire and get them to the next place in their lives. She stated that Covenant House Alaska built Covey Love on the same campus in a response to a need for housing and to create a different style of housing that was not so expensive. These are micro units available to youth associated with the program. She continued that Covey Academy offers employment training and will include an opportunity to finish a high school diploma, get a GED, or a variety of different technical skills, including culinary. There are also dorm rooms available while students are getting an education. She added that supportive services will be offered. She gave a brief history of how this project came about. She stated that this project is also recommended for '24 and '25 funding because it offers employment opportunities. It offers prevention and is a phenomenal program that provides opportunities for the youth and homeless Trust beneficiaries to really change their lives. She highly recommended the program.

MS. KEAR stated that what they try to do at Covenant House is to learn from areas where the best success is not being created. There is data that showed where young people were being lost, the barriers, and the combination of education, mental health and housing opportunities presented. She continued that this is one of her favorite projects because it took a lot of different partners coming to the table. She added that the Trust was one of the first investors in the micro units, and will be one of the first investors in the operations. She appreciated the opportunity to come and talk and looked forward to showing it tomorrow.

CHAIR BOERNER pointed out that there was a listing of partners and resources that Covenant House has already gathered on page 23. She asked for any trustee comments.

TRUSTEE MORAN stated that she was very supportive of the program and the work they do.

TRUSTEE HALTERMAN stated that we had spent a lot of time at Covenant House, and she could not think of an organization that was more deserving of support from the Trust. She firmly supported this particular motion.

TRUSTEE FISHER asked for some clarification on whether the youth have to live in the Covey Academy housing facility to participate, or if there was another way to participate.

MS. KEAR replied that the youth can participate in the learning part without actually living on the second floor. If the youth are living in the residence area at the Academy, then they are participating in the education program. There are now about 200 beds and housing options. There was a capacity of about 123.

TRUSTEE BOYLES stated that this project was timely and visionary, and she complimented it. She asked if a model was followed.

MS. KEAR replied that a young person stated that this wasn't a shelter; it was an education and employment center that offered housing. She stated that about 20 young people helped with the design of the program and helped to figure out the employment opportunities.

CHAIR BOERNER called a roll-call vote on the motion.

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

COPPER RIVER MOBILE INTEGRATED HEALTH TEAM

CHAIR BOERNER moved to the next approval, Copper River Mobile Integrated Health Team, and asked for a motion.

MOTION: A motion for the Program & Planning Committee to approve a \$391,089 FY23 mental health & intervention focus area allocation to the Copper River Native Association for the mobile integrated village health project funds coming from the crisis continuum of care budget line in the FY23 budget, was made by TRUSTEE HALTERMAN; seconded by TRUSTEE BOYLES.

CHAIR BOERNER recognized Eric Boyer for information on the motion.

MR. BOYER introduced Lezelda Fiebig, the director for medical services for the Copper River Native Association, their clinic in Copper Center. He also introduced Terry Kadel, an EMS officer with the Division of Public Health, Office of Emergency Services. He stated that Crisis Now and the work around crisis stabilization was a multi-year project with the question brought up about how this model could be adapted to Rural Alaska. He stated that the conversation continued with tribal behavioral health directors. He added that he and Travis Welch worked with Terry Kadel in the Division of Public Health for a number of years looking at how to use some of the funding that had been awarded to the State through the COVID funds, and also some funding from the Centers for Disease Control. Out of that work, they were introduced to Lezelda, and the work being done at Copper River Native Association. They serve the tribal members and the nonindigenous people with a fully integrated health clinic. Integrated care is behavioral health and physical health and treats the whole person. That is what is wanted to be done through Crisis Now: serving the beneficiaries and people that have some level of crisis in behavioral health. He explained the funding in greater detail.

MS. FIEBIG stated that she was the director of medical services at CRNA. She continued that there was a definite need for blazing a new trail in Rural Alaska and that it was frustrating to not have a workable solution. She talked about the success of building their own provider base, and invited the trustees to come and visit.

CHAIR BOERNER thanked them for the overall presentation and for providing perspective and some of the background. She recognized Trustee Halterman.

TRUSTEE HALTERMAN stated her excitement for the project, and asked about the workforce.

MS. FIEBIG replied that they began with a COVID team and grew from that. A career path was created, and 12 professionals were secured that have a certification level. The framework was built, and all of those people are staying. Her goal is encouraging the youth in the community.

TRUSTEE FISHER commended Ms. Fiebig on developing local sources and asked if the funding was one time or an annual thing.

MR. BOYER replied that the funding would support the operation, and the plan is to sustain this through the current local sources.

MR. KADEL stated that he is a program specialist and works with the Office of EMS. He continued that his specific job was to bring EMS to the front to be able to work with health-care system stakeholders to realize that EMS is part of that health-care system.

A brief discussion continued.

CHAIR BOERNER moved to the roll-call vote.

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

CHAIR BOERNER called a break.

(Break.)

CHAIR BOERNER thanked the trustees for their flexibility and moved to the introduction of the recommendations.

MR. WILLIAMS stated that it was the season for staff to bring forward to the trustees recommendations for FY24 and FY25. He continued that there would be no formal action; just the opportunity for good, rich dialogue. The budget being presented includes Trust funding and recommendations that the trustees will forward to the Executive Branch and to the Legislature for State funding of programs and services that improve the lives of the beneficiaries.

MS. BALDWIN-JOHNSON provided a frame for some of the work that went into the budget recommendations that were included in the spreadsheet. She continued that the primary thing that staff wanted to convey were some of the steps to the development of the recommendations

that were brought forward. She added that the evaluation of the impacts was key to helping to inform the recommendations that were brought forward. She went through the timeline.

MS. VEA shared that her State service began by completing her EMT certification and working for Central Mat-Su Ambulance as a first responder. She thanked all for sharing her 15-year service award moment. She stated that the Comprehensive Integrated Mental Health Program Plan responds to statutory requirements which required the Department of Health and Social Services, in conjunction with the Trust, to develop and revise a plan for Alaska's Comprehensive Integrated Mental Health Program. Under that statute, the preparation of the plan was to be coordinated with Federal, State, regional, tribal, local, and private entities all involved in behavioral health services. The Trust uses this Comprehensive Integrated Mental Health Program Plan to inform its recommendations for the expenditure of State General Funds included in the mental health budget bill. She gave an overview of how the plan was formed. She explained that the Alaska scorecard was a tool used by policymakers, advocates, and grant writers to measure the desired outcomes of the comp plan. She announced that the comp plan coordinator position was filled by Meredith Griggs at the end of June.

MS. BALDWIN-JOHNSON highlighted some of the stakeholder engagement common themes. She began with the complex care needs which is relevant to the Crisis Now initiative and talked about the challenges. She then went briefly through some of the terminology that would be seen in the budget. She recognized Mr. Boyer.

MR. BOYER talked about the mental health and addiction intervention focus area. He moved to the call center and focused on complex care, the really tough issues and how they are supported. He talked about the success of the mobile crisis team in Fairbanks and some of the other programs that were approved.

A question-and-answer discussion ensued.

CHAIR BOERNER recognized Travis Welch for his presentation.

MR. WELCH thanked the trustees for the opportunity to discuss the disability justice focus area. He stated that this focus area was set up in 2005 and identifies Trust beneficiaries coming into contact in large numbers with the criminal justice system. This was an opportunity to dedicate significant amounts of staff time, as well as resources, to addressing this issue. He continued that there were a lot of people who come to the table on behalf of Trust beneficiaries within this focus area with three goals in mind: developing criminal justice and behavioral health partnerships; diverting Trust beneficiaries from the criminal justice system; and maintaining public safety by improving the health of beneficiaries in Alaska communities.

CHAIR BOERNER thanked staff for the presentations and stated that providing this information and the level of detail is not just informational for the trustees, but also provides it to the partners and the public. She proposed to break for lunch.

(Lunch break.)

CHAIR BOERNER brought the meeting back to order.

TRUSTEE FIMON told Mr. Welch it was a great presentation and that it was good to see a little recap of what has already been done. He asked if there was some confidence that people were out there and available to fill those spots.

MR. WELCH replied that that was a question that every organization is currently facing. He stated that different strategies are being employed to try and fill the positions.

A discussion continued.

CHAIR BOERNER thanked Mr. Welch for his flexibility in breaking up time and moved to the next portion of the FY24-25 Trust budget recommendations. She moved to beneficiary employment and engagement, and recognized Ms. Johnson.

MS. JOHNSON began with a brief introduction to the beneficiary employment and engagement focus area. The primary goal of this focus area was to improve outcomes and promote recovery for beneficiaries through integrated competitive employment and meaningful engagement opportunities. She talked about the data and explained that the rate of employment was lower for some of the specific beneficiary populations. She continued that work was viewed as an essential part of recovery for people with serious mental illness, and it has a positive impact on self-esteem.

CHAIR BOERNER thanked Ms. Johnson and recognized Kelda Barstad to present the housing and home- and community-based services.

HOUSING AND HOME- AND COMMUNITY-BASED SERVICES

MS. BARSTAD stated that this was a longstanding focus area ensuring that beneficiaries have access to housing and a continuum of services and supports so they can maintain their independence in their homes and communities. She added that stable housing is a critical component to get to those goals. She stated that there have been a number of positive impacts and successes, and she highlighted the work of this focus area and its four budget strategies: first, is a focus on policy coordination and capacity development; second area focuses primarily on stable housing; third is access to home- and community-based services; and the final area was to optimize information technology and data analysis.

MR. WILLIAMS reminded the trustees that this is one of the items brought forward by the Administration last year, and the request incorporated it into the FY23 budget recommendations. It received funding in the final FY23 budget.

CHAIR BOERNER thanked Ms. Barstad for a fantastic presentation. She asked for any questions.

TRUSTEE FISHER asked for more information about the investments specifically with regard to those in Alaska.

MS. BARSTAD replied that there was a lot of information, and we do have project-specific evaluations as well as overall general information. She stated that she would be happy to gather and share that with the trustees.

CHAIR BOERNER asked for any further questions. There being none, she recessed the meeting.

(Program & Planning Committee meeting recessed at 2:36 p.m.)

ALASKA MENTAL HEALTH TRUST AUTHORITY
PROGRAM & PLANNING COMMITTEE MEETING
July 28, 2022
8:30 a.m.

WebEx Videoconference/Teleconference

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

Trustees Present:

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

Trust Staff Present:

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

Trust Land Office Staff Present:

Jusdi Warner

Also participating:

Patrick Reinhardt; Lesley Thompson; John Walker; Carrie Predeger; Meredith Griggs; Kathy Craft; Charity Carmody; Betsey Chivers; Emily Urlacher; Gloria Bennett; Beverly Schoonover; Josephine Stern; Lisa Guzman; Adam Rutherford; Michelle Bartley; Sharon Tetlow; Kim Champney; Beth Goldstein; Jonathan Pistouk; Janice Weiss; Jennifer Smerud; Anthony Newing; Timothy.

PROCEEDINGS

CALL TO ORDER

CHAIR BOERNER called the meeting to back into session and began with a roll call. She stated that there was a quorum, and she asked for any announcements.

TRUSTEE STURGEON asked to be excused from about 9:30 to 11:30. He stated he had to attend the signing ceremony for the tribal recognition bill at the Native Heritage Center.

CHAIR BOERNER stated that she would happily excuse him. She asked Mr. Williams for a quick update before moving to the agenda.

MR. WILLIAMS looked forward to continued discussions as the presentation of the last couple of sections of the FY24-25 budget were finished up. He thanked Luke Lind, grants administrator, and Carrie Predeger, grants accountability manager, for pulling information that was asked about by Trustee Sturgeon regarding the quarterly report that was handed out for the grant approvals under \$100,000. The question referred to how many grants were denied. He continued that in the fourth quarter, related specifically to that report, there were six grants denied out of the 53. Also asked about were the LOIs received in FY22 that fell under the CEO's authority. There were 108 grants received; 91 were approved for FY22; and 17 were denied.

TRUSTEE HALTERMAN asked about the reasons for denial.

MR. WILLIAMS replied that they usually fall into a few categories: one would be that it did not connect to the mission of the Trust; another could be that they did not fall within an organizational tax status that allowed receiving Trust funds. He continued that there are organizations that have a concept, but they need additional work before going through a full grant application, review and approval process.

CHAIR BOERNER moved to the FY24-25 Trust budget recommendations presentations and recognized Eric Boyer to begin with workforce development.

MR. BOYER stated that that this was a great opportunity to talk about workforce, which is important because of the need for a skilled workforce. There is a need for collaboration, and all the associations and colleagues that work at other Departments and Divisions meet monthly in the workforce coalition. The objectives around the comp plan having skilled workers that are competent and want to be there is important. He talked about some of the impacts of the Training Cooperative and their outreach. He moved to SHARP which works closely with the Division and the Commissioner's office. API was supported with five three-year SHARP contracts to secure the retention of some of the licensed practitioners on staff, and to recruit licensed psychiatrists to come onboard. He talked about the innovation in the current and expanding efforts.

CHAIR BOERNER stated that her daughter went through one of the pathway introductions in high school to learn about health careers. She has one year to graduate with her bachelor's with health sciences as her focus.

TRUSTEE FISHER asked for clarification on the impact and to explain what unduplicated means.

MR. BOYER replied that the total number trained were about 6,000, and 4,000 were unduplicated. That means that 2,000 people had more than one training. He stated that there were 4,000 unique individuals, and they were spread out across Alaska.

TRUSTEE FISHER asked for the statistics on where they were located. He asked if the training programs are upgrading skills for people in the field, or were they giving people new skills that they did not have.

MR. BOYER replied that the primary training is introductory to get the core competencies needed for any level of professional in the behavioral health system. He explained the levels of trainings provided at the University, which was statewide.

TRUSTEE BOYLES stated that she had not heard a lot about the complex needs situation that is obvious to anyone dealing with caregiving. She asked if there was any focus on full comprehensive care to a beneficiary with case management; someone going out and keeping track of all the specialists.

MR. BOYER replied that the University works with FDS, and they share the training responsibilities. They work directly with the care coordinators. They are integral for all of that training with organizations that do have case management positions.

TRUSTEE HALTERMAN stated that she had heard a lot of grumbling from workforce care coordinators for not being paid for claims timely, which is the biggest strain on the workforce. If the providers are not paid, they will not stick around. That was more of a comment for the Department to look at what is happening in that area. She then requested more information with regard to the BSP pilot project for the certification program. She added that complex behaviors open up a new assessment tool for those beneficiaries with behavioral challenges, substance abuse issues.

MR. BOYER stated that he would get that information on the DSP certification so more of the details can be seen. He also stated appreciation for the feedback.

CHAIR BOERNER invited Trustee Sturgeon to share some of the recommendations for both the staff and trustees to consider.

TRUSTEE STURGEON apologized for being out of order and stated that he had three recommendations regarding the foster care program. Line 33, which is infant and early childhood mental health capacity-building, has a proposal for \$200,000; he would like to increase that to \$400,000. Line 36 is improved social determinants of health for families and young children, parenting and family support, home visiting and related programs, which has a proposal for \$200,000; he recommended increasing that to \$400,000. He stated that it was very important as a group that is trying to tackle this foster care problem. Charity Carmody is the leader of that group, and is doing a fantastic job. There is a need to support her as much as the Trust can. Line 37, foster care and child welfare systems improvement, the recommendation was

\$200,000; he would like that jumped to \$600,000. Those were his recommendations, and he hoped that the Board and staff would agree with him. He thanked all for their consideration.

CHAIR BOERNER stated that the signing of the bill is incredibly meaningful. Thinking about the historical traumas that Alaska Natives have experienced, and to have this bill come to fruition with all the work done to advocate and get it through, is wonderful, and it is a healing point. She stated appreciation for Trustee Sturgeon's willingness to be there and to bring the spirit of some of us along with him at that signing. She also stated appreciation for the input regarding recommendations. She continued that it is important that the trustees have the opportunity to give their input on this.

TRUSTEE STURGEON commented on a call from Julie Kitka asking if he could work with the Governor to get the House Bill 184 signed. It is the Tribal Child Welfare Act, and it just came out of the blue. He continued that he talked to the Governor, and he thinks that he might sign it. It seemed like a coincidence.

MS. BALDWIN-JOHNSON stated that there is flexibility to adapt and adjust, and she asked for a pause in workforce.

CHAIR BOERNER recognized Jimael Johnson.

MS. JOHNSON moved to the section of the budget entitled Early Childhood Intervention and Prevention. This is a space in the budget to work all of the strategies related to kids, families, and that trauma-engaged work that can span across all age groups for the youth. She continued that the three strategies that Trustee Sturgeon highlighted are critical to this work, and she appreciated him raising the discussion on increasing some of those budget lines to allow for more in-depth and broader work around the state in those areas. She briefly explained those strategies.

TRUSTEE STURGEON again thanked all and hoped that the Board would support the increases. One of the goals he mentioned was to put the Covenant House out of business -- and to not have any customers.

TRUSTEE HALTERMAN looked at opportunities and stated that the ECHO programs could potentially deal with at-risk populations that potentially would enter the foster care system. She felt that Alaska missed an opportunity to roll out something more meaningful for the rural communities, and technology could fill those gaps where case managers or care coordinators could not make it to those rural communities on a regular basis. She added that she would like to have all think about ways to engage the University and the ECHO program.

CHAIR BOERNER stated appreciation for the staff being flexible, and continued to workforce.

MR. BOYER followed up that the Center for Human Development is a super hub for ECHO. They are the training center, and they work really well with the ECHO being done at the Alaska Native Tribal Health Consortium. He mentioned that the Trust is partnered with the Alaska Eating Disorders Institute and the ECHO clinic. He continued that they will offer a series of ECHO clinics around co-occurrence of eating disorders and mental issues this fall. He added that they are really good at meeting the needs of some of the things that Trustee Halterman

brought up. He stated that the program staff is totally flexible and worked really hard preparing this information and budget, which allows the flexibility. He moved to meeting the skilled part of the workforce and then talked about care coordination and case management, which are critical parts of the workforce. He continued through the budget lines.

MR. WILLIAMS stated that one of the values and important pieces of the Trust's work is not just as a funder, but as a policy advisor, maker, partner and thinking about how to reshape or introduce new conversations with the partner organizations serving Trust beneficiaries into new ways of thinking or incentivizing or creating efficiencies. He appreciated the conversation, and these are concepts that can be introduced or added, if raised, in the settings when talking about workforce specifically for the beneficiaries.

CHAIR BOERNER called a break.

(Break.)

CHAIR BOERNER asked Ms. Baldwin-Johnson to start with the nonfocus area allocations, and then to come back to early childhood.

MS. BALDWIN-JOHNSON provided some context because the strategies included within this section are a collection of strategies that assist in the work being done. She gave a few examples demonstrating why these strategies were important.

TRUSTEE HALTERMAN thanked staff for being responsive to the feedback the Board had given over the last couple of years. She saw that evidenced in the budget being reviewed.

MS. BALDWIN-JOHNSON moved to the statutory advisory boards. The Advisory Board on Alcoholism and Drug Abuse and the Alaska Mental Health Board joint staffing level of support is consistent with that from FY23. She stated that the level of support for the Governor's Council on Disabilities and Special Education and the Alaska Commission on Aging is also consistent with FY23. She answered questions and comments as she went through the budget lines. She asked Allison Biastock to continue.

MS. BIASTOCK went through the numbers and stated that the budget proposed is a combination of funding that goes to support the communications program. The Authority Grant funding supports the stigma campaign. She noted a grant awarded to Alaska Public Media for a mental health content initiative for public affairs programming and coverage of mental-health-related topics. It was a successful partnership that was supported through the communications line item.

MS. BALDWIN-JOHNSON continued her presentation on strategies.

TRUSTEE HALTERMAN stated that there are some measures for the Opioid Task Force settlement that overlap with some of the comp plan areas. She continued that she would like to see the Trust working in reviewing the measures that are required for that settlement, and to see if there was a way to tailor the measurement of information and surveys to capture information that would be more meaningful for whomever assumes responsibility for the management of those funds.

A discussion ensued with explanations on the line items.

MS. BIASTOCK discussed the rural and community outreach trip budget and Trust conference.

MS. BALDWIN-JOHNSON concluded the non-focus area allocations. She proposed transitioning back to Jimael Johnson and her presentation.

MS. JOHNSON began with a brief introduction of the early childhood intervention focus area, with the focus being on resiliency and prevention of trauma, which is straight out of the comprehensive integrative plan. Goal No. 1 has a primary focus on early childhood -- identifying children early and supporting them with the most appropriate interventions at the earliest time to improve health and education outcomes. She continued going through the line items of the focus area and answered questions.

CHAIR BOERNER stated that Trustee Sturgeon had returned.

MS. JOHNSON continued her presentation and stated that the final section was to improve social determinants of health for families and young children where Trustee Sturgeon proposed an increase to \$400,000. She also talked about lines 34 and 37, and the increase in funds for both.

TRUSTEE FIMON asked for more detail on line 37 and where that money goes.

MS. JOHNSON replied that Alaska Impact Alliance was the identified target. That group is not a 501(c)3 nonprofit organization. Right now, it is a collective with a leader, a facilitator; but the organization exists because community and statewide partners have come together around this topic. She added that there would be more details in August. She continued through the rest of her presentation.

TRUSTEE BOYLES asked for a white paper of information that says how many kids are in foster care, and if a difference can be made. She stated the need for more information to be able to evaluate expenditures.

TRUSTEE MORAN stated that it would be very beneficial to have the issues defined and how to approach a solution for them.

CHAIR BOERNER asked Mr. Williams and Ms. Baldwin-Johnson to discuss the next steps.

MR. WILLIAMS stated that it was helpful for staff to hear the conversations around not only the budget, but the policies and how a systemic change can be created through the catalytic funding, and also in complimentary fundings to things that already exist. He hoped to be able to describe what is needed from trustees after today.

CHAIR BOERNER stated the recommendation of August 5th getting feedback to herself, Mr. Williams, and Ms. Baldwin-Johnson would be needed. She continued that momentum has picked up. This was a very dynamic meeting, and it is very exciting to think about some of the discussions. She hoped those discussions would continue. Staff has sent her feedback on how much the input from trustees was appreciated. She opened the floor up for discussion.

TRUSTEE MORAN stated that she was unsure about the protocol for the appropriate time for comments. She continued that her strong belief is that housing should be a basic human right, and it should not be tied to any sort of behavioral or lifestyle choice. She fully supports the move in a new direction. She encouraged staff to maintain a focus on safe and stable housing.

TRUSTEE BOYLES stated that she would like some guidance from staff, who are administrative, on what the trustees' priorities would be. The budget outlined them, and she would like to see that summarized based on systematic changes.

MS. GRIGGS pointed out that she loved this conversation. She explained that she was the new comp plan coordinator, and all of the conversation was good. She stated that she wanted to be involved in the conversations and asked to be invited to them.

CHAIR BOERNER appreciated the comments and mentioned that the comp plan is a tool that helped shape and track the direction. In the past, the paradigm had been to force crisis, and the comprehensive plan took it a step further so that crisis could be prevented.

MR. WILLIAMS described the next steps that staff would take regarding the recommendations of the trustees. He added that if he had missed anything, to please send him an e-mail.

CHAIR BOERNER noted that when the trustees reconvene after the site visit, Trustee Halterman will step in as Chair.

(Lunch break and site visit.)

CHAIR HALTERMAN called the meeting back to order and did a quick roll call. She stated there was a quorum, and Trustee Boerner had been excused. She moved to Trustee Comments.

TRUSTEE COMMENTS

TRUSTEE FIMON thanked all, and noted the good exchange. He talked about the unique relationship between such a highly qualified and knowledgeable staff to the trustees. He stated that he was on a quest of gaining knowledge and wanted to know the why and how of the workings of the Trust. He added a thank you for the wonderful tour.

TRUSTEE STURGEON thanked staff for all the work in putting the budget and meeting together. He stated that he feels very strongly about children and things that could be done to prevent problems in their futures. He continued that whatever can be done for foster care is a good place to put Trust money. He appreciated the trustees and the staff considering it. He added that it was a good meeting.

TRUSTEE FISHER stated that he enjoyed the meetings; there was a lot of good, in-depth discuss, questions and answers. He appreciated the expertise of staff and the willingness to provide all the information that makes it possible for us meeting our fiduciary responsibility. He continued that data is gold, and he appreciated the effort everybody put into providing that in a readable and understandable format.

TRUSTEE BOYLES complimented the administration for not only the interesting and exciting

board meeting, but for making the trustees realize that the beneficiaries are different, and we have an obligation to see them into the future. She looked forward to talking about new programs, new approaches to programs, systematic changes, becoming change agents for the rest of the state, which will be a real pivot in her personal thinking. She added that the tour was wonderful, and she was glad that project was funded.

TRUSTEE MORAN thanked staff for the amount of work that went into the budgets and the amount of information that was provided. She hoped to be at the August meeting in person, and that she was very jealous that all saw Covenant House without her.

CHAIR HALTERMAN stated appreciation for the amount of work that goes into preparing these meetings. She thanked the reporter for ensuring that we stay within the rules. The food was great. She stated appreciation to Miri for making sure they were all comfortable, and she also respected and appreciated the words of wisdom from her fellow trustees. She agreed with Trustee Sturgeon and his support for foster care. She talked about the workforce need and seeing meaningful programs like the Covenant House for the youth. She agreed with Trustee Fisher's comments about capitation not necessarily being a good approach for Alaska. Alaska has some unique population needs, and she appreciated the comments on that. She concluded her comments and asked for a motion to adjourn.

MOTION: A motion to adjourn the meeting was made by TRUSTEE MORAN; seconded by TRUSTEE FISHER.

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

(Program & Planning Committee meeting adjourned at 2:47 p.m.)



THE TABI ADVISORY COUNCIL, GRANTS AND ACCOMPLISHMENTS

TABI Advisory Council

TABI Advisory Council History

- The State of Alaska Division of Senior and Disabilities Services (SDS) is the designated lead agency for TBI in Alaska.
- Previously the Alaska Brain Injury Network (ABIN) had a Memorandum of Agreement (MOA) with SDS to run the council.
- Next from May 2019 to May 2020, the council was under the purview of the Governor's Council on Disabilities and Special Education (GCDSE) and staffed by the UAA Center for Human Development.
- Beginning June 2020, the council moved to the UAA Center for Human Development (CHD).
 - *UAA CHD have a MOA with SDS to lead the TBI State Partnership Program federal grant*

FY21-25 Alaska State Plan for Brain Injury

State Plan Creation

In 2019 to 2020 the TABI Advisory Council looked at information from across the state:

- Alaska Trauma Registry
- Health Facilities Data Reporting
- Listening sessions with individuals
- Brain Injury Needs Assessment survey
- Public comment

And used this information to create the State Plan for Brain Injury

- Goal 1: Establish TABI Advisory Council representation on existing injury prevention and other relevant coalitions
- Goal 2: Develop and distribute information on brain injury prevention

Prevention

- Goal 1: Increase brain injury awareness within Alaskan communities
- Goal 2: Develop and expand learning opportunities for healthcare, behavioral health, and service providers

Awareness

Brain Injury State Plan Goals

Resources

- Goal 1: Develop and produce brain injury resources based on data and identified needs
- Goal 2: Expand Brain Injury Screening Clinics
- Goal 3: Establish statewide brain injury screening

- Goals 1: Establish permanent TABI Advisory Council
- Goals 2: Explore development of a model for brain injury rehab in Alaska
- Goal 3: Establish a TABI waiver and/or other structured long-term support option

Infrastructure

Data

- Goal 1: Establish an operational TBI registry to connect people to services as per statute 47.80.500
- Goal 2: Establish an Alaska brain injury data clearinghouse

Who is responsible for completing the State Plan goals?

The State Plan is a document for everyone in Alaska.

- No single agency responsible for completion of plan objectives
- Plan explains where greatest needs for improvement are – where to prioritize efforts
- Designed to be used by all agencies in the state
 - Can use the state plan to advocate for funding and complete goals
- Agencies could be members of the TABI Advisory Council or they could be from other organizations across Alaska

Grants

Trust Grant

Federal Grant

Public Health Grant

UAA Center for Human Development TBI work

Peer Support

- Translate resource materials into a Native Alaskan language
- Hire and train staff in peer support models
- Begin a peer support pilot program in rural Alaska

Data

- Purchase and analyze data
- Collaborate with state agencies to produce reports on data
- Perform a statewide needs assessment in 2024
- Collect screening data

Federal TBI Grants

Training

- Peer Supports and TABI Resource Facilitators to receive CBIS or BIF training
- Cross train DARTs and Resource Facilitators
- Coordinate and host Brain Injury ECHO series

Screening

- Collaborate with ANDVSA and AWRC to develop a screening tool
- Pilot the screening tool
- Train DV agencies to screen and provide accommodations
- Collect screening data

National work

- Attend between 2 to 4 national workgroups
- Collaborate to create national products

State Plan

- Annual review and update of State Plan
- Develop a dashboard for tracking progress
- Develop the FY26-FY30 State Plan

TABI Advisory Council

- Host TABI Advisory Council and committee meetings
- Facilitate council participation in state planning
- Perform satisfaction surveys on council members

Trust funding

- Used to hire a full time TABI Advisory Council Coordinator to facilitate meetings and support council efforts

Accomplishments Across Alaska

Some goal accomplishments across Alaska since the State Plan was finalized

- Concussion Legacy Foundation's resource list, helpline, survey, and very soon free CME courses
- Four TABI Resource Facilitators funded
 - *Independent Living Center (ILC) just received funding to provide TABI Resource Facilitation to the Gulf Coast Region*
- CDC report on brain injury is being produced
- Behavior Risk Factor Surveillance System (BRFSS) questions added
- New membership and staff working on the council

- Trainings
 - *Brain injury ECHO for individuals and family members*
 - *DART ECHO*
 - *Conferences & presentations for:*
 - Teachers, advocacy, police, Mobile Crisis Teams, and other providers
 - *Brain Injury Fundamentals (BIF) certificate training*
- Division of Public Health (DPH) information for parents
 - *Factsheets, podcast, webpage, blog posts to 'Play Every Day' and newsletters*
- Black Brain Film coming soon
- Peer Support pilot in rural communities
- Alaska Brain Bus is Driving Change For All Alaskans With Brain Injury

- DPH piloting brain injury screenings inside Alaska's juvenile justice system
- SERRC - Alaska's Educational Resource Center - is hiring a Program Coordinator to specifically serve students with brain injury across Alaska
 - *Including students within DJJ*
- UAA CHD working with Alaska Network on Domestic Violence and Sexual Assault and Alaska Native Women's Resource Center to create a screening tool to use in DV shelters in Alaska
 - *Presented tool at ANDVSA Statewide Summit*
 - *Provide training in screening and offering accommodations to DV staff*
 - *Collect anonymous data to use for future funding and advocacy efforts*
- ABIN registered as a Brain Injury Association
- Free helmet giveaways by ABIN and Helmets On Heads

The TABI Advisory Council is funded by both the Alaska Mental Health Trust Authority and the Administration for Community Living.



and is supported by the UAA Center for Human Development



Traumatic Brain Injury

Intersection of Focus Areas and
the Comprehensive Integrated
Mental Health Program Plan



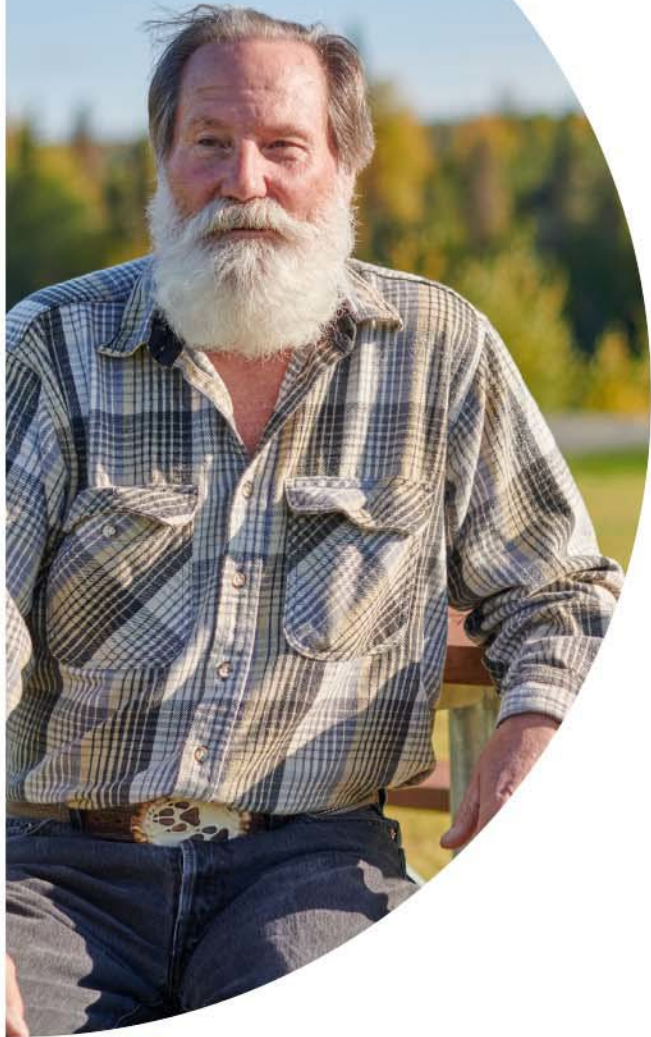
Trust
Alaska Mental Health
Trust Authority

Intersection of Brain Injury



- Beneficiaries with a brain injury are currently served across all service systems and focus areas, but many are not diagnosed or are misdiagnosed.
- Brain injury symptoms can look like a developmental disability, dementia or behavioral health symptoms.
- Beneficiaries with brain injuries have a higher likelihood to experience future mental illness, addiction or dementia.
- Brain injuries create complexity in treatment for other Trust beneficiary categories and increase the risk of institutional care.
- Cultural myths perpetuate stigma and reinforce reluctance to obtain treatment and support.

Undiagnosed brain injury can result in poor outcomes for beneficiaries



- Being discharged as “non-compliant” from mental health and addiction treatment or social services
- Unable to engage in enough employment activity to pay bills
- Being labeled as a discipline problem in school
- Aggressive behavior/lack of impulse control leads to legal problems
- Loss of provider from too many missed appointments
- Problems with relationships
- Temporary or permanent loss of functioning that supports day to day living and decision making
- Depression and anxiety from not knowing what is wrong
- Use of substances to self-medicate

An aerial photograph of a river winding through a dense, green forest. The river is a light brown color, contrasting with the dark green of the trees. A small bridge is visible in the distance, crossing the river. The image has a semi-circular cutout on the right side.

What Next?

The Comp Plan In Action

Prevention of Brain Injuries

- Reduce interpersonal violence
 - Goal 1.3: Reduce instances of adverse child experiences
 - Goal 6: Alaskans are free from abuse
- Reduce alcohol and substance misuse
 - Goal 4.1: Increase awareness to prevent drug and alcohol misuse
- Increase public awareness
 - Fall reduction
 - Helmet use



Screening and Diagnosis of Brain Injury

- Health Care providers routinely screen for brain injury and refer for diagnosis and treatment
 - Goal 2: Alaskans have access to integrated healthcare options that promote optimal health, wellness and independence
- Institutions routinely screen for brain injury and refer for diagnosis and treatment
 - Goal 8: Trust beneficiaries who are in an institutional setting receive necessary services and recovery supports
- Training for providers to use evidence-based screening and assessment tools
 - Goal 9.2: Advance the competencies of the healthcare, behavioral health, and public health workforce



Access to Medical Care and Rehabilitation

- People with brain injury receive timely care based on best practices
 - Goal 2: Alaskans have access to integrated healthcare options that promote optimal health, wellness and independence
- Training for providers to understand how to serve people with brain injury and modify treatment if necessary
 - Goal 9.2: Advance the competencies of the healthcare, behavioral health, and public health workforce



Available Housing and Home and Community Based Services (HCBS)

- People who become disabled from a brain injury can access HCBS
 - Goal 7.2: Increase access to effective and flexible person centered long term services and supports
- People who are unable to work because of a brain injury can access economic support
 - Goal 3: Trust beneficiaries have strong economic and social well-being
 - Housing
 - Employment
 - Benefits



Summary

- Determine prevalence
- Continue prevention efforts
- Use the Comp Plan goals to help beneficiaries with brain injury access the care and support they need



COMP Plan in Action Traumatic Brain Injury

Supplemental Documents & Links

Dr Adam Grove:

- [Youth Sports & TBI Graphic](#)
- [TBI & Homelessness](#)
- [Traumatic Brain Injury in Prisons and Jails](#)
- [Surveillance Report: Traumatic Brain Injury - related Deaths](#)
- [NCAPPS: Considering Brain Injury. Why being brain injury-informed is critical for person-centered planning](#)

Katie Jacques:

- [Southcentral Foundation TABI Prevalence Data](#)

Lucy Cordwell:

- [Alaska State Plan for Brain Injury](#)

Governor's Task Force Updates

Program and Planning
Committee
October 2022

Trust
Alaska Mental Health
Trust Authority

Trust Participation

- Governor's Advisory Council on Opioid Remediation
- Alaska Council on the Homeless*
- Governor's Council on Human and Sex Trafficking*



**Part of the Governor's People First Initiative, which focuses on five intersecting public safety concerns: Domestic violence and sexual assault, human and sex trafficking, Missing and Murdered Indigenous Persons, foster care, and homelessness.*



Governor's Advisory Council on Opioid Remediation

Created by [AO324](#) on October 1, 2021

Trustee representative: Anita Halterman

Trust staff: Katie Baldwin Johnson

Other Members:

Brian Fechter, Deputy Commissioner, Department of Revenue

Mayor Bryce Ward, North Pole

Daniel Grimes, Dept. Chief Soldotna Central Emergency Services

Diana Zirul, Alaska Native Health Board

Glen Steckman, City Manager, Nome

Kolby Hickel, Deputy Municipal Manager, Anchorage

Representative Ken McCarty, Alaska State Legislature

Representative Liz Snyder, Alaska State Legislature

Senator David Wilson, Alaska State Legislature

Senator Tom Begich, Alaska State Legislature

Heidi Hedberg, Director, Division of Public Health, Dept. of Health



Governor's Advisory Council on Opioid Remediation

The Advisory Council is required to deliver a report to the Commissioner of the Department of Health by December 1 of each year.

The requirements for the report include:

- Input and recommendations regarding how to manage and allocate opioid remediation funds.
- Recommendations for a process, or improvements to the process, for receiving input from communities regarding remediation strategies and responses to their specific opioid remediation needs.
- Recommendations to implement efficient, evidence-based approaches to opioid remediation statewide.

The Advisory Council can make the recommendations as specific or general as they choose.

The Council held multiple meetings, reviewed and considered existing reports, studies and plans, developed a draft recommendation report which was posted for public comment.



Governor's Advisory Council on Opioid Remediation

Why is this work important to the Trust?

- Addiction contributing to negative health and behavioral health outcomes including loss of life, overdose, suicide, accident/injury, family suffering
- Increased use of emergency services, incarceration, homelessness, child/family harms, violence and unemployment
- Costly - \$1.1 billion/year

What's next?

- The Council will review public comment & prepare final report, submit by December 1, 2023.
- Additional discussion about future structure of body to guide future grant funding priorities and strategies.



Alaska Council on the Homeless

Created by [AO327](#) on December 20, 2021

Trustee representative: Anita Halterman

Trust staff: Kelda Barstad

Other Members:

Michelle Overstreet, Chair, My House, CEO and Founder

Chris Kolerok, Vice Chair, Cook Inlet Housing Authority, Director of Policy and Government Affairs

Heidi Hedberg, Department of Health, DPH Director

Cecilia Miller, Department of Education and Early Development

James Cockrell, Department of Public Safety, Commissioner

Jennifer Winkelman, Department of Corrections, Acting Commissioner

Tamika Ledbetter, Department of Labor & Workforce Development, Commissioner

Bryan Butcher, Alaska Housing Finance Corporation, E.D./CEO

Dajonee Hale, My House, Board Member

Michele Brown, Rasmuson Foundation, Senior Fellow



Alaska Council on the Homeless

- Originally created in 2004 and amended in 2007 and 2018. Reports issued in 2005 and 2009, and following a reframing in 2015 *Alaska's Plan to End Long Term Homelessness* was developed. The Council was recently re-established.
- Range of duties and responsibilities including research, work with stakeholders and local governments, data review, establishing partnerships across state agencies, and an annual report to the Governor on the Council's findings.
- The full council met and has established committees based on the topics outlined in the prior plan. Committees focus on housing development, support services, education, prevention and data.
- Committees are still discussing recommendations and are likely to need additional time to think through meaningful strategies.



Alaska Council on the Homeless

Why is this work important to the Trust?

- Trust beneficiaries are overrepresented in all homeless populations across the state.
- Virtually all people who are chronically homeless are Trust beneficiaries.

What's next?

- Additional work in committees is needed to develop recommendations to bring to the full Council.
- Timeline for submittal of the report to the Governor TBD



Governor's Council on Human & Sex Trafficking

Created by [AO328](#) on December 20, 2021

Trustee representative: Verné Boerner

Trust staff: Travis Welch

Other Members:

- *Bryan Barlow*, Chair, Department of Public Safety, Deputy Commissioner
- *Brenda Stanfill*, Vice Chair, Alaska Network on Domestic Violence and Sexual Assault, Executive Director
- *Brittany Madros*, Tanana Chiefs Conference Tribal Government and Justice, Division Director; From the Village of Nulato,
- *Staci Yates*, My House, Director of Human Trafficking Recovery Services; Alaska Stop Human Trafficking Alliance Chair; Survivor of sex trafficking at age 17
- *Gwen Adams*, Priceless Alaska, Founder and Executive Director
- *Denielle Hrovat*, Anchorage Police Department, Lieutenant, Oversees Crimes Against Children Unit, Cyber Crimes Unit and Special Victims Unit
- *Dave Bronson*, Mayor of City of Anchorage
- *Jim Matherly*, Mayor of City of Fairbanks
- *Adam Crum*, Department of Health, Commissioner
- *Kelly Goode*, Department of Corrections, Deputy Commissioner
- *Chris Darnall*, Department of Law, Assistant Attorney General
- *Kami Moore*, Department of Education, Program Coordinator II
- Ex-Officio members: *Representative Geran Tarr* and *Senator Jesse Kiehl*

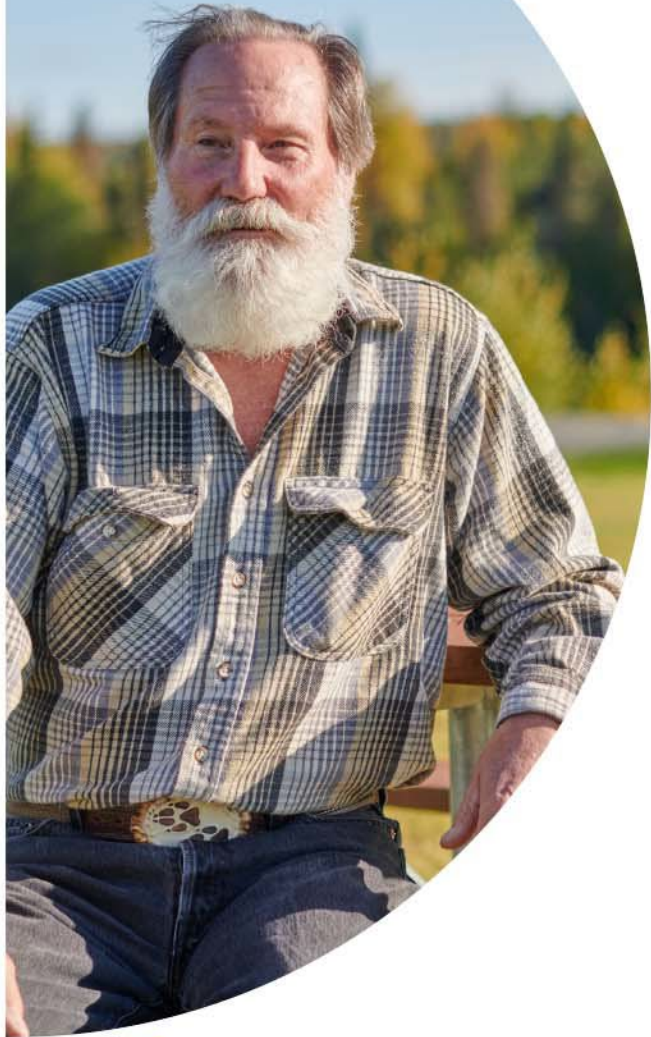


Governor's Council on Human & Sex Trafficking

Tasked with preparing recommendations and a report for the Governor by Sept. 30, 2022 (submitted). Report areas include:

1. Coordination and Infrastructure for Addressing Trafficking
2. Curriculum Development and Training
3. Training to Identify and Respond to All Forms of Trafficking in Alaska
4. Public Awareness Campaigns
5. Address Housing Insecurity and Vulnerabilities
6. Expand Services for the Survivors of Trafficking
7. Establish Demand Reduction Diversion Programs
8. Identify Gaps in Information on Trafficking

Work of the council was largely conducted via subcommittees focused on Education, Victim/Survivor Services, Commercial Sexual Exploitation of Children (CSEC), Data, Labor, and Offender Demand/Accountability.



Governor's Council on Human & Sex Trafficking



Why is this work important to the Trust?

- Trust beneficiaries are at high risk to be victims
- Perpetrators of this crime prey on individuals (mostly female) who are vulnerable, often due to beneficiary status

What's next?

- The task force is currently awaiting feedback on its report from Governor Dunleavy
- Some discussion of the task force or a similarly composed body should be convened for further work on this topic

THANK YOU

Questions?



Sitka Homeless Coalition

Hitx'i Saani (Little Houses) Cabin Project



Envisioning an End to Homelessness in Sitka

- 501(c)(3) formed in 2018
- Mission: The Sitka Homeless Coalition provides warm, safe shelter to those in need
- The Hitx'i Saani project will serve Alaska Mental Health Trust Beneficiaries

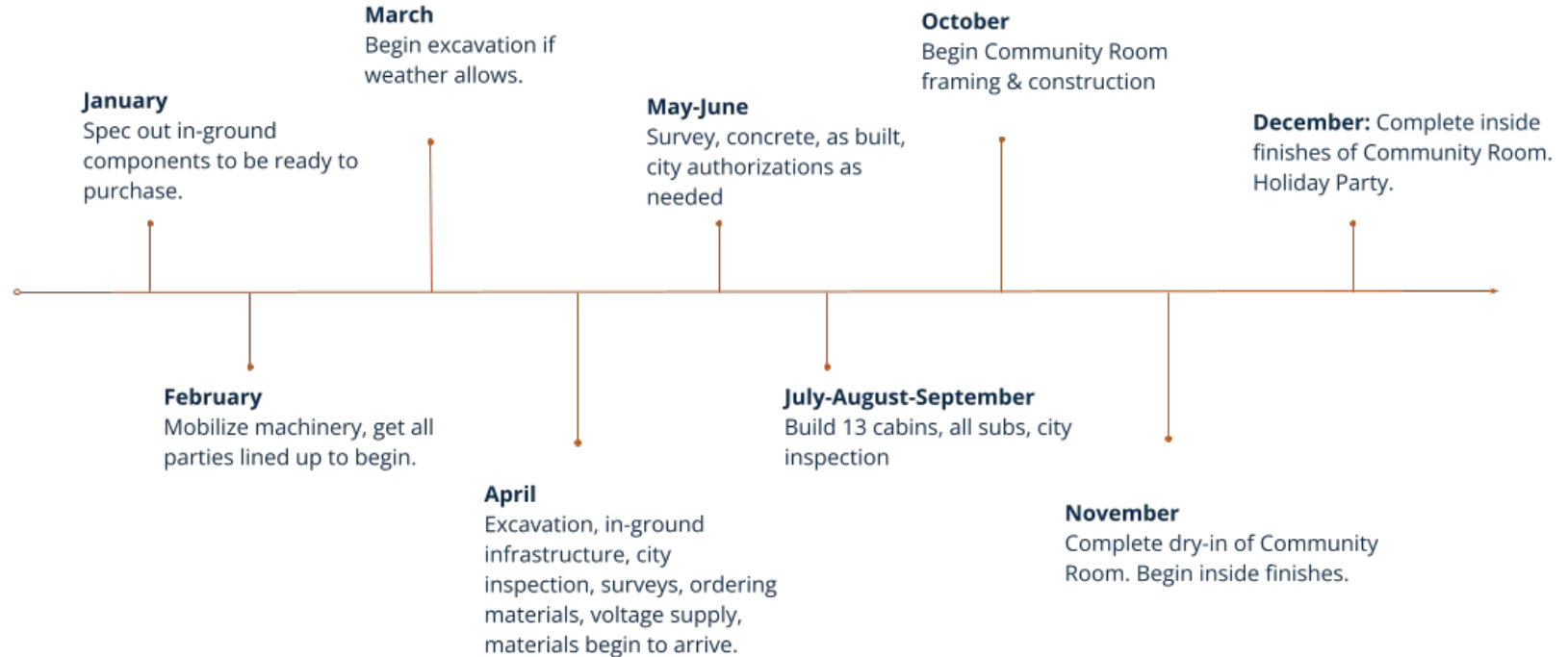




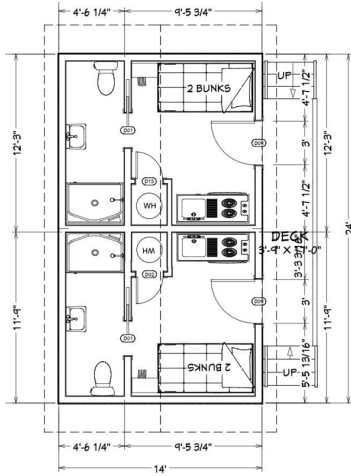
Hitx'i Saani (Little Houses) Project



Construction Timeline (2023)

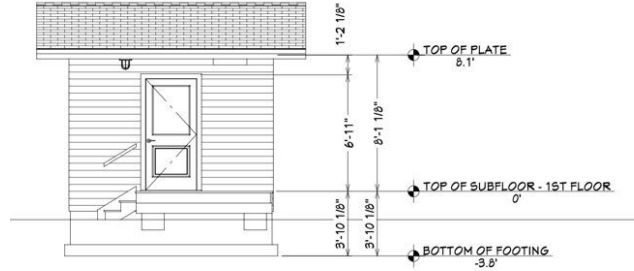
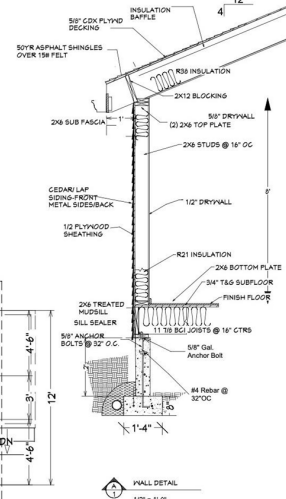
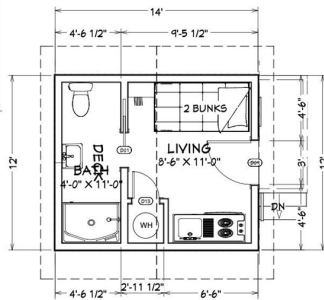


Cabin Designs

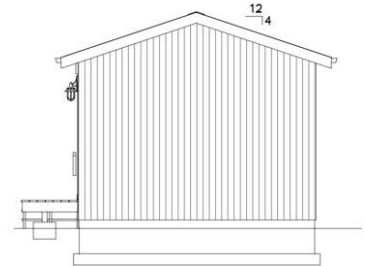


Possible double unit option

Single units 1/4 in = 1 ft

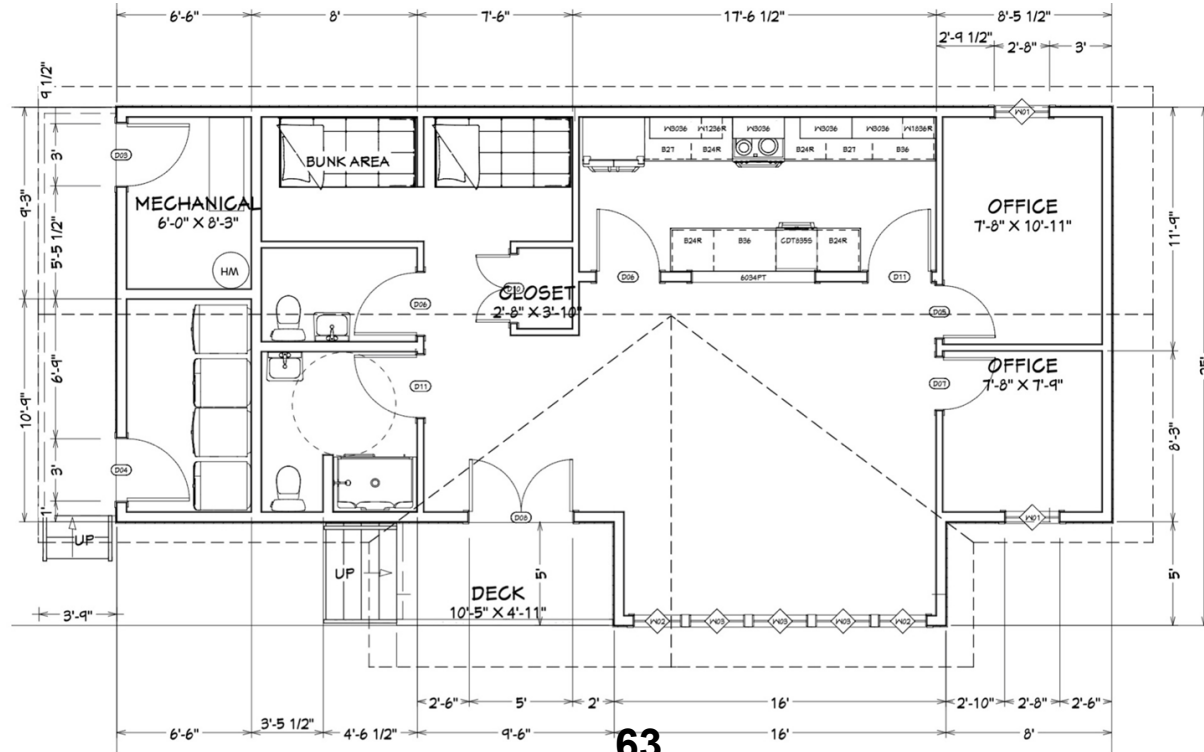


Single - Front 1/4 in = 1 ft



Single -Right Side 1/4 in = 1 ft

Community House Design



63

COMMUNITY HOUSE CONCEPT 1 1/4 in = 1 ft

SHC Health & Wellness Partners



- Sitka Counseling
- SEARHC Behavioral Health
- Salvation Army
- State of Alaska Division of Public Health
- Outer Coast College
- Sitka Tribe of Alaska
- Sitka Health Summit Coalition
- Sitka Outreach and Support: Lifeline Group
- Sitkans Against Family Violence

MEMO

To: Verné Boerner - Program & Planning Committee Chair
Date: October 20, 2022
Re: FY23 Mental Health & Addiction Intervention Focus Area Allocation
Amount: \$801,039.00
Grantee: Anchorage Community Mental Health Services, Inc dba Alaska Behavioral Health
Project Title: Fairbanks Mobile Crisis Team

REQUESTED MOTION:

The Program & Planning Committee recommends that the full Board of Trustees approve an \$801,039 FY23 Mental Health & Addiction Intervention focus area allocation to Anchorage Community Mental Health Services, Inc. dba Alaska Behavioral Health for the Fairbanks Mobile Crisis Team project. These funds will come from the FY23 Crisis Continuum of Care budget line.

Assigned Program Staff: Travis Welch

STAFF ANALYSIS

This request is for continued support of the Fairbanks Mobile Crisis Team (MCT). With support from the Trust, Alaska Behavioral Health (AKBH) will be able to provide MCT response consisting of a clinician and a peer support specialist in Fairbanks – which is consistent with the Crisis Now model. When an individual is experiencing a behavioral health crisis, MCT response can divert them from emergency rooms and the criminal justice system, and instead help them at a community level.

Approving this request will provide funding for 4 fulltime clinicians, 4 peer support specialists, and clinical supervision and administrative support. The AKBH Fairbanks MCT will continue to provide mobile crisis services 24-hours per day, 7 days per week to all people within the City of Fairbanks and some of the outlying areas. Fairbanks is one of the three communities prioritized for implementation of the Crisis Now service array, and this project will help lead the design and implementation of MCTs in other cities around the state.

During its first year of operation, the Fairbanks MCT was able to keep 83% of individuals in crisis in the community instead of moving to a higher level of care and/or interacting with the criminal justice system. This rate outperforms national data on MCTs which estimates that 70% of those in crisis can have their needs met in community.

Last year the City of Fairbanks, with support from the Trust, began collaborating with Alaska Behavioral Health and The Bridge (via their parent agency Interior Alaska Center for Non- Violent Living) to staff and implement best practices for operating MCTs. With the help of the Fairbanks emergency response services (dispatch, police, fire), the MCT has become an integral part of the emergency response system. Alaska Behavioral Health is now overseeing both the peer support and clinical components of the Fairbanks MCTs, hence a single application for MCTs in the Fairbanks community.

This project represents the first Crisis Now MCT in Alaska that operates with fidelity to the nationally recognized Crisis Now best practice framework. The MCT team not only showcases how the Crisis Now model can be adapted for use in an Alaskan community, but directly impacts more than 1,000 Alaskans (including Trust beneficiaries) from this region.

MCTs are a critical component of the Crisis Now framework, and with these requested funds, AKBH will be able to provide the behavioral health clinicians and peer support specialists necessary to implement this important level of care. It is likely that some level of Trust funding may be required for a period of 2-3 years while AKBH refines operations and learns to fully maximize Medicaid revenue. the Trust and other partners are working with the State in addressing the low Medicaid reimbursement rate for MCT work. This proposal is recommended by the Trust program staff for full funding.

COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|-------------------|---|--|
| Goal 2 Healthcare | 2.1 Access & receive quality healthcare | The mobile crisis teams will also impact Goals 4, 5, and 6 |

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

Individuals in crisis need the right care, in the right setting, and when they need it. To provide a comprehensive crisis system of care, there must be a crisis call center, a mobile crisis team, and a crisis response center in order to provide multiple opportunities for intervention at less intensive levels of care. This grant proposal specifically focuses on requesting funding to continue running one portion of the behavioral health crisis system of care, the mobile crisis team, which provides crisis services to any person in Fairbanks in their home, workplace, or any other community-based location. The essential functions of the team include triage and screening (explicit screening for suicidality); assessment; de-escalation/resolution; peer support; coordination with medical and behavioral health services; collaboration with families and natural supports, information and referrals; transportation; and crisis planning and follow-up. The mobile crisis team also addresses recovery needs and provides trauma-informed care with a specific focus on suicide prevention.

As discussed in the Crisis Now Alaska Mental Health Trust Report, Fairbanks needs a comprehensive crisis response system, as it is essential to provide timely access to crisis services and meet individuals where they are experiencing the crisis. If a crisis system of care is in place, individuals are often diverted from higher levels of care, law enforcement, and the criminal justice system. If an adequate crisis system of care is not in place, as noted in the Crisis Now Consultation Report by RI International, the burden on law enforcement and the criminal justice system adds to incidences of crises associated with violence, suicide, alcohol, opioid overdose, mental illness, and homelessness.

In response to this need, AKBH (in partnership with the Bridge) began one part of the behavioral health crisis system of care, a mobile crisis team, in Fall 2021. This team served Fairbanks by providing mobile crisis services through triage/screening, assessment, de-escalation, coordination with community services, and crisis planning and follow-up. In order to adhere to best practices for operating a mobile crisis team, per SAMHSA's National Guidelines for Behavioral Health Crisis Services, the team fully incorporate peers (in collaboration with the Bridge) within the mobile crisis team; responded where the person was at and did not restrict services to select locations within Fairbanks or during particular days/times; and connected individuals to facility-based care as needed through warm hand-offs and coordinating transportation when the situation warrants transition to other location. The request for funding this year is not focused on implementation but on sustaining and expanding Alaska Behavioral Health's Fairbanks mobile crisis team.

During the prior year, Alaska Behavioral Health has expanded our Peer Support Services, and through Jen Galvan, developed a hub for training peers statewide. Based on this experience and capacity, and the efficiency achieved by having a single coordinated response, especially in times of crisis, Alaska Behavioral Health's proposal includes the integration of AKBH Peer Support Specialists within the Fairbanks Mobile Crisis Team at AKBH.

The Fairbanks community, including the Fairbanks Fire Department, the Fairbanks Police Department, and the Fairbanks Emergency Communication Center, continue to be supportive of the mobile crisis team. Currently, the Fairbanks Emergency Communication Center is dispatching the Fairbanks mobile crisis team and is using the response levels developed by Alaska Behavioral Health to dispatch the calls.

The response levels include the following:

- Level 1 Response - Law Enforcement response required with MCT accompanying or staging. This level indicates situations that are too dangerous to deploy without the scene first being secured by law enforcement. It is also key in these situations to have a response within the shortest amount of time possible. The caller is in imminent danger to self- and/or others.
- Level 2 Response: MCT Lead with law enforcement staging near the scene. This level indicates situations where MCT staff enter the environment first, but law enforcement is immediately available if needed.
- Level 3 Response: MCT Lifeline – Law Enforcement on standby via phone call. A call will be stacked for law enforcement with all information and waiting for MCT to advise if law enforcement is needed. Law enforcement will not respond until requested by MCT.

- Level 4 Response: MCT without law enforcement on standby. Law enforcement will still be aware of the MCT call.
- Level 5 Response: MCT clinicians may respond to secure site (school, hospital, clinic, etc.) without a peer support specialist. Residences are not considered secure sites.

The implementation of the Fairbanks mobile crisis team has resulted in individuals who are experiencing a behavioral health crisis getting the right care in the right setting, when they needed it. Since October 2021 through May 2022, there were 340 calls. Of the calls, 5% were Level 1, 14% were Level 2, 24% were Level 3, 42% were Level 4, and 14% were Level 5. Of those call, 81% were responded to without law enforcement involvement. Additionally, 83% of individuals in crisis were able to stay in the community instead of moving to a higher level of care and/or interacting with the criminal justice system.

EVALUATION CRITERIA

To measure project success, AKBH will continue to track the following performance metrics: the number of calls; the number of individuals served; the number of calls per response level; the response time from dispatch to arriving on scene; the time spent on scene; the outcome/disposition of the crisis (community, hospital, law enforcement involved, etc.); and the demographics of those served.

SUSTAINABILITY

Various studies suggest that mobile crisis services are effective at diverting people in crisis from psychiatric hospitalization and/or reducing arrests, are effective at linking suicidal individuals discharging from the emergency department to services and are often better (than hospitals) at linking people in crisis to outpatient services. Studies have showed that this diversion has resulted in a 23% lower average cost per case than police intervention and a reduction of costs associated with inpatient hospitalization by approximately 79% in a six-month follow-up period after the crisis episode.

Regarding sustainability, this service will continue to rely on grant funds and other funding sources as a piece of the services operating revenue due to Alaska's current reimbursement rate for crisis episodes. Currently, the budget outlines the cost of running a full 24/7 mobile crisis team (including clinicians, peers, and clinical management) to be \$1,056,700. The budget includes approximately 1032 annual crisis episodes of care (based on Agnew-Beck's numbers and the RI Report). The 1115 Waiver provides \$175.64 per call out which could result in \$181,260 in revenue. Additionally, there is an option to bill short-term crisis intervention services (STCIS), which is a time-based code (every 15 minutes is \$31.44), if a crisis takes a significant amount of time to resolve. Alaska Behavioral Health is requesting \$801,039 to fund the Fairbanks 24/7 mobile crisis team (to include clinicians, peers, and clinical management). There is also funding potential through the State of Alaska Division of Behavioral Health through the RFP process for MCT grants. We are expecting an RFP to be released to the public soon, and AKBH will be reviewing them for potential proposals.

WHO WE SERVE

The Fairbanks mobile crisis team provides necessary crisis services to beneficiaries which include those who are mentally ill (i.e. those diagnosed with schizophrenia, delusional disorder, mood disorders, anxiety disorders, somatoform disorders, personality disorders, dissociate disorders, and other psychotic or severe and persistent mental disorders); chronic alcoholics suffering from psychosis; and other persons needing mental health services. As highlighted in the Alaska Statutes, the integrated comprehensive mental health program, for which expenditures are made by The Trust, gives priority in service delivery to persons who, because of a mental disorder, may require or are at risk of hospitalization or are experiencing such a major impairment of self-care, self-direction, or social and economic functioning that they require continuing or intensive services. By providing mobile crisis team services in Fairbanks, Trust beneficiaries who are in crisis have received the right care, in the right setting, when they needed it. Beneficiaries are better off, as the mobile crisis team has led to a decrease in use and interaction between Trust beneficiaries and emergency departments, jails, and police, and has also increased linkage to appropriate care and treatment through triage/screening, assessment, de-escalation, coordination with community services, and crisis planning and follow-up.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

| | |
|---|-----|
| Mental Illness: | 300 |
| Substance Abuse | 150 |
| Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries): | 100 |
| Number of people to be trained | 50 |

BUDGET

| | |
|--|---|
| Personnel Services Costs | \$752,225.00 |
| Personnel Services Costs (Other Sources) | \$0.00 |
| Personnel Services Narrative: | Clinical Management 0.2 \$26,600 Clinician (24/7) 4.3 FTE \$435,375 Peer (24/7) 4.3 FTE \$290,250 |
| Equipment Costs | \$3,614.00 |
| Equipment Costs (Other Sources) | \$0.00 |
| Equipment Costs Narrative: | Electronics |
| Other Costs | \$45,200.00 |
| Other Costs (Other Sources) | \$0.00 |
| Other Costs Narrative: | Training \$10,000 Contract \$35,200 Vehicle operational cost/maintenance |

| | |
|--|--|
| Total Amount to be Funded by the Trust | \$801,039.00 |
| Medicaid 1115 Waiver MCT | \$181,260 |
| AKBH is anticipating the opportunity to apply for MCT funds from DBH who is potentially releasing an RFP in the near future. | TBD |
| AKBH- In kind | MCT vehicles and Office Space for the teams. |

OTHER FUNDING SOURCES

| | |
|------------------------------|------------------|
| Total Leveraged Funds | \$982.299 |
|------------------------------|------------------|

MEMO

To: Verné Boerner - Program & Planning Committee Chair
Date: October 22, 2022
Re: FY23 Mental Health & Addiction Intervention Focus Area Allocation
Amount: \$255,000.00
Grantee: True North Recovery Inc
Project Title: Day One Center Medical Providers

REQUESTED MOTION:

The Program & Planning Committee approves a \$255,000 FY23 Mental Health & Addiction Intervention focus area allocation to True North Recovery, Inc. for the Day One Center Medical Providers project. These funds will come from the FY23 Access to Treatment budget line.

Assigned Program Staff: Eric Boyer

STAFF ANALYSIS

There are no withdrawal management programs in the Mat-Su. Currently, if a Trust beneficiary needs a 3.7 level of withdrawal management care, they must wait for a bed to open in Anchorage, which puts them at risk and delays recovery. True North Recovery (TNR) is requesting Trust funds for operational start-up for a new withdrawal management program based in the Mat-Su. TNR's withdrawal management program is called Dylan's Place and will be housed in their Day One Center facility in Wasilla. The idea behind the Day One Center is to allow beneficiaries struggling with addiction and mental illness immediate access to care, and to provide coordination outlining next steps towards stabilization- all while de-escalating any immediate crises. TNR's plan is to begin with offering 3.2 level care (clinically managed residential withdrawal) and build the stability of this program before adding 3.7 level care (medically monitored intensive inpatient services). The facility will support 8 beds. Trust funds will pay for the advanced nurse practitioners (ANP) needed to run the program as well as necessary medical supplies.

TNR's hiring of the ANPs and having them on-site will bring a high level of stability to the treatment model, which will partner certified peers and behavioral health clinicians for a complete team. Dylan's Place will provide needed acute withdrawal management services in the Mat-Su, and a faster response to Trust beneficiaries requiring this level of care.

Agnew::Beck worked with TNR on building a business model that incorporates the withdrawal management program in the Day One Center, and adds other services that include: care coordination, a peer drop-in living room (staffed by peer support specialists), assessment, and medication management. Pending funding approval, the Mat-Su’s mobile crisis team will also be housed in the Center. The recent business modeling supports this model paying for itself over the course of the next year, and if implemented as planned, could provide an innovative model for replicating these services in a sustainable way in other regions of the state.

In addition to requested Trust funds, this project has braided together three additional funding sources to support the operation of the Day One Center’s withdrawal management program: the State of Alaska Division of Behavioral Health, the David Dylan Foundation, and the Mat-Su Health Foundation.

TNR’s Day One Center will not only help meet the care needs of area beneficiaries, but will also provide the necessary follow-up care that promotes lasting treatment needs and can keep beneficiaries supported in the community. Trust staff recommended that this request is fully funded.

COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|--|---------------------------------|----------|
| Goal 4 Substance Use Disorder Prevention | 4.3 Treatment & recovery access | |

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

This project will provide the initial start-up operational funding for medical personnel, medical supplies, and equipment needed for the Day One Center's 3.2 Withdrawal management and medical programs.

True North Recovery has developed “The Day One Center” which will house many programs to include: an eight-bed withdrawal management program “Dylan’s Place,” a Living Room Model Peer Crisis Walk-in called the “Launch Pad,” our “Lazarus Collaborative” Care Coordinators, our Assessment Team that provide services through Telehealth, and lastly our medical staff.

The Day One Center will provide services in the Mat-Su Valley with a primary focus on Wasilla and Palmer, although access to the Center is not restricted based on geography. The center will also provide office space to strategic partners that will offer harm reduction and additional behavioral health services directly to our community. Those providers include Alaska Behavioral Health for Psychiatrist services for medication management, and the 4A’s for testing and syringe exchange services.

The idea behind the Day One Center is to allow beneficiaries struggling with addiction and mental illness immediate access to care, and to provide coordination outlining next steps towards stabilization- all while de-escalating any immediate crises. We will be hiring 1.5 FTE Advance Nurse Practitioners to provide the medical oversight to our withdrawal management program, and to offer additional medical services focused on reducing barriers and wait times for services. Having Mid-Level medical personal staff on site will greatly increase access to a continuum of care and serve as an access point to treatment for a multitude of providers.

In addition to providing care, our providers will also establish our medical procedures for our withdrawal management program. Most importantly, it equips us in preparation of adding 3.7 medically managed withdrawal services in addition to our operational 3.2 clinically managed services. These providers will also allow us to add the complimentary medical services such as physicals, testing, Medication Assisted Treatment (MAT) and ambulatory withdrawal management. Having these individuals on staff will increase our organizational expertise, broaden our scope of available services to the Mat-Su Valley and compliment the entirety of our Day One Center.

Through community events, social media campaigns and recent news articles, we have seen an outpouring of community support for the services that will be available at the Day One Center. The Mat-Su Valley has needed a withdrawal management program for years; it has been identified as a missing piece in the continuum of care in the Mat-Su Valley, which is obvious by the number of patients the hospital emergency room sees daily with withdrawal symptoms. We also see this support throughout community partners and other funding opportunities that have been made available to help launch the services of the Day One Center.

We have received financial backing for components of the withdrawal management program at the day one center through a State of Alaska grant and a generous donation from The David Dylan Foundation; however, funding is still needed for additional medical staff, and startup cost of medical equipment and supplies. This funding will allow us time to slowly develop the program as billable services are added ultimately leading to sustainability through its own revenue. Having the Funding and subsequent time allows us to operationalize the services while also developing out the programs individually, allowing us to develop the best program with a focus on quality and care of all beneficiaries. This funding would also be utilized to purchase necessary medical equipment and supplies to launch these services.

EVALUATION CRITERIA

Success to True North Recovery is the ability to continue to provide services to Alaskans impacted by substance use disorder. True North Recovery relies heavily on and understands the importance of program evaluations to determine areas of success and to find areas that can be improved upon. Program evaluations will include bi-annual anonymous participant satisfaction surveys and regular program data comparison. Data will be collected utilizing the State of Alaska electronic health record: AKAIMS, and outcomes will be reported quarterly. True North Recovery's evaluation plan will collect the following data:

1. Efficiency Measure - Number of unduplicated and duplicated clients served

Data Collection: Each interaction is documented.
Collection Method: AKAIMS

2. Efficiency Measure - Demographic information of clients served
Data Collection: Demographics are collected on each person served
Collection Method: AKAIMS
3. Efficiency Measure - Maintain bed Utilization rate of at least 75%
Data Collection: Number of total clients in beds each day
Collection Method; Client roster and AKAIMS
4. Effectiveness Measure - Meet or exceed the state average for program completion rates as documented in AKAIMS (to include Satisfactory Completion, Referral to another program with satisfactory progress, and Transferred to another facility for health reasons)
Data Collection: Utilizing AKAIMS reports on discharge numbers.
5. Effectiveness Measure - Percent of individuals referred to SUD treatment upon discharge
Data Collection: We will track all intakes, showing the number of case management services that they are provided to ensure they are able to gain access to SUD treatment program upon graduation from detox.

SUSTAINABILITY

Prior to the full launch of the Day One Center we had a financially modelling completed by Agnew::Beck Consulting. Through the process we evaluated the sustainability of each program individually and the Day One Center as a whole. Through this process we found that although some of the programs will successfully sustain alone while others will not, however the Day One Center will be self-sustainable as a whole. In the initial financial model that was completed the billing rates for the ANP's were only included in the withdrawal management program. At the time, of the financial model, we had not yet considered the potential of the ANP's ability to provide services for the other programs of the Day One Center. Through adding the ANP's full time on staff they will be able to provide services to the other program in the building. These services include physicals, testing, MAT, and ambulatory withdrawal management. These are services that can slow down the intake process for other treatment programs, and to have a provider on staff will allow the clients to utilize The Day One Center as a one stop for all their immediate needs to gaining access to services throughout the valley. The budget that is attached is specifically for the Withdrawal management program.

WHO WE SERVE

The primary beneficiaries of this project are those with substance use disorder (SUD) as well as co-occurring disorders. In addition to the primary beneficiary groups there are also the secondary beneficiaries that include family and friends of the client and the community. With the primary beneficiaries no longer actively using, while receiving direct care services to improve their quality of life the positive impact the community will see is insurmountable. The primary beneficiary will have support through their withdrawal and then will be provided the needed

support to gain access to treatment and other services to help them remain drug and alcohol free. The family members and friends of the primary will have a reprieve from the worry and stress that comes with having a loved one actively using. The community will benefit from this program and the additional programs at the Day One Center. Together they will help improve the quality of life of primary beneficiaries, decrease the negative effects they have on the community and increase their chances of continued success.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

| | |
|---|-------|
| Mental Illness: | 671 |
| Substance Abuse | 879 |
| Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries): | 1,000 |
| Number of people to be trained | 2 |

BUDGET

| | |
|-------------------------------|---|
| Personnel Services Costs | \$208,000.00 |
| Personnel Services Narrative: | We will be utilizing 1.5 ANP's for the Day One Center's medical personnel needs. TNR will be covering the .5 position, and through this grant the full-time position will be covered for a year by the Trust. This has increased since our initial LOI, due to continued conversations with ANP's. The additional costs will be covered either by Medicaid revenue or other funding sources that are currently being discussed. |
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| Supplies Costs | \$27,000.00 |
| Supplies Narrative: | We will be utilizing the funds from this grant to create an initial stock of medical supplies, this includes but is not limited to gloves, masks, gauze, medical tape, disposable vomit bags, tongue depressors, Otoscope, reflex hammer, stethoscopes, pulse oximeter, blood pressure monitors, thermometer-with oral probe, plastic covers for the thermometer and other supplies that are determined to be needed by the ANP. Total expense of \$19,500 We will be purchasing \$5000 worth of instant urine analysis cups that with panels. We will be purchasing an AED, for \$2000 for the Day One Center. We will be purchasing a breathalyzer and one-use tips for \$500 for use in the Day One Center. |

| | |
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| | Additional supplies include client scrubs, client food budget, hygiene products, dishes and cups, bedding and office supplies. |
| | |

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|----------------------------|--|
| Equipment Costs | \$5,000.00 |
| Equipment Costs Narrative: | We will be purchasing 2 computers to be used by the ANP's, providing access both within the medical evaluation room and the nurse's station, estimated cost of \$5000 for these two systems includes monitors, malware, internet security, and HIPAA screen covers. Additional equipment includes furniture, med card, multi-use tables, beds and bed frames. |
| | |

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|------------------------|---|
| Other Costs | \$15,000.00 |
| Other Costs Narrative: | We will be purchasing malpractice insurance and the first-year expense will be \$5000. We will be purchasing and e-prescribing software in the amount of \$4000 We will be purchasing licenses, from our partner AKBH, for Care Logic for documentation of all medical portions of the Day One Center. Cost of \$6000. The additional expenses include technical assistance, and the necessary construction for the detox portion of the facility. |
| | |

| | |
|--|--------------|
| Total Amount to be Funded by the Trust | \$255,000.00 |
| Total Amount Funded by Other Sources | \$853,267.00 |

OTHER FUNDING SOURCES

| | |
|------------------------------|---------------------|
| DBH | \$515,513.00 |
| David Dylan Foundation | \$245,000.00 |
| Required Match for DBH Grant | \$92,754.00 |
| Total Leveraged Funds | \$853,267.00 |

MEMO

To: Verné Boerner - Program & Planning Committee Chair
Date: October 20, 2022
Re: FY23 Mental Health & Addiction Intervention Focus Area Allocation
Amount: \$499,591.24
Grantee: True North Recovery Inc
Project Title: Wasilla Mobile Crisis Team

REQUESTED MOTION:

The Program & Planning Committee approves a \$499,591.24 FY23 Mental Health & Addiction Intervention focus area allocation to True North Recovery, Inc. for the Wasilla Mobile Crisis Team project. These funds will come from the FY23 Crisis Continuum of Care budget line.

Program Staff: Eric Boyer

STAFF ANALYSIS

True North Recovery (TNR) is requesting Trust funds to operationalize a new mobile crisis team (MCT) in the Mat-Su. Following best practices, these MCTs will consist of a master's level behavioral health clinician and a certified peer support specialist, and will operate on a 24/7 schedule. The MCT will be housed in TNR's Day One Center and will initially be dispatched to crisis calls in Wasilla, and as the program gains competence, expand to Palmer and the surrounding areas.

TNR's Day One Center is an integrated behavioral health center in the Valley. The Center's service array for Trust beneficiaries will include assessment, psychiatric medication management, care coordination, a peer living room (staffed with peer support specialists), and withdrawal management. These services will help support the continuum of care in relation to the MCTs work in the community. TNR has also been establishing referral connections with Set Free Alaska, Mat-Su Regional Hospital, the Sunshine Clinic, Frontier Services, and Mat-Su Behavioral Health.

Agnew::Beck provided the technical support for business modeling for all the operations of the Day One Center, which includes the MCT. Given that Medicaid 1115 reimbursement for MCT work does not cover the cost of a 24/7 two-person team, other funding support has been considered to ensure sustainability. The center's planned withdrawal management service and the assessment program factored together can generate enough income to offset the MCT losses. If this innovative funding model proves successful in the coming years, it could provide the blueprint for sustainably offering similar services in other regions of the state. Notable is that the Trust and other partners are working

with the State in addressing the low Medicaid reimbursement rate for MCT work. Until rates are adjusted, it is critical to find business strategies such as we have in this case, for braiding funding to cover the cost of providing these essential services. Trust staff recommends fully funding this request.

COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|---------------------------|-------------------------------|----------|
| Goal 5 Suicide Prevention | 5.2 Crisis system improvement | |

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

True North Recovery is requesting funding to implement the Mat-Su’s first mobile crisis team (MCT). The MCT is comprised of a mental health clinician and peer support professional, using an innovative model collaborating with the private practice clinical community. MCT use face-to-face interventions with the identified individual in crisis, as well as their family or other support systems, to engage, assess, de-escalate, and connect individuals to the most appropriate services.

True North Recovery is requesting funding to start a mobile crisis team (MCT) with mental health clinicians and peer support professionals, using an innovative model collaborating with the private practice clinical community. True North Recovery (TNR) has been partnering with Alaska Behavioral Health (AKBH) in Fairbanks and has provided the peer portion of the MCT in Fairbanks since acquiring “The Bridge” (prior peer operator) from the Interior Alaska Center for Non-Violent Living (IACNVL). TNR played an important role in finalizing the MCT’s policies and procedures and has managed the peer team from its first call out.

TNR is looking forward to continuing our partnership with AKBH to align programs and systems between Fairbanks and the Wasilla community. This partnership will include mutual technical assistance and ongoing collaboration and communication. True North Recovery has a great working relationship with the Careline and is positioned to move forward working with them as the crisis now call-center.

True North Recovery is excited to take what we have learned in Fairbanks and make new improvements to the overall MCT system by improving follow-up capacity with recommendations being made by the mental health clinicians on scene of the initial call out. We have innovative staffing plans as described below. True North Recovery has also utilized financial planning and feasibility modeling with Agnew::Beck, and as a result we have determined that the MCT fits into the larger model within our Day One Center for follow up and care. It was determined that over time the Day One Center can absorb costs associated with the MCT. . This team will begin by serving the Wasilla area, providing mobile crisis services through triage/screening, assessment, de-escalation, coordination with community services, crisis planning and follow-up. To adhere to best practices for operating a mobile crisis team, per SAMHSA’s National Guidelines for

Behavioral Health Crisis Services, the team will fully incorporate peers. The MCT can provide mental health engagement, intervention, and follow-up support to help overcome resistance to treatment. Depending on what a person is willing to accept, the team may offer a range of services, including: assessment, crisis intervention, supportive counseling, information and referrals, including community-based mental health services. This project is in response to the need outlined in the next section and the impact on trust beneficiaries.

EVALUATION CRITERIA

The Substance Abuse and Mental Health Services Administration's (SAMHSA) publication National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit identifies system transparency and regular monitoring of key performance indicators to support continuous quality improvement efforts as essential elements of a robust behavioral health crisis system. The SAMHSA toolkit identifies performance metrics for crisis call center services, mobile crisis services and crisis receiving and stabilization center services. While True North only plans to operate mobile crisis services, key performance indicators for all programs should be considered as well as ways to coordinate with the Mat-Su Crisis Now Coordinator to share program data with the community.

As True North launches mobile crisis services in the Mat-Su, planning will include processes for collecting, tracking, and reporting data from the teams' responses. Key performance indicators identified in the SAMHSA report include:

1. Number served per 8-hour shift,
2. Average response time,
3. Percentage of calls responded to within one hour, two hours and more than two hours,
4. Longest response time, and
5. Percentage of mobile crisis responses resolved in the community.

As a co-operator of mobile crisis services in Fairbanks, True North is already familiar with the processes for data collection and reporting in that community, which reports the data points identified below monthly to the Fairbanks Crisis Now Workgroup and on the City of Fairbanks website.

1. Outcome of calls (resolved in community, transported to hospital, resolved with first responders),
2. Total calls,
3. Unique individuals served,
4. Average time from call initiated to MCT arrival on scene,
5. MCT average time on scene,
6. Number of calls by response level,
7. Demographics (age, race, gender), and
8. Referrals to other services

For Mat-Su, it will be important to track the location of a crisis and the amount of time spent in transport to and from a response. This will help get a sense of the total cost of care in an area with a dispersed population.

SUSTAINABILITY

The MCT program alone will not be sustainable, the billing rates do not cover the cost, but the Day One Center as a whole will support the MCT program for sustainability. The Day One Center will operate with a positive net revenue beginning in the first year of operations, with positive net revenue expected to increase over the five-year modeling period as client counts increase and start-up expenses decrease. Two programs, the Lazarus Collaborative, and the Mobile Crisis Team, operate at a net loss throughout the five-year modeling period, while the remaining three programs: Assessments, the Launchpad and Withdrawal Management, operate with a positive net revenue that is sufficient to cover the loss of the other programs.

WHO WE SERVE

The need for a mobile crisis team was established by RI International's report to the Trust in December 2019 on Crisis Now. It is the intent of the Wasilla mobile crisis team to divert Trust beneficiaries from incarceration, hospitalization, and higher levels of care by connecting them to appropriate services. As discussed in the Crisis Now Alaska Mental Health Trust Report, Wasilla needs a comprehensive crisis response system, as the current system of care struggles to provide timely access to crisis services, is unable to meet Trust beneficiaries where they are experiencing the crisis, and often relies too heavily on law enforcement, the criminal justice system and hospital emergency rooms to respond to behavioral health crises. Additionally, also noted in the Crisis Now Consultation Report by RI International, this burden then adds to these incidences of crises associated with violence, suicide, alcohol, meth, and opioid overdose, mental illness, and homelessness, all of which to continue to escalate while services capacity has decreased.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

| | |
|--|-------|
| Mental Illness: | 476 |
| Substance Abuse | 200 |
| Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries): | 1,000 |
| Number of people to be trained | 8 |

BUDGET

| | |
|-------------------------------|--|
| Personnel Services Costs | \$388,473.85 |
| Personnel Services Narrative: | The team will comprise 3.5 peers, a supervisor, and 3.5 on call mental health clinicians. The payroll total is for 19 pay periods, the total includes fringe of 25%. Fringe consists of health insurance, paid holidays, workers comp, and |

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| | <p>employers' portion of payroll taxes. Peers will work two 24-hour shifts, at a day rate of \$400 plus fringe. For a total of \$133,000.</p> <p>Peer Supervisor for the 19 pay periods including fringe will be \$63942.60.</p> <p>On-call mental health clinicians will be paid an on-call fee of \$350, plus a call out fee of \$125 for each call out they go on. The total estimated costs for the 19 pay periods are \$191,531,.25. This amount is based on the weekly average calls of 13, for 37 weeks of the grant.</p> |
| | |

| | |
|-------------------|---|
| Travel Costs | \$18,000.00 |
| Travel Narrative: | <p>Fuel costs for the MCT vehicle is estimated at around \$1000 a month. We will be utilizing a F-350 decommissioned ambulance to provide for a space that the peers and mental health clinicians can safely address the call outs taking into consideration the need for a place to communicate out of the elements when a call out is made to a location not within a building. Regular vehicle maintenance and some minor updates will be needed for this vehicle to prepare it for its intended use as well as ongoing maintenance. Estimated cost of \$9000.</p> |
| | |

| | |
|--------------------------------|--|
| Space or Facilities Costs | \$2,700.00 |
| Space or Facilities Narrative: | <p>Cellular phone coverage for mobile devices and laptops estimated at \$300 a month for 9 months.</p> |
| | |

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|----------------------------|---|
| Equipment Costs | \$45,000.00 |
| Equipment Costs Narrative: | <p>One time cost for 3 laptops with mobile internet capacity, and cell phones. \$10,000</p> <p>We will be purchasing a Travel trailer to be used exclusively by the MCT staff for their office/overnight sleeping quarters for \$35,000</p> <p>The unique benefit of this workspace is it not only provides all the needed work and living space required for day-to-day operations, it can also be mobilized in the event of a natural or community-based emergency such as an earthquake or in the aftermath of an active shooter situation. This unit can then be operated as a command center if a community wide event were to take place.</p> |

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|------------------------|--|
| Other Costs | \$45,417.39 |
| Other Costs Narrative: | Administrative fee of 10% for a total of \$45,417.39 |
| | |

| | |
|--|--------------|
| Total Amount to be Funded by the Trust | \$499,591.24 |
| Total Amount Funded by Other Sources | \$0.00 |

OTHER FUNDING SOURCES

| | |
|---|------------------|
| True North Recovery has not secured any funding for MCT project yet, we anticipate that there will be grants to support MCT from State of Alaska, Division of Behavioral Health. True North Recovery will apply for these funds to support this important project | \$50,000 |
| True North Recovery is providing the Day One Center as the base for the MCT to operate and be dispatched | \$250,000 |
| We are actively monitoring all possible funding sources for this project. The State of Alaska Division of Behavioral Health is planning to release an MCT RFP this fall. | TBD |
| Total Leveraged Funds | \$300,000 |

MEMO

To: Verné Boerner - Program & Planning Committee Chair
Date: October 22, 2022
Re: FY23 Mental Health & Addiction Intervention Focus Area Allocation
Amount: Not to exceed \$300,000
Grantee: Contractual Services
Project Title: HB 172 Report to the Legislature: Contract Funding

REQUESTED MOTION:

The Program & Planning Committee approves up to \$300,000 for a contract for the HB 172 Report to the Legislature. These funds will come from the FY23 Crisis Continuum of Care budget line of the Mental Health & Addiction focus area.

Assigned Program Staff: Katie Baldwin

STAFF ANALYSIS

An essential step in our efforts to transform behavioral health crisis response, the passage of House Bill 172 (HB 172), *Mental Health Facilities and Medications*, allows for 23 hour and short-term crisis stabilization centers by creating the licensing and legal structure for these sub-acute levels of care. The no wrong door, sub-acute crisis stabilization centers are a core component of the Crisis Now framework, which creates alternatives to Designated Evaluation and Treatment Facilities (hospitals), emergency room departments and jails as the only disposition for individuals in acute mental health crisis not appropriate for outpatient mental health services, or API - the highest level of psychiatric inpatient care in Alaska.

As HB 172 made its way through the Legislature, concerns were raised by mental health advocates about pre-existing challenges with the civil commitment system and protections for patient rights. To seek compromise with parties on this issue, the legislature, the Department of Health and Social Services (DHSS), and the Trust collaborated to add a provision to the bill that requires a joint report be submitted to the legislature, and made available to the public, by October 2023. The report must be developed through a process that convenes a diverse stakeholder group that includes members representing patients with lived experience, patient advocates, the Disability Law Center of Alaska, providers of psychiatric services, the State of Alaska Ombudsman, and the Alaska Mental Health Board.

The Trust regularly receives testimony from psychiatric patient advocates concerned about a lack of protections for patients receiving care in mental health inpatient settings in Alaska. The Trust is a concerned stakeholder in this work and believes the recommendations developed in this process may inform policy and ultimately have positive impacts on current and future beneficiaries.

This request is seeking approval of funding to support contractual spending, directed by the Trust, Department of Health (DOH), and the Department of Family and Community Services (DFCS) to complete this requirement, and meet the intent of the process and deliverables outlined in HB 172.

Staff recommend approval of this request to support the Trust, the Department of Health (DOH) and the Department of Family and Community Services (DFCS) meet HB 172’s requirements.

COMP PLAN IDENTIFICATION

| Goal | Objective | Comments |
|---------------------------|-------------------------------|----------|
| Goal 5 Suicide Prevention | 5.2 Crisis system improvement | |

PROJECT DESCRIPTION

PROJECT DESCRIPTION

During the 32nd session of the Alaska State Legislature, House Bill 172 *Mental Health Facilities and Medications* was passed and subsequently signed into law by Governor Dunleavy (July 18, 2022). HB 172 creates an opportunity for behavioral health crisis response system transformation through supporting immediate response mechanisms such as crisis response teams and defines a licensing and legal structure for new facilities such as crisis stabilization centers (up to 23 hour stay) and crisis residential centers (up to 7 days stay) to assist individuals suffering from an acute mental health crisis. HB 172 also creates an alternative to involuntary hospitalization for people likely to be stabilized within 7 days. Patient rights are a priority within this new structure.

HB 172 is critical for the implementation of Alaska’s Behavioral Health crisis continuum of care. The legislation is a result of collaborative and intentional efforts by the Department of Health and Department of Family and Community Services, the Trust, public safety, community providers, and patient advocates to transform Alaska’s behavioral health system to better serve the most vulnerable Alaskans and their families.

Report to the Legislature

As HB 172 made its way through the Legislature, concerns were raised by mental health advocates about pre-existing challenges with the civil commitment system and protections for patient rights. The legislature, the Trust, and the State collaborated in creating a requirement for a joint report that would address these concerns and direct continued system improvement.

The bill directs the Trust, the Department of Health and Department of Family and Community Services to submit a report to the legislature, which will also be available to the public, by October 2023. This report will be developed through stakeholder input and considering public comments, and must contain the following components:

1. a comprehensive assessment of current state, federal, and accrediting body requirements for psychiatric patient rights;
2. recommendations for changes to laws and requirements that could improve patient outcomes and enhance patient rights;
3. assessment and recommendations relating to data collection and reporting; and,
4. identification of data and statistical collection methods.

HB 172 requires DOH, DFCS, and the Trust to use a process that convenes a diverse stakeholder group that includes members representing patients with lived experience, patient advocates, the Disability Law Center of Alaska, providers of psychiatric services, the State of Alaska Ombudsman, and the Alaska Mental Health Board. These stakeholders will serve as key informants in the development of the report and final recommendations to the legislature.

The following link to the state of Alaska Department of Health website includes the full text of House Bill 172, as well as additional background on the initiative, and a Frequently Asked Questions document published September 19, 2022:

<https://health.alaska.gov/Commissioner/Documents/PDF/Crisis-Stabilization-in-Alaska-HB-172.pdf>

In partnership with the DOH and DFCS, the Trust is seeking Requests for Letters of Information (RFLOI) to help inform development of a Request for Proposals (RFP) seeking contracted support to accomplish the requirements laid out in HB 172 and to meet the deadline identified for completion and delivery of a final report.

The scope of work for this project includes:

- Identifying key informants and organized process for convening groups and input.
- Organizing a methodology for managing the project, meetings, key informant interviews, research, timelines, report drafting, public comment period and finalization of report.
- Conducting an environmental scan of national and state best practices for protections and reporting of psychiatric patient rights.
- Identifying best practice models, statutes, regulations, and policies.
- Assessing the current state, federal, and accrediting body requirements for psychiatric patient rights, including patient grievances and appeal policies and procedures. The assessment must address the adequacy of these policies and procedures and the practical challenges patients face in availing themselves of these rights.
- Identifying and recommending additional changes to the Alaska state statutes, regulations, or other requirements that could improve patient outcomes and enhance patient rights, including items that could be added to or modify AS 47.30.817-AS

47.30.865, particularly involving involuntary admissions, involuntary medications, and the practical ability of patients to avail themselves of their rights.

- Assessing and recommending needed changes to current processes for data collection and reporting of patient grievances and appeals, patient reports of harm and restraint, and the resolution of these matters and provide recommendations for making this information available to the public.
- Identifying methods for collecting and making available to the legislature and the general public statistics recording:
 - The number, type and cause of patient and staff injuries;
 - The number, type and resolution of patient and staff complaints; and
 - The number, type and cause of traumatic event experiences by a patient (traumatic event means being administered medication involuntarily or being placed in isolation or physical restraint of any kind).
- Draft report findings and workgroup recommendations, incorporation of information received upon completion of public comment and final report delivered by October 2023.

Current State of Psychiatric Crisis Services

Since their inception, the Designated Evaluation and Stabilization (DES)/Designated Evaluation and Treatment (DET) beds have been the primary means of treatment for those with acute psychiatric needs. Both Fairbanks Memorial Hospital and Bartlett Regional Hospital in Juneau have been DET facilities for years, with both accepting voluntary and involuntary patients. Mat-Su Regional Hospital became a DET facility in early 2020. Of the hospitals' operating inpatient mental health beds, Fairbanks Memorial Hospital operates 20 beds, Bartlett Regional Hospital operates 12 beds, and Mat-Su Regional Hospital operates 16 beds. Non-DES/DET hospitals are supported by community-based Psychiatric Emergency Services (PES) grantees funded through the DOH Division of Behavioral Health, who can evaluate whether an individual meets criteria to be held pending transport for further evaluation or treatment.

Nationally, over the last several years, there has been a large rise in patients presenting with behavioral health challenges. With the nationwide shortage of behavioral health providers, there simply are not enough community-based providers to meet these needs, including medication prescription and management and all types of talk-based therapy. Given the increase in cases and the lack of a full continuum of care for behavioral health emergencies in the state, many components of this system are continually stretched beyond capacity.

Psychiatric care cannot solely rest upon acute crisis management within DET facilities under the involuntary commitment process.

The State, collaborating with the Trust and other partners, has for the past several years been establishing crisis stabilization services. These services have precedent in other states (for example, Georgia and Arizona), and have been successfully implemented through the development of crisis stabilization services as discussed below.

A Comprehensive System of Crisis Care

A number of states have or are in the process of implementing crisis care reform, designed to

provide an intermediary, diversionary level of care in the least restrictive setting and earliest moment possible to support individuals in crisis. With this in place, individuals do not have to escalate to the highest level of care to have their needs addressed. These states rely on several common core components:

1. A regional or statewide crisis call center that coordinates in real time with the other components to connect patients, providers, and families to services;
2. Centrally deployed, 24/7 mobile crisis teams (ideally, a clinician and a peer) to respond in-person to individuals in crisis; and
3. 23-hour and short-term stabilization centers, which may be operated separately or jointly, offering a safe, supportive and appropriate behavioral health crisis placement for those who cannot be stabilized by call center clinicians or mobile crisis team response.

The Department of Health and Department of Family and Community Services are successfully partnering with the Trust and community stakeholders on implementation of the first two components. The Division of Behavioral Health is leading a coalition focused on organizing a statewide crisis call center which would receive direct calls to Alaska's existing Careline (<https://carelinealaska.com/>) suicide prevention call line through the simpler number 988. There are mobile crisis response teams already working in Anchorage and Fairbanks.

However, until now Alaska could not implement the third component, up 23-hour and short-term crisis stabilization, due to the limitations of current state law. Our historical model was singularly focused on the designated hospital system and did not have specific provisions for psychiatric response centers outside of the historical structure. Crisis response centers are designed to provide immediate stabilization and support, which in other states has decreased the need for inpatient admissions, medications, and restraints. It is because of these challenges that HB 172 was introduced and passed.

These mechanisms would help provide more access to a less restrictive option for those in crisis, and reduce the number of individuals in crisis who are held at emergency rooms, jails, or psychiatric hospitals.

Under the statutory changes in HB 172, individuals in mental health crisis can access crisis stabilization centers (23-hour stay) or crisis residential centers (up to 7-day stay). The crisis centers will also provide law enforcement, emergency medical services (EMS), and families with a place to take individuals in crisis other than local emergency departments. The crisis stabilization centers can triage, treat, or refer to the appropriate level of care, rather than individuals waiting in an emergency department that is not structurally equipped to provide therapeutic behavioral health care, or being escalated immediately to the highest level of care (such as being committed to Alaska Psychiatric Institute or one of the hospitals that are Designated Evaluation & Treatment Facilities (Bartlett, Fairbanks Memorial, or Mat-Su Regional). The vast majority of Alaskans who seek behavioral health care do so voluntarily, but when a person is in crisis and unable to ask for help, HB 172 allows for a more nimble and responsive psychiatric crisis response system that does not require hospitalization.

EVALUATION CRITERIA

Following state procurement requirements, these funds will be utilized to secure a contractor to fulfill the requirements outlined in HB 172: to submit a report to the legislature by October 2023, meeting the intent of process outlined and required elements in the report.

BUDGET

| | |
|------------------------|---|
| Other Costs | \$300,000 |
| Other Costs Narrative: | Contract Services: Mental Health and Addiction Focus area- Crisis Now initiative funding. |

MEMO

To: Verné Boerner - Program & Planning Committee Chair
Date: October 20, 2022
Re: Housing & Home & Community Based Services Focus Area Allocation
Amount: \$150,000.00
Grantee: Volunteers of America Alaska
Project Title: Supporting & Empowering Houseless at Risk Transition Age Youth (TAY) through Rapid Re-Housing

REQUESTED MOTION:

The Program & Planning Committee approves a \$150,000 FY23 Housing & Home & Community Based Services focus area allocation to Volunteers of America Alaska for the Supporting & Empowering Houseless at Risk Transition Age Youth through Rapid Re-Housing project. These funds will come from the FY23 Rapid Rehousing Projects budget line.

Assigned Program Staff: Kelda Barstad

STAFF ANALYSIS

Volunteers of America (VOA) Alaska provides a range of mental, emotional, and behavioral healthcare and support services to youth and their families. VOA strives to meet the need of every child, teen, and young adult by providing services that include: prevention and early intervention, mental health therapy, substance use counseling, family support, life-skills development, supportive housing and residential treatment. Youth experiencing homelessness are often Trust beneficiaries, with the largest beneficiary groups consisting of people with a mental illness or addiction. Many people who are homeless are observed by service providers to have symptoms of a brain injury or intellectual or developmental disability but often do not have formal diagnoses. Of the youth served by VOA in 2021, 85% were diagnosed with a mental health illness or addiction.

The Supporting & Empowering Houseless at Risk Transition Age Youth through Rapid Re-Housing (RRH) project emphasizes housing search, relocation services, and short term rental assistance to move homeless transition age youth into stable housing. Upon placement in stable and affordable housing, transition age youth are provided with comprehensive support services to address economic stability and mental health, and empower youth with regular coaching on independent living, tenancy skills, healthy lifestyles and coping skills. RRH ensures access to a continuum of services and supports that maximize independence in the transition age youth home and community.

Rapid Rehousing is an evidence-based program that successfully houses people who are homeless. This would be the first youth rapid rehousing program the Trust has considered funding and will serve ages 18-24. This project aligns with the Housing & Home and Community Based Services focus area and funding this gap will ensure continuity of services for youth in the Anchorage area.

This project is recommended for funding.

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

The 2021 Anchorage Coalition to End Homelessness analysis reported a gap of 277 units needed to house transitional age youth between the ages of sixteen and twenty-four. These are youth who are in transition from state custody or foster care environments, homeless, and at risk. In this transitional phase, things could become challenging for a young person, and they could face difficulties as they develop, which could impact their mental health and wellbeing. When the youth cannot adapt in this transitional phase, they become at risk of mental and physical health conditions. These challenges can lead to unhealthy coping mechanisms, substance and alcohol abuse, mental health issues, and even self-harm. In fact, the Alaska Department of Health found that suicide is the leading cause of death among the ages 15-24.

Empowering Alaskan youth with housing and recovery services is at the heart of VOA Alaska's mission. VOA Alaska's Rapid Rehousing (RRH) program is a proven and cost-effective solution for those identified as homeless in Anchorage. RRH expeditiously moves youth into stable and affordable housing with comprehensive support services to address homelessness, economic stability and poor health and mental health outcomes by building independent living and tenancy skills, and improving health outcomes. This request for funding will benefit 50 houseless transitional age youth. With VOA RRH, youth experiencing houselessness in Anchorage are able to access safe, secure, and stable housing with the necessary supports to enable them to focus on and pursue their dreams, opportunities, relationship, and healing.

EVALUATION CRITERIA

VOA Alaska measures the success of the Rapid Rehousing Program quantitatively and qualitatively. Quantitative measures include the number of program beneficiaries and services rendered. Qualitative measures will be captured by surveying the beneficiaries themselves. More specifically, success is measured by the following outcomes:

1. 50 transitional age youth housed in stable housing with support services.
2. 100% of the participating youth is connected with the appropriate primary and behavioral health services
3. 50% of the participating youth are employed or working towards employment as a result of engagement with VOA peer support services.
4. 50% in number of participating youth who achieve academic or employment-based educational goals as a result of engagement with VOA peer support services.
5. 100% of youth who reported their quality of life has improved due to increased number of supportive people in their life
6. 100% self-sufficiency of participating youth by having basic need for food, shelter, etc.

SUSTAINABILITY

VOA AK depends on the generous donations and funding from the Anchorage Municipality, State of Alaska, and US Federal government, for-profit and non-profit organizations, and the general public. The Trust's funding for Rapid Rehousing is helping fill an FY2023 gap caused by the loss of Municipality of Anchorage funding from FY2022. This project is one that will continue as long as there is community need and available funding to support it. VOA is expanding agency capacity and improving efficiency geared towards improving our services to the houseless and at risk youth and families, as a wholistic approach to transitional age youth healing. We recently expanded our mental health services via telehealth, are billing services to Medicaid or private insurance, and launched our access and engagement team to reach out to the youth and families who needs mental health services and meet them where they are.

WHO WE SERVE

VOA RRH serves vulnerable youth who are experiencing houselessness in Anchorage, many of whom are Trust beneficiaries. Targeting transition aged youth (18-24), RRH pairs affordable housing with comprehensive support services to address homelessness, economic stability, and poor physical and mental health outcomes. Services are designed to first stabilize the youth in a home, then address mental health illness or substance use, and build independent living, tenancy and coping skills with the goal of helping youth get to a positive trajectory in life. Of the youth we served in 2021, 85% were diagnosed with a mental health illness or addiction. Many youth served are also believed to have an intellectual or developmental disability, but do not have a formal diagnosis.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

| | |
|-----------------------------|----|
| Mental Illness: | 42 |
| Developmental Disabilities: | 20 |
| Substance Abuse | 42 |

BUDGET

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|--------------------------|--------------|
| Personnel Services Costs | \$135,000.00 |
|--------------------------|--------------|

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| Personnel Services Costs (Other Sources) | \$523,075.00 |
| Personnel Services Narrative: | Trust funded: \$ 10,000 Program Director \$ 10,000 Lead Clinician \$ 10,000 Lead Case Manager \$ 42,500 Mental Health Clinician \$ 42,500 Case Manager \$ 10,000 Housing Case Manager \$ 10,000 Admin Specialist Other: \$523,075.00 remainder of agency personnel costs not covered by the grant (all programs). |

| | |
|------------------------------|-------------|
| Travel Costs | \$0.00 |
| Travel Costs (Other Sources) | \$13,401.00 |
| Travel Narrative: | Mileage |

| | |
|---|-------------|
| Space or Facilities Costs | \$0.00 |
| Space or Facilities Costs (Other Sources) | \$37,026.00 |
| Space or Facilities Narrative: | Agency rent |

| | |
|--------------------------------|-----------------|
| Supplies Costs | \$0.00 |
| Supplies Costs (Other Sources) | \$10,856.00 |
| Supplies Narrative: | Office supplies |

| | |
|---------------------------------|-------------------|
| Equipment Costs | \$0.00 |
| Equipment Costs (Other Sources) | \$7,360.00 |
| Equipment Costs Narrative: | Computers, copier |

| | |
|-----------------------------|---|
| Other Costs | \$15,000.00 |
| Other Costs (Other Sources) | \$728,199.90 |
| Other Costs Narrative: | Trust funded: \$ 5,000 Overhead Contribution to Admin cost \$ 5,000 Legal, Accounting, IT, Insurance, EHR, Bank Fees, etc. \$ 5,000 Other Professional Fees Other Costs: \$728,199.90 remainder agency operations budget (all programs). |

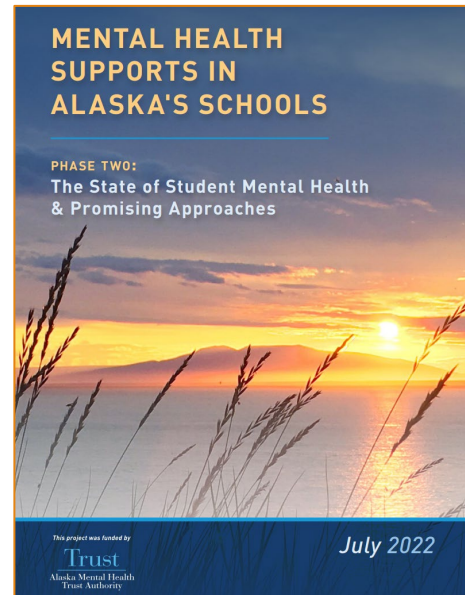
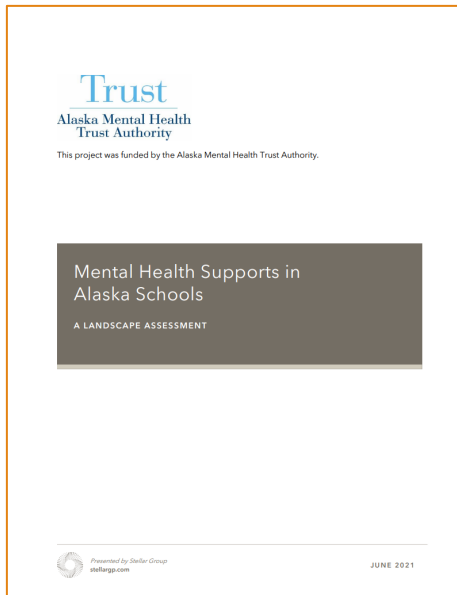
| | |
|--|----------------|
| Total Amount to be Funded by the Trust | \$150,000.00 |
| Total Amount Funded by Other Sources | \$1,319,917.90 |

OTHER FUNDING SOURCES

| | |
|--|-----------------------|
| Block Foundation, Pending | \$150,000.00 |
| Providence Alaska Foundation, Pending | \$150,000.00 |
| Alaska Housing Finance Corporation, pending | \$590,000.00 |
| Wells Fargo, Secured | \$10,000.00 |
| Medicaid, pending | \$319,917.90 |
| Fundraising - estimated, pending | \$100,000.00 |
| Total Leveraged Funds | \$1,319,917.90 |

Mental Health Supports in Alaska Schools

October 2022



- **Jimael Johnson**, Alaska Mental Health Trust Authority
- **Bev Schoonover**, Alaska Mental Health Board/Advisory Board on Alcoholism and Drug Abuse/Statewide Suicide Prevention Council
- **Sharon Fishel**, Alaska Department of Education & Early Development
- **Pat Sidmore**, Alaska Department of Education & Early Development

MH Supports in Alaska Schools Timeline



Why This Work Matters?

- **Use the Multi-Tiered System of Supports (MTSS) continuum to build a shared understanding** of what mental health services and supports are currently being offered.
- **Identify gaps in services and supports** for Alaskan youth & families affected by mental illness, substance misuse, developmental disabilities, and trauma.
- **Work collaboratively to develop policies and advocacy for resources** to better address gaps and opportunities.
- **Increase interest to improve mental health education and supports in school settings**, including the AK Legislature, ongoing Medicaid reform efforts and national influences.



Alaska

hopeful
futures 
campaign

BY THE NUMBERS

158,000

Number of
K-12 Students
(2022 Projection)ⁱ

10,000

Children with
major depressionⁱⁱ

6,000

Children with
major depression
who do not
receive treatmentⁱⁱⁱ

1 : 5,368

Ratio of School
Psychologists to
Students
(Recommended
Ratio 1:500)

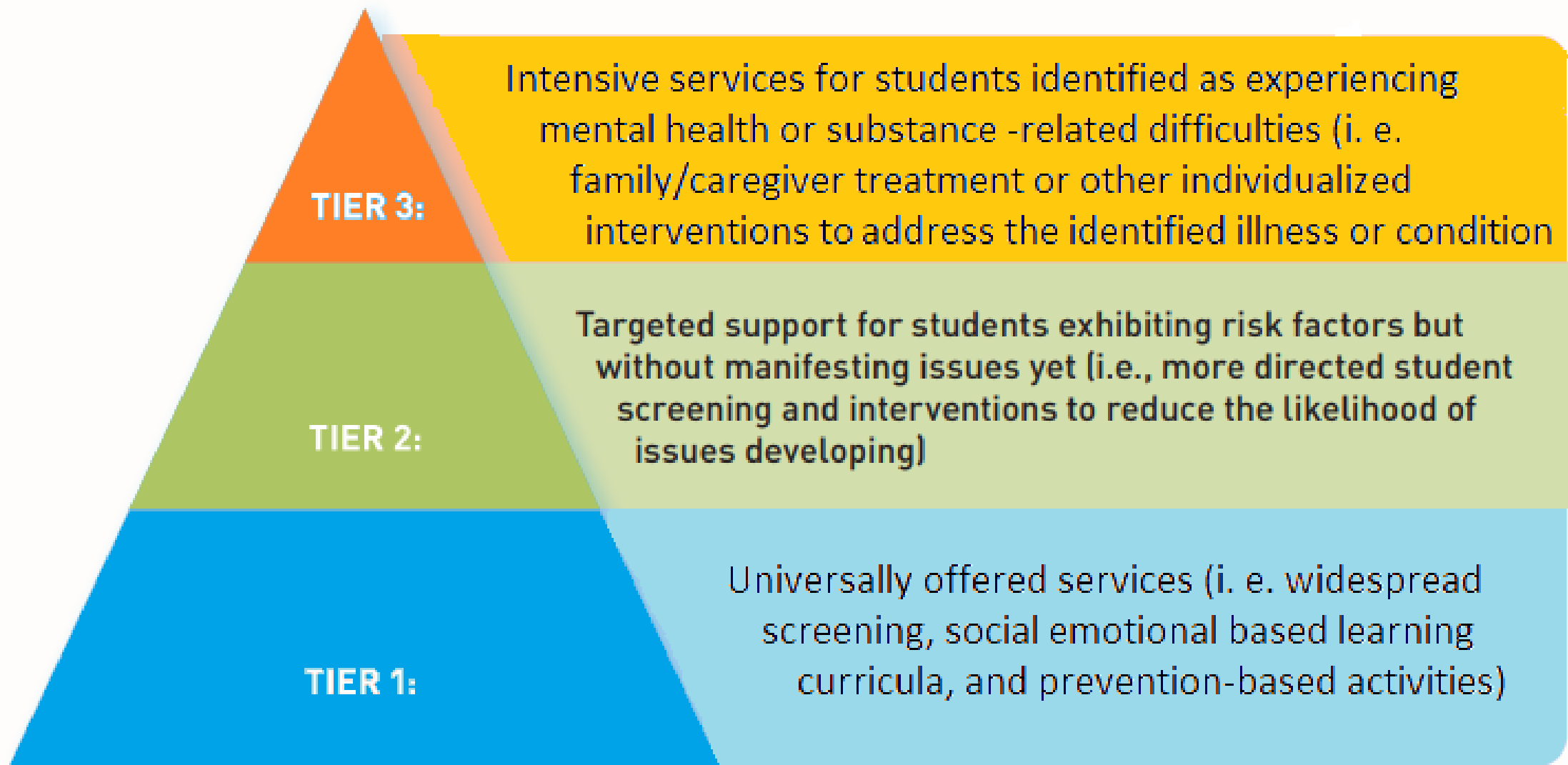
1 : 6,240

Ratio of School
Social Workers to
Students
(Recommended
Ratio 1:250)

1 : 417

Ratio of School
Counselors to
Students
(Recommended
Ratio 1:250)

Source: Hopeful Futures Campaign- America's School Mental Health Report Card February 2022



Multi Tiered Systems & Supports (MTSS)



This project was funded by the Alaska Mental Health Trust Authority.

Mental Health Supports in Alaska Schools

A LANDSCAPE ASSESSMENT



JUNE 2021

Phase 1: Key Findings and District Profiles

<https://alaskamentalthrust.org/alaska-mental-health-trust-authority/resources/>

Phase 1: Research Overview

32

District Interviews

Every Alaska public school district was invited to participate in an interview.

Thirty- two districts completed interviews, representing more than 91% of students in Alaska.

5

Areas of Inquiry

The interviews focused on five areas of inquiry:

- Mental health concerns
- Foundational elements
- Mental health supports
- Impacts and barriers
 - Ideal systems

1

Summary Report

Findings were synthesized into a summary report of key themes and findings.

Additionally, profiles were created for each of the 32 districts interviewed.

Phase two of the research was completed in July 2022

List of School Districts Interviewed

Alaska Gateway School District
Aleutian Region School District
Anchorage School District
Annette Island School District
Bristol Bay Borough School District
Chatham School District
Chugach School District
Craig City School District
Denali Borough School District
Dillingham City School District
Fairbanks North Star Borough School District

Galena City School District
Haines Borough School District
Hoonah City School District
Iditarod Area School District
Juneau Borough School District
Kenai Peninsula Borough School District
Ketchikan Gateway Borough School District
Kodiak Island Borough School District
Kuspuk School District
Lower Kuskokwim School District
Lower Yukon School District

Matanuska-Susitna Borough School District
Mount Edgecumbe High School
Nenana City School District
Nome Public Schools
Petersburg City School District
Sitka School District
Tanana City School District
Unalaska City School District
Yukon-Koyukuk School District
Yupiiit School District

Phase 1 Key Findings- Mental Health Supports



- Districts are providing some level of supports and services.
- A combination of internal and external resources generally allow most districts to provide some level of social emotional learning and mental health supports and services to students.
- However, the levels of services and supports available vary significantly between districts.

Phase 1 Key Findings- COVID 19

- Districts shared observations of pandemic-related student concerns such as isolation, trauma, depression, and anxiety, as well as burnout and increased stress and anxiety among staff.
- Increases in student mental health needs that are predicted to continue are prompting some districts to review the levels of social emotional learning and the mental health supports and services they will provide moving forward.
- Delivery of social emotional learning curriculums and student mental health supports, and services were disrupted by COVID-19.
- Virtual delivery was generally found to be less effective than in-person.
- However, many districts are finding ways to use virtual platforms to address gaps and add additional student supports and services.



Phase 1 Key Findings- In-Service and Staff Support



- In-service and Professional Development time is leveraged to bring mental health training to staff.
- In-service and professional development opportunities for staff training help deliver content on school climate and mental health priorities.
- Training topics have included trauma-engaged principles, culturally relevant approaches, and social emotional learning, among numerous others.

Key Findings- Community Partnerships

- **Trained school staff and community partners are critical** to providing mental health supports and services.
- **State, regional, and local community partners are integral to supplement services outside of a district's scope**, such as more intensive Tier 3 residential treatment or ongoing psychological interventions.

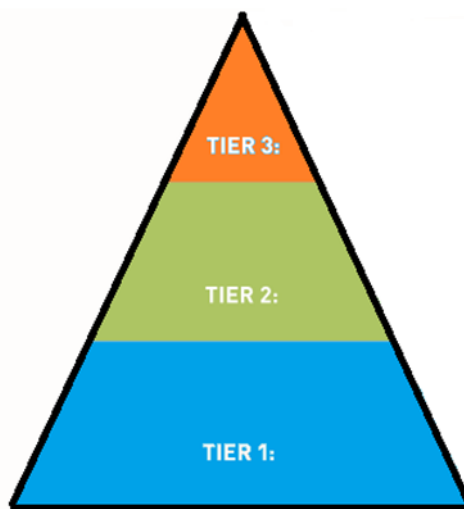


Mental Health in Schools Profile: Annette Island School District

Annette Island School District (AISD) is in **Southeast Alaska** and based in **Metlakatla** on the west coast of Annette Island, 15 airmiles south of Ketchikan. As of October 2020, the district's three school served approx. 315 students.

Examples of AISD's approach to providing mental health supports include:

- Family engagement specialist role to provide behavioral health and limited social worker supports and to build relationships with students and families.
- Collaboration between AISD and community partners on student mental health services, supported by a weekly partner meeting between school counselors and community providers.
- Progression toward closing trust gaps with families and expanding overall engagement, including a new partnership with Association of Alaska School Boards(AASB) on the FIRE Grant, a family engagement grant.
- Culturally-responsive programming through annual student workshop opportunities, and integration of cultural groups at student assemblies.



| UNIVERSAL STRATEGIES & SELECTIVE SUPPORTS | | |
|--|---|--|
| | Tier 1 Universally offered, schoolwide supports | Tier 2 Early intervention & targeted supports |
| Approaches, curriculums, models & programs | <ul style="list-style-type: none"> • Response to Intervention • Student portfolios • Seminars for major grade transitions (i.e., 6th and 9th) • TEEN TRUTH • Second Step | <ul style="list-style-type: none"> • Response to Intervention • Individual counseling • Parent meetings • Services and supports through outside providers |
| Delivery | <ul style="list-style-type: none"> • School staff, counselor | <ul style="list-style-type: none"> • Counselor, family engagement specialist, special education teacher, nurse • Annette Island Service Unit • Children's Mental Health |
| Identification | <ul style="list-style-type: none"> • Universally offered | <ul style="list-style-type: none"> • Response to Intervention process |
| Funding | <ul style="list-style-type: none"> • COVID and general budget funds | <ul style="list-style-type: none"> • COVID and general budget funds |

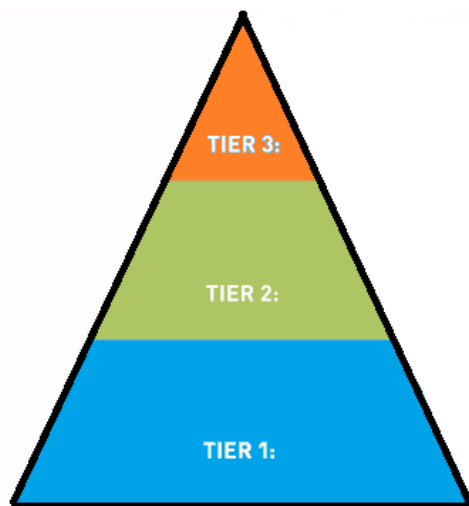
| INTENSIVE SERVICES & SUPPORTS | |
|-------------------------------|---|
| | Tier 3 More intensive supports |
| Supports | <ul style="list-style-type: none"> • Individual counseling • Services and supports through outside providers |
| Delivery | <ul style="list-style-type: none"> • Itinerant and telehealth contracted outside providers • Children's Mental Health • Annette Island Service Unit • Community Connections • Raven's Way • iGrad |
| Identification | <ul style="list-style-type: none"> • Response to Intervention process |
| Funding | <ul style="list-style-type: none"> • Special education and general funds |

Mental Health in Schools Profile: Fairbanks North Star Borough

Fairbanks North Star Borough School District (FNSBSD) is located in **Interior Alaska**. Based on pre-kindergarten through grade 12 district enrollment totals as of October 2020, the district's 35 schools serve approximately 10,430 students, in addition to 970 students enrolled in the Fairbanks BEST Homeschool program.

Examples of FNSBSD's approach to providing mental health supports include:

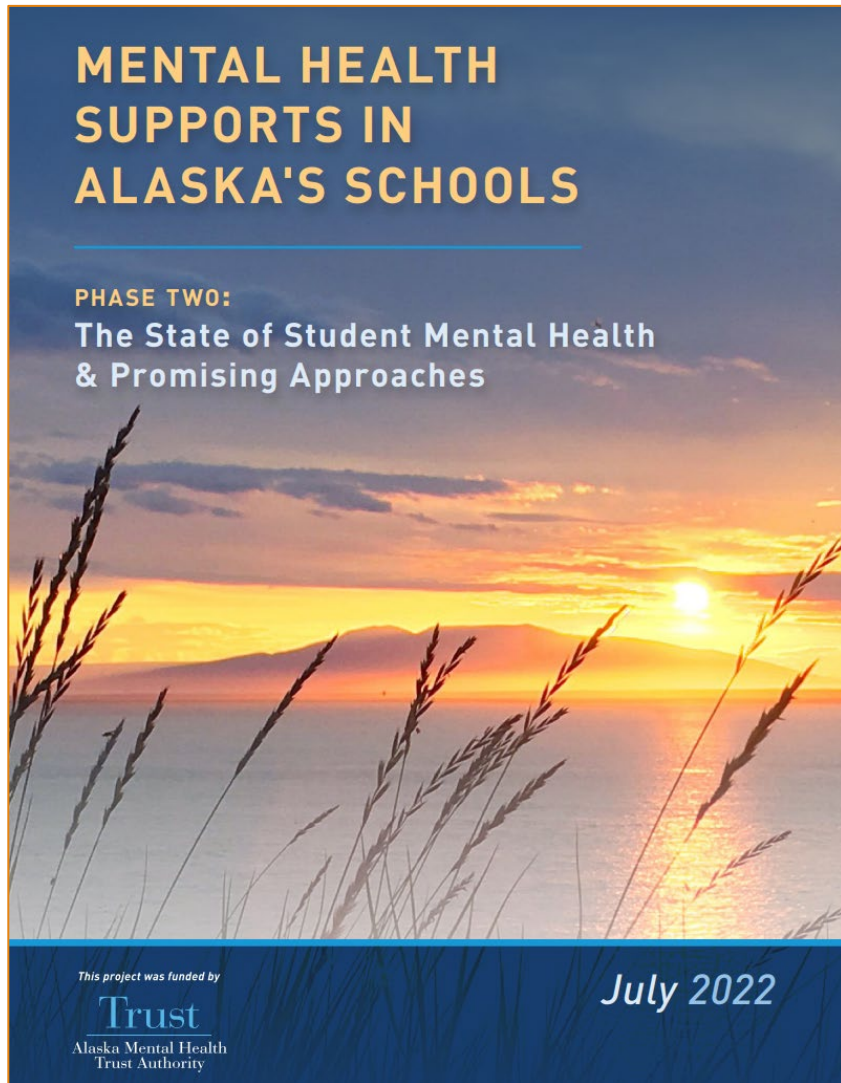
- Access to supports through a dedicated student support services team staffed by roles such as counselors, social service managers, prevention intervention specialists, and behavior aids, among others.
- Offering an annual in-service day focused on culturally-relevant education, as well as significant tribal and community consultation in the district planning processes.
- Completing an annual contracted audit focused on diversity, equity, and inclusion.
- Sharing of resources and offering of additional student services and supports through community partnerships.
- Availability of transparent school climate data through the FNSBSD data dashboard.



| UNIVERSAL STRATEGIES & SELECTIVE SUPPORTS | | |
|--|--|--|
| | Tier 1 Universally offered, schoolwide supports | Tier 2 Early intervention & targeted supports |
| Approaches, curriculums, models & programs | <ul style="list-style-type: none"> • Second Step • Sources of Strength • CHAMPS • Kagan strategies • Zones of Regulation • Character Strong • SMART kids • Fourth R • Safe Dates • PREPaRE crisis response | <ul style="list-style-type: none"> • Check & Connect • Second Step • Individual counseling • Small groups |
| Delivery | <ul style="list-style-type: none"> • Teacher, counselor | <ul style="list-style-type: none"> • Student support services team • Project AWARE social service managers • Community volunteers • Fairbanks Native Association |
| Identification | <ul style="list-style-type: none"> • Universally offered | <ul style="list-style-type: none"> • Student support services team |
| Funding | <ul style="list-style-type: none"> • General, grant, Title, and CARES funds | <ul style="list-style-type: none"> • Grant funds |

INTENSIVE SERVICES & SUPPORTS

| | Tier 3 More intensive supports |
|----------------|--|
| Supports | <ul style="list-style-type: none">• Individual counseling• De-escalation spaces• Contracted services through residential treatment program |
| Delivery | <ul style="list-style-type: none">• School psychologists• AK RISES mental health clinicians• Project AWARE social service managers• Alaska Behavioral Health• Family Centered Services of Alaska |
| Identification | <ul style="list-style-type: none">• MTSS process |
| Funding | <ul style="list-style-type: none">• General, grants, and CARES funds |



Phase 2: Key Findings and Case Studies

<https://alaskamentalhealthtrust.org/alaska-mental-health-trust-authority/resources/>

Research Overview

6

Case Studies

6 school districts were identified based on their different emerging and best practices. Interviews were conducted among school district leaders and service providers.

Policy Analysis and State of Student Mental Health

In addition to the case studies, the Stellar Group also gathered relevant indicator data to examine trends in student mental health indicators, as well as recent national and state policies that have been passed or are currently under review.

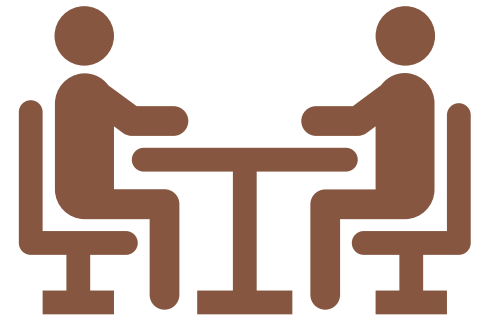
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Summary Report

Findings were synthesized into a summary report., which includes the 6 case studies, policy analysis, and indicators.

Key Findings- School Support Services

- School counselors and school psychologists in Alaska are **tasked with serving more students than recommended**.
- Most respondents were performing **activities considered appropriate for school counselors** (based on professional standards).
- More than half of respondents reported also performing **non-counseling duties** such as covering classes or supervising classrooms and common areas.



Key Findings-Funding Opportunities



- Sustainable funding sources and policy changes can help continue the program's impacts in school communities, including:
 - COVID-19 Relief
 - Expanded Telehealth Funding
 - Potential Medicaid Funding
 - Other Federal Funding Opportunities (USDOE, SAMHSA, etc.)

Key Findings-Student Mental Health Status

- **Indicators provide deeper context to behavioral health** in schools on national, state, and regional levels including:
 - Student Demographics
 - Academic Performance
 - Risk Factors (Community, family and student)
 - Protective Factors (Community, family and student)
- While the youth mental health crisis gets more serious, **protective mechanisms currently in place may not be enough** to respond to the growing needs of Alaska's students.



Mental Health in Schools Phase II: Case Studies

- » **CASE STUDY: TELEHEALTH SCHOOL COUNSELING:**
Kuspuk School District's partnership with a telehealth company to provide counseling support in remote village schools
- » **CASE STUDY: ONSITE COMMUNITY MENTAL HEALTH CLINICIANS:**
Matanuska-Susitna Borough School District's embedded clinicians, provided through a partnership with a local foundation
- » **CASE STUDY: TRAUMA-ENGAGED SCHOOLS:**
Juneau School District's introduction of Alaska's unique trauma-engaged approaches throughout its school communities
- » **CASE STUDY: SCHOOL SOCIAL WORKERS:**
Lower Kuskokwim School District's continuous commitment to its school social work program
- » **CASE STUDY: SCHOOL-BASED HEALTH CLINICS:**
Kodiak Island Borough School District's long-standing partnership with the island's hospital system to offer school-based services
- » **CASE STUDY: COMMUNITY ADVOCATES:**
Lower Yukon School District's work with local experts to provide culturally relevant supports through community human service providers

» CASE STUDY: TELEHEALTH SCHOOL COUNSELING:

Kuspuk School District's partnership with a telehealth company to provide counseling support in remote village schools

In the fall of 2019, KSD started building a foundation to fill the gap in school mental health supports and services. At the time, the school district did not have funding for school counselors. A leadership team member took on the role of school district champion and laid out a vision for increasing the availability of services through telehealth.

The school district contracted with [DotCom Therapy](#), a telehealth company that provided [remote speech therapy services](#) for the school district. The KSD team leveraged DotCom Therapy's telehealth expertise during the implementation and sustainment of the program. DotCom Therapy provided a Licensed Clinical Social Worker for part-time telehealth school counseling services. The role continued to expand and is now a full-time contracted position. The telehealth school counselor is based outside of Alaska but works the same school day hours as the onsite staff.

Services provided by the counselor include:

- » Student individual and small group counseling sessions
- » Staff counseling sessions
- » Crisis assessments
- » Social emotional learning classroom lessons
- » Staff professional development

*"If this can be done at nine remote villages in Alaska, I think it can be done almost anywhere - as long as you have just a little bit of importance placed on it and find the right person or the right group to connect and contract with."
- KSD leadership*

» CASE STUDY: TRAUMA-ENGAGED SCHOOLS:

Juneau School District's introduction of Alaska's unique trauma-engaged approaches throughout its school communities

PROGRAMS AND FUNDING FOR TRAUMA-ENGAGED APPROACHES

Building a foundation in trauma-engaged approaches has been a multi-year effort for JSD. Initially, school district leadership participated in a trauma-sensitive schools working group with the [Association of Alaska School Boards](#) (AASB). Since then, the school district has rolled out multiple trauma-engaged pilots and programs, including:

- » Ongoing professional development in three Title I schools focused on integrating trauma-engaged approaches into practice through the [Collaborative Learning for Educational Achievement and Resilience](#) (CLEAR) Project funded by the Alaska Mental Health Trust Authority
- » Introduction of a school-district level Trauma Engaged Specialist position and early-childhood to secondary student supports through the [Supporting Transitions and Educational Promise Southeast Alaska](#) (STEPS Alaska) managed by AASB
- » Addition of Mental Wellness Clinicians and Family Advocates at four Title I elementary schools through funding from the [Juneau Community Foundation](#) (JCF), [Alaska Children's Trust](#) (ACT), and school district funding.
- » Addition of Mental Wellness Clinicians at three secondary schools through the [Project Advancing Wellness and Resiliency in Education](#) (Project AWARE) through national grant funds managed by Alaska Department of Education & Early Development (DEED)

"Go in eyes wide open that there is work that needs to be done. It's important work, it's challenging work. It's affirming to have the resources to take on that challenging work."
– JSD administrator

Mental Health Supports in Alaska's Schools

Supplemental Documents & Links

- [Mental Health Supports in Alaska Schools: Phase One: A Landscape Assessment \(2021\)](#)
- [Addendum 1: School District Profiles \(2021\)](#)
- [Mental Health Supports in Alaska's Schools: Phase Two -The State of Student Mental Health & Promising Approaches \(2022\)](#)