

MEETING AGENDA

Meeting:	Board of Trustees
Date:	February 5-6, 2025
Time:	8:30 AM
Location:	David Rose Board Room / APFC, 801 W 10th Street, Ste 302, Juneau
Teleconference:	(844) 740-1264 / Meeting Number: 2867 709 1664 # / Attendee No: # https://alaskamentalhealthtrust.org/
Trustees:	Brent Fisher (Chair), Rhonda Boyles, Corri Feige, Kevin Fimon, Anita Halterman, Agnes Moran, John Morris

Wednesday, February 5, 2025

		<u>Page No.</u>
8:30	Call to Order – Brent Fisher, Chair Roll Call / Announcements / Approval of Agenda Review of Guiding Principles Ethics Disclosure Approval of Minutes <ul style="list-style-type: none">November 13-14, 2024 Current Bylaws	9 16 63
8:35	Mission Moment Juneau Therapeutic Court <ul style="list-style-type: none">Rachel Varella, Deputy Therapeutic Courts Program CoordinatorJennifer Ridgeway, Juneau Mental Health Project CoordinatorAlumni Charles Brouillette	Handout
9:00	CEO Update	
9:30	Statutory Advisor Update <ul style="list-style-type: none">Martin Lange, Acting Executive Director, Alaska Commission on AgingPatrick Reinhart, Executive Director, Governor’s Council on Disabilities and Special EducationWritten update, Advisory Board on Alcoholism and Drug Abuse/Alaska Mental Health Board	72 86 113
10:15	Break	
10:30	Trustee Training, Open Meetings Act Gene Hickey, Department of Law	Handout
11:00	Public Comment <ul style="list-style-type: none">For Public Comment Guidelines click here	
12:15	Recess	

Wednesday, February 5, 2025 (continued)

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12:15	Catered Lunch	
3:00	Reconvene	
3:00	Finance Committee Report/Update <ul style="list-style-type: none">• Approvals	138
4:00	Resource Management Committee <ul style="list-style-type: none">• Approvals	143
4:30	Recess	

Thursday, February 6, 2025

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11:30	Call to Order Announcements	
11:35	Commissioner Reports	
	<ul style="list-style-type: none"> Commissioner Kim Kovol, Department of Family and Community Services Commissioner Heidi Hedberg, Department of Health 	
12:05	Catered Lunch	
12:20	Approvals	147
	<i>Tabled proposals:</i>	
	<ul style="list-style-type: none"> Alaska Impact Alliance – Reimagining Child Welfare Project JAMHI Health & Wellness – SHARP Kodiak Island Health Center - SHARP 	<p>153 169 173</p>
	<i>Focus Area and Partnership Proposals</i>	
	<ul style="list-style-type: none"> VOA – Investing in the 3.7 Service Model: Innovating Residential Treatment Services for Alaska’s Youth Gastineau Human Services – Permanent Supportive Housing Beacon Hill – Family Resource Center Program Expansion AADD – Building a System to Achieve Employment First For All 	<p>177 186 204 212</p>
2:30	Break	
2:45	Approvals (continued)	
	<ul style="list-style-type: none"> University of Alaska Anchorage – Infant, Child, & Youth Conference JAMHI Health & Wellness – Reentry Coalition Reentry Housing Alaska Eating Disorders Alliance – Building Body Confident Kids – Youth Mental Health Prevention 	<p>239 244 249</p>
3:00	Consent Agenda Approval	255
	<ul style="list-style-type: none"> Hope Community Resources – Flooring replacement for two Assisted Living Homes Tundra Women’s Coalition – Tundra Youth Home Transitional Housing Support 	<p>258 262</p>

Thursday, February 6, 2025 (continued)

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<i>Consent Agenda Continued</i>	
• Seward Prevention Coalition – Youth Mental Health Campaign	266
• Kenai Peninsula Homelessness Coalition, inc. – Nikiski Shelter of Hope Building Upgrades	271
• Juneau Housing First Collaborative – Development & Housing Support	275
• Alaska Native Heritage Center – ANHC Elders Program	279
• Seldovia Village Tribe – Community Health Care Equipment Upgrade	285
• Palmer Senior Citizens Center, Inc – MSSS ADS Transport	290
• The Alaska Humanities Forum – Story Works: Strengthening Protective Factors through Classroom Storytelling	294
• Bfit & Well Annex – Brain Health Fitness Program	300
• REACH 907 Resilience Behavioral Health – Consulting Support	308
• Alaska Association of Developmental Disabilities – Cost of Care: Collaborating on Solutions	312
• Girls on the Run, Southcentral AK – Girls on the Run	317
• Stone Soup Group – Growing Connections & Cultivating Communities	322
3:30	
CEO Onboarding – Executive Session Issues	
Executive session	
<i>In accordance with the Open Meetings Act, AS 44.62.310(c).</i>	
4:30	
Trustee Comments	
4:45	
Adjourn	
 <u>Additional Documents</u>	
• Audit & Risk Committee Report	327
• Program & Planning Committee Report	328

Future Meeting Dates

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

(Updated – January 2025)

- | | | |
|--------------------------------|---------------------------|------------------------|
| • Audit & Risk Committee | April 23, 2025 | (Wed) |
| • Finance Committee | April 23, 2025 | (Wed) |
| • Resource Mgt Committee | April 23, 2025 | (Wed) |
| • Program & Planning Committee | April 24, 2025 | (Thu) |
| • Full Board of Trustees | May 21-22, 2025 | (Wed, Thu) – TBD |
| | | |
| • Audit & Risk Committee | July 31, 2025 | (Thu) |
| • Finance Committee | July 31, 2025 | (Thu) |
| • Resource Mgt Committee | July 31, 2025 | (Thu) |
| • Program & Planning Committee | Aug 1, 2025 | (Fri) |
| • Full Board of Trustees | August 27-28, 2025 | (Wed, Thu) – Anchorage |
| | | |
| • Audit & Risk Committee | October 15, 2025 | (Wed) |
| • Finance Committee | October 15, 2025 | (Wed) |
| • Resource Mgt Committee | October 15, 2025 | (Wed) |
| • Program & Planning Committee | October 16, 2025 | (Thu) |
| • Full Board of Trustees | November 19-20, 2025 | (Wed, Thu) – Anchorage |
| | | |
| • Audit & Risk Committee | January 7, 2026 | (Wed) |
| • Finance Committee | January 7, 2026 | (Wed) |
| • Resource Mgt Committee | January 7, 2026 | (Wed) |
| • Program & Planning Committee | January 8, 2026 | (Thu) |
| • Full Board of Trustees | February 4-5, 2026 | (Wed, Thu) – Juneau |

Future Meeting Dates Statutory Advisory Boards (Updated – January 2025)

Alaska Commission on Aging

ACOA: <https://aging.alaska.gov>

Executive Director: Martin Lange, (907) 465-4793, martin.lange@alaska.gov

- Quarterly Meeting (winter): February 11-13, 2025, 8:30 am-12 pm

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

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

ABADA: <https://health.alaska.gov/abada/Pages/default.aspx>

Acting Executive Director: Jenn Carson, (907) 465-6271, jenn.carson@alaska.gov

- Quarterly Meeting (winter): January 2025 / Zoom
- Quarterly Meeting (spring): April 15-18, 2025 / Anchorage

Governor’s Council on Disabilities and Special Education

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

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

- Triannual Meeting (winter): February 11-13, 2025 / Juneau
- Triannual Meeting (spring): May 14-15, 2025 / Anchorage

Trustee Committee Assignments

Updated January 2025

Executive Committee

- Brent Fisher, Chair
- Agnes Moran, Vice Chair
- Rhonda Boyles, Secretary
- Allison Biastock, staff

Audit & Risk Committee

- Kevin Fimon, Chair
- Corri Feige
- Anita Halterman
- Brent Fisher, *non-voting*
- Julee Farley, staff

Finance Committee

- John Morris, Chair
- Kevin Fimon
- Anita Halterman
- Brent Fisher, *non-voting*
- Julee Farley, staff

Program & Planning Committee

- Agnes Moran, Chair
- Rhonda Boyles
- Kevin Fimon
- Brent Fisher, *non-voting*
- Katie Baldwin, staff

Resource Management Committee

- Corri Feige, Chair
- Rhonda Boyles
- Anita Halterman
- Brent Fisher, *non-voting*
- Jusdi Warner, staff

**The Trust's
Guiding Principles /
Mission Statement /
Trust Budget
Process Flowcharts**

Trust Guiding Principles

To improve the lives of Trust beneficiaries, The Trust is committed to:

Education of the public and policymakers on beneficiary needs;

Collaboration with consumers and partner advocates;

Maximizing beneficiary input into programs;

Continually improving results for beneficiaries;

Prioritizing services for beneficiaries at risk of institutionalization or needing long-term, intensive care;

Useful and timely data for evaluating program results;

Inclusion of early intervention and prevention components in programs;

Provision of reasonably necessary beneficiary services based on ability to pay.

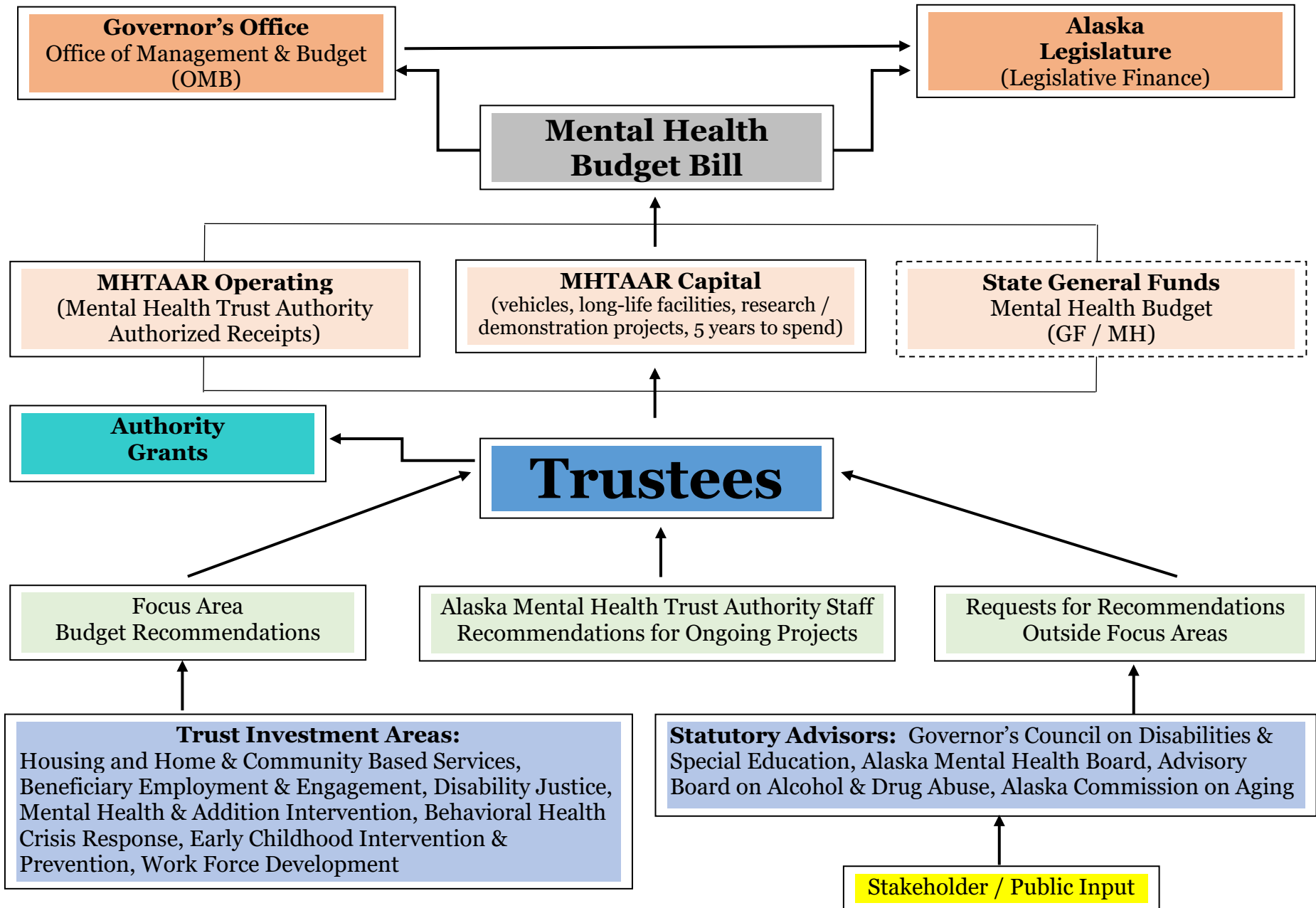
Approved 5-12-09, Board of Trustee meeting

Trust Mission Statement

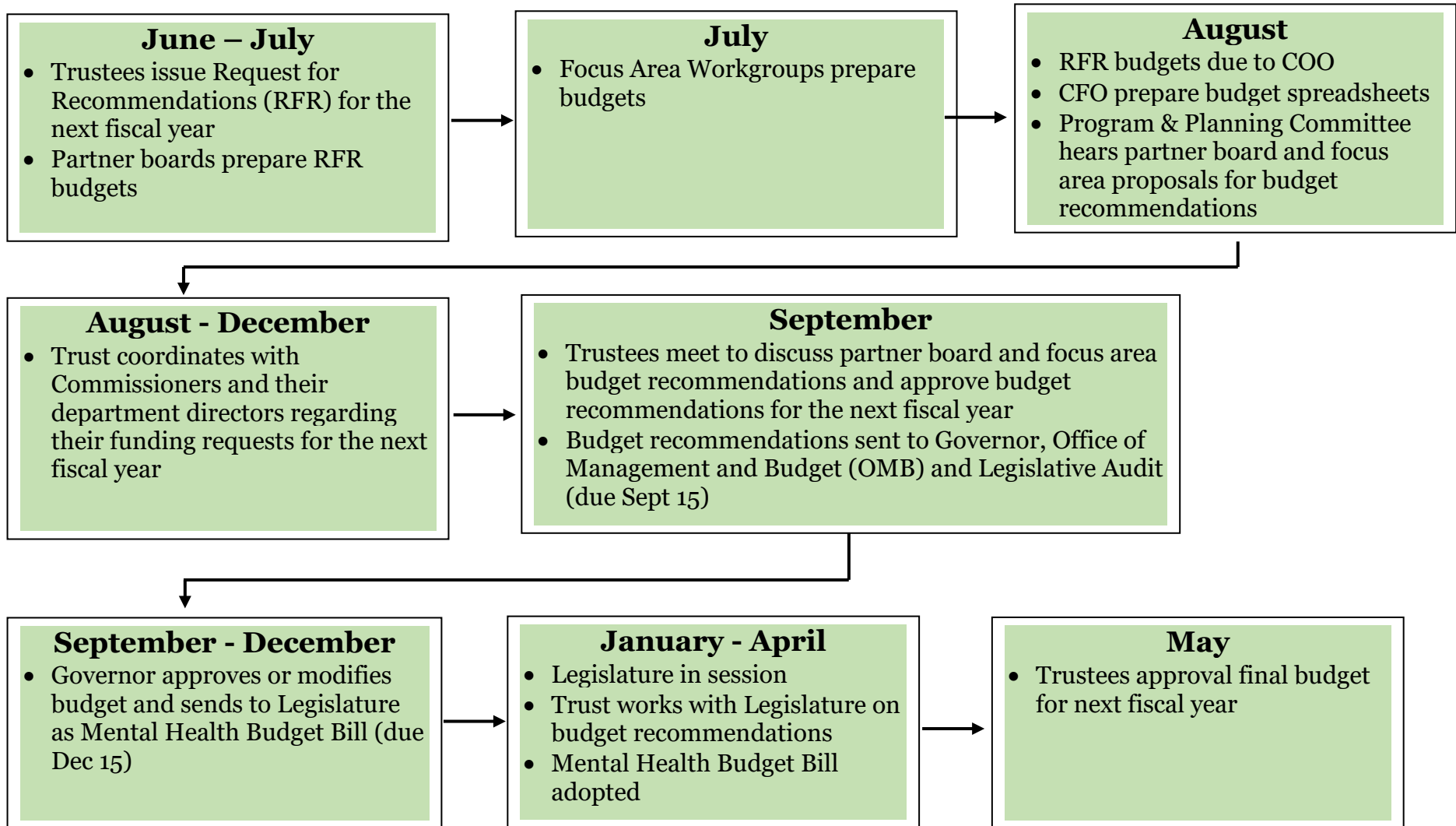
The Alaska Mental Health Trust Authority (The Trust) administers the Mental Health Trust to improve the lives of beneficiaries. Trustees have a fiduciary responsibility to protect and enhance trust assets in perpetuity for the beneficiaries. The Trust provides leadership in advocacy, planning, implementing and funding of the Comprehensive Integrated Mental Health Program; and acts as a catalyst for change.

Approved 5-12-09, Board of Trustee meeting

Alaska Mental Health Trust Authority Budget Process



Annual Mental Health Budget Bill Process

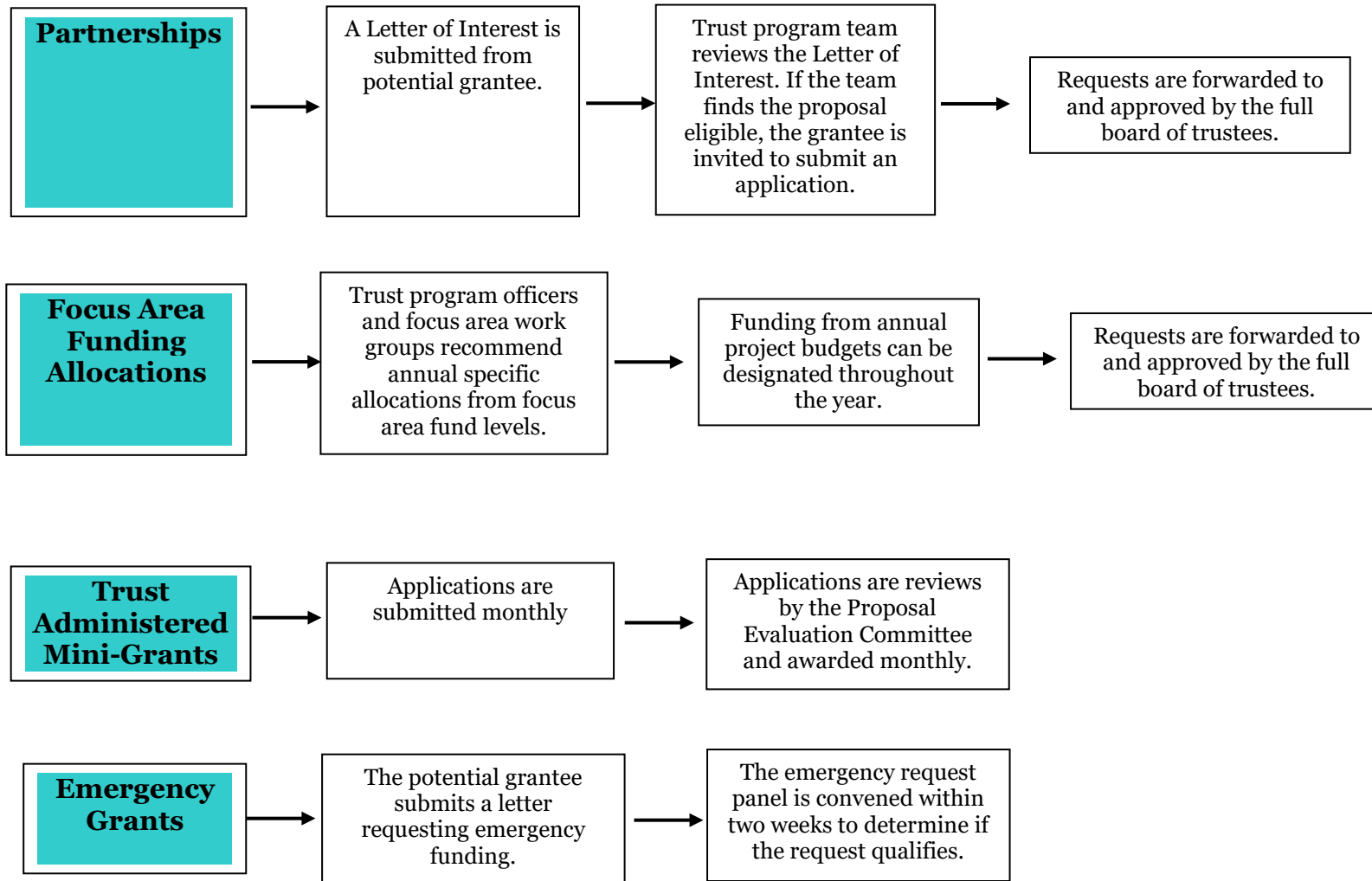


Note: timeline represents those items in the green boxes in the chart entitled “Alaska Mental Health Budget Process”

01/23/2019

Grant Approval Process for Authority Grant Funds

All annual budgets are approved by the full board of trustees at the September meeting



Note: this chart depicts those items included in the teal box labeled “Authority Grants” on the chart entitled “Alaska Mental Health Trust Authority Budget Process”

Revised: 11/15/2024

Alaska Mental Health Trust Annual Calendar

TRUSTEES	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Scheduled full board meeting & prep												
Scheduled committee meetings & prep												
APOC filing due 3/15												
Officer elections												
Board evaluations												
CEO evaluation												

LEGISLATURE	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Budget finalization with departments												
Trust advocacy trainings												
House/Senate Finance budget presentation												
Legislative session												

PROGRAM	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Focus area budget updates, stakeholder mtg												
Request for recommendations (RFR) issued												
Statements of Intent / grant agreements												
Trust/DBH quarterly meetings												
Small projects												
Grant quarterly reports												
Rural Outreach (every 2yrs)												

LAND OFFICE	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Resource field season												
Real estate BOV/appraisals												
Fall land sale												
Quarterly reports												
Ft. Knox audit (every 2yrs)												

ADMINISTRATION	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Fiscal year end & re-appropriation												
External audit												
Operating budget due 9/15												
Trust annual report												
Contract renewals												
OMB measures												
Asset allocation annual review												

ADVISORY BOARDS	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Statutory Advisory Board - ACoA												
Statutory Advisory Board - AMHB/ABADA												
Statutory Advisory Board - GCDSE												

**Minutes for the
November 13-14, 2024
Full Board of Trustees
Meeting**

**ALASKA MENTAL HEALTH TRUST AUTHORITY
FULL BOARD MEETING
November 13, 2024
8:30 a.m.**

**Hybrid/Webex Meeting:
Originating at:
Alaska Mental Health Trust Authority
3745 Community Park Loop, Suite 200
Anchorage, Alaska 99508**

Trustees Present:

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

Trust Staff Present:

Allison Biastock
Katie Baldwin-Johnson
Miri Smith-Coolidge
Valette Keller
Julee Farley
Luke Lind
Carrie Predeger
Michael Baldwin
Eric Boyer
Kat Roch
Kelda Barstad
Debbie DeLong
Tina Voelker-Ross
Eliza Muse
Heather Phelps

Trust Land Office staff present:

Jusdi Warner
Jeff Green
Sarah Morrison
Blain Alfonso
Cole Hendrickson
Mariana Sanchez
Pam Cawley
Brittany Williams
Katie Vachris

Also participating:

Gene Hickey; Jeff Jessee; Kathy Craft; Patrick Reinhart; Jena Grafton; Tom Crafton; Stephanie Hopkins; Janie Caq'ar Ferguson; Jamael Lawson Johnson; Joel Jackson; Martin Lange; Stephanie Wheeler; Pete Mueller; Marsha Oss; Kathy Craft; Kay Papakristo; Mary Eidem; Jill Maxwell; Brittany Williams; Lisa Cauble; Don Habeger; Chrity Carmody; Tamar Ben Yousef; Kristin Bierma; Samantha Landi; Alexandra Whisenhunt; April Cox; Crystal Hamilton; Emily Plant; Samantha Parton; Bikki Shrestha.

PROCEEDINGS

CALL TO ORDER

CHAIR FISHER called the meeting to order and began with a roll call. He asked for any announcements. There being none, he moved to the agenda.

APPROVAL OF AGENDA

CHAIR FISHER entertained a motion for the approval of the agenda.

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

REVIEW OF GUIDING PRINCIPLES

ETHICS DISCLOSURE

CHAIR FISHER asked for any ethics disclosures. Hearing none, he moved to the approval of minutes.

APPROVAL OF MINUTES

MOTION: A motion to approve the minutes from the meeting of July 31, 2024, was made by TRUSTEE MORAN; seconded by TRUSTEE MORRIS.

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

MOTION: A motion to approve the minutes from the meeting of August 28-29, 2024, was made by TRUSTEE MORAN; seconded by TRUSTEE MORRIS.

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

MISSION MOMENT

Alzheimer's Resource of Alaska

CHAIR FISHER asked Ms. Barstad to introduce the Alzheimer's Resource of Alaska.

MS. BARSTAD stated that it was her pleasure to introduce Kay Papakristo from the Alzheimer's Resource of Alaska who would begin with a brief introduction regarding the agency and the caregiver and beneficiaries in attendance.

MS. PAPAKRISTO thanked all for the invitation and stated that she is the outreach director with

Alzheimer's Resource of Alaska and administers the mini-grants for Alzheimer's disease and related dementias. She stated that they value and appreciate the partnership with the Trust. She continued that they also offer classes for people living with dementia and their caregivers. They train providers and front-line workers and offer support groups. They are working hard on bridging gaps with other public health issues, and to really meet individual needs. She added that Jill and Mary, who we met through their use of the agency. They receive the mini-grant, attend classes, the support groups, and they are willing to share their stories.

MS. MAXWELL stated that she and her mother utilize everything they can from Alzheimer's Resource in Anchorage. The most important is the in-person, rather than the Zoom. She began her story about her mom, stating that they have lived together for two years, and she is her caregiver. Her mom has late-stage Alzheimer's and is kind, calm, hardworking and fun. She is a sweet person who never raised her voice, judged others, and identifies as a true Alaskan. She has lived in Alaska since she was eight years old. Her mom and dad taught school and practiced law, and she has good memories of her growing up, as a mother, a teacher and a wife. Her mom continued to fish during summers. She finished her degree and master's in education at Fairbanks where she married and had three children. They moved to Anchorage so the children could benefit from the Anchorage School District. She retired with a decent monthly pension, great medical insurance, and long-term care insurance, which has been very helpful. In her early 80s, she became a caretaker when she and her husband moved both grandmothers into their house. In 1982, Alaskans were excited that the new Alaskan Pioneer Home system had just completed building a home in Anchorage for the typical independent Alaskan. The care was excellent, and the price was low. Alaskan folks without a regular work history, like all her relatives, except her mom, could apply. Boths grandmothers moved into the Pioneer Home five years after it was completed in 1987. She continued that the Pioneer Home utilized the whole-person Eden alternative. When her parents were teachers, they supported a more whole-person open concept. We loved having our grandmother at the Pioneer Home, and we visited her for Sunday dinners. There was no cooking or cleaning on Sundays, and Grandma would play the piano afterwards. She stated that her mother set her mind to moving into the Pioneer Home, and her first application on the Pioneer Home waitlist was in 2013. After retiring from teaching, she became a potter, did that for another 20 years, and sold her works all over the world. But she got sidetracked by the middle daughter who became ill and lost her job. Mom helped out by feeding and cleaning the animals and their cages. Mom was in her late 70s, and the animals were expensive. Also, she started to have eye problems; cataracts and macular degeneration. Legal problems with all the animals forced them to move farther away from the city and on up the highway system. All of that led to alienation, and she did not communicate with her mother for seven years. She did not have a phone for those seven years, and her socialization was minimized. She was told that there was no money, and charities and the food bank were heavily relied on. In Anchorage, the other two daughters believed that Mom was just enjoying the outdoors and the cute baby animals that were surely being born. They did not know that Mom's income was the sole source of income for the middle daughter, her male roommate, and the food and heat for the menagerie. About 2017, Mom had cataract surgery and new glasses. With her improved sight, she began to get suspicious of the constant lack of funds and constant reliance on charity and began to ask about money. She also worked on her goal of entering the Pioneer Home again. She left the place up the road, came back to Anchorage, and begged her nine other family members for help. The middle daughter refused to speak to any of us and we found out Mom's information on our own. We found that the Pioneer Home application still existed and was applicable due to a glitch in the computer system. The middle daughter prevented us from

taking Mom to doctors and removing the pension from her accounts. We went to an attorney, asked the court for intervention, and folks in Kenai were made Mom's guardians, and she was given a full-time conservator. They took control of her and prevented her from being with family members. When she went to the Pioneer Home, it was the lockdown time period during COVID. Mom was in there for eight days with memory problems and lost the ability to read and write. That was three years ago. She was alone in a room with nothing to do except look out the window. She lost 15 pounds. I went there every day; no one else was there for her, and then they moved her to Kenai. My sister and I were threatened that if we kept interfering, she would be locked up someplace, and we would never see or speak to her again. Mom wanted to live in Anchorage and there was a phone call with the attorney where they were also, unintentionally, on the phone. The guardians lied to the court visitor, and the attorney had been in on the conversation, and I knew the information was false. That helped Mom come to live with me. She stated that the first year of caring was miserable and difficult. Mom was weak, bedridden, unhappy, lonely and confused. There was unending paperwork trying to sort out the things that had happened to her. The conservator, appointed by the court, put her funds in the same bank account with over 100 other peoples' funds. He overcharged and took the money out of Mom's account. He did not pay or file the taxes, and the middle daughter had not filed taxes for seven years. There was a lot of debt. She and her sister decided that only by living for free could Mom start paying off the debt and now, after two years, the IRS debt is almost paid off. She stated that the people in the support groups are amazing and we have met other incredible folks like Mom who are engineers, pilots, photographers. Those are the people in her group. Now, Mom talks freely, answers questions, has her own thoughts and feelings, and her own opinions. It just took us a while to realize that. She continued that the big turning point was when they found a regular in-person class that was the Art Links, which has provided deep friendships. That led to Mind Matters, a support group which Mom loves. They sing, exercise, have deep talks, have become friends, and speak out loud in public. Most of all, they value themselves. The money from the grant also got her Mom a lifetime membership to the Senior Center and some trials at the fitness center. The Senior Center led to the choir, so music and singing have become a huge part of Mom's life. They are happy now and have received and been given gifts of friendship and money, freely, with no strings attached. She added that it is fun to always have her best friend with her wherever she goes, and she is very grateful to have this time with her.

CHAIR FISHER thanked Jill for sharing the value that the Alzheimer's Resource of Alaska has provided in helping to get her mother into a better situation and reuniting part of the family in a happy circumstance. He thanked them all for being there. He continued to the CEO Report.

CEO REPORT

CEO BIASTOCK stated appreciation to the guests from Alzheimer's Resource, and to the staff and Board leadership in helping develop the agenda. She stated that staff is an exemplary group of professionals, and they continue to demonstrate a genuine commitment to the mission, which is to improve the lives and circumstances of the beneficiaries. It is a unique and complex organization with a lot of moving parts and pieces that operate in an arena that changes and involves working across government, industry, communities and focus area systems. She noted that they had opened and closed the recruitment for a vacant program officer position, and they look forward to updating. She added that there was one other forecasted vacancy due to an impending retirement for the special assistant position. Recruitment for that is currently open. She was very pleased to honor Tina Voelker-Ross for her five-years of service to the State of Alaska.

(Applause.)

She continued that trustees get a weekly update via e-mail from the CEO, and she went through the highlights that had taken place since the last Board Meeting. There is an updated final plan, and the next steps involve implementing the plan's initiative, which she explained. She moved to the initiative of whether the team from Alaska was one of six states selected for a six-month CSG West grant from the Council on State Governments Policy Academy, in collaboration with the Center for Healthcare Systems and the Bureau of Justice Assistance. The focus is to improve reentry outcomes for Trust beneficiaries with complex needs who are involved in the justice system, and leveraging Medicaid to not only improve access to health services, but to also reduce recidivism and foster healthier communities. A big part is to look at maximizing Medicaid to support people both during reentry, as well as facilitating connections to primary, effective, cross-sector information and data sharing between partners, as well as integrating mental health and substance use treatment into correctional facilities. She then moved to the Trust and AHFC, which executed the first ever in-person grantee meeting for the BHAP and SNHG program, also known as basic homeless assistance. She also touched on the listening session in September to hear firsthand from beneficiaries and caregivers about their experiences within Alaska's system of care. It is important to hear the perspective from the beneficiaries and those that serve and support them in making the decisions that form the work at the Trust. The results of the session were summarized anonymously and posted to the website and shared with partners, trustees, and has been well received. She moved to the Improving Lives Conference which will be covered during the communications update. She talked about Youth Mental Health, which continues as a key focus area, not only for the Trust, but for Alaska's leadership, and also the pediatric behavioral health meeting in Fairbanks. She added that Alaska Mental Health supports an in-schools project which is a community practice currently in seven participating school districts. This group will meet monthly through the school year and focus on developing mental health supports in schools and the local community through partnerships. She went through a few items on the horizon, one of which is strategic planning which anticipates a trustee-led process strongly supported by staff. Lastly, in anticipation of the hiring of a new CEO, staff is preparing the plan for onboarding them to the position, primarily including engagement with Trust staff, trustees and, ultimately, the larger community of partners. Staff is looking forward to helping on-board the leadership quickly, and getting them up to speed to help insure a successful start.

CHAIR FISHER thanked CEO Biastock, and asked for any questions.

TRUSTEE FIMON thanked Allison Biastock for the last four months. He appreciates her wearing her dual hats and her activity as acting CEO.

CHAIR FISHER echoed what Trustee Fimon said, and thanked Ms. Biastock very much. He moved to the Legislative Budget & Audit Update.

LEGISLATIVE BUDGET & AUDIT UPDATE

CEO BIASTOCK recommended going into Executive Session to offer a brief update.

MOTION: A motion that the Alaska Mental Health Trust Authority Board of Trustees enter into Executive Session pursuant to the Alaska Open Meetings Act, AS 44.62.310 (c)(3), and discuss the Legislative Budget & Audit Committee's audit, as the audit is confidential by law until release of the audit report by the Legislative Budget & Audit Committee. The motion was made by TRUSTEE HALTERMAN; seconded by

TRUSTEE FEIGE.

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

(Executive Session from 9:22 a.m. until 9:56 a.m.)

TRUSTEE MORAN stated that she, her fellow trustees, members of the Trust Authority are returning to the Full Board of Trustees meeting from the Executive Session. During the Executive Session, the Board of Trustees only discussed the items identified in the motion to move into Executive Session. The Board of Trustees did not take any action while in Executive Session.

GOVERNANCE DISCUSSION

CHAIR FISHER moved to the governance discussion, and recognized Gene Hickey, Trust counsel.

MR. HICKEY began with the charters and stated that there were no changes made to the charter for the Board of Trustees. He asked for any questions or additional changes or modifications to the charter.

CHAIR FISHER asked if there would be a motion for each charter paragraph in going through.

MR. HICKEY replied that it would be easier to go through all of them because changes in one charter might affect another charter. Not hearing any changes or modification requests to the charter for the Board of Trustees, he moved to the charter of the chair of the board. This was not discussed at the last meeting because they had moved to three-member committees. During the discussion at the last meeting, the Chair of the Board would become a nonvoting member of the committees, but the chair is also the chair of the Executive Committee upon which the chair would have a vote. This includes a change identifying the fact that the chair is a voting member of the Executive Committee and chairs that committee, but would be a nonvoting member of the remaining standing committees. There being no questions, he moved to the discussion concerning the Chair of the Board having the authority to designate a spokesperson to act on the behalf of the Trust at the chair's discretion. Currently, if the chair is unavailable, the vice chair would fill that role. This change would give the chair some discretion to designate another trustee to act as the official spokesperson. There being no questions or discussion, he moved to the charter of the vice chair. There was a change that the vice chair would act as one of the official spokespersons for the Trust when the chair is unavailable. That was incorporated into the language of the vice chair's charter. He stated that there were no changes to the secretary charter or the Executive Committee. He then moved to the Finance Committee charter and operating procedure, section 6. The language was modified to "the committee chair shall keep the Board Chair informed of all important issues or major developments taking place at the committee level." He asked if there were any questions or concerns on that change.

TRUSTEE HALTERMAN commented that there was often an overlap between Finance and Resource. She asked if they should consider adding similar language that the committee chair for Finance also keep the Resource Committee chair apprised of any issues that may impact resources and vice versa.

CHAIR FISHER asked if the chairs of those two committees had any comment.

TRUSTEE FEIGE stated she had no objection if it aids with communication and transparency.

TRUSTEE MORRIS stated that it sounded good.

MR. HICKEY stated that he would make that change at the end. He moved to the Audit & Risk Committee and stated that in the operating procedures there is the same change in every charter that the committee chairs would keep the Board Chair informed. Every standing committee has that same change. He moved to the Resource Management Committee, section 3 (d) to provide the committees' written input and feedback to the Board Chair in support of the annual performance evaluation of the TLO ED per the MOA. He requested to go into Executive Session on this issue, after going through all the other changes. He moved to section 21 in the RMC charter. There had been some discussion at the last meeting concerning the interaction between the Finance Committee and Resource Management Committee, and the fact of going to three-member board committees and how that would work with respect to making recommendations back up to the Full Board. Here he left it at review and make recommendations to the Finance Committee, request for funds for project-specific expenditures. If the Board does not want to have that back, the Finance and RMC could report and make recommendations straight to the Full Board on each item.

A brief discussion ensued.

TRUSTEE MORRIS agreed with Trustee Feige that the committees should just be doing the work, and the Board can do the deciding.

CHAIR FISHER stated that that change could be made.

MR. HICKEY moved into Program & Planning with paragraph 6, same language. In section 13 under financial, language was removed based on the fact that the Board would be doing the review of the grants. Also, that there would be no requirement for the Program & Planning Committee to review them and duplicate the work since it was already coming to the Full Board. That language was deleted. He asked for any questions or concerns about that issue.

CHAIR FISHER asked for any questions or comments.

TRUSTEE MORRIS asked, currently, as the charters are written, is the Full Board still approving every grant. He asked about the mechanism if trustees wanted to make a change.

MR. HICKEY replied that that is being worked on. There had been discussions on ways to streamline that process and also potentially for a regulation process to create programs that staff would be working on to bring something back to the Board.

CHAIR FISHER replied that that is a legitimate concern which had been expressed by more than one trustee. We are looking at a couple of different options to make it so that the approval process can be moved through more quickly.

MR. HICKEY stated that that was the end of the changes for the charter and moved on to the

bylaws. He made the changes with the bylaws so that they would be consistent with the charters. He did not do a complete overview and overhaul of the bylaws at this time. If the Board would like to do that, it can be done at a future date. He began with Article 2, and explained that that change was made because of the split into the Department of Health and Department of Family Services. In Article 3, Title 47 was referenced several times in the charters. Because of the split at the Departments, that was recodified to Title 44. The next substantive change was in Section VI, “duties of the officer shall be as follows.” There was a discussion concerning the charters and that the chairs of each committee would appoint members of each committee except for the Chair of the Board. He left it as “appoint chairs of committees” and left it to appoint members of ad hoc committees because the standing committees in the charter were only talked about. If an ad hoc committee is created, the Chair would have the ability to identify and select members for that process.

CHAIR FISHER asked for any concerns from any trustee on that change.

MR. HICKEY moved to Section VII, article 5, which is simply the change concerning the Chair of the Board having the authority to designate another trustee to be a spokesperson, which is consistent with the Chair’s charter. Article VII, committees of the Board, had a discussion with the ultimate result being that the standing committee chairs would appoint members to the standing committee after polling individual trustees’ interest and ability to serve. That change was reflected and contained within the charters, which was agreed to at the last meeting.

A brief clarification discussion ensued.

MR. HICKEY moved to Section II in article 7. He changed executive director of the TLO to TLO ED for consistency within the charters and other documents. Then, Program & Planning changed executive director of mental health policy and programs to the COO. Article 7, Chief Executive Officer, Section IV, referred to the Board’s operations manual. It was referred to as governance manual in the charter, and he made it consistent there. In Section V, the CEO serves at the pleasure of the Board, which is an identification that it is an at-will employment rather than contractual, based on the statute. He moved to Amendment of Bylaws and Article 11. There is a requirement to amend the bylaws with five affirmative votes rather than a simple majority. He wanted to make sure that the trustees were aware of that issue.

CHAIR FISHER asked about the recommendation and stated that he preferred that it stay at five, with no reason to change it.

TRUSTEE MORAN agreed.

MR. HICKEY moved to Article 12 and asked about the regular meeting being defined as a board meeting that is scheduled at the annual budget meeting to occur during the succeeding year. If all meetings are regular meetings and there are four regular meetings per year, he asked if they are scheduled at the budget meeting.

TRUSTEE HALTERMAN replied that she thought this is trying to mandate having at least one public comment period throughout the year during the regular meeting which would be during the budget conversation. She stated that during each of the regular meetings, public comment is allowed, but it is at the will of the Chair. She stated that that the definition should be removed and recommended engaging the public, at least, quarterly.

MR. HICKEY stated that the statute requires meeting at least four times annually and are deemed as the regular meetings. When other meetings are conducted, they are identified as special meetings; so there is a bit of a definitional difference. If they are not scheduled at the budgetary, he would change the definition to mean that each of the four meetings are scheduled as required by statute. There being no objections, that would be made with respect to the bylaws. He asked for any questions or concerns about either the charters or the bylaws before making the few changes identified. He continued that he thought that the Executive Session would be appropriate now.

MOTION: A motion that the Alaska Mental Health Trust Authority Board of Trustees enter Executive Session pursuant to the Alaska Open Meetings Act. The topics to be discussed are governance documents and will involve legal advice from our counsel on topics that may tend to prejudice the character and reputation of certain individuals. The Executive Session is authorized by AS 44.62.3310 (c) (2) and (3). The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE MORRIS.

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

(Executive Session from 10:25 a.m. until 10:58 a.m.)

TRUSTEE MORAN stated that she and her fellow trustees were returning from the Executive Session. During the Executive Session, the Board of Trustees only discussed the items identified in the motion to move into Executive Session. The Board of Trustees did not take any action while in Executive Session other than to give direction to counsel.

CHAIR FISHER thanked Trustee Moran and called a break.

(Break.)

CHAIR FISHER called the meeting back on the record and recognized Mr. Hickey to continue with the charters and bylaws.

MR. HICKEY stated that the Board would take up motions to effectuate the changes that were made through all the work sessions on the governance documents for all the charters and for the bylaws. He explained that a motion is needed for each charter, and then a roll-call vote on each of the motions.

CHAIR FISHER asked Trustee Moran to continue.

MOTION: A motion that the Alaska Mental Health Trust Authority Board of Trustees approve and adopt the charter of the Board of Trustees revision dated November 13, 2024, and set an effective date of January 1, 2025. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE HALTERMAN.

After the roll-call vote, the MOTION was APPROVED. (Trustee Boyles; Trustee Feige, yes; Trustee Fimon, yes; Trustee Halterman, yes; Trustee Moran, yes;

Trustee Morris, yes; Chair Fisher, yes.)

MOTION: A motion that the Alaska Mental Health Authority Board of Trustees approve and adopt the charter of the Chair of the Board of Trustees revision dated November 13, 2024, and set an effective date of January 1, 2025. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE FEIGE.

MR. HICKEY stated that Trustee Boyles had indicated that she was reserving comment until the vote of the charters came up.

CHAIR FISHER paused.

(Pause.)

CHAIR FISHER asked to be notified when Trustee Boyles rejoined the meeting. He asked for any discussion. There being none, he called the vote.

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

MOTION: A motion that the Alaska Mental Health Authority Board of Trustees approve and adopt the charter of the Vice Chair of the Board of Trustees revision dated November 13, 2024, and set an effective date of January 1, 2025. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE FEIGE.

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

MOTION: A motion that the Alaska Mental Health Trust Authority Board of Trustees approve and adopt the charter of the Secretary of the Board of Trustees revision dated November 13, 2024, and set an effective date of January 1, 2025. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE HALTERMAN.

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

MOTION: A motion that the Alaska Mental Health Trust Authority Board of Trustees approve and adopt the charter of the Executive Committee of the Board of Trustees revision dated November 13, 2024, and set an effective date of January 1, 2024. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE FEIGE.

TRUSTEE BOYLES apologized that she had to take an important call, and asked that the motion be read again.

CHAIR FISHER replied that it had been read and seconded and asked Trustee Moran to read it again, which she did. He then asked for discussion.

TRUSTEE BOYLES stated that she would be voting no and made it a matter of record. She stated that she tried to do this through the whole process by offering 17 objective changes that would not increase what she believed is increasing the authority and control of the Board, specifically at the level of the chairs between the Board and the administration and vice versa, both up and down. She does not believe there was any intention of the Board in the original formation of the Trust to make them administrative. It is very clear to her when she was asked to join the Board that it was more advisory. She continued that she felt they are moving in the direction of a myopically administering the CEO and a lot that goes on in the Trust because there have been other high-profile boards in the State of Alaska that have not operated as well as they have. She agreed that they should have changed a lot of the governance rules and charters, but cannot and does not intend to support it because of many things. They are specifically a committee structure, advisory administrative versus advisory. Overall, she believes that these new governance changes and charter rules set a tone of less respect to the administration, less empowerment to the administration and the CEO, and that it sets a tone of being harder to empower good people and supervise them without being myopic. For that, she would be voting no on this motion.

CHAIR FISHER thanked Trustee Boyles. He commented, after going through the charters and bylaws, that he would ask Mr. Hickey to talk about whether they were going to be working over the next year with regard to policies, procedures, and regulations that would help the staff be more engaged in the activities of grant-making, in particular. He also wanted to make clear on the record that, by statute, the Alaska Mental Health Trust Authority Board is a fiduciary board.

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

MOTION: A motion that the Alaska Mental Health Trust Authority Board of Trustees approve and adopt the charter of the Finance Committee of the Board of Trustees revision dated November 13, 2024, and set an effective date of January 1, 2025. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE MORRIS.

MR. HICKEY stated that during the discussion on the Finance Committee charter there was a request to make a revision concerning communications between the Resource Management Committee and the Finance Committee. The language added was: “The committee shall keep the Resource Management Committee informed of all matters affecting the Trust land and resource assets.” Then, in the Resource Management Committee charter, there was a similar provision reversing that Resource Management would keep the Finance Committee informed of all requests for funding with respect to land and resource assets. That is now included in Operating Procedures under section VI.

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

MOTION: A motion that the Alaska Mental Health Trust Authority Board of Trustees approve and adopt the charter of the Audit & Risk Committee of the Board of Trustees revision dated November 13, 2024, and set an effective date of January 1, 2025. The

motion was made by TRUSTEE MORAN; seconded by TRUSTEE MORRIS.

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

MOTION: A motion that the Alaska Mental Health Trust Authority Board of Trustees approve and adopt the charter of the Resource Management Committee of the Board of Trustees revision dated November 13, 2024, and set an effective date of January 1, 2025. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE HALTERMAN.

TRUSTEE HALTERMAN asked about the change in the language.

MR. HICKEY replied that there were two changes. It previously provided that the committee would report to Finance. It now states that it would provide committee's written input and feedback to the Board in support of the annual performance evaluation of the TLO ED per the CEO. That was discussed during the Executive Session, and direction was given to counsel. The language reads: "Provide the committee's written input and feedback to the CEO in support of the annual performance evaluation of the TLO ED per the MOA." That would make it consistent with the MOA. The second change was in 6, concerning the committee shall keep the Finance Committee informed on all matters requiring Trust funds needed for land and resource projects. Those were the two identified issues.

CHAIR FISHER called the vote.

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

MOTION: A motion that the Alaska Mental Health Trust Authority Board of Trustees approve and adopt the charter of the Program & Planning Committee of the Board of Trustees revision dated November 13, 2024, and set an effective date of January 1, 2025. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE FEIGE.

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

MOTION: A motion that the Alaska Mental Health Trust Authority Board of Trustees approve and adopt the charter of the chief executive officer revision dated November 13, 2024, and set an effective date of January 1, 2025. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE FEIGE.

MR. HICKEY stated there was one change in the CEO charter concerning duties and responsibilities with respect to the MOAs that were between the Trust and other entities. Added in section V: "The CEO shall administer all MOAs/MOUs between AMHTA and other entities and report to the Board on a regular basis of any issues affecting those agreements."

CHAIR FISHER asked for any discussion. There being none, he called the question.

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

MOTION: A motion that the Alaska Mental Health Trust Authority Board of Trustees approve and adopt the bylaws of the Alaska Mental Health Trust Authority revision dated November 13, 2024, and set an effective date of January 1, 2025. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE MORRIS.

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

MOTION: A motion that the Board of Trustees rescind its motion that the TLO ED be a direct report to the Board of Trustees as the issue has been resolved through the adoption of the Board's governance changes and will likewise be addressed in the revised MOA with the Department of Natural Resources. This change shall become effective January 1, 2025. The motion was made by TRUSTEE FEIGE; seconded by TRUSTEE HALTERMAN.

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

CHAIR FISHER stated those were all the motions and added that this is just the beginning, and there is still more work to do. They would be working on policies and procedures, as well as regulations that would allow engaging the staff more in some of the things the Board is doing. He asked Mr. Hickey for a timeline.

MR. HICKEY stated that during the governance review there were numerous policies and procedures staff identified that the Board had not looked at for some time. He continued that we are probably looking at upwards of a year to get through all of that work.

An explanation of the planning process ensued.

TRUSTEE BOYLES commented that a long time was spent doing administrative work, and she did not know how staff would cope with another year of that. She asked if any thought has been given to hiring some staff or contractor to help.

TRUSTEE FISHER replied that he had discussion about engaging a contractor to come in and help staff.

TRUSTEE HALTERMAN thanked the Chair and Mr. Hickey for getting this work done.

CHAIR FISHER called for lunch, and noted that Public Comment would be next.

(Lunch.)

PUBLIC COMMENT

CHAIR FISHER moved to Public Comment and stated his appreciation for those who came in person and online to comment on how the Trust was helping. He thanked all for being there. He stated that the Public Comment period was from 12:15 p.m. to 1:00 p.m. and allows individuals to inform and advise the Board of Trustees about issues, problems, or concerns. It was not a hearing. He went through the rules and guidelines for testimony, and then recognized Tom Crafton.

MR. CRAFTON thanked the trustees for all their hard work, which is important and difficult at times. He also included staff. He stated that his daughter's name is Jena, and he is Tom Crafton. He continued that they travel a lot to D.C. for national conventions to explain to other people about this Alaska Mental Health Trust Authority. He was there as a board member for the Key Coalition and believed that they would be discussing a funding request for \$25,000 to help people with disabilities and/or their parents to go to Juneau to advocate and tell their stories to legislators. They express their concerns, experiences, strengths and their hope. The best thing he can do is to talk about his star, his hero, his daughter, Jena. Jena is the chairperson for the State of Alaska's Governor's Council on Disabilities and Special Education. She is the first chairperson in history with an intellectual developmental disability to do that. She is a Top 40 Under 40 recipients from the Alaska Journal of Commerce. He believes that she is the first person in the State of Alaska with intellectual developmental disabilities to do that, maybe nationally. Jena graduated from the Latin program and just got back from a conference last week in D.C. AUDC is the Association of University Centers on Disabilities, and she met a bunch of new people to network with. She was invited to the White House as an Alaska community leader. She now works at CHD, and he talked about five years ago when someone recognized Jena for her social and networking abilities. She was recognized and empowered through the Key Coalition. That is why they are asking for the funding; for other people to have the same opportunity. He added that Jena has been able to shatter some of those glass ceilings with intellectual disabilities. It was a hard journey.

CHAIR FISHER thanked Mr. Crafton, and recognized Jena Crafton.

MS. CRAFTON introduced herself and stated that she goes to Juneau to the Key Campaign, which is really fantastic because of meeting the legislators and congresspeople in Juneau. The Key Campaign needs to hear about their disabilities and to have them understand about the disabilities. She talked about how she enjoyed going each year because of meeting everyone, plus being able to advocate for herself. She talked about empowering each other for the next generation to be stronger. They want to move forward with disabilities.

CHAIR FISHER thanked Ms. Crafton, and recognized Kristin Bierma from Beacon Hill.

MS. BIERMA stated that she is the executive director of Beacon Hill, a statewide nonprofit that serves Alaska's children in foster care and children at risk of entering foster care. They run three different statewide programs that work toward preventing children from entering foster care, supporting children and their families if they are in foster care toward reunification, and also advocating for children if they are legally free and need adoption from foster care. They also operate a local boutique in Anchorage where any family they serve, whether struggling, kinship provider, foster family that needs concrete items such as winter gear, clothing, housewares, are able to come and shop at no cost. She was there to express gratitude for a small TA grant given this year to help work with architect Steve Fishback to help to create and redesign their space,

boutique and family support center in Anchorage. This grant helped them to creatively redesign their space and stay in a really low-rent-cost facility, and allowed them to serve the growing needs of families in the community. She continued that they were one of the first pilots in the state to become a family resource center and have been helping develop the family resource center network in Alaska that, she believed, was another project funded by the Trust. Last night they launched a Care Portal and are working in collaboration with the Office of Children's Services which helps meet tangible needs of local families in crisis. She shared some success stories and thanked the Trust for the support which is making a huge impact on local children and families' lives.

CHAIR FISHER thanked Ms. Bierma and added that he was very impressed with Beacon Hill the first time he heard about it. He was glad that the Trust was able to help. He recognized Samantha Landi of New Life Development.

MS. LANDI stated that she had the privilege of holding the position of New Life Development, Safe Families Project program manager. She explained that Safe Families Project is a four- to six-month residential program for women, women with children, as well as expecting women. The program was designed for the children experiencing homelessness. New Life Development's approach is to be a bridge for the mothers so they can stand on their own feet and be able to sustain a safe, stable, loving environment for their children. She gets to walk through the whole process with the families and believes these women can succeed given the opportunity. She walked through the program and brought three women to share their experiences as participants of this program. She was proud to stand with them. She concluded that the Trust support would be impacting in a great way so they could continue this work with these families.

CHAIR FISHER recognized Alexandra Whisenhunt.

MS. WHISENHUNT stated that she was with Safe Families and shared her story. After completing inpatient treatment she found she was not ready to fully immerse in the real world on her own, especially after over a decade of opioid addiction. That is why she applied to Safe Families. She is incredibly thankful for being accepted. The program was instrumental in teaching her how to live as a functional adult. She continued explaining the program and stated that, upon graduation, she and her son Aiden would move into their own apartment and collaborate with SDF to start her education in behavioral health therapy. Her aim is to assist others on their recovery journey, demonstrating that it is possible to overcome addiction. She added that without Safe Families she would not know where she would be today. They gave her a second chance.

CHAIR FISHER recognized April Cox.

MS. COX introduced herself and stated that in her short time at New Life Development Safe Families she managed getting her life together. She attributes that completely to having that safety. She stated that she had PTSD and talked about how that has affected her and how Safe Families helps. It was a fundamental backbone to her reentry into society and to her success. She added that staff really cares and takes the time to talk when she is having a hard time. It is a wonderful program.

CHAIR FISHER thanked Ms. Cox, and recognized Crystal Hamilton.

MS. HAMILTON introduced herself and stated that she was a graduate of the Safe Families project from December 2023. She was there for six months. They gave her a place for herself and her kids; a sober environment. She did parenting classes and CPR certification. They provided child care and a great environment. She talked about all the programs and her positive experiences in working, finding a place to live. She does have a teenager out of the age range who was allowed to come over all the time, which mended their relationship. She added that without this program she and her family would not be where they are. Christmas is coming and she is able to provide for them, which is great.

CHAIR FISHER thanked Ms. Hamilton, and recognized Marsha Oss, who was online.

MS. OSS thanked the Trust for everything they have done for Fairbanks. She introduced herself and stated that she is the Fairbanks Reentry Coalition coordinator and began with an update since her funds were disbursed August 1st until last Friday. She housed 52 people in that short amount of time, all of which were fully employed. One of the things needed by the folks she works with was they have to show pay stubs so that she knows they can sustain their rent, and landlords would not be burned. Most of the 52 people come from the North Star Transitional Center or from the mission. She added that 41 were male, and 17 were female. She tracks all the beneficiary categories for everyone to know what category they fall under. The majority of her clients have two to four categories they fall under: 19 have developmental disabilities, and 33 have traumatic brain injuries. She stated that she had gone through all of the funds for FY25 allocated from the Trust. It was her understanding that the coalition would be getting allocated funds through the Governor and the legislative process beginning December 1st. She had 99 people on her caseload. The 52 that were housed will be closed out with the Trust, and the others will roll over to the Governor's funds.

CHAIR FISHER thanked Ms. Oss, and recognized Tamar Ben Yousef.

MS. BEN YOUSEF stated that she is the executive director for the All Alaska Pediatric Partnership, A2P2. She thanked the trustees for the support of the infant and early childhood needs assessment that was recently published by A2P2. She continued that A2P2 recognizes the importance of infant and early childhood mental health and commissioned the statewide needs assessment to identify needs and opportunities to improve supports and services for infant early childhood mental health in Alaska, including those related to the goals and priorities and the early childhood Alaska strategic direction for 2020 through 2025. She stated that the report had six recommendations based on the findings in the report and also informed by zero to three's framework for supporting system-building efforts and developing a comprehensive statewide infrastructure to support infant early childhood mental health. The recommendations include both specific needs, infant and early childhood needs, as well as the opportunities to strengthen the intersecting workforce and programs that infant and early childhood mental health services and supports depend on. She added that the report is completed and is available in digital form on their website. Hard copies would be printed shortly and would be available. She thanked all for the support and acknowledgment for the need for this information. We are excited to be able to have this document to support the conversations across the state with partners, stakeholders, policymakers around creating a more coordinated sector for the youngest children, their families, their mothers.

CHAIR FISHER thanked Ms. Ben Yousef, and recognized Jeff Jessee.

MR. JESSEE stated that these stories of recovery are so meaningful partly because his name is Jeff, and he is an alcoholic. He went through treatment breakthrough very successfully nearly 20 years ago. He was there to share his appreciation for how trustees listened and responded to the public comment at the last meeting. He knew that some budget adjustments were made based upon testimony. He continued that there seemed to be more constructive dialogue with the advisory boards, which is very important. He also saw that there was a funding element for the assessment of the DD system, which is so critical right now. He thanked them for listening and responding. He also stated appreciation for the time spent working on the governance documents. He added that he had some suggestions. He noticed on the agenda quite a few Executive Sessions, and he understands that they are necessary from time to time. First, before going into Executive Session, try explaining as much as possible the issue and why they are going into Executive Session and how it may affect the Board and the decisions that have to be made. In Executive Session, be mindful of how easy it is for the conversation to drift away from topics and discussions that are totally legitimate for Executive Session into areas that could be done in a public session. There is nothing about this part of the conversation that was privileged or confidential. He talked about the transcript of the Executive Session of the Permanent Fund that got released. In that transcript the trustees stated they were drifting into what should be a public discussion. He urged them to keep that in mind. Finally, in coming out of Executive Session, focus on explaining what happened as much as possible for the record and for the public without violating the reason for going into Executive Session. It is something to think about. He moved to the final thing: when he wanted to reach out to the Board of Trustees and asked for a way to contact them, only Trustee Fimon was willing to share his phone number so he could give him a call. The Board of Regents all have their phone numbers on their website, and he urged trustees to reconsider and think about the culture of transparency they are trying to develop for the Board being accessible to people. He found his conversation with Trustee Fimon to be very helpful and very productive. He suggested that it would be a good conversation to have on being more accessible and making the Executive Sessions something that the public can better understand as to what and why they are doing what they are doing.

CHAIR FISHER thanked Mr. Jessee, and stated appreciation for those recommendations. He recognized Emily Plant.

MS. PLANT stated that she was from RurAL CAP and had hired the early childhood mental health consultant, Becca Harris, who is a needed and vital resource for the development of the Little Haven drop-in childcare program at Safe Harbor. The staff of Little Haven work with children, families, and parents living in transitional housing who become overwhelmed, stressed, or are in areas of crisis at Safe Harbor. Becca Harris visits on-site when needed to help assist in mental health for classroom observations, one-on-one family support, meetings for Safe Harbor staff, and connects with information and e-mails. Little Haven has been in operation for seven months. In that time, there were four specific families that received the support needed from Becca Harris. The first is a seven-year-old autistic boy who became violent to himself and others in the classroom if asked to be redirected from a negative situation. Becca visited the class and worked one-on-one with the child and was able to help the mother by providing resources and at-home routines to work on for positive redirection. The second family was a mother and teenage son who argued constantly to the point of police involvement. They were close to the point of being asked to leave the Safe Harbor program. After Becca visited, the yelling decreased, and the mother spoke about getting the son professional help. Third was a four-year-old nonverbal autistic boy. This is a new family in the Safe Harbor and to visit Little

Haven. The boy has difficulty in transitioning, and leaving Little Haven is a daily struggle for him. Becca gave her ideas on establishing a goodbye routine, providing positive feedback like a coach, and helpful visuals. The fourth is a mother and eight-year-old daughter with a depleting relationship, and calling OCS was in consideration. Becca helped the family more than once to strengthen the parent/child bond by implementing positive language and encouraging uplifting talk when the mother referred to her daughter. There are still areas of stress from the mother to the daughter, but the one direction helped guide the family on a day-to-day basis. The role of the early childhood mental health consultant has benefited all at Safe Harbor and Little Haven. She visits on-site to lend her expertise to the family support navigator staff to give tools, resources and methods in working with these families one on one. The information has proved to be beneficial and successful in the role of supporting families toward permanent housing and stability.

CHAIR FISHER thanked Ms. Plant and asked for any other members of the public online that would like to speak. He also asked for anyone in the room that would like to speak. He recognized Charity Carmody online.

MS. CARMODY stated that her people were unable to get in because of an incorrect meeting number. In case they could not get back on in time, they will be asked to submit their testimony in writing. She apologized.

CHAIR FISHER stated they had until 1:00 p.m. and took a two-minute pause to get the phone line straightened out.

TRUSTEE BOYLES called in to let trustees know that she was online.

(Pause.)

CHAIR FISHER asked who was online.

MS. PARTON stated that she was Samantha Parton and thanked them for the help the Trust gave to her family. The money was used to catch up on bills and also to do some fun stuff. This was from the stipend program, the Alaska Impacts, the money that came for relative caregivers. She continued that she has two grandchildren that live with her and then, in the summer, two of her other grandchildren stay with her. VOA helped her with a lot of things in the last few years and she is greatly appreciative for the program. She added that VOA is Volunteers of America, and she works with the kinship program.

CHAIR FISHER asked if Ms. Carmody was online. He stated that they were close to 1:00 o'clock, and asked what she would like to share.

MS. CARMODY replied that Ms. Parton was calling about the Alaska Impact Alliance program and thanked her for calling in and providing testimony.

CHAIR FISHER stated that it was 1:00 p.m. and the end of the public comment period on the agenda. If anyone wished to give public comment and had not been heard, written comments were always welcome and may be submitted to the trustees any time via e-mail at publiccomment@MHTrust.org or fax 908-269-7966 or mailed to 3745 Community Park Loop, Suite 200, Anchorage, Alaska 99508. He moved to the Audit & Risk Committee update, and

recognized Ms. Farley for introductions.

AUDIT & RISK COMMITTEE UPDATE

CFO FARLEY stated that the Audit Committee met in October and heard from Bikki Shrestha, the assurance partner with BDO who performs the financial audit of the Trust every year. He gave a presentation of the near final audited financials to the committee and was here to provide a similar update to the Full Board of Trustees.

MR. SHRESTHA presented the results of the audit for the Mental Health Trust for June 30, 2024. He added that they were almost complete. The financials are basically the final draft, and they were not expecting any changes to the draft other than formatting. The amounts presented would remain the same. He added that he went through a full, thorough presentation with the Audit Committee on October 16th. For this presentation he went through the highlights and presented the results of the audit. After the brief overview he asked if there were any questions or anything to go over in the financial statements.

TRUSTEE FIMON thanked Ms. Farley and staff for working with Mr. Shrestha and staff and for the information provided. He asked if there was anything that they should know or be doing differently.

MR. SHRESTHA hoped that the one finding can be resolved. There was an issue just because the trial balance is in the Alaska State System and getting some of the entries through the system was a process and not straightforward. That was something to be looked at and maybe fixed during the year instead of looking at it at the end of the year.

CFO FARLEY thanked Mr. Shrestha. The other item she wanted to discuss was the concept of materiality. The audited financials are not exact. The exact numbers are presented, but the audit would only achieve to provide assurance that the financial statements were correct and represent the actual financial position within a materiality level.

MR. SHRESTHA explained that an audit does not include looking at each and every thing that goes through the system. That kind of audit would require about five people working here all year round.

CFO FARLEY asked for any questions.

A brief discussion ensued.

CHAIR FISHER asked for anything else.

CFO FARLEY stated there was nothing else on the financials, but there was a motion to raise.

MOTION: The Board of Trustees accepts the Alaska Mental Health Trust Authority basic financial statements and Government Accounting Standards auditor's report for the year ended June 30, 2023, as presented, with necessary clerical changes. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE MORRIS.

TRUSTEE FIMON commented that besides the figures themselves, an audit looks at procedures, the communications, how things work through the system. If there was a question of how that

works, that they would ask how the system works, and they were very familiar with it by now.

CHAIR FISHER called the vote.

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

CHAIR FISHER moved on to the Finance Committee Report.

FINANCE COMMITTEE REPORT

CFO FARLEY stated that the Finance Committee met in October and the report was in the packet. Heard from was Deven Mitchell with the Alaska Permanent Fund Corporation with the annual statutory adviser update. Steve Sikes from the Department of Revenue-Treasury provided an overview of their real estate management process for the Alaska Retirement Management Board. She added that there were a number of motions considered, reviewed and approved, and a few were tabled. She asked Trustee Morris to continue.

MOTION: The Trust Authority Board of Trustees approves amending the previously approved fiscal year 2025 commercial real estate program related to the real estate budget to include a \$280,000 expenditure this fiscal year for a rooftop mechanical unit at the Amber Oaks asset. The expenditures made in connection with this request will be paid from rents and/or reserves held at the property-level accounts with no further funding necessary from the Trust Authority. The motion was made by TRUSTEE MORRIS; seconded by TRUSTEE HALTERMAN.

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

MOTION: The Trust Authority Board of Trustees approves funding and instructs the CFO to transfer up to \$75,000 to the third-party property manager, as requested by the TLO, for capital expenditures for the Trust Authority Building from the Central Facility Fund for the fiscal year 2025. The expenditure made in connection with this request shall amend the fiscal year 2025 expenditure budget previously approved by the Board of Trustees. The motion was made by TRUSTEE MORRIS; seconded by TRUSTEE HALTERMAN.

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

MOTION: The Trust Authority Board of Trustees authorize the transfer of \$32,398,600 from the Alaska Permanent Fund Corporation budget reserve account to the Mental Health Settlement income account to finance the fiscal year 2025 budget. The CFO may fulfill this motion with one lump sum or multiple transfers, and the full transfer must be made prior to June 30, 2025. The CFO will report to the Finance Committee when such transfer or transfers are made. The motion was made by TRUSTEE MORRIS; seconded by TRUSTEE HALTERMAN.

TRUSTEE MORAN stated that she had a procedural question and needed a little history. Looking at how the Permanent Fund Board does their five-year averaging, they include the immediate previous year; the Trust does not. It seems like the Trust was doing their five-year average before the books are closed on June 30th. She asked if there was a reason or a benefit in not following the same procedure that the Permanent Fund Board does.

CFO FARLEY replied that they were looking for the calculation and were moving toward not using an estimate for the Permanent Fund value because that produces variability and unknowns. The trustees approved the change to the calculation, and we are implementing that. She stated that the value used to calculate the payout was not an estimate, and we were using file numbers in the process.

CHAIR FISHER asked for any other questions. There being none, he called the vote.

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

MOTION: The Board of Trustees approve the removal of a target level for the Trust Authority Development Account, TADA, GeFONSI Fund 3320, and authorize the chief financial officer to transfer funds in TADA to the Trust's investment fund as principal managed as part of the Alaska Permanent Fund with a minimum transfer of \$500,000. The motion was made by TRUSTEE MORRIS; seconded by TRUSTEE HALTERMAN.

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

TRUSTEE MORRIS summarized that the Trust Land Office has expenditures come in below budget while revenues have come in better than budget. It was all gone through at the Finance Committee.

TRUSTEE FEIGE asked about the difference in the CRE return of a positive 1.9 percent while the management discussion and analysis in the audit report reports a negative 1.3 percent performance.

CFO FARLEY stated, following this discussion, that there was an update and there is the dashboard information that highlights some of the changes. She explained that there was an error in the formula. She ran the entire calculation for the performance for the commercial real estate, and Callan concurred with the calculations for the investment returns of the commercial real estate.

A brief discussion ensued.

MOTION: The Alaska Mental Health Trust Authority Board of Trustees directs the CEO and CFO to promulgate the new CFO position description which clarifies oversight of CRE-related financial matters. The motion was made by TRUSTEE MORRIS; seconded by TRUSTEE HALTERMAN.

A brief discussion ensued.

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

CHAIR FISHER stated that Trustee Boyles stepped out of the meeting and would not be back until about 2:00 o'clock.

CFO FARLEY gave a quick update on the Trust assets.

CHAIR FISHER thanked Trustee Morris and CFO Farley, and moved to the Resource Management Committee Report.

RESOURCE MANAGEMENT COMMITTEE REPORT

TRUSTEE FEIGE began with a recap from the October 16-17 committee meetings. She stated that there were three motions that require Board action.

DISPOSAL OF PORTION OF TRUST PARCEL CRM-2060-02 – MHT 9101396

MOTION: The Alaska Mental Health Trust Authority Board of Trustees concur with the executive director of the Trust Land Office's decision to dispose of a portion of Trust parcel CRM-2060-02, which is approximately 17 acres, through a negotiated sale or subsequent disposal. The motion was made by TRUSTEE FEIGE; seconded by TRUSTEE HALTERMAN.

TRUSTEE FEIGE explained that this disposal, the parcel near Petersburg, will be \$307,000 and is about 40 percent above the appraised market value on this property.

CHAIR FISHER stated that Trustee Boyles had returned.

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

DISPOSAL OF PORTION OF TRUST PARCEL FM-7009 – MHT 9400901

MOTION: The Alaska Mental Health Trust Authority Board of Trustees concur with the executive director of the Trust Land Office's decision to dispose of a portion of Trust Parcel FM-7009, approximately 37.98 acres, through a negotiated sale or subsequent disposal. The motion was made by TRUSTEE FEIGE; seconded by TRUSTEE HALTERMAN.

TRUSTEE FEIGE stated that this was a disposal of a portion of a parcel near Fox, Alaska, for \$82,280, which was about 40 percent above the appraised market value of the property.

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

MINERAL LEASE – MHT 9400763

MOTION: The Alaska Mental Health Trust Authority Board of Trustees concur with a negotiated lease of Trust mineral estate on F 70015 which is on Flume Creek for the exploration and development of placer gold, as proposed. The motion was made by TRUSTEE FEIGE; seconded by TRUSTEE HALTERMAN.

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

TRUSTEE FEIGE concluded her update.

CHAIR FISHER called a break.

(Break.)

CHAIR FISHER called the meeting back to order. He moved to Commercial Real Estate and recognized Trustee Feige.

COMMERCIAL REAL ESTATE

TRUSTEE FEIGE stated that this agenda item stemmed from working through the governance changes and thinking about how to better manage the commercial real estate portfolio. There is a Board motion that predated her engagement with the Board to wind down and sell those assets. There were some questions about the concept and wanted the opportunity to share new information and have a conversation about some potentially better ways to manage that portfolio.

CHAIR FISHER asked to read the motion to go into Executive Session.

MOTION: A motion that the Alaska Mental Health Trust Authority Board of Trustees enter Executive Session pursuant to the Alaska Open Meetings Act. The topics to be discussed include the management sale of the Trust's commercial real estate. The discussion will involve legal advice from our counsel and include topics that may tend to prejudice the character and reputation of certain individuals and matters, immediate knowledge of which may have an adverse effect on the finances of the Trust. The Executive Session is authorized by AS 44.62.310(c)(1), (2), and (3). The motion was made by TRUSTEE MORAN; seconded by TRUSTEE FEIGE.

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

(Executive Session from 2:02 p.m. until 2:24 p.m.)

TRUSTEE MORAN stated that she and her fellow trustees, members of the Trust Authority, were returning from the Executive Session. During the Executive Session, the Board of Trustees only discussed the items identified in the motion to move into Executive Session. The Board of Trustees did not take any action while in Executive Session other than to give direction to counsel.

CHAIR FISHER thanked Trustee Moran, and asked Trustee Feige to bring them to a conclusion.

TRUSTEE FEIGE stated appreciation for the discussion on the way to manage CRE going forward. She also appreciated the brainstorming, and most certainly the legal clarification from Mr. Hickey. That was the most important.

CHAIR FISHER asked for anything else, any staff issues to talk about before recessing. Hearing nothing, he recessed until tomorrow morning at 8:30.

(AMHTA Full Board Meeting recessed at 3:25 p.m.)

**ALASKA MENTAL HEALTH TRUST AUTHORITY
FULL BOARD MEETING
November 14, 2024
8:30 a.m.**

**Hybrid/Webex Meeting:
Originating at:
Alaska Mental Health Trust Authority
3745 Community Park Loop, Suite 200
Anchorage, Alaska 99508**

Trustees Present:

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

Trust Staff Present:

Allison Biastock
Katie Baldwin-Johnson
Miri Smith-Coolidge
Valette Keller
Julee Farley
Luke Lind
Carrie Predeger
Michael Baldwin
Eric Boyer
Kat Roch
Kelda Barstad
Debbie DeLong
Tina Voelker-Ross
Eliza Muse
Heather Phelps

Trust Land Office staff present:

Jusdi Warner
Jeff Green
Sarah Morrison
Blain Alfonso
Cole Hendrickson
Mariana Sanchez
Pam Cawley
Brittany Williams
Katie Vachris

Also participating:

Gene Hickey; Jeff Jessee; Kathy Craft; Patrick Reinhart; Jena Grafton; Tom Crafton; Stephanie Hopkins; Janie Caq'ar Ferguson; Jamael Lawson Johnson; Joel Jackson; Martin Lange; Stephanie Wheeler; Marsha Oss; Kay Papakristo; Mary Eidem; Jill Maxwell; Brittany Williams; Lisa Cauble; Don Habeger; Chrity Carmody; Karl Sodestron; Kaitlyn Hedwood; Michael Lopez; Brandy McGee; Dana Gregoire; Alison Kear; Carly Tunsu; Hannah Johnson; Troy Butner; Keeley Olson; Emily Ricci; Kaila Pfister; Matt Lawrence; Charity Lee; Chelsea burke; Joshua Arvidson; Melinda Freeman; Kelly Griffon; Matt Golden; Kim Champney; Michelle Baker.

PROCEEDINGS

CALL TO ORDER

CHAIR FISHER called the meeting to order and began with a roll call. He stated that Trustee Boyles would join the meeting at 9:30 a.m. He asked for any announcements.

TRUSTEE FEIGE requested to be excused between 10:30 and 11:15 this morning, and between noon and 12:45 this afternoon.

TRUSTEE MORRIS requested to be excused at 2:00 p.m.

STATUTORY ADVISOR UPDATE

ALASKA MENTAL HEALTH BOARD/ ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE

CHAIR FISHER moved to the Statutory Advisor Update and recognized Stephanie Hopkins from the Alaska Mental Health Board.

MS. HOPKINS stated that she is the executive director of the Statewide Suicide Prevention Council, the Alaska Mental Health Board, and the Advisory Board on Alcoholism and Drug Abuse. She added that Charity Lee, the health and social services planner was also with her. She stated that the boards met in Ketchikan and elected a new executive committee to start December 1st for ABADA. She updated the Board about the meeting and events in Ketchikan. She asked Ms. Lee to continue.

MS. LEE gave information and an update about the project focusing on youth. She moved to the stakeholder interviews that were done: residential youth care; Community Connections; Ketchikan Wellness Coalition; and the entire school social work team, which were specifically chosen because they represented different brackets of youth care in Ketchikan. She discussed the multiple analyses of those interviews and the results.

TRUSTEE HALTERMAN asked about the loss of adult services.

MS. LEE replied that the Ketchikan community had some services close. Akeela provided a lot of out-patient adult services and then they also lost their low-barrier shelter.

TRUSTEE MORAN expanded that, when Akeela closed, they lost the only drug and alcohol in-town resource and, recently, there was another organization stepping up to do that. But there was no one taking over the low-barrier shelter.

MS. LEE continued to the thematic analysis which was reading through all of the interviews and pulling out the main items showing up across multiple different interviews, which she shared. She then highlighted the housing and homelessness slide. She continued through her presentation and pointed out the concern that the State was not engaging with the communities in the interpretation of data and then resulting policy decisions. The information given does not necessarily reflect what is actually needed in the community, what the community is telling us. She summarized that there were more resources than barriers in Ketchikan. The providers say it is research rich, with most of those resources provided through a few key providers. If those services could not be accessed through those key providers then there are very limited options or no options, especially the youth with Medicaid, and no private insurance because that is more limited. Another barrier is for youth 11 and younger; super limited-service options. Another barrier in the community is housing and homelessness. She continued on to the youth panel analysis and completed her presentation.

MS. HOPKINS shared that their winter meeting will be January 21st on Zoom. In the spring the AMHB and ABADA will be meeting in Anchorage April 15 – 17. Also, on the 17th there will be a joint meeting with the Statewide Suicide Prevention Council, and, on the 18th, they will meet on their own, at the Dimond Center, and she invited the trustees to attend.

CHAIR FISHER stated appreciation for the presentation and recognized Marty Lange from the Alaska Commission on Aging.

ALASKA COMMISSION ON AGING

MR. LANGE thanked the Trust for their continued support of ACoA. He noted that their mission is to ensure the dignity and independence of all older Alaskans, and to assist them to lead useful and meaningful lives through planning, advocacy, education, and interagency cooperation. He continued that the Alaska senior population faces unique challenges such as remote geographic locations, harsh climate conditions, and difficulties in accessing essential health care services, which is particularly pronounced in the rural communities where services are often limited, impacting the quality of life for the seniors. A key shared interest of the Commission is addressing the specific needs of those living with Alzheimer's disease and related disorders and extending support to their caregivers. He talked about the recent resignation of John Haghayeghi, the former executive director, noting that they are grateful for his service and getting ACoA through preparing the State Plan for senior services, a legislative sunset audit, the annual report, and other products critical to the work of the Commission. He then introduced himself properly and talked about his family being in Alaska for 100 years. He stated that he has a communications degree with an emphasis in radio and television, and worked for 31 years with SIL Global, an international nonprofit organization. He moved back to Juneau two years ago and began working for the Alaska Commission on Aging as the rural outreach coordinator. He explained the Senior Snapshot, a document with data and trends happening with the senior population, with the goal of having the final version available for the Legislative Session each year.

CHAIR FISHER thanked Mr. Lange, and moved to Patrick Reinhart the Governor's Council on Disabilities and Special Education.

GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL EDUCATION

MR. REINHART began with some recent highlights of Embracing Abilities, a disability-led craft fair at the State Fair this past August. In September they participated in the FASD breakfast

hosted by the FASD Consortium, as well as the Improving Lives Conference. October was the Disability and Aging Summit that happens yearly at the Special Olympics facility in Mountain View. He talked about the ACT Program Agency Night, an opportunity to connect with youth with disabilities from the Anchorage area. The IL Conference was two weeks ago, and November was the Employment First Conference and the Work Matters Task Force.

MS. BURKE stated that there was no Alaska-specific data for estimating the prevalence rate of individuals with developmental disabilities, a national issue. She continued that estimates used are based on widely used and accepted national prevalence rates of 1.58 percent, which is over 20 years old and is the rate that the Administration on Intellectual and Developmental Disabilities recommends that all states' councils use. She added that Alaska has the highest reported prevalence of FAS in the United States, and a newly published study found the FASDs may be as common as autism, affecting one in 20 children. This is important when considering the lack of real data due to many difficulties for data collection. She stated that they are beginning their five-year State planning process, outlining what that process looks like.

TRUSTEE FEIGE asked what was being done to try to gather as much data and quality data to ensure the plan put together is aimed in the right direction and will be effective.

MS. BURKE replied that they start by looking at why there are difficulties in collecting the data, and then figure out what is working in a community and what is not.

TRUSTEE HALTERMAN asked if they knew the percentage of the DD population receiving Medicaid, and if there was a way to collect some data through diagnoses.

MR. REINHART replied that was something they could find out because they do diagnoses for Medicaid services and for the waivers.

MS. BURKE moved to the five-year plan community forums with the hope to have all the community forums and youth areas completed by this time next year.

MR. REINHART stated that employment is incredibly important for all people with disabilities. Data shows that having a job is one of the best things for health. It gives purpose, provides income, and makes a person less dependent on the available systems. He thanked the Trust for the funding to participate in the Employment First Conference, which had over 100 participants. It was featured more for employers than beneficiaries, and the idea is to have it every other year. After that conference, there was a Work Matters Task Force, which really no longer exists, but it came up with 26 recommendations a few years ago. It was a joint project between the Division of Vocational Rehab and the Governor's Council on Disabilities and Special Education. The Department of Administration personnel were there and had discussions about where they were with the centralized accommodation fund for State employees with disabilities. The decision was to band back together again.

CHAIR FISHER recognized the arrival of Trustee Boyles.

MR. REINHART moved through the Disability Innovation Fund Grant for \$10 million, which was received with the Trust's support of a grant writer for that program. The State Independent Living Council will do youth leadership forums, training youth to be involved in safety and emergency management work. The UAA Center for Human Development is doing Alaska

Native post-secondary transition skills. The curriculum developed is culturally appropriate from various tribal entities around the state. It was developed mainly to get youth with disabilities in rural areas interested in and involved in their community in a traditional sense.

TRUSTEE HALTERMAN asked for some data on the employment for the populations talked about.

MR. REINHART replied that they had quite a bit of specific data on employment in that regard. He moved to some upcoming events: The Reduced Recidivism Conference; the Special Education Conference. He noted that nominations were out and he gave the information to Ms. Biastock. The Key Campaign fly-in is to be March 18th and 19th, and the spring Council meeting date has not yet been determined.

CHAIR FISHER stated appreciation for the presentation. He recognized Allison Biastock for the Communication Update.

COMMUNICATION UPDATE

MS. BIASTOCK began with the communication goals and noted that the lion's share of the funds pays for media for the media campaign. She talked about the web-page, with the key takeaway being an increase in traffic in the last six months. She added that when the fall land sale was underway, a lot of traffic is driven to the website. She moved to social media and then the quarterly E-newsletter. She discussed earned media which is media for which they do not pay; being mentioned in press and publications. She moved to the stigma campaign. The latest materials were launched in the ongoing effort of educating the public around stigma experienced by the beneficiaries. The intention is to increase an understanding of the challenges faced by the beneficiaries and to positively impact attitudes and behaviors toward them. The other media campaign is about the Trust lands campaign, an effort began in the fall of 2020 following some directions from trustees to help increase the understanding of the unique role of Trust land. A 30-second spot was created in 2023 to help people understand how Trust lands generate revenue and how those revenues are used to support the work on behalf of beneficiaries. It will run this winter, and we are still working on finalizing the media plan. In addition to the paid digital, print ads were run in the paper. There was also a media release that resulted in a nice story from Wrangell. One of the highlights is that we took advantage of having many of the crisis initiative partners in Anchorage and took the opportunity to do brief interviews with them. We were able to cut a nice video that highlights the great work happening across the state to improve behavioral health crisis response. The spot debuted at the Improving Lives Conference was distributed via e-mail, on social media, through the newsletter and website. It was well received and did a great job demonstrating that this effort is making changes in communities across Alaska.

(Video played.)

MS. BIASTOCK continued through her presentation, explaining as she went along. She and Ms. Keller went through the slides regarding the Improving Lives Conference which took place at the Dena'ina Center on September 17-18, with the pre-conference workshop on the 16th. She stated that there were 382 on-site attendees, with 306 paid registrations. There were 103 comped registrations; 37 scholarships; 16 travel scholarships; and 110 folks signed up for pre-conference events. The first day keynote speaker was Stacy DiStefano, the chief executive officer of Consulting for Human Services who talked about national trends. The second day lunchtime

keynote presentation was Nathan Billy, the regional director for SAMHSA.

MS. KELLER stated that, in addition to the presentations and the main speakers, there were also three breakout rooms. Twenty-seven breakout sessions were approved, as well as eight poster presentations. There were a total of 68 presenters. There were also 18 exhibitors in the main hallway, and there was a lot of good engagement between attendees and exhibitors during breaks, as well as the networking reception. She shared more information on the happenings at the conference, and then talked about the post-conference survey which yielded a lot of overwhelming positive feedback, plus some great constructive feedback.

TRUSTEE MORRIS asked if they had corporate sponsors for this conference. He asked if they would consider inviting corporate sponsors to reduce ticket prices.

MS. BIASTOCK replied that they will consider that, and will follow up on that.

TRUSTEE HALTERMAN added that she was approached by a local business downtown that wants to contribute in some way to the work the Trust is doing, and we may be able to strike some interest with downtown businesses.

MS. KELLER shared some of the great social media activity that showed the excitement that a lot of the attendees felt during the conference.

CHAIR FISHER stated appreciation for all the information and looked forward to the next conference and more participation. He called a break.

(Break.)

CHAIR FISHER called the meeting to order, and recognized Katie Baldwin-Johnson for a Crisis Now Update.

CRISIS NOW UPDATE

COO BALDWIN-JOHNSON stated that she and Eric Boyer would provide an update on the statewide implementation of the Crisis Now Initiative, which includes broader implementation of improved crisis response and services across Alaska. They were pleased to provide an update on the progress and where they are in terms of all of the community-based partners that have been leaning into this work.

MR. BOYER stated that this took engagement, implementation, and a lot of planning. Trustees should be aware that this is not only increasing those services in the crisis behavioral health realm, but the access. The need is there. He referenced some of the evaluations in the reports that validate and solidify the need.

TRUSTEE MORAN asked about the 988 calls and also a 907 area code. A lot of people do not have a 907 area code, and if calling within the state and from a 907 area code, she asked how was that routed.

MR. BOYER replied that the National Suicide Prevention Lifeline and FCC are working with the contractor called Vibrant. There would be some complications whenever something new was started. He has a lot of acquaintances in the state of Alaska that come with their cell phones

from other states with other three-digit codes. They recognize the challenge, and they just got FCC approval to do the geo locate, which will allow for calling from any area in the State of Alaska and the systems would recognize that. He stated that was just approved at the Federal level and the telecom companies have to work with the FCC to actually implement that geo location. With the growth, they had to expand. The workforce in Fairbanks, where their home is, is finite, and they opened a second office in Wasilla, reaching a greater workforce. That is now implemented.

TRUSTEE MORRIS asked if there was a need to do any advertising to get the word out, or if there was adequate penetration that people know about 988.

MR. BOYER replied that the partnership with the Department of Health and Division of Behavioral Health is doing the advertising for that. He added that it is critical when working with the partners to see where the greatest need is because that gives the State time to work with the Legislature and OMB to find the right operational amount for the call center and being able to do that into the future.

COO BALDWIN-JOHNSON stated that Deputy Commissioner Ricci was online.

CHAIR FISHER recognized Deputy Commissioner Ricci.

DEPUTY COMMISSIONER RICCI talked about working closely with Bartlett Regional Hospital. She stated that they had opened their crisis services for a brief period of time, but closed it. They are working with the City and Borough of Juneau to offer ways to partner with them to make sure those needs are met. A considerable number of entities provided funding to support the construction of that crisis stabilization and service building. We want to make sure those investments are resolved, and the outcomes are what we were looking for.

COO BALDWIN-JOHNSON stated that there are plenty of activities occurring around policy. The Department has several things in progress. There are proposed changes to regulations that support standing up these new prices, the subacute-level facilities that are partner organizations that are steeped in this work and have provided comment to the State. It is currently under consideration and review. The Department of Family Community Services recently released proposed regulations and amendments to the regulations around civil commitment facility designation. That specifically enables the Department and application process to designate a crisis stabilization subacute facility to serve the population that is involuntary, where the facility could actually conduct the evaluations necessary to determine if an involuntary placement is needed. She continued that there are key legislative and policy areas that they would provide in writing. She added that they have a data monitoring plan that is quite comprehensive that was worked with the partners, plus the data evaluation folks at the Trust. That is a key priority for this initiative.

MR. BOYER stated that they meet monthly with the community and the Department of Health and the Department of Family and Community Services to keep the accountability and integration of the rollout.

COO BALDWIN-JOHNSON gave a shout-out to the team at Agnew::Beck. Trustees supported the staff requests for the project management support several years ago, and we would not be here without that.

TRUSTEE BOYLES stated her commitment to Crisis Now and noted how far we have come. This must continue because the State is economically challenged, and when that happens our dependents feel it very deeply economically, financially and psychologically.

CHAIR FISHER thanked both Mr. Boyer and COO Baldwin-Johnson for the update and called a lunch break.

(Lunch break.)

CHAIR FISHER called the Board of Trustees back to order and moved to the approvals for grant requests.

APPROVALS

FOCUS AREA ALLOCATIONS

AK BEHAVIORAL HEALTH/FY25 MOBILE CRISIS TEAM - FAIRBANKS

MOTION: A motion that the Board of Trustees approve an \$850,000 FY25 Mental Health & Addiction Intervention Authority Grant allocation to Anchorage Community Mental Health Services, Inc., doing business as Alaska Behavioral Health of the Fairbanks Mobile Crisis Team. These funds will come from the Crisis Continuum of Care line of the FY25 budget. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE HALTERMAN.

MR. BOYER explained that this is the fourth of a five-year plan of funding for the Mobile Crisis Team. It is a very collaborative work that Alaska Behavioral Health does with their partners, including all of the jurisdictions there, fire and EMS, law enforcement, Fairbanks Memorial Hospital, and tribal providers. He felt that the work they are doing is proving invaluable. He stated that Sarah Koogle, the director of Adult Behavioral Health Services in the Fairbanks region, and their chief operating officer, Josh Arvidson, were both in the room.

CHAIR FISHER asked for any questions from the trustees.

TRUSTEE MORAN stated that they were saying that the program sustainability was highly contingent upon the availability of grant funding, and this is the final year of the four-year grant. She asked about the plan going forward.

MR. ARVIDSON stated that they have been in discussions with the State Department of Health that the reimbursement rates for Mobile Crisis do not take into account the fact that a Mobile Crisis Team is being operated. The team needs to be on standby 24 hours a day. The response time is less than 20 minutes, on average, in the Fairbanks community, which is pretty remarkable. The current rate does not come close to covering the cost of operating that service. The State is looking at the rate as part of the rate process. He continued that they are also having discussions with local community and other potential funding sources. He believes that mobile crisis services are in many ways an essential service, just like fire and police, and that the State should be looking at the rates and addressing that.

TRUSTEE MORAN asked if they had a Plan B if the rates do not get increased.

MR. ARVIDSON replied no.

TRUSTEE MORAN stated that the \$850,000 would be a big hole to have to fill in year 5. She asked if there is a plan for that.

MR. BOYER stated that there is no question about the value and the need. It is just finding how to sustain that, whether it is a combination of State dollars, insurance dollars, and philanthropy. He continued that Director Dompeling with the Division of Behavioral Health is aware of where this could go if there is not a real funding mechanism for that.

TRUSTEE MORAN stated concern because this is a critical resource, and she is sure that Fairbanks has become dependent upon it.

COO BALDWIN-JOHNSON stated that they know that the Trust is not in a position to fund ongoing operations indefinitely. This is demonstrating the value and validating the importance of the services and the cost savings across different parts of the service. In the FY26 budget, the original recommendation was to work on the path towards transition of including some General Fund dollars which would have been utilized by the Department of Health to make grants available and to continue to bridge this while everyone works together sustaining the changes. With the adjustment, that is not an option at this point, but may be a consideration for the trustees to consider.

TRUSTEE BOYLES stated that if they did not fund this, and there is not a Plan B, then Crisis Now as we built in Fairbanks would not exist.

The discussion continued.

CHAIR FISHER asked for any other comments or questions. There being none, he called the vote.

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

CHAIR FISHER stated that Deputy Commissioner Ricci was working with a contractor to come up with some rate modeling, and he encouraged staff to work hard to get that done.

TRUE NORTH RECOVERY/FY25 MOBILE CRISIS TEAM – MAT-SU

COO BALDWIN-JOHNSON stated that Heather Phelps would present this, and asked that the motion be read.

MOTION: A motion that the Board of Trustees approve \$850,000 FY25 Mental Health & Addiction Intervention allocation to True North Recovery, Inc. for the Mobile Crisis Team Year 3 project. These funds will come from the Crisis Continuum of Care line of the FY25 budget. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE MORRIS.

MS. PHELPS stated that this is a similar request to the previous one. This is year three out of five. True North Recovery has identified Mat-Su Health Foundation funding, as well as Medicaid reimbursement for some sustainability. They have run into the same issues previously

discussed. With year three they plan to enhance services and broaden reach by expanding to two MCT teams. They will have 24/7 coverage, an added benefit. They are also working with strengthening response capacity through relationships with key partners. The Mobile Crisis Team provides immediate support to Trust beneficiaries experiencing mental health and substance use crises in the Mat-Su area. She continued that Karl Soderstrom, the chief executive officer, Kaitlyn Hedwood, the chief clinical officer, and Lieutenant Michael Lopez from the Wasilla Police Department are available to answer any questions.

TRUSTEE MORAN pointed out that on Page 183 there is a section about engaging in advocacy services. She wanted to ensure that they know that Trust funds could not be used to lobby. She raised that because they were talking about educating legislators and community stakeholders. She stated appreciation for the importance of advocacy, but noted that we have to adhere to the structures.

MR. SODERSTROM agreed and stated that their efforts were to raise awareness that this is a needed service, and that the entire responsibility could not be laid at the feet of the Trust. He continued that there are many different ways that they are attempting to fund this program, and are really active in pursuing local, borough, state, other funding opportunities while working with the State to address the shortfalls in the Medicaid reimbursement rate. He added that they are absolutely not engaging in any lobbying activities. He then briefly described the partnership with the Hope team that occurred here in Anchorage with the camp abatement.

TRUSTEE FEIGE asked if they were doing that type of camp abatement work in the Valley with either trespass, or on the State lands. She noted that troopers get called for that frequently.

MR. SODERSTROM replied that they had not had that opportunity or discussion yet, but are open and willing to participate in it. This project set the stage for being able to do that in the Mat-Su, and we recently partnered with the Park Rangers. The number of partnerships built have given them an opportunity that is unique to respond with multiple different agencies. By “partnership,” he means a willingness to co-respond or to engage with the Mobile Crisis Team. They are also developing a partnership with 9-8-8 so that they would be able to dispatch them.

CHAIR FISHER stated that when this type of a crisis team was funded the expectation was there would be less resources used by the police, troopers, rangers and Mat-Su Borough EMS. He asked about any discussions with those organizations as to how they might help fund the services being provided.

MR. SODERSTROM replied that there are opportunities to partner with those government agencies as potential funding sources through the City or Borough.

LIEUTENANT LOPEZ stated that he is the patrol lieutenant for the Wasilla Police Department. He was asked here from a law enforcement and partner organization and pointed out, from an organizational standpoint, that they have seen an extreme reduction in recidivism from repeat clients of the Crisis Team. Those clients were engaging with the Crisis Team and we have seen reduced calls from the police department because of the services of the Crisis Team that those people segue into. It is reducing call volume for the Wasilla Police Department, specifically. What they learned in the three-year relationship is that this is the best and strongest tool that his officers deploy in response to many of their calls. He suggested that the Board consider examining Anchorage’s model. Anchorage incorporated their Crisis Now model within the

police department and have mental health responders employed by the Municipality and within the police department. They partnered internally. He is not sure that would work for Wasilla because they have a much smaller jurisdiction, but it could be something for future funding at either the State or Borough level. He was there to advocate for all the benefits seen and was happy to answer any questions.

CHAIR FISHER asked if the police department had considered how they could help fund Crisis Now.

LIEUTENANT LOPEZ replied that they had not conducted any discussion at the City Council level or within the police department. From the perspective of the police department, they would advocate for that.

CHAIR FISHER stated that they were at a point where there is enough data and anecdotal evidence to say that there have been significant advantages to having these Mobile Crisis Teams and they should be able to put something together soon. He called the question.

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

ALASKA IMPACT ALLIANCE/FY25 REIMAGINING CHILD WELFARE

COO BALDWIN-JOHNSON stated that Tina Voelker-Ross was at the table for the Alaska Impact Alliance for the FY25 Reimagining Child Welfare Project.

MOTION: A motion that the Board of Trustees approve a \$400,000 fiscal year '25 Early Childhood Intervention and Prevention Authority Grant allocation for the Alaska Impact Alliance for the fiscal year '25 Reimagining Child Welfare Projects. The funds will come from the foster care and child welfare systems improvements line of the fiscal year '25 budget. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE MORRIS.

MS. VOELKER-ROSS stated that this request was for year 2 funding to continue Alaska Impact Alliance's work to implement statewide strategies that strengthen families and reduce involvement in the child welfare system. She continued that the outcomes of year 1 funding led to the implementation of the Alaska Family Resource Center network and the establishment of four resource centers located in Fairbanks, Anchorage, and Mat-Su. The distribution of grant funding was directly to 99 unlicensed relative caregivers to support the care of children in their custody, and respite, the initiation of the development of the 907 Navigation App, and the completion of three community-led action plans in Kenai, Juneau, and Metlakatla to build strong communities that support families. FY25 funding would advance the programs developed in year 1 and focus on key areas that have the most direct impact on Trust beneficiary families. That would be the URecares Stipend & Respite Program, further developing the Alaska Family Resource Network and its member centers, and completing and implementing the 907 Navigation App. She stated that Alaska children are exposed to trauma early, with one in three reported to child welfare before their seventh birthday. Trust staff recommended this funding to be approved to continue this critical work related to improving the child welfare and foster care system. She added that AIA Executive Director Charity Carmody was there to answer any questions.

TRUSTEE MORAN stated that when this grant was funded a year ago they did not have a 501(c)(3) and asked if they had succeeded in getting that.

MS. CARMODY replied that they have had it since November of 2022.

TRUSTEE MORAN asked if there was data showing the results of the first-year grant and how that performed.

MS. CARMODY replied that the last quarterly report had been done. It ended at the end of October, so the final report has not been done, but she had submitted all the others.

The question-and-answer discussion continued.

TRUSTEE MORAN asked to have the final grant reports from the first \$400,000 before committing another \$400,00 to this endeavor.

MOTION: A motion to table this grant until the January 2025 meeting was made by TRUSTEE MORAN; seconded by TRUSTEE MORRIS.

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

CHAIR FISHER stated that the motion was tabled until January.

COO BALDWIN-JOHNSON asked to work with the designated trustee to define the information and questions in addition to any others besides the report that could be pulled together in advance of February.

TRUSTEE MORAN agreed.

CEO BIASTOCK noted that the next time the Full Board would come together would be February. January would be committee meetings.

COO BALDWIN-JOHNSON moved to the Kenai Peninsula Housing Initiative, Rainbow Flats and Eagle Heights project, and noted that Kelda Barstad was at the table.

KENAI PENINSULA HOUSING INITIATIVES/EAGLE HEIGHTS & RAINBOW FLATS

MOTION: The Board of Trustees approve a \$350,000 fiscal year '25 Housing & Home- and Community-Based Services Focus Area Allocation to Kenai Peninsula Housing Initiatives, Inc. for the Rainbow Flats and Eagle Heights project. These funds will come from the Supportive Housing Projects line of the fiscal year '25 budget. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE MORRIS.

MS. BARSTAD stated that this project would be operated and constructed by the Kenai Peninsula Housing Initiative. She added that she was joined online with Brandy McGee, the executive director, and Dana Gregoire, finance director. She explained that the project is part of

the housing focus area and was the first exploration into supportive housing that was not specifically permanent supportive housing. Kenai Peninsula Housing Initiative is a private, nonprofit organization that came from a community-based need on the Peninsula for affordable housing. They have a number of affordable housing properties, and these 12 additional units, one property in Homer, and one property in Kenai, will have set-asides for Trust beneficiaries, which is a bit unusual for affordable housing properties. It makes a good investment for the Trust to have dedicated units for affordable housing for Trust beneficiaries. Additionally, KPHI works to maintain housing stability and works with local service providers to prevent eviction and to insure that people are connected with housing vouchers and stable income to continue tenancy. She recommended this project.

TRUSTEE MORAN complimented these folks on bringing together such a comprehensive funding package for this project. They have numerous partners involved in a mixture of private, Federal, and State funding.

TRUSTEE FIMON also stated appreciation for the mix of information and the other partners.

CHAIR FISHER called the vote.

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

COVENANT HOUSE/BUILDING CAPACITY FOR CRISIS SUPPORT

MOTION: The Board of Trustees approve a \$136,000 fiscal year '25 Mental Health & Addiction Intervention allocation to Covenant House Alaska for the Building Capacity for Crisis Intervention and Behavioral Health Support project. These funds will come from the Treatment Access and Recovery Supports line of the fiscal year '25 budget. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE MORAN.

MS. BARSTAD stated that Alison Kear, CEO from Covenant House Alaska, was online. This project is an evolution from a project that was started last year to bring more behavioral health services into the Covenant House Alaska campus to make sure that residents and staff were supported with behavioral health services. They have taken on the work of the transitional-aged youth contract from the City who are not a suitable population for the general single adult shelters often. It depends on the person and can get more support services through the youth shelter system. This year's proposal not only looks at providing some of those behavioral health services and training in-house and focusing on getting all of the Covenant House Alaska staff trained, it supports an administrative position to initiate that into Covenant House so they can hire and train staff.

TRUSTEE MORRIS asked for clarification on this, whether this is for two persons to provide training to staff at Covenant House to help address the problems.

MS. KEAR stated that this investment has improved the ability to retain a workforce. This investment not only helps for some critical support to staff, but also the ability for staff to manage really critical situations. She continued that the hope is to gain one more year of this investment and then, as an organization, think about how this can be sustained through partners. Southcentral Foundation is one partner who applied for them to be a federally health-qualified

center which will bring some additional access to behavioral health resources. This request is for one more year of supporting a partnership that happens with Volunteers of America who brings a clinical team member to the organization. It is in support of staff in working for a really complex behavioral health situation.

A brief discussion ensued.

CHAIR FISHER called the vote.

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

RurAL CAP/FY25 MENTAL HEALTH CONSULTATION PROJECT

MOTION: The Board of Trustees approve a \$55,353.48 FY25 Early Childhood Intervention and Prevention Authority Grant allocation to the Rural Alaska Community Action Program, Incorporated, for the FY25 Mental Health Consultation Project. These funds will come from the Infant & Early Childhood Mental Health Capacity Building line of the FY25 budget. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE HALTERMAN.

MS. VOELKER-ROSS stated that this request is for year 2 funding to continue to expand mental health consultation services in support across RurAL CAP employees. In FY25, Mental Health Consultation Services will continue to be implemented in their child development center. The services will also be added to their Little Haven drop-in childcare program housed at the Safe Harbor transitional housing facility and will also support the Parents as Teachers home visiting program in Toksook and Haines. She recommended this funding be approved to continue building capacity in early childhood mental health consultation. This is in alignment with COMP plan goals related to accurate identification and treatment of children and workforce competencies. She added that RurAL CAP Operational Manager Carly Tunsa was there, and Hannah Johnson, the executive director, was online.

TRUSTEE MORAN asked how long the Trust has funded this project.

MS. VOELKER-ROSS replied that funding this year started in February. They have a mental health consultant through Alaska Behavioral Health. Due to workforce issues, Alaska Behavioral Health had to bow out of providing that. It was decided to end the previous grant early and come back with this so the project could start new.

CHAIR FISHER called the vote.

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

NEW LIFE DEVELOPMENT INC./SAFE FAMILIES PROJECT

MOTION: The Board of Trustees approve a \$49,000 FY25 Early Childhood Intervention and Prevention Authority Grant allocation to New Life Development, Incorporated, for the Safe Families Project. These funds will come from the Improve

Social Determinants of Health for Families and Young Children line of the FY25 budget. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE HALTERMAN.

MS. VOELKER-ROSS stated that this funding request is focused on supporting homeless mothers with young children or expectant mothers. The Safe Families Project provides temporary safe housing, food security, supportive services, and case management to help the mothers stabilize in the community and gain new life skills that carry forward. The Safe Families Project directly impacts Trust beneficiary mothers and their children who are affected by the parents' living situation and are at risk of ACEs and becoming Trust beneficiaries themselves. Since inception in 2023, 100 percent of program participants have been Trust beneficiaries. She recommended this funding. She added that Troy Butner, executive director of New Life Development, and his operations director were there to answer any questions.

TRUSTEE MORAN stated that she appreciated that multiple funding sources were there before coming and asking for Trust partnership in this. She commented that the wide variety of mothers who came forward during the public comment were taking advantage of the comprehensive services offered through this program. That moves these families forward that has a lasting impact when they graduate from it.

CHAIR FISHER echoed Trustee Moran's sentiments and the fact there were so many mothers talking about their experiences. We want to have good outcomes. He called the vote.

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

PARTNERSHIP GRANT REQUESTS

ANCHORAGE PROJECT ACCESS/MENTAL HEALTH COUNSELING PROGRAM

COO BALDWIN-JOHNSON stated that this was for Christian Health Associates for the Anchorage Project Access Pro Bono Counseling Program. She asked for the motion.

MOTION: The Board of Trustees approve a \$100,000 FY25 partnership grant to Christian Health Associates for the Anchorage Project Access Pro Bono Counseling Program. These funds will come from the Partnerships/Designated Grants line of the FY25 budget. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE HALTERMAN.

MS. BARSTAD stated that the Anchorage Project Access is well known for its donated health care program for the Anchorage area and beyond. It provides a number of services to individuals who currently do not have insurance. This project would expand the work for a pro bono counseling program. It will operate in a similar way, but for behavioral health services, and is still in its very beginning stages.

MS. FREEMAN stated that their program expanded into mental health because it is an obvious expansion when they were providing whole-person comprehensive care and addressing the unmet needs in Alaska for mental health care.

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

Trustee Boyles, yes; Chair Fisher, yes.)

MAPHABIT, INC./MAPHABIT PILOT PROJECT

MOTION: The Board of Trustees approve a \$75,000 fiscal year '25 partnership grant to MapHabit, Inc. for the Expanded MapHabit Pilot Project. These funds will come from the Partnerships/Designated Grants line of the fiscal year '25 budget. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE MORAN.

MS. BARSTAD stated that the Expanded MapHabit Pilot Project is to offer the opportunity to participate in this assistive technology platform for the Trust beneficiary populations who have a traumatic brain injury, Alzheimer's disease or related dementias, or intellectual and developmental disabilities. This form of assistive technology helps with behavior prompts to complete activities of daily living or instrumental activities of daily living. This small pilot project with the Alaska Association on Developmental Disabilities was built specific to that population. There are an increased number of requests coming through the mini grants for this project. She added that Kelly Griffon from MapHabit, the director of business development and contracting, was online, as well as Matt Golden, CEO, who may be in travel status.

TRUSTEE HALTERMAN asked how many mini-grant requests were received for this particular application.

MS. PREDEGER replied probably seven to ten in the last fiscal year.

TRUSTEE MORRIS asked about the funded pilot project results.

MS. GRIFFON replied that in the first pilot they noted a decrease in caregiver burden, as well as an increase in independent living skills for individuals. She stated that the first pilot was pretty small, about 28, and they are looking at a larger group of 20 with IDD, 10 with traumatic brain injury, and 20 with Alzheimer's and related dementia disorders.

A discussion continued.

CHAIR FISHER asked for any other questions. He stated that Trustee Morris left and was no longer in the meeting. Hearing no questions, he called the question.

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

UNITED NONPROFITS, LLC/UNP BOILER REPLACEMENT

MOTION: The Board of Trustees approve a \$67,000 FY25 partnership grant to United Nonprofits, LLC, for the United Nonprofits Boiler Replacement Project. These funds will come from the Partnership/Designated Grants line of the FY25 budget. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE HALTERMAN.

MR. BOYER stated that United Nonprofits is an umbrella nonprofit organization. They have a building on Fireweed, near Spenard, with eight nonprofits in it. The nonprofit is co-owned by STAR, Standing Together Against Rape, and the Alaska AIDS Assistance Association. They manage and run the nonprofit. They offer below-market lease rate for eight nonprofits; two of

the eight are in that building. They have a building fund, and part of each tenant's lease goes into it. That fund was maintained at \$150,000. They are dealing with some roof issues which put a drain on their \$150,000, and they are not able to do the boiler. They put a band aid on that boiler a few years ago, but their contractor said there was nothing more to do to keep it going. The expense of the boiler and the controls to put it all in is significant, which is why they are asking for Trust support. Keely Olson, the executive director for STAR will be here later.

TRUSTEE MORAN stated that she is a partner organization with STAR. We do not have any financial ties with one another other than being a member of one organization. She is aware of the work they do. She added that she could not believe they are going to be able to do a boiler for that price.

TRUSTEE FEIGE asked if there were other funding sources beyond the Trust that they can go to.

MR. BOYER replied that Rasmuson is a partner, and they have pending requests into them. These are tough items to get grants for.

The discussion continued.

CEO BIASTOCK suggested a break to give the representative from this grant requestor an opportunity to arrive.

CHAIR FISHER called a break.

(Break.)

CHAIR FISHER stated they were back from break, and Keeley Olson was there to answer some questions about the grant they were discussing.

MS. OLSON stated that she was there on behalf of United Nonprofits, a limited liability corporation, and is the volunteer manager for that nonprofit. She continued that the Federation of Community Councils does not serve any beneficiaries. Their primary role is to empower people to be engaged in decisions impacting their part of the community throughout Anchorage. They primarily use the conference space and have the smallest footprint in the building. She reached out to Mara Kimmel, the ACLU director, when writing the grant to find out if they served beneficiaries. She said that the easiest number she could pull was that they operate a prison project that provides services to people within the Trust purview. She mentioned a data point that 80 percent of incarcerated Alaskans have a mental health issue, and the Department of Corrections is the State's largest mental health service provider. They have also worked with ACLU on the prison project that also involved PREA, the Prison Rape Elimination Act. She added that she is not an expert on all of the nonprofits in the building.

A brief discussion continued.

CHAIR FISHER asked for any other questions. There being none, he called the question.

After the roll-call vote, the MOTION was APPROVED. (Trustee Morris, excused; Trustee Moran, yes; Trustee Halterman, yes; Trustee Fimon, yes; Trustee Feige, yes;

Trustee Boyles, yes; Chair Fisher, yes.)

MS. OLSON thanked the trustees.

JAMHI HEALTH & WELLNESS/SHARP CONTRACTS AT JAMHI

MOTION: The Board of Trustees approve a \$46,000 FY25 partnership grant to JAMHI Health & Wellness, Incorporated, for the SHARP Contracts at JAMHI, continued project. These funds will come from the Partnerships/Designated Grants line of the FY25 budget. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE HALTERMAN.

MR. BOYER stated that SHARP is a student loan repayment program for people in the healthcare field. It is a federally run program but goes through the Division of Public Health. JAMHI is the community behavioral health provider in the Juneau region with the struggle of maintaining licensed practitioners. He explained that he served on the SHARP Council for the Department of Health and saw practitioners coming in with \$100,000 of debt and saw as high as \$750,000 in student loan debt. The need is real and is a great way to bring in practitioners. Over the years, the Division had facilitated and secured over 700 contracts and thought that rural Alaska was the original intent. He noted this is the last year of their three-year grant.

A discussion ensued.

MOTION: A motion to table this motion until the February meeting was made by TRUSTEE MORAN; seconded by TRUSTEE HALTERMAN.

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

ALASKA ASSOCIATION ON DEVELOPMENTAL DISABILITIES/KEY CAMPAIGN

MOTION: The Board of Trustees approve a \$25,000 FY25 partnership grant to the Alaska Association on Developmental Disabilities for the Strengthening Services by Sharing Stories of Lived Experience project. These funds will come from the Partnerships/Designated Grants line of the FY25 budget. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE HALTERMAN.

MS. VOELKER-ROSS stated that this funding request is for individuals with developmental disabilities or intellectual developmental disabilities to travel to Juneau to learn advocacy skills, tell officials about their personal experiences with home- and community-based services, build their confidence and advocacy, and improve access to and the quality of Alaska's home- and community-based services. This gives these Trust beneficiaries the opportunity to share their stories, which has the secondary benefits of making them feel empowered and allowing them to carry these skills forward to improve their lives. Trust staff recommends this funding in support of Trust beneficiaries with DD and IDD and their families, and the COMP plan objective which focuses on increasing access to effective person-centered services and supports. She added that Kim Champney, the Alaska Association of Developmental Disabilities executive director, was online for any questions.

TRUSTEE MORAN stated concerns about this grant as far as lobbying since they go to Juneau and talk to legislators.

COO BALDWIN-JOHNSON replied that Ms. Voelker-Ross had conversations with Kim Champney about those concerns, and she is fully aware of the restrictions of Trust funds. She has a thoughtful approach on how to get those guardrails in place if the grant is approved.

MS. CHAMPNEY stated that she has been part of Key for over 20 years. The beneficiary involvement with Key is very focused on sharing what it is like to live with a disability and to access services. Key focuses on general education about living with disabilities, and there is a separate effort that happens that may be focused on a very specific item that is not part of the Key Campaign. The Key Campaign is a community coming together. The policy leaders are invited to a kickoff event, and people meet with each legislator, and beneficiaries get a chance to share their stories. They generally make the legislators aware of the existence of the waitlist. She suggested doing an orientation with a video that says upfront that their point was to share their stories and not to advocate for a specific bill or tell a legislator specifically how to vote. That is how she was thinking about moving forward with this.

CHAIR FISHER asked for any questions. There being none, he called the vote.

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

ALASKA CHILDREN'S TRUST/ALASKA OUT-OF-SCHOOL TIME CONFERENCE

MOTION: The Board of Trustees approve a \$2,500 FY25 partnership grant to the Alaska Children's Trust for the Alaska Out-of-School Time Conference. These funds will come from the Partnerships/Designated Grants line of the FY25 budget. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE HALTERMAN.

MS. VOELKER-ROSS stated that this funding request is for conference sponsorship for the 2024 Alaska Out-of-School Time Conference which will be held November 20-22, 2024. This conference provides essential training to a broad range of staff from communities statewide who work within the before school, after school, and summer programs for school-age children and youth. This sponsorship is recommended to support the COMP plan objective of improving workforce competencies. It aligns with the Trust commitment of enhancing services for beneficiaries to improve staff training and development. She added that Kaila Pfister from the Alaska Children's Trust was available to answer questions.

MS. PFISTER stated that Alaska Children's Trust is the umbrella organization, and the network is one of the programs. That connects back to their mission of preventing child neglect being a really important part of that and ensures kids have a safe space to go after school. It ties back into their broader mission. She added that last year in Anchorage they had 168 people in attendance. This year it is in Fairbanks next week, and they already have 175 registered.

CHAIR FISHER asked for any other questions. There being none, he called the vote.

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

OTHER APPROVALS

DD SYSTEMS CAPACITY ASSESSMENT

MOTION: The Board of Trustees approve an amount not to exceed \$250,000 for a contract for the evaluation of operations of Alaskan Intellectual and Developmental Disability provider organizations. These funds will come from the FY25 Comprehensive Program Planning and Consultative Services budget line of the Non-Focus Area section of the budget. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE FEIGE.

MR. BALDWIN stated that at the board meeting in August, trustees heard feedback from stakeholders and key partners that there was a need for a capacity systems assessment for the organizations providing care to beneficiaries experiencing intellectual and developmental disabilities. Following trustees' direction, a group came together and met with Commissioner Hedberg of the Department of Health, and her leadership staff, the director of AADD, Kim Champney, and Patrick Reinhart, and looked at what the organizational capacity assessment need might be. The memo under consideration is for a not-to-exceed amount of \$250,000 to secure contractors to fulfill this assessment. He added that the focus is solely on services.

A discussion ensued.

CHAIR FISHER asked for any questions. There being none, he called the vote.

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

SOUTHCENTRAL FOUNDATION/AMENDMENT

MOTION: The Board of Trustees approve a change of project description for the fiscal year '21 Crisis Stabilization project with Southcentral Foundation. The project scope will be updated to allow Southcentral Foundation to use the funds approved for design work for the new behavioral health expansion building. The motion was made by TRUSTEE HALTERMAN; seconded by TRUSTEE FEIGE.

MR. BOYER explained that the Board approved this funding in FY21 to look at the design, planning, and the implementation of the crisis stabilization center on the Southcentral Foundation campus. They were looking at redesigning the dental space there off the hospital, just shy of 7,000 square feet. They are now in the process at a new location still on campus, but with a much larger facility that would provide a wider assortment of integrated services. This is twice the size of what they originally looked at. He stated that the original grant amount had not changed, but the grant amendment shows a change to do it at a different location.

MS. BAKER spoke on the crisis stabilization design modification request. That has been a priority of Southcentral Foundation for a long time, and they are grateful for the partnership in not only in funding, but also in planning.

A discussion ensued.

CHAIR FISHER called the vote.

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

COPPER RIVER NATIVE ASSOCIATION/AMENDMENT

MOTION: The Board of Trustees approve a budget amendment for the FY23 Mobile Integrated Village Health grant with the Copper River Native Association. The motion was made by TRUSTEE MORAN; seconded by TRUSTEE HALTERMAN.

MR. BOYER stated that this was at the end of the lifespan of the grant, and they did not expend some of their travel dollars and some of their other line items, but their personnel expenses were higher than projected due to some turnover. They asked for an amendment to move around \$42,000 into personnel at the final closeout of the grant. This is fairly typical. He stated that Matt Lawrence, the manager of that program from Copper River, was online for any questions.

CHAIR FISHER asked for any comments or questions. There being none, he called the vote.

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

TRUSTEE COMMENTS

CHAIR FISHER stated that they were at Trustee Comments and asked for anyone on the board to make a comment.

TRUSTEE HALTERMAN thanked staff for preparing the packets and materials. It was helpful and there was some good dialogue. The change in process is painful sometimes, but is working well. She thought the meetings were moving along quickly. She thanked all that made them all look so brilliant as the Board of Trustees. She thanked the people that came in and gave public testimony. The mission moments and public comments were her favorite part of the meetings because we get to interact with the beneficiary populations and the people the grants impact. She thanked them from the bottom of her heart for sharing their personal stories.

TRUSTEE FEIGE echoed that and thanked all of the beneficiaries for coming forward and sharing their stories. It makes the work we do real and makes us realize that we not only impact lives, but that we still have a lot of good work out there to do. She thanked staff for the rigor and work putting these together. She also stated appreciation for the sideboard conversations and the contact time with those fine folks.

TRUSTEE MORAN thanked the staff and stated appreciation for staff's patience moving through this new process and hoped the Program & Planning Committee could take a bigger role in getting questions answered.

TRUSTEE BOYLES stated that everything was fine.

TRUSTEE FIMON stated appreciation to all the partners and representatives coming or calling in, and the willingness in providing feedback on how the programs were going. He thanked the staff for coming through with great information and to be able to call in and still have all the information. He also thanked his fellow trustees and the Chair for the pacing of the meeting. It

was done efficiently. He continued that the biggest impact was getting a different view of the public comment usage. Most of the comments were positive and they come across very professional and positive. He thanked everybody for the opportunity to allow people to come in and share their views.

CHAIR FISHER echoed what everyone said and appreciated staff working with him ahead of the meeting so he can keep everyone involved that needed to be involved. He stated appreciation for all of the public comments. It is very important to see their faces and hear their voices in person. He also appreciated all the other staff that do things behind the scenes to help and make sure we are organized and have the discussions needed. Even though some things were tabled, those are great learning experiences when the trustees ask questions and decide to put something off until there is more information. He thanked everyone for participating, and asked for a motion to adjourn.

MOTION: A motion to adjourn was made by TRUSTEE HALTERMAN; seconded by TRUSTEE FEIGE.

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

(Alaska Mental Health Trust Authority Board of Trustees meeting adjourned at 3:40 p.m.)

Current Trust Bylaws

ALASKA MENTAL HEALTH TRUST AUTHORITY
BYLAWS

ARTICLE I
NAME

The name of this organization is the Alaska Mental Health Trust Authority.

ARTICLE II
PURPOSE OF THE AUTHORITY

The Alaska Mental Health Trust Authority acts in the best interest of the beneficiaries of the trust. It is accountable to:

- (a) Provide for sound governance, fiduciary oversight and direction in achieving the mission of the Trust Authority;
- (b) Ensure an integrated, comprehensive mental health program for the State of Alaska in partnership with the Department of Health and the Department of Family and Community Services; and
- (c) Preserve, protect, and grow the trust corpus and administer trust assets.

ARTICLE III
BOARD OF TRUSTEE MEMBERSHIP AND TERMS OF OFFICE

Section 1. Trust Authority board of trustees composition:

- (a) The Trust Authority shall be governed by its board of trustees.
- (b) The Trust Authority board of trustees, hereafter referred to as the board, consists of seven members appointed by the governor in accordance with AS 44.25.210 and confirmed by the legislature.

Section 2. Term of office, vacancies, and removal:

- (a) The members of the board serve staggered five-year terms. A member shall continue to serve until the member's successor is appointed and confirmed by the legislature.
- (b) A vacancy occurring in the membership of the board shall be filled within 60 days by appointment of the governor for the unexpired portion of the vacated term.
- (c) The governor may remove a member of the board only for cause per AS 44.25.220.
- (d) Except for a trustee who has served two consecutive five-year terms, a member of the

board may be reappointed. A member of the board who has served two consecutive five-year terms is not eligible for reappointment to the board until one year has intervened as per AS 44.25.220(d).

ARTICLE IV
BOARD OF TRUSTEE DUTIES

Section 1. The role of the board is to:

(a) Set the vision for the organization;

(b) Set policies for the organization, including adoption of regulations as appropriate under AS 44.25.240;

(c) Adopt charters that define the role, authority, operating procedures, duties, and responsibilities of the board and standing committees; and

(d) Approve contractual agreements with advisors as defined in statute and the settlement agreement, specifically Alaska Permanent Fund Corporation (APFC), Department of Natural Resources (DNR), and Statutory Advisory Boards.

(e) Fulfill the duties listed in AS 37.14.007(b)(1)-(12).

Section 2. The board will conduct business in accordance with AS 44.25.250.

ARTICLE V
OFFICERS AND DUTIES

Section 1. The board, by a majority vote of its membership, shall annually elect a Chair, Vice Chair, and Secretary from its membership.

Section 2. The officers will be elected by a majority vote at the annual budget approval meeting, and officers' terms of office commence upon adjournment of that meeting. Officers' terms of office end effective at adjournment of the meeting in which new officers are elected.

Section 3. Officers may be re-elected to the office in which they serve by vote of the membership of the board as above. The board's intention is to allow board members the opportunity to serve in officer roles in support of ongoing board development. To that end, no member may serve more than 2 consecutive terms in the same office except as provided for by affirmative vote of 5 board members.

Section 4. If the office of the Chair becomes vacant, the Vice Chair succeeds to the office of the Chair and serves until an election held at the next board meeting. The newly elected Chair will serve until the next annual election.

Section 5. Except for the office of Chair, if an office of the board becomes vacant, an election shall be held to fill the vacancy at the next regular meeting following the vacancy. The officer will serve until the next annual election.

Section 6. The duties of the officers shall be as follows:

(a) Chair

1. Call all meetings. Preside at all meetings.
2. Appoint chairs of committees and appoint members of ad hoc committees.
3. Serve as ex-officio non-voting member of all committees, but may not concurrently serve as board Chair and chair of any standing committee, with the exception of the Executive Committee.
4. Act as primary spokesperson for the board.
5. Act as one of the official spokespersons for the Trust Authority, together with the Chief Executive Officer (CEO) and others as directed by the Board. The Chair of the Board shall have the authority to designate another Trustee to act as the official spokesperson for the Trust Authority in the Chair's discretion.

(b) Vice Chair

1. Assist the Chair in the discharge of his/her duties.
2. Perform the duties of the Chair in the absence or incapacity of the Chair.
3. Perform other duties as assigned by the board.

(c) Secretary

Assume duties of the Chair when Chair and Vice Chair are unavailable. Perform other duties as assigned by the board.

Assure that the records of board proceedings are maintained in accordance with these bylaws and in accordance with AS 37.14.007(b)(2) and the Records Management Act (AS 40.21).

ARTICLE VI
MEETINGS

Section 1. The board will hold four regular meetings each fiscal year. Committees will meet as necessary to accomplish their responsibilities.

Section 2. Special or emergency meetings of the board may be held at such time and place as the Chair may order; or upon the written request to the Chair of any four trustees.

Section 3. Reasonable public notice of board and committee meetings shall be provided in accordance with AS 44.62.310. Meetings of the board and its committees are subject to the Open Meetings Act, AS 44.62.310 and 44.62.312.

Section 4. A quorum at all board meetings shall consist of four board members. A quorum at committee meetings is a majority of the committee's members.

Section 5. No member of the board may designate a proxy.

Section 6. The board will schedule at least one period for public comment during each regularly scheduled board meeting.

Section 7. Formal actions by the board are accomplished through adoption of motions.

ARTICLE VII COMMITTEES OF THE BOARD

There will be five standing committees of the board. Standing committee chairs will be appointed by the Chair after polling the board regarding individual trustee's interest and ability to serve. Standing committee chairs will appoint the members to that standing committee after polling individual trustee's interest and ability to serve. A member may serve as chair of only one standing committee at any time except as a stand-in until the next regularly scheduled board meeting. Standing committees will have a minimum of 3 committee members. The board chair may designate ad hoc committees to accomplish special purposes. Persons other than board members may serve on the board's ad hoc committees; however, such persons may not be voting members of such committees, only appointed board members may vote on committee actions. Committee recommendations will be reported to the board for action at the next regular board meeting.

Section 1. The Executive Committee of the board is composed of three board officers, the Chair, the Vice Chair, and the Secretary. The Executive Committee will:

(a) Ensure development of policies for governing the Trust Authority for approval by the board.

(b) Oversee implementation of governance policies at the direction of and on behalf of the board in accordance with law and the committee charter adopted by the board.

(c) The Executive Committee will meet only as needed.

Section 2. The Resource Management Committee will, in consultation with the CEO and the TLO ED:

(a) Ensure development of policies for protecting, enhancing, and managing the trust's non-cash resources in the best interests of the beneficiaries for approval by the board.

(b) Oversee implementation of plans at the direction of and on behalf of the board in accordance with law and the committee charter adopted by the board.

Section 3. The Program and Planning Committee will, in consultation with the CEO and Chief Operating Officer.:

(a) Ensure development of policies to meet needs and improve the circumstances of beneficiaries; and recommends to the board for approval.

(b) Oversee implementation of plans at the direction of and on behalf of the board in accordance with Trust Authority statutes and regulations and the committee charter adopted by the board.

Section 4. The Finance Committee will, in consultation with the CEO and Chief Financial Officer (CFO):

(a) Ensure development of policies for investment and fiscal management for approval by the board.

(b) Oversee implementation of approved investment and fiscal management policies on behalf of the board in accordance with Trust Authority statutes and regulations and the committee charter adopted by the board.

Section 5. The Audit and Risk Committee will, in consultation with the CEO and CFO:

(a) Ensure development of policies for managing the annual audit process and identifying and addressing organizational risk for approval by the board.

(b) Oversee implementation of approved audit and risk management policies on behalf of the board in accordance with Trust Authority statutes and regulations and the committee charter adopted by the board.

ARTICLE VIII CHIEF EXECUTIVE OFFICER

Section 1. The board shall select and employ a Chief Executive Officer as provided by law.

Section 2. The Chief Executive Officer is responsible for day-to-day operations of the Trust Authority including planning, organizing, coordinating, and directing all activities necessary to enable the Trust Authority to exercise its powers and duties, and fulfill the purpose of the Trust Authority. The CEO will operate and conduct the business and affairs of the Trust Authority according to the statutes, regulations, bylaws, policies, and charters adopted by the board. The

CEO duties and responsibilities shall be set forth in a CEO Job description to be adopted by the board.

Section 3. The Chief Executive Officer shall oversee administration of the contract with the Trust Land Office on behalf of the Trust Authority to ensure compliance with AS 37.14.009(a)(2).

Section 4. The board will evaluate the Chief Executive Officer's performance annually in writing. The board will define the process for conducting annual reviews and include it in the Board's Governance Manual.

Section 5. The CEO serves at the pleasure of the Board. Termination of employment of the Chief Executive Officer is by majority vote of the board.

ARTICLE IX PARLIAMENTARY AUTHORITY

Unless otherwise provided by law or these bylaws, the board's procedures shall be governed by Robert's Rules of Order Newly Revised. The Chair may appoint an appropriate person to serve as parliamentarian.

ARTICLE X ETHICS

Board members are required to comply with the Alaska Executive Branch Ethics Act (AS 39.52) and AS 44.25.210(c)(2).

ARTICLE XI AMENDMENT OF BYLAWS

These bylaws may be amended at any meeting of the board. Amendment of these bylaws requires 5 affirmative votes of board members provided that written notice and copies of the proposed amendment have been submitted to the members 30 days prior to the meeting, or by unanimous vote without notice.

ARTICLE XII DEFINITIONS

In these bylaws,

The Alaska Mental Health Trust means the sum of all assets owned by the Alaska Mental Health Trust as established by the Alaska Mental Health Trust Enabling Act, P.L. 84-830, 70 Stat. 709 (1956) and the Mental Health Settlement Agreement (June 10, 1994), including cash and non-cash assets.

The Alaska Mental Health Trust Authority (the Trust Authority) means the entity charged with administering the trust, as trustee, is governed by a seven-member board. (AS 37.14.007, AS 44.25.200, AS 44.25.210)

The Trust Land Office (TLO) means the unit of the Alaska Department of Natural Resources that is charged with managing the trust’s natural resources, land, and other fixed assets. (AS 44.37.050)

Regular Meeting means each of the four board meetings required to be held each year.

Special Meeting means any board meeting other than a regular meeting, including an emergency meeting.

Emergency Meeting means any board meeting conducted for the purpose of addressing time sensitive matters that may not be capable of resolution within the statutory or delegated authority of the Executive Committee or the CEO. If an emergency meeting is conducted on less than the customary public notice, public notice shall be published as soon as practicable. If the agenda of an emergency meeting is not available in advance, the agenda will be published as soon as practicable after the emergency meeting.

Approved by the Board of Trustees of the Alaska Mental Health Trust Authority on November 13, 2024 and by motion of the Board effective on January 1, 2025.

Brent Fisher, Chair

Rhonda Boyles, Secretary

Mission Moment

Statutory Advisor Update

- Alaska Commission on Aging
- Governor's Council on Disabilities and Special Education
- Alaska Mental Health Board/Advisory Board on Alcoholism & Drug Abuse

Alaska Commission on Aging

Introduction to Senior Centers in Alaska

Summary of Survey Results



ALASKA SENIOR CENTERS

Marty Lange - Executive Director, Alaska Commission on Aging



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> Evid Based Nurs. 2014 Apr;17(2):59-60. doi: 10.1136/eb-2013-101379.

Epub 2013 Jun 8.

Older adults reporting social isolation or loneliness show poorer cognitive function 4 years later

John T Cacioppo¹, Stephanie Cacioppo

Affiliations + expand

PMID: 23749730 DOI: 10.1136/eb-2013-101379

No abstract available

Keywords: Epidemiology; Geriatric Medicine.

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SHARE





ALASKA
FOR SENIORS
Keep

Event Schedule
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FOR SENIORS

Funding Challenges



* Widespread Funding Shortfalls: 90% of centers report inadequate funding



* Heavy Reliance on Grants: Over half of the centers rely on state grants



* Inflationary Pressures: High inflation has increased food, labor, and transportation costs

Meal Service Capacity



* Many centers report reductions in meal service capacity



* 70% of centers mention cutbacks, smaller service windows, or fewer days of meal delivery



* Growing waitlists and potential waitlists: at least one-third of centers have a waitlist for meals

Staffing Crisis



High turnover and understaffing: 75% of centers cite staffing shortages or losing employees



Critical gaps in key roles: accounting/finance issues, administrative strain



Reliance on volunteers and seniors themselves: many centers seek MASST participants to fill staffing gaps

Housing Demand



* Multiple waitlists exceeding 50 seniors: Kenai, Nikiski, Chugiak-Eagle River



* Centers with housing already at capacity: Valdez, Soldotna



* Housing expansions are widely cited: from small to large waitlists

Infrastructure Needs



* Vehicles, transportation, facility repairs and replacements: about half of the centers specify urgent needs



* Examples: Kake Senior Center needs a new industrial freezer, dishwasher, transport van, and a new cook

Economic Impact



* Local employment and purchasing: each center employs staff, purchases locally, and contracts with local businesses



* Indirect savings to healthcare system: consistent meal delivery and daily check-ins avert higher medical costs



* Stimulation of construction and services: housing expansions and facility repairs would support local contractors and suppliers

Recommendations



* Sustainable funding mechanisms for meal services



* Staff recruitment/retention programs



* Capital improvement funding for aging infrastructure



* Expanded housing capacity

Conclusion

This data demonstrates a critical need for increased support to maintain essential services for Alaska's growing senior population.

Thank
you

Marty Lange

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<https://Aging.Alaska.gov>

COUNCIL REPORT

Patrick Reinhart,
Executive Director

February 2025



SDS REGISTRY / WAITLIST NUMBERS (AS OF 1/24/25)

- **IDD Registry Only:** 323 individuals, 302 on or offered ISW
- **IDD & ISW Registries:** 174 individuals
- **ISW Registry Only:** 46 individuals
- **Enrolled with the different waivers:** 2,128 on or offered IDD waiver, 587 on or offered ISW waiver
- **FY 2025 draws:** 56 people drawn for IDD waiver, 67 people for ISW.

2024 ANNUAL REPORT

GOVERNOR'S COUNCIL ON
DISABILITIES AND SPECIAL
EDUCATION



2024
ANNUAL REPORT



2025 LEGISLATIVE PRIORITIES

1. ILP Program Expansion/ Funding Increase
2. SESA Funding Formula
3. Public and Community Transit HB 26
4. Universal Changing Spaces
5. Education for Deaf & Hard of Hearing SB8/HB39

Funding

6. State Access and Functional Needs Coordinator
7. Deaf Navigator Program Funding

ILP EXPANSION- ELIGIBILITY AND FUNDING

5 Reasons To Expand Eligibility for Early Intervention

KEY
Coalition

AILPA

Gov
Council

For years early intervention has helped families learn how to be the best teachers for their children with developmental delays or disabilities. Early intervention's evidence-based practice of helping families incorporate intervention strategies into daily routines increases children's rate of growth in key developmental areas, multiplies the opportunities and effects of intervention, and increases the return on every dollar spent.

Discover how early intervention can help the children and families in your community and healthcare practice.

"Investing in the continuum of learning from birth to age 5 not only impacts each child, but it also strengthens our country's workforce today and prepares future generations to be competitive in the global economy tomorrow."

Professor James Heckman, University of Chicago

Reduces Need for Special Education

The National Early Intervention Longitudinal Study (NEILS) Special Education and Part C Programs tracked children with a developmental delay and found 46% did not need special education by the time they reached kindergarten as a result of early intervention services.

36%

had no disability, and were not receiving special education services.



10%

were reported to have a disability, but were not receiving special education.

1

Positive Results for Children

Studies found that children who participate in high-quality early intervention/early childhood development programs tend to have:

- Less need for special education and other remedial work.
- Greater language abilities.
- Improved nutrition and health.
- Experienced less child abuse and neglect.



2

Works with Brain Development

Neural circuits create the foundation for learning, behavior and health. These circuits are most flexible from birth to three.

Early social/emotional development provides the foundation upon which cognitive and language skills develop.

High-quality early intervention services can change a child's developmental trajectory and improve outcomes for children, families, and communities.

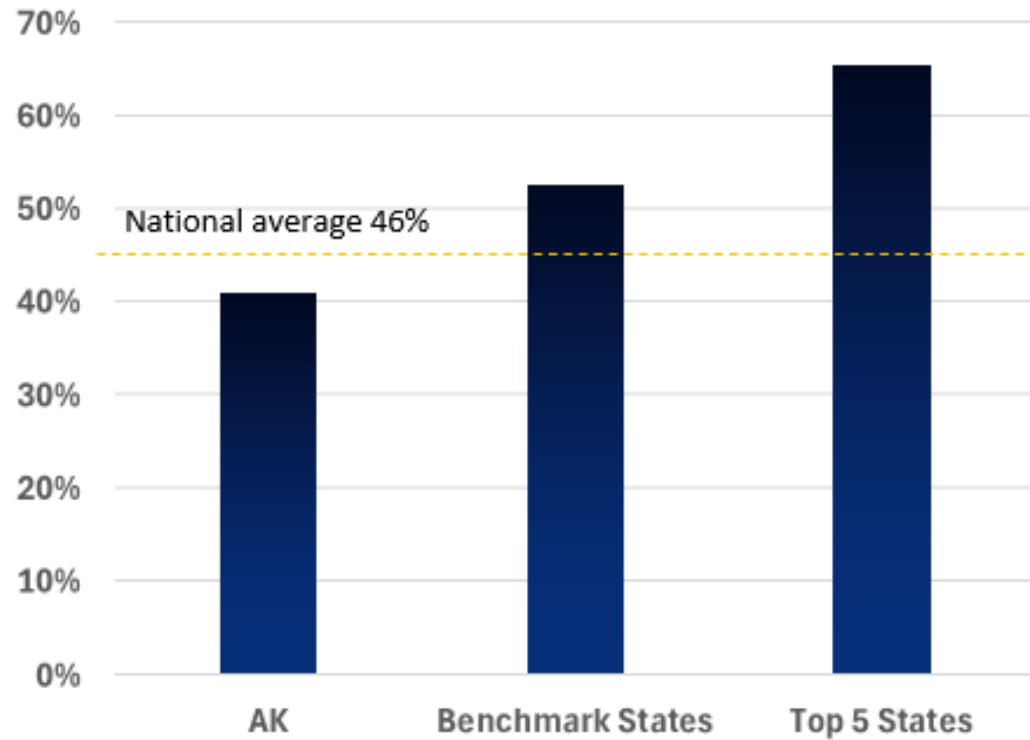
Intervention is likely to be more effective and less costly when it is provided earlier in life rather than later.



3

Because of Restrictive Eligibility, Alaska Trails Behind Other States

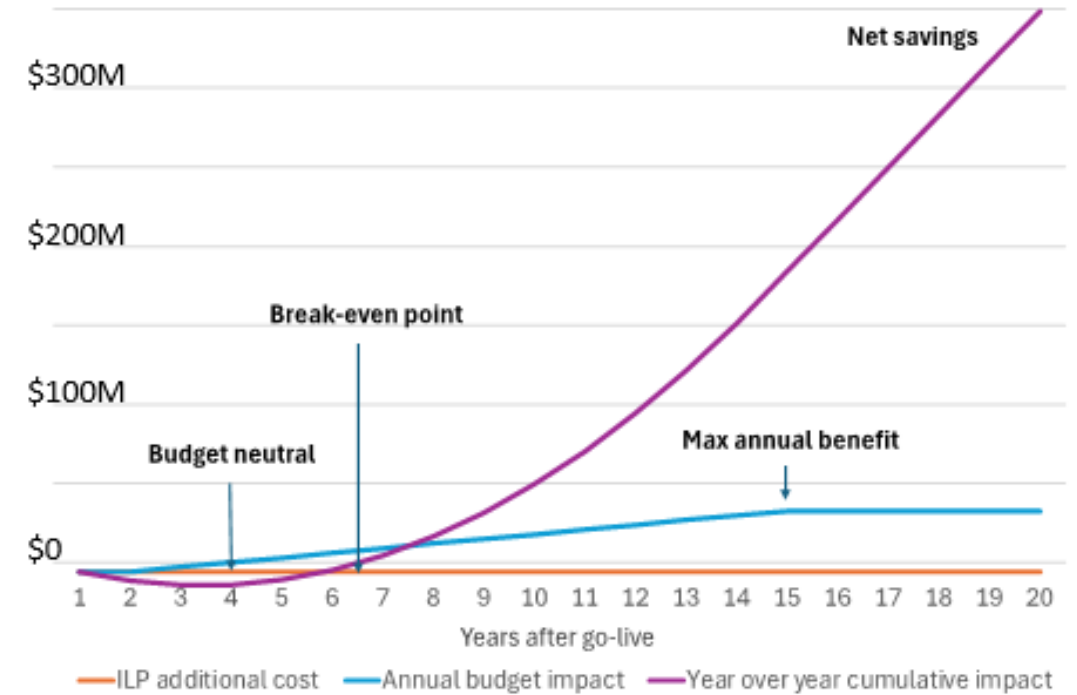
States with less restrictive eligibility help more children meet developmental age expectations at age 3 as a result of early intervention services.



4

Substantial Savings That Can Be Used for Other Education Needs

For each child that doesn't need special education due to ILP services, the state could save up to **\$229k**. Further savings from other services such as juvenile justice and adult Medicaid services are expected, but not easily quantified.



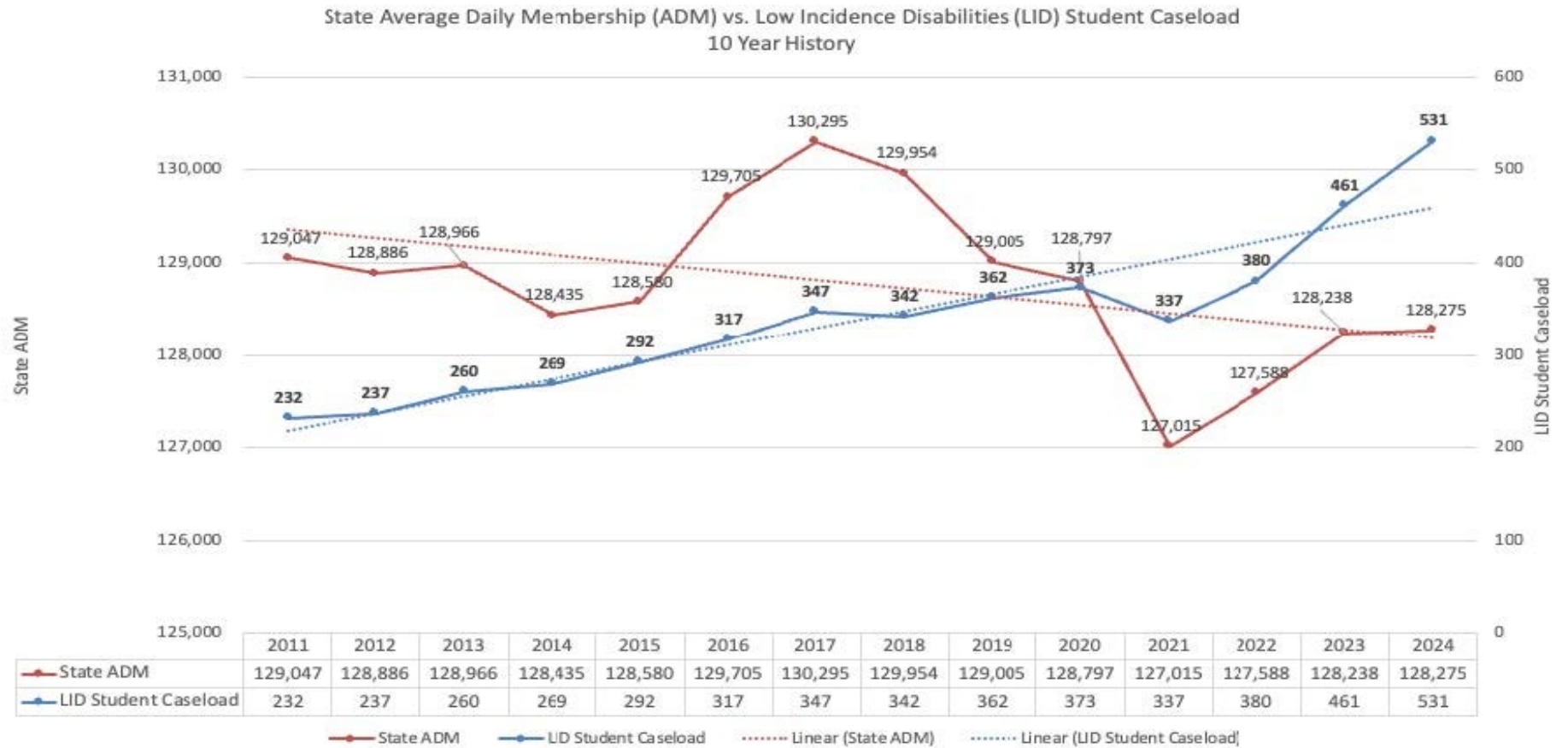
5

ILP EXPANSION- ELIGIBILITY AND FUNDING

- What we are asking for:
 - Allow a child who is 25% behind other children to receive help from the ILP.
 - Add \$5.7 million to the ILP budget to help this happen.
- Why are we asking for this:
 - Alaska has the worst eligibility criteria in the country – we require a child to be 50% behind other children the same age which means a 2 year old must be learning or developing at a 1 year old level before we will help them.
 - Special Education only requires a child to be 25% behind other children the same age to get help in school. We want ILP services to be the same so all children are treated equally and can receive the help they deserve.
 - A child's brain is most able to learn new things from the time they are born until they turn 5 years old. We want them to get the help they need during this time instead of later in life.
 - In addition to the funding increase, Medicaid can be billed for many services offered by the ILP.

SPECIAL EDUCATION SERVICE AGENCY (SESA) FUNDING

- LID Program Revenue Concerns
- SESA funding is based on Alaska's Average Daily Membership (ADM)
- Alaska's ADM is falling



SESA UPDATE (CONT.)

- SESA FTEs for education specialists: 13.8
 - Maximum caseload per specialist to effectively serve students: 40
 - Maximum LID enrollment based on current FTEs and caseload: 550
 - Current number of students enrolled in LID program (end FY23 school year) 461
- At current rate of annual LID enrollment growth (16%) maximum caseloads will be exceeded in FY26
- SESA current funding level: ADM x \$23.13
 - Rate does not allow addition of FTEs to serve projected growth while maintaining competitive salaries.
 - Waitlist
- SESA board passed resolution to ask for increase to formula
 - ADM x \$26.89

PUBLIC & COMMUNITY TRANSIT

- HB 26
- “Relating to the duties of the Department of Transportation and Public Facilities; and relating to a statewide public and community transit plan. “
- Requires develop a long-term, statewide transit plan that includes public, tribal, and community transit programs. The Act emphasizes studying transportation alternatives, considering environmental, social, and economic impacts, and coordinating with federal, state, local, and tribal entities. It also mandates evaluating funding options for transportation systems, managing state transportation facilities, and promoting energy-efficient and alternative-fuel vehicles.

UNIVERSAL CHANGING SPACES

- The proposed legislation for Public Buildings and Changing Facility requirements would add a provision that a changing facility suitable for changing the diaper of a child **AND for providing personal care for an adult** be installed in restrooms in public buildings.
- Universal changing tables that meet requirements installed in public buildings:
 - That are being constructed or renovated
 - Public buildings- facilities that are owned or leased by state or local government
- Universal tables are height adjustable, hold up to 400lbs, and measure at least 70 in x 30 in.

EDUCATION FOR DEAF & HARD OF HEARING

- SB8/HB39
- “Relating to public school students who are deaf or hard of hearing.”
- Ensuring kids and their parents have the information they need to make informed decisions when it comes to language acquisition
 - EX: immediate response is “lets figure out how they can hear” when perhaps sign language is the best choice for the child
 - Informed about options to make the best choice

STATE ACCESS AND FUNCTIONAL NEEDS COORDINATOR

- AK Disability advisory group (ADAG)- recommends adding a access and functional needs coordinator within the state emergency operations center
- Adds a position that will have a specific focus on:
 - disabilities, seniors, and populations having limited English proficiency
- Recommends if a position is not added, that these tasks be absorbed by existing staff

DEAF NAVIGATOR PROGRAM FUNDING

- Deaf Navigator Program has existed for many years. The program began at The Arc of Anchorage and is now housed at Hope Community Resources.
- There has not been a funding increase in that program since it started. The program is looking for approximately \$75,000 to continue the program in Anchorage.
- Hoping this funding can be added to the operations budget at SDS to increase the grant for future years. Possible target for Trust funding

OTHER TOPICS WE ARE WATCHING

- Guardianship- tentative legislation
- Waitlist Reduction Efforts
- Education funding and impact on Special Education
- Medicaid changes and cuts on federal level

UPCOMING COUNCIL MEETINGS AND EVENTS

- Fairbanks Community Forum on Five Year Plan, Feb 6**
- Juneau Community Forum on Five Year Plan, February 10**
- Winter Council Meeting, Feb 11 – 13, 2024**
 - Location: State Office Building in Juneau
- Key Campaign Fly-in, March 18-19, 2025**
 - Location: Juneau
- Spring Council Meeting, May 14-15**
 - Location: Atwood in Anchorage

QUESTIONS?

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**GOVERNOR'S COUNCIL ON
DISABILITIES AND SPECIAL EDUCATION**



GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL EDUCATION



2024 ANNUAL REPORT



GOVERNOR'S COUNCIL ON
DISABILITIES AND SPECIAL EDUCATION

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Letter from Jena Crafton, Council Chair

I am excited to share that in 2024 I have grown more confident as a self-advocate, and I have empowered others to use their voice. The Governor's Council on Disabilities and Special Education (Council or GCDSE) continues to be led by self-advocates. I am proud to lead the council as Chair with Sabrina Richmond, Vice-Chair, beside me.

This year was about building strong relationships with those that represent me. It is important to know your legislators so that your voice is included, and you don't feel isolated. In February during our visit to Juneau, I felt like I built strong relationships with my senators and representatives. I was also introduced on the Senate floor of our state capitol and invited to sit in the gallery to listen to U.S Senator Murkowski's annual address to Alaska legislators.

I was able to see the Senator again and Alaska's other congressional delegates when I traveled to Washington D.C. I went to the nation's capital multiple times this year. Each time was amazing. Seeing all the monuments was really fascinating. I liked seeing the Lincoln Memorial and Martin Luther King Jr. Memorial. Both men were advocates and leaders for many people, just like how I want to be for people with intellectual disabilities. During one trip to D.C., we were invited to meet with the President's staff at the White House to discuss transportation, Direct Support Professionals (DSPs), and employment opportunities for people with disabilities.

One of my favorite presentations this year was being a speaker on the "I Have Dreams" panel at the Alaska Mental Health Trust Authority's Improving Lives Conference. This was a panel of self-advocates that share the importance of having rights and dreams. It has made me think a lot about my right to work. I not only want to work, but I want a career that pays well, offers training, and promotions. I want to be self-sufficient and not rely on benefits. Every day my family is afraid to check the mailbox, waiting for a letter to see if benefits are cut off because I worked too much. I want to work, and I don't want to be afraid of losing my benefits, I want a career that allows me the right to be independent.

This will be my focus going into next year. I will use the relationships I have made with my legislators to continue to advocate, encourage others to use their voice loudly, and continue to dedicate my life to helping the next generation of those with intellectual disabilities.

— Jena Crafton, Council Chair



Jena Crafton, Council Chair

Letter from Patrick Reinhart, Executive Director

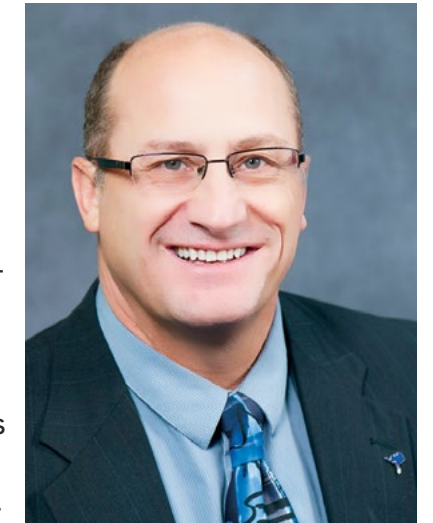
2024 was a busy and productive year for the Council. Governor Dunleavy appointed several new members to the board, including Garrett Dominick, Lisa McDonald, and Kayla McDonogh. We also lost several retiring or non-returning members, like former Chair Heidi Lieb-Williams, Vocational Rehabilitation Director Duane Mayes, Center for Human Development Representative Ken Hamrick, and Chelsea Burke (parent advocate). Our sincerest thanks for their personal and professional contributions to the Council's mission over the years they served on the board.

Fortunately for us, Chelsea resigned only because she accepted the position as our new Health and Social Services Planner III. Chelsea, who is also a parent of a child with autism, supervises our program staff and will lead our effort to develop a brand-new Five-Year Council Plan. You can expect to hear more about that as the New Year begins and we start scheduling staff and council members to host community forums/listening sessions around the state with families and self-advocates.

I am always so humbled to work with such a large and dedicated group of council members and GCDSE staff. It never ceases to amaze me on how committed and passionate they can be about disability issues; like seeing Jena Crafton, our Chair, and Sabrina Richmond (Vice-Chair) talk about their dreams and hopes for Alaska at the Whitehouse with Secretary of Transportation Pete Buttigieg this past summer, or meeting with our Congressional delegation staffers to do the same. Plus, all the other self-advocates, parents, and disability rights groups like the Statewide Independent Living Council (SILC) and Key Coalition telling their stories to Alaska Legislators, or with the Lt. Governor and Commissioners at the Governor's Home (People's House) in Juneau. We made real progress on home and environmental modifications, youth employment, Infant Learning Program funding needs, self-direction, transportation, and workforce shortages.

Yet, despite the progress we made in 2024, we have a lot more to do this coming year in supporting our Council's mission: Creating change that improves the lives of Alaskans with disabilities. Thank you to our members, staff and partners who supports this mission.

— Patrick Reinhart, Executive Director



Patrick Reinhart, Executive Director

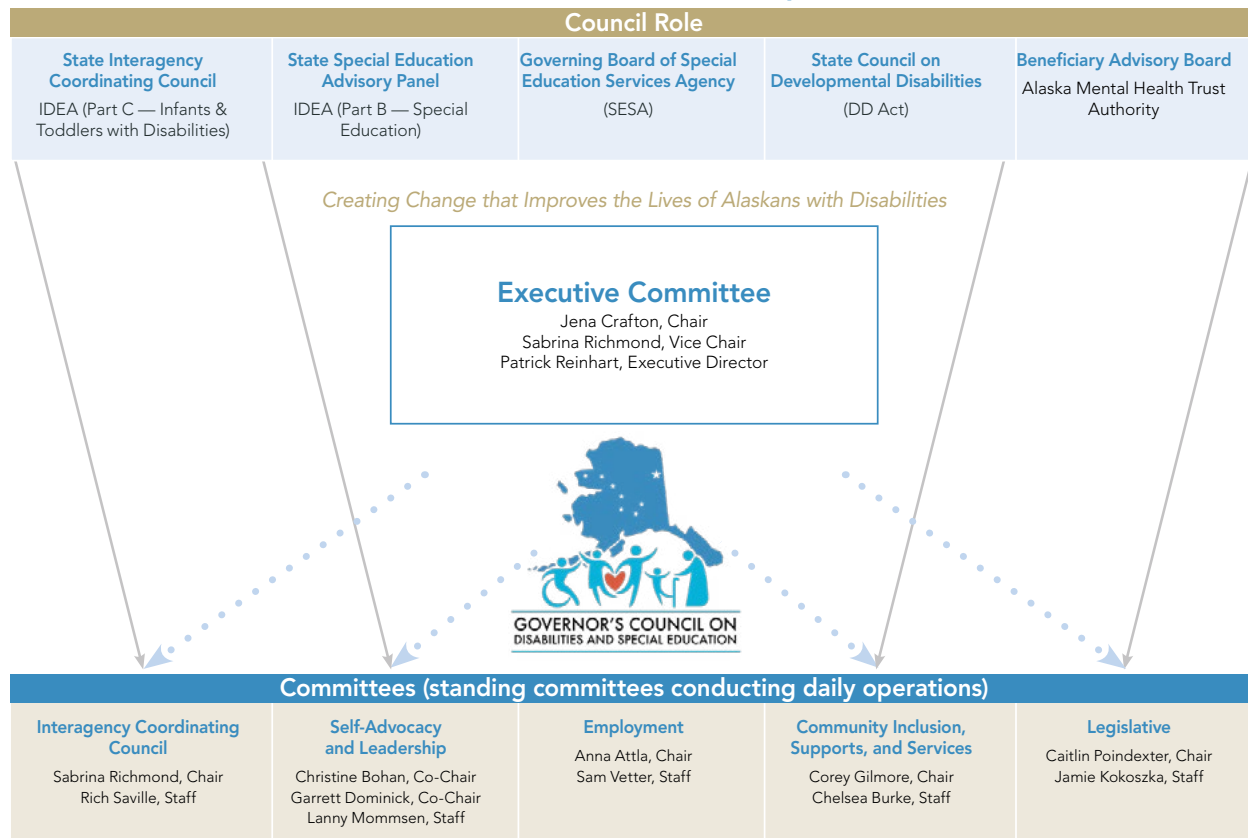
About the Council

The Governor’s Council on Disabilities and Special Education (GCDSE) is a dynamic council of self-advocates, parents, professionals, and partners working together to advance the inclusion and independence of Alaskans with disabilities.



GCDSE and Statewide Independent Living Council Members outside of the Alaska Capital building in February 2024

Governor’s Council on Disabilities & Special Education



Amplifying Advocate Stories

In 2024, self-advocates played a central role in shaping policies, sharing their stories, and inspiring change:

“Nothing about us without us!”
 Not just words but action!

Juneau Advocacy Outreach

- 14 Council members, along with partners from the Statewide Independent Living Council, met with 55 legislators over three days, presenting their priorities and advocating for the disability community.
- During the visit, Council Members attended a social function at the Governor's House to present their stories and legislative priorities to the Lieutenant Governor and other state leaders.



Council members visiting Alaska capitol and Governor’s Mansion in February 2024

Advocacy Milestones

- Recognized Anchorage’s Project SEARCH site with the **Spirit of Tomorrow Superintendent Award**.
- Council member Heidi received the prestigious **Elizabeth Petrovich Award** for her advocacy contributions.
- 100% and 70-90% Employment Outcome Awards for the Project SEARCH Alaska Sites of Anchorage, Mat-Su, and Fairbanks for 22-23 cohort year (July 2024)
- State’s Medicaid funded Environmental Modifications service increase from \$18,500 to a soft cap of \$40,000 to keep Alaskans safe in their own home



2025 Project Search Spirit of Tomorrow Awards.
Council Member Heidi Lieb-Williams holding the Elizabeth Petrovich Award (Bottom Right)

Goal Overview

Community Inclusion, Supports, & Services

Individuals with developmental disabilities will have expanded access to a flexible system of meaningful support and services in their homes and communities, aiming to increase the number of people with developmental disabilities living the lives they choose.

Self-Advocacy & Leadership

Individuals with developmental disabilities will have increased access to education, tools, and opportunities for self-advocacy. Individuals with developmental disabilities will experience enhanced access to education, tools, and opportunities for self-advocacy throughout their lives, with the goal of increasing the number of people expressing their vision for their lives in local, state, and national forums.

Employment

Individuals with developmental disabilities will have expanded access to education, tools, and opportunities for self-advocacy, enabling them to express their vision locally, statewide, and nationally.



Developmental Disabilities Shared Vision

“Alaskans share a vision of a flexible system in which each person directs their own supports, based on their strengths and abilities, toward a meaningful life in their home, their job and their community. Our vision includes supported families, professional staff and services available throughout the state now and into the future.”

Goal 1: Community Inclusion, Supports & Services (CISS)

Expanding access to meaningful support systems so individuals with disabilities can live their chosen lives.

Legislative Advocacy

- Presented six position papers to state legislators during annual fly-in.
- Legislative victory **H.B. 219** Repeal Assistive Technology Loan Program redistributed funding to ATLA to get assistive technology in the hands of Alaskans that need it.
- Increased the environmental modification funding cap to \$40,000, enabling more Alaskans to remain in their homes and communities.

Federal Representation

- Council members conducted two national advocacy trips to Washington DC, including the Disability Policy Seminar in April and the NACDD Conference in July to meet with congressional delegation and discuss issues that are relevant to Alaskans with disabilities.

By the Numbers

- 4 bills tracked during the legislative session.
- 55 legislative visits made by Council members.
- 300+ attendees reached through Disability Pride events.
- 3 new council members oriented into the council.
- 79 DSPs engaged in professional development through NADSP training.



Council members visit the nation's capitol



Council members with Rep Peltola

Goal 2: Self-Advocacy & Leadership (SAL)

Increasing opportunities for individuals to express their vision and advocate for themselves at all levels.

Key Highlights

- Hosted the **Peer Power Summit**, attended by 85 Alaskans and 25 allies. **Topics included:** Autonomy & Ableism, Mental Health & Developmental Disabilities, Friendship and Dating, and Participant-Directed Services
- **100% satisfaction rate** reported by Peer Power Summit participants.
- Organized **three statewide Disability Pride/ADA events**, engaging hundreds of attendees.

Presented at major conferences

- **"Hopes, Dreams, and Dignity of Risk"** at the Improving Lives Conference.
- **"I Have Rights"** Panel at the Disability and Aging Summit.



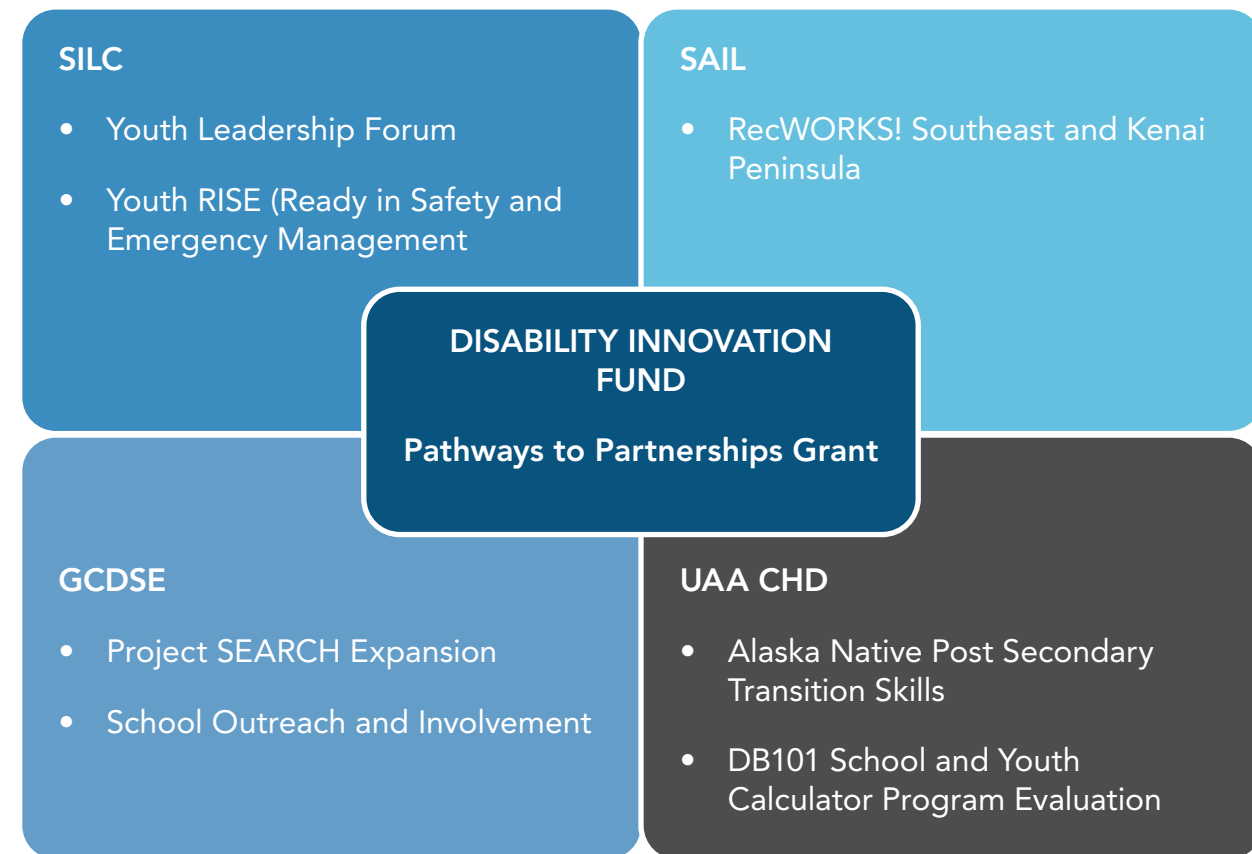
Advocacy events held in Alaska in 2024: Peer Power Summit, Disability Pride Celebrations in Anchorage and Kenai, and the Improving Lives Conference "I have Dreams" Panel

Goal 3: Employment

Supporting transitions to adulthood, integrated employment, and career development across the lifespan.

Disability Innovation Fund (DIF); Pathways to Partnerships Grant

The State Department of Education and Early Development (DEED) received a \$10 million, five-year grant starting in October 2023. This initiative involves multiple partners engaging youth with disabilities on a pathway toward employment.



Employment First Conference

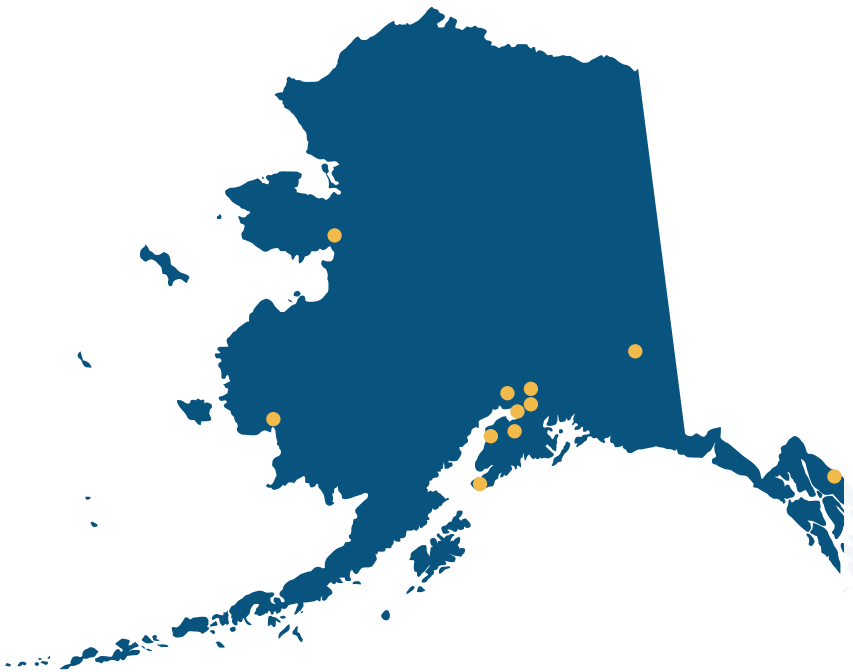
Continued coordination between the Alaska Mental Health Trust Authority (Trust), Division of Vocational Rehabilitation (DVR) Council for planning and executing the Employment First Conference scheduled in November 2024, which was to focus on engagement of Alaskan employers and businesses.

By the Numbers

- **Over \$110,000** awarded through Trust Microenterprise Grants, supporting **16 self-employment opportunities**; 5 business owners were persons who experience an intellectual and/or developmental disability
- **117 attendees, 17 exhibitors, and 18 total speakers** participating for the Employment First Conference
- **Over \$26,000 in support** for Project SEARCH by Council in training, support, and equipment for 3 **Project SEARCH** sites serving **36 interns** in 2024



Employment First Conference and Project SEARCH Visit



Council Members

- Anna Attla | Anchorage
- Christine Bohan | Palmer
- CB Brady | Anchorage
- Jena Crafton (Chair) | Eagle River
- Art Delaune | Fairbanks
- Garrett Dominick | Soldotna
- Don Enoch | Juneau
- Margaret Evans | Anchorage
- Dave Fleurant | Chugiak
- Jeanne Gerhardt-Cyrus | Kiana
- Corey Gilmore | Anchorage
- Kenneth Hamrick | Anchorage
- Elizabeth Joseph | Kongiganak
- Mariah Krueger | Anchorage
- Heidi Lieb-Williams | Anchorage
- Tony Newman | Juneau
- Caitlin Poindexter | Anchorage
- Sabrina Richmond (Vice Chair) | Juneau
- Nona Safra | Homer
- Demii Van Dusen | Tok
- Shelly Vendetti-Vuckovich | Anchorage
- Marlene Wenger | Copper Center
- Rep. Stanley Wright | Anchorage



Group Photo 2024 Fall Council Meeting

Council Staff

- Patrick Reinhart, Executive Director
- Chelsea Burke, HSS Planner III
- Lanny Mommsen, Research Analyst III
- Rich Saville, Program Coordinator II
- Jamie Kokoszka, Program Coordinator II
- Samantha Vetter, Program Coordinator I
- Michael Stevenson, BSPM I
- Ian Miner, Administrative Assistant II



2024 GCDSE Staff



State of Alaska
Governor Mike Dunleavy

Department of Health
Heidi Hedberg, Commissioner

Governor's Council on Disabilities & Special Education

Patrick Reinhart, Executive Director

Robert B. Atwood Building 550 W 7th Ave, Suite 1220, Anchorage, AK 99501

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Facebook: www.facebook.com/gcdse | x.com/gcdse

Published January 2025

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

February 2025 Update



Jenn Carson & Tracy Dompeling
431 North Franklin Street
Juneau, AK 99801

Mission

- The Advisory Board on Alcoholism and Drug Abuse (ABADA) and the Alaska Mental Health Board (AMHB) are the state agencies charged with planning and coordinating behavioral health services funded by the State of Alaska. The joint mission of AMHB and ABADA is to advocate for programs and services that promote healthy, independent, productive Alaskans.

AMHB/ABADA BOARD ROSTER 2025



Seat	First Name	Last Name	Date Appointed	Expiration Date
Attorney				
Beneficiary	Jenifer	Galvan	11/6/2023	12/1/2025
Beneficiary	MJ	Thim	12/12/2024	12/1/2027
Beneficiary	Amy	Urbach	1/24/2024	12/1/2025
Public				
Beneficiary	Brenda	Moore	11/30/2015	
Beneficiary	Sam	Garcia	3/11/2024	12/1/2025
Beneficiary			6/17/2020	12/1/2026
Beneficiary	James	Savage	1/4/2022	12/1/2027
Mental Health Professional	Julia	Luey	5/22/2024	12/1/2027
Mental Health Professional	Tonie	Protzman	1/15/2021	12/1/2027
Mental Health Professional	Monique	Andrews	12/1/2019	12/1/2025
Public	Elly	Sanchez	7/29/2024	12/1/2026
NV-DOC	Adam	Rutherford	10/28/2013	
NV-DBH	Tracy	Dompeling	6/29/2023	
NV-DEED	Sharon	Fishel	5/10/2011	
NV-DJJ	Matt	Davidson	11/13/2024	
NV-AHFC	Catherine	Stone	7/1/2012	
NV-DVR	Gina	Bastian	4/18/2024	

Seat	First Name	Last Name	Date Appointed	Expiration Date
Attorney	Katholyn	Runnels	1/4/2022	7/1/2027
Beneficiary	Kara	Nelson	7/1/2023	7/1/2027
Beneficiary	Karl	Soderstrom	12/12/2024	7/1/2026
Beneficiary	Christine	Furey	12/12/2024	7/1/2027
Beneficiary	Danielle	Nickich	12/12/2024	7/1/2026
Physician	Seth	Workentine	5/24/2024	7/1/2026
Provider	Kathleen	Totemoff	1/4/2022	7/1/2028
Provider	Philip	Licht	7/15/2014	7/1/2026
Provider				7/1/2023
Public	Christine	Robbins	7/1/2022	7/1/2026
Public	Anthony	Cravalho	7/29/2020	7/1/2027
Public	MJ	Thim	8/8/2023	7/1/2027
Public	Bobby	Dorton	12/15/2020	7/1/2027
Public	Renee	Schofield	9/8/2006	7/1/2028
NV-DOH	Tracy	Dompeling	6/29/2023	

1115 Behavioral Health Reform Waiver Claims for Adults by Level of Care & Fiscal Year

Level of Care	2021	2022	2023	2024
Adult MH Residential	\$2,920,623	\$12,862,983	\$11,627,124	\$11,556,617
Crisis Services	\$62,104	\$486,793	\$5,304,710	\$6,903,016
Intensive Case Management	\$2,214,718	\$6,956,159	\$7,507,037	\$7,679,160
Intensive Outpatient	\$2,120,943	\$5,407,230	\$5,867,125	\$5,825,346
Outpatient	\$8,981,724	\$30,392,337	\$36,335,183	\$34,845,923
Partial Hospitalization	\$857,000	\$1,037,202	\$1,617,186	\$1,256,754
Residential	\$17,445,594	\$32,326,763	\$36,335,183	\$34,845,923
Treatment Planning	\$880,444	\$2,789,722	\$3,166,660	\$3,127,067
Withdrawal Management	\$4,039,688	\$5,579,237	\$9,238,121	\$10,745,768
Total	\$39,522,838	\$97,838,425	\$112,893,308	\$111,009,689

State Plan Services Claims for Adults by Level of Care & Fiscal Year

Level of Care	2021	2022	2023	2024 – up to July
Case Management	\$7,330,516	\$6,727,656	\$8,184,353	\$5,621,558
Crisis Services	\$2,809,688	\$3,136,345	\$4,211,596	\$4,029,845
Outpatient	\$75,216,550	\$43,638,379	\$64,112,725	\$71,752,130
Residential	\$11,900,911	\$5,816,582	\$6,071,648	\$4,728,712
Treatment Plan Review for Methadone	\$28,558	\$35,059	\$46,831	\$111,944
Withdrawal Management	\$1,576,018	\$1,104,110	\$147	
Total	\$98,862,261	\$60,458,130	\$82,627,299	\$86,244,189

1115 Behavioral Health Reform Waiver Claims for Youth Clients by Level of Care & Fiscal Year

Level of Care	2021	2022	2023	2024
Children MH Residential	\$4,356,055	\$17,758,836	\$15,666,495	\$16,962,178
Crisis Services	\$189,911	\$1,173,873	\$3,026,922	\$245,492
Intensive Case Management	\$645,659	\$2,208,118	\$2,217,562	\$1,259,677
Intensive Outpatient	\$561,705	\$1,560,237	\$1,444,424	\$1,406,272
Outpatient	\$4,030,245	\$14,511,482	\$16,264,420	\$16,224,760
Partial Hospitalization	\$485,000	\$806,928	\$1,273,470	\$841,484
Residential	\$2,903,790	\$5,562,623	\$4,716,624	\$2,373,335
Treatment Planning	\$348,353	\$1,308,154	\$1,592,276	\$1,711,617
Withdrawal Management	\$24,312	\$38,953	\$118,272	\$301,696
Therapeutic Treatment Home	\$6,822,861	\$19,522,771	\$18,786,759	\$17,083,392
Total	\$20,446,100	\$64,889,106	\$65,534,640	\$58,894,565

State Plan Services Claims for Youth Clients by Level of Care & Fiscal Year

Level of Care	2021	2022	2023	2024
Case Management	\$2,711,104	\$1,837,767	\$4,165,857	\$3,963,577
Crisis Services	\$890,979	\$930,381	\$1,210,442	\$1,128,907
Outpatient	\$63,191,433	\$26,298,248	\$29,633,062	\$25,916,108
Residential	\$1,666,341	\$173,351	\$37,468	\$87,724
Treatment Plan Review for Methadone	\$247	\$3,188	\$9,153	\$34,565
Withdrawal Management	\$7,309			
Autism	\$3,465,837	\$3,010,489	\$4,165,857	\$3,963,577
Day Treatment	\$90,760	\$293,367	\$203,621	\$211,222
Total	\$72,024,010	\$32,546,791	\$37,368,051	\$33,134,994

Primary Diagnosis Groups with Highest Number of Distinct Adult Clients

Diagnosis Group	FY2022 # of Clients	FY2023 # of Clients	FY2024 # of Clients
Alcohol Related Disorders	3,599	3,821	3,353
Reaction to severe stress, and adjustment disorders	2,578	2,884	2,737
Opioid Related Disorders	2,573	2,791	2,651
Major Depressive Disorders	1,842	1,808	1,602
Other Anxiety Disorders	1,432	1,681	1,764

Primary Diagnosis Group with Highest Sum of Claims Paid Amount for Adult Claims

Diagnosis Group	FY 2022 Sum of Paid Claims	FY 2023 Sum of Paid Claims	FY 2024 Sum of Paid Claims
Alcohol Related Disorders	\$44,952,157	\$54,345,180	\$50,429,484
Opioid Related Disorders	\$32,606,750	\$54,361,363	\$61,852,570
Other Stimulant Related Disorders	\$16,364,389	\$17,165,199	\$16,594,044
Schizophrenia	\$15,606,788	\$12,357,048	\$11,839,001
Reaction to Sever Stress and Adjustment Disorders	\$10,353,257	\$12,516,193	\$12,342,547

Primary Diagnosis Groups with Highest Number of Distinct Youth Clients

Diagnosis Group	FY2022 # of Clients	FY2023 # of Clients	FY2024 # of Clients
Reaction to severe stress, and adjustment disorders	2,909	3,099	2,713
Attention-Deficit Hyperactivity Disorder	894	913	822
Other Anxiety Disorders	787	872	735
Major Depressive Disorders, recurrent	742	789	593
Major Depressive Disorder, single episode	742	762	647

Primary Diagnosis Group with Highest Sum of Claims Paid Amount for Youth Claims

Diagnosis Group	FY 2022 Sum of Paid Claims	FY 2023 Sum of Paid Claims	FY 2024 Sum of Paid Claims
Reaction to Severe Stress and Adjustment Disorders	\$34,743,026	\$35,474,476	\$32,931,337
Attention-Deficit Hyperactivity Disorder	\$11,106,680	\$11,850,303	\$12,502,212
Conduct Disorders	\$9,996,293	\$10,626,717	\$10,076,450
Major Depressive Disorders, recurrent	\$8,219,420	\$8,742,945	\$6,878,054
Major Depressive Disorder, single episode	\$6,038,926	\$6,209,433	\$5,357,920

Telehealth Services with Highest Claims Paid Adult Clients

FY 2022	FY 2023	FY 2024
Psychotherapy, Individual	Psychotherapy, Individual	Psychotherapy, Individual
Outpatient 1.0 Individual -15 mins.	Community & Recovery Support Group Substance Use Disorder	Community & Recovery Support Group Substance Use Disorder
Outpatient 1.0 – Group (adult) – 15 mins	Psychotherapy 60 mins with patient present	Intensive Outpatient Program ASAM 2.1 Group – Substance Use Disorder
Psychotherapy 60 mins with patient present	Outpatient 1.0 Individual -15 mins.	Psychotherapy 60 mins with patient present
Intensive Outpatient Program ASAM 2.1 Group – Substance Use Disorder	Intensive Outpatient Program ASAM 2.1 Group – Substance Use Disorder	Outpatient 1.0 – Group (adult) – 15 mins

Telehealth Services with Highest Claims Paid Youth Clients

FY 2022	FY 2023	FY 2024
Psychotherapy, Individual	Psychotherapy, Individual	Psychotherapy, Individual
Psychotherapy, 60 mins. with patient	Psychotherapy, 60 mins. with patient	Psychotherapy, 60 mins. with patient
Group Psychotherapy (other than multi-family group) 60 mins.	Case Management	Behavioral Health Treatment Plan Development/Review
Behavioral Health Treatment Plan Development/Review	Behavioral Health Treatment Plan Development/Review	Integrated Mental Health and Substance Use Intake Assessment
Integrated Mental Health and Substance Use Intake Assessment	Integrated Mental Health and Substance Use Intake Assessment	Case Management

Tribal Provider 1115 Services Highest Claims Paid Adult Clients

FY 2022	FY 2023	FY 2024
Substance Use Disorder Residential 3.5	Substance Use Disorder Residential 3.5	Substance Use Disorder Residential 3.5
Outpatient 1.0 Individual 15 mins	Community & Recovery Support – Group BH	Community & Recovery Support – Group BH
Community & Recovery Support – Individual BH	Community & Recovery Support – Individual BH	Community & Recovery Support – Group Substance Use Disorder
Community & Recovery Support – Group BH	Outpatient 1.0 Individual 15 mins	Intensive Case Management - BH
Adult MH Residential Services Level 2	Intensive Case Management - BH	Outpatient 1.0 – Group – 15 mins

Tribal Provider State Plan Services Highest Claims Paid Adult Clients

FY 2022	FY 2023	FY 2024
Psychotherapy, Individual	Methadone Administration and/or Service	Methadone Administration and/or Service
Case Management	Psychotherapy, Individual	Psychotherapy, Individual
Residential Substance Use Disorder Treatment – Clinically Managed – High Intensity	Case Management	Residential Substance Use Disorder Treatment – Clinically Managed – High Intensity
Methadone Administration and/or Service	Residential Substance Use Disorder Treatment – Clinically Managed – High Intensity	Case Management
Short-Term Crisis Intervention Per Hour	Short-Term Crisis Intervention Per Hour	Short-Term Crisis Intervention Per Hour

Tribal Provider 1115 Services Highest Claims Paid Youth Clients

FY 2022	FY 2023	FY 2024
Children MH Residential Treatment Level 2	Children MH Residential Treatment Level 2	Children MH Residential Treatment Level 2
Community & Recovery Support – Group BH	Community & Recovery Support – Group BH	Community & Recovery Support – Individual BH
Children MH Residential Treatment Level 1	Community & Recovery Support – Individual BH	Therapeutic Treatment Home
Community & Recovery Support – Individual BH	Therapeutic Treatment Home	Community & Recovery Support – Group BH
Substance Use Disorder Residential 3.5 Adolescent	Children MH Residential Treatment Level 1	Children MH Residential Treatment Level 1

Tribal Provider State Plan Services Highest Claims Paid Youth Clients

FY 2022	FY 2023	FY 2024
Psychotherapy, Individual	Psychotherapy, Individual	Psychotherapy, Individual
Case Management	Case Management	Short-Term Crisis Intervention Per Hour
Short-Term Crisis Intervention Per Hour	Short-Term Crisis Intervention Per Hour	Case Management
Family Psychotherapy (with patient present) 60 mins	Family Psychotherapy (with patient present) 60 mins	Family Psychotherapy (with patient present) 60 mins
Psychotherapy, 60 mins with patient	Integrated Mental Health & Substance Use Disorder Intake Assessment	Integrated Mental Health & Substance Use Disorder Intake Assessment

Comments from Provider Panels

Transportation:	“We can’t really have people out walking at -20 degrees.”
Case Management Services:	“We assist with connecting them to community resources such as application assistance, access in vital records, and helping them to meet their basic human needs.”
Funding/Medicaid:	“But they have reduced the group rates to be so low that it’s not always the most effective for us. We used to do a lot of adult groups. We’re not doing that now because of that, because of the reimbursement.”
Housing:	“...and sometimes they get evicted because of behaviors that are associated with their mental health.”
Collaboration and Community Partnerships:	“...and it takes us all to make those things happen that we do in this community.”
Workforce:	“Some of our positions have been open longer than three years, so we’ve actually got people through and got their licensing quicker than we can hire.”

Comments from Wasilla Meeting

The Need for Additional Resources:

- “We’re seeing kids younger and younger, kind of as I mentioned before, who are experiencing some mental health crises, and we don’t have the support and the resources to be able to provide them with the right treatment.”

Transportation:

- “Transportation (is)...one of the big barriers just in the logistical day-to-day because the span of the Valley. Getting youth to services during the workday when providers are available.”

Transitions in Care:

- “When you have kids going from a higher level of care that’s generally stepping down to a lower level of care. That’s kind of where...we see the most hiccups, unfortunately.”

Connection:

- “And it’s our community really supporting those kids and staying with them long term. Because our youth, what they really need is small. They need connection and they need people to stay with them.”

Waitlists:

- “Finding Medicaid providers without extensive long waitlists is hard.”

Current Focus Areas

- Mental Health Block Grant Planning with a focus on Tribal engagement
- Updating the logo with support from the AMHTA
- Alignment with Comprehensive Integrated Mental Health Program Plan
- Advocacy Efforts
- Crisis Services/Suicide Prevention
- Youth Services
- Public Input
- Coordination and Collaboration with DOH, DBH and other boards

Spring 2025 Meeting Anchorage, AK



APRIL 15-17, 2025



APRIL 17-18, 2025

Questions? Comments?

Jenn Carson, Interim Executive Director/Tracy Dompeling, Director DBH

431 North Franklin Street

Juneau, AK 99801

Jenn.carson@alaska.gov

907.465.6271

Thank You!

Trustee Training

Trust

Alaska Mental Health Trust Authority

PUBLIC COMMENT GUIDELINES

PURPOSE	The public comment period allows individuals to inform and advise the Alaska Mental Health Trust Board of Trustees about issues relating to Trust beneficiaries, grants, lands, assets, or other Trust business. It is not a hearing.
WHEN	<ul style="list-style-type: none"> ▪ The Trust bylaws and charters call for a public comment period during all regular meetings of the full board of trustees. Full board meetings usually are held in late January, May, September, and November. ▪ A public comment period may be available during Trust committee meetings based upon recommendations by staff or trustees. ▪ Meeting schedules, information and agendas are posted on the Trust’s website: https://alaskamentalthrust.org.
PROTOCOL	<ul style="list-style-type: none"> ▪ Individuals are invited to speak for up to three minutes. ▪ A speaker may be granted the latitude to speak longer than the 3-minute time limit only by the Chair or by a motion adopted by the Full Board of Trustees. ▪ Participants addressing issues relating to Trust beneficiaries will have priority order. ▪ Speakers must be respectful of the board of trustees and all meeting attendees and are not permitted to criticize or attack others. The Chair maintains the right to stop public comments that contain inappropriate or inflammatory language or behavior.

FREQUENTLY ASKED QUESTIONS

How can I provide comments?	<ul style="list-style-type: none"> ▪ IN PERSON – please sign up for public comment using the clipboard provided by Trust staff during the Trustee meeting. The Chair will call your name to a microphone. ▪ VIA TELECONFERENCE – please call the meeting teleconference number on a telephone hard line and identify yourself when the Chair asks. ▪ IN WRITING – written comments may be sent via email: public.comment@mhtrust.org, or mail: 3745 Community Park Loop Suite 200, Anchorage AK 99508. Written comments will be provided to trustees at the next scheduled meeting.
What is the call-in number?	Complete meeting information is posted on the Trust’s website in the Upcoming Events section. Open the appropriate meeting to find the meeting agenda, call-in information, and any meeting documents.
What is the process for commenting on Trust land projects?	Trust land is managed by the Trust Land Office (TLO) on behalf of the Trust Authority, and written comment is sought on a per-project basis. Before each project, the TLO consults with the board of trustees and issues a best interest decision and public notice with instructions for submitting public comment. The notice is posted on the Trust Land Office website , through the State of Alaska Online Public Notices , and in local newspapers. Following the comment period, the TLO may affirm, revise or rescind the best interest decision regarding the project.
For additional information:	Please reach out to Allison Biastock, Chief Communications Officer, at 907-334-2531 or allison.biastock@alaska.gov if you have additional questions.

Finance Committee Report / Update

To: Brent Fisher, Chair
Through: Allison Biastock, Acting Chief Executive Officer
From: Julee Farley, Chief Financial Officer
Date: January 22, 2025
Re: Finance Committee Report

Meeting Summary

The Finance Committee met on January 8, 2025. The meeting was attended by Committee members John Morris (chair), Kevin Fimon, and Anita Halterman, as well as Board Chair Brent Fisher in a non-voting capacity. Trustees Rhonda Boyles, Corri Feige, and Agnes Morgan also attended.

Risk Management: An Introduction

Sebastian Vadakumcherry, Chief Risk & Compliance Officer of the Alaska Permanent Fund Corporation (APFC), presented an introduction to the understanding of risk and how it is incorporated into investment decision making at APFC. Topics covered included quantifying risk and the importance of obtaining independent risk assessments of investment projects. Risk will be a continued conversation at the Finance Committee and Trustees will hear from additional personnel at APFC on their implementation of risk into investment decision making.

Asset Spending Study by Callan, LLC

Steve Center, CFA, Fund Sponsor Consulting, and Julia Moriarty, CFA, Capital Markets Research, both with Callan, presented the Trust's Asset Spending Study topics including spending rate, reserve level, inflation proofing, and investment performance. The next phase of the project will be presented at the next Finance Committee and will include a review of the Asset Management Policy and recommendations on how to evaluate potential TLO capital projects from a risk-return standpoint.

Mr. Center reported that 85% of Trust assets are managed by APFC, with the remaining investments managed by the Department of Revenue and the TLO. After consideration of forecasted returns on Trust investments and financial modeling, Callan recommended:

- increase the spending rate to 4.75% - 5%
- maintaining the 400% Budget Reserve balance
- consider moving some or all of the proceeds from the sale of Commercial Real Estate to replenish the Budget Reserves
- inflation proofing transactions that are mechanical and automatic.

Callan also reported that available Trust Budget Reserves were 208% on June 30, 2024, and that the Trust principal was under inflation-protected by \$117M.

Callan presented investment performance of the Trust assets at APFC, Department of Revenue and the Commercial Real Estate investments managed by the TLO. Mr. Center reported that performance over the last one, five and ten years for the Trust investment portfolio has been 7.5%, 7.8% and 7.6%, respectively. Of this, APFC returned 7.9%, 8.2% and 7.7%, DOR investments managed for the Trust returned 13.3%, 7.1% and 6.6%, and the CRE portfolio earned -1.3%, 3.6%, 8%, respectively. (APFC and DOR returns are net of fees, while the CRE returns are gross of fees.)

Mr. Center reported that NCREIF Office Index property valuations are down 12.6% over the last 3 years while the Trust's CRE portfolio valuations are down 3%. While the CRE investment performance has outperformed the NCREIF Office Index, the returns are very dependent on the valuations on June 30, 2024, and if those valuations are not realized then the performance of the CRE investments will be negatively impacted. Mr. Center also reported that the income yield, or distribution, from the CRE portfolio to the Trust has been lower than the NCREIF Office benchmark income return over the last 1, 3, 5 and 10 years.

The following motion was tabled:

Background Motion 1:

The report from Callan, *Alaska Mental Health Trust Authority Spending Study – Phase 1 (December 19, 2024)*, is an analysis of the Trust's historical and projected investment returns and forecasted asset values, resulting in a payout recommendation of 4.75% to 5.00%. The current payout rate is 4.25% so this represents an increase of .50% to .75%.

Given that Budget Reserves are significantly lower than the 400% target, and that the Trust principal is under inflation-protected by \$117M, Trustees requested additional information from Callan before considering an increase in the payout rate.

MOTION 1: Annual Withdrawal Rate

The Finance Committee recommends that the full board of trustees authorize an annual withdrawal rate of 4.75%. The CFO shall update the Asset Management Policy Statement with this rate and present an updated Asset Management Policy for approval at the next meeting of the Finance Committee.

Approvals

Board Action Required. *The Finance Committee approved the following motions:*

Background Motion 2:

In FY24, Trustees authorized the TLO Executive Director to proceed with disposal of the Commercial Real Estate properties. The first property sale closed in November 2024, and the Trust is in receipt of net proceeds of approximately \$11.5 million. With this first sale of a CRE property, Trustees must now determine how to allocate the net CRE proceeds.

Consistent with the original Trustee approved motion and the advice of counsel, staff recommends the CRE net proceeds be transferred to Budget Reserves. This transfer will provide

financial strength to the Trust by increasing the Reserve coverage ratio closer to the target of 400% of the annual payout as outlined in the Trust’s Asset Management Policy and most recently recommended by Callan.

MOTION 2: Commercial Real Estate Net Proceeds

The Finance Committee recommends that the full board of trustees approve the transfer of Commercial Real Estate net proceeds into the Budget Reserves.

Background Motion 3:

The Trust currently holds title to 5 properties as commercial real estate investments. The properties have been managed by the Trust Land Office over the past several years. The Board of Trustees, by motion, approved the disposal of these investments so long as the sales can be completed under commercially reasonable returns. The properties are owned by separate limited liability companies and the TLO is the designated manager of the properties. It is prudent for the Trust to explore whether it is in the best interests of the Trust to obtain a Commercial Real Estate Investment Manager to manage the remaining commercial real estate properties through the ultimate disposal, and to perform the necessary analysis of the properties for sale or as continued investment properties.

MOTION 3: Request for Proposal for a Commercial Real Estate Investment Manager

The Finance Committee recommends that the full Board of Trustees authorize staff and counsel to prepare a Request for Proposal for a Commercial Real Estate Investment Manager for all remaining Commercial Real Estate held by the Trust.

Staff Report Items

Trust Settlement Income Account: Funding Sufficiency

- Julee Farley, CFO, presented Trust financial information that demonstrated that Trust assets were sufficient to meet the needs of the Comprehensive Mental Health Plan, but there was not excess funding available for transfer to the unrestricted general fund given the current obligations of the Trust.

Dashboard update as of June 2024 (final) and as of November 30, 2024:

- Final FY24 Dashboard shows \$1.3M less than budgeted expenditures for the TAO and TLO combined.
- With 42% of the year passed through November 30, the TAO has spent 35% of their annual budget and the TLO has spent 40%.
- MHTARR and Authority Grants expended are at 31% and 24% of the FY25 budget, which is ahead of last year at this time.
- For FY25 through November, Icy Cape expenditures are \$175,000, Subdivision expenditures are \$15k, while the Mineral Project and Carbon Credit expenditures are \$0.
- For FY25 through November, the TLO has generated \$2.7M in come and \$3.3M in principal.

- Trust Assets: As of November 30, 2024, the Trust had invested assets of \$830 million managed by APFC and DOR. Fiscal-year-to-date, APFC investment returns were 4.1%, DOR Budget Reserve returns were 6.2%.
- The Trust received \$770k in CRE distributions through November.
- The sale of Rulon was completed in November but funds were not received by the Trust until December, so they are not reflected on the November Dashboard.
- Reserves as a percentage of annual payout were 278% compared to a target of 400%, which represents a shortfall of \$39.6M
- Short-term funds managed by DOR were \$28.7M.

The Finance Committee adjourned, and the next scheduled meeting of the Finance Committee is **April 23, 2025.**

Resource Management Committee Report / Update

Memorandum



To: Brent Fisher, Chair of the Board of Trustees
Through: Corri Feige, Resource Management Committee Chair
From: Jusdi Warner, Executive Director
Date: January 24, 2025
Subject: January 9, 2025 – Resource Management Committee Meeting Summary

The Resource Management Committee met on January 9, 2025, received an extensive update of key TLO activities from the Executive Director Report as well as a presentation of the TLO history from the Executive Director. The committee was presented with current updates on the Icy Cape Project, Carbon Offset Program, Commercial Real Estate, and an update on the Palmer Project that included an Executive Session. Additionally, the committee received two (2) Consultations presented by TLO staff. Both consultations require full board concurrence and move to the board of trustees for concurrence.

Board Action Required: *The following proposed actions requiring full board of trustees’ concurrence were recommended to the full board of trustees at the January 9 RMC Meeting:*

Meeting Summary:

1. Consultation – Disposal of Trust Parcel FM-0835, MHT 9400904

MOTION: *“The Alaska Mental Health Trust Authority board of trustees concur with the Executive Director of the Trust Land Office’s (TLO) decision to dispose of Trust parcel FM-0835, approximately 75 acres, through a negotiated sale or subsequent disposal.”*

Anticipated Revenues/Benefits: Being that the parcel is ~96% submerged lands (water-filled material pits), and all material has been exhausted from the lakes, there are little alternative options for this parcel other than to sell. The appraisal determined the highest and best use for the remaining ~4% of usable land was for yard storage. Having already explored other revenue options, selling 75 acres 50% above the appraised fair market value will generate revenue from a non-performing asset consistent with the Resource Management Strategy.

2. Consultation – Negotiated Oil & Gas Lease – MHT 9300101

MOTION: *“The Alaska Mental Health Trust Authority board of trustees concur with the negotiated lease of Trust land, parcels S50100, S50101, S50102, S50103, S50135, S50136, S50137, & S50138 near Soldotna to Hilcorp Alaska, LLC for the exploration and development of oil and gas resources.”*

Anticipated Revenues/Benefits: Revenue to the Trust includes an annual rental fee starting at \$10/acre/year and escalating to \$14/acre/year for lease year 5, and increasing annually should production continue the agreement past the 5-year term. Rental fees are a credit against the royalty

due on production for that lease year. Any production that occurs will be subject to a 12.5 percent royalty. This proposal for the use of Trust land is consistent with the Resource Management Strategy.

cc: *Board of Trustees*
Mary Wilson, CEO Alaska Mental Health Trust Authority

Commissioner Reports

Tabled Grants and Focus Area Allocations

To: Brent Fisher, Chair of the Board of Trustees
Date: February 6, 2025
Re: Authority Grant Approval Memos – Partnerships over \$50,000 and Focus Area Allocations

On an ongoing basis, the Trust receives grant requests from organizations around the state that serve Trust beneficiaries. Trust program staff reviews these requests to assess their fit with the Trust’s mission and current funding priorities. Following this review, this memo lists 10 grant proposals that are recommended by Trust staff for approval by the Board of Trustees.

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

The individual requests follow this memo in the packet.

Grant Requests Tabled at November 13, 2024 Meeting					
	Proposed Motion	Budget Fund Source	Project Title	Organization	Page #
1	The Board of Trustees approve a \$400,000 FY25 Early Childhood Intervention and Prevention authority grant allocation to the Alaska Impact Alliance for the FY25 Reimagining Child Welfare Project. These funds will come from the Foster Care and Child Welfare Systems Improvements line of the FY25 budget.	Focus Area/Priority Area– Early Childhood Intervention & Prevention	Reimagining Child Welfare in Alaska FY25	Alaska Impact Alliance	153
2	The Board of Trustees approve a \$46,000 FY25 Partnership grant to JAMHI Health & Wellness, Inc. for the SHARP Contracts at JAMHI - Continued project.	Partnership Grant	SHARP Contracts	JAMHI Health & Wellness	169
3	The Board of Trustees approve a \$27,000 FY25 Partnership grant to Kodiak Island Health Care Foundation dba Kodiak Community Health Center for the KCHC Behavioral Health Provider Recruitment.	Partnership Grant	KCHC Behavioral Health Provider Recruitment	Kodiak Island Health Care Foundation dba Kodiak Community Health Center	173

Focus Area Allocations

	Proposed Motion	Budget Fund Source	Project Title	Organization	Page #
4	<i>The Board of Trustees approve a \$325,000 FY25 authority grant to Volunteers of America Alaska for the Investing in the 3.7 Service Model: Innovating Residential Treatment Services for Alaska's Youth project. \$214,000 will come from the FY25 Treatment Access and Recovery Supports line of the FY25 budget and \$111,000 will come from the Partnerships/Designated Grants line of the FY25 budget.</i>	Focus Area – Mental Health & Addiction Intervention/ Partnership Grant	Investing in the 3.7 Service Model: Innovating Residential Treatment Services for Alaska's Youth	Volunteers of America Alaska	177
5	<i>The Board of Trustees approve a \$350,000 FY25 Housing & Home and Community Based Services Focus Area Allocation to Gastineau Human Services for the Gastineau Permanent Supportive Housing project. These funds will come from the Supportive Housing Projects line of the FY25 budget.</i>	Focus Area – Housing & Home and Community Based Services	Gastineau Recovery Permanent Supportive Housing	Gastineau Human Services	186
6	<i>The Board of Trustees approve a \$216,000 FY25 Early Childhood Intervention and Prevention authority grant allocation to Beacon Hill for the Family Resource Center Program Expansion Project. These funds will come from the Improve Social Determinants of Health for Families and Young Children and Foster Care and Child Welfare Systems Improvements lines of the FY25 budget.</i>	Focus Area/Priority Area– Early Childhood Intervention & Prevention	Family Resource Center Program Expansion	Beacon Hill	204
7	<i>The Board of Trustees approve a \$135,000 FY25 Beneficiary Employment and Engagement focus area allocation to the Alaska Association on Developmental Disabilities for the Building a System to Achieve Employment First for All project. These funds will come from the Evidence Based and Promising Employment and Engagement Practices line of the FY25 budget.</i>	Focus Area – Beneficiary Employment & Engagement	Building a System to Achieve Employment First for All	Alaska Association on Developmental Disabilities	212
8	<i>The Board of Trustees approve a \$50,000 FY25 Early Childhood Intervention and Prevention authority grant allocation to the University of Alaska Anchorage for the Infant, Child and Youth Conference. These funds will come from the Children's Mental Health Conferences line of the FY25 budget.</i>	Focus Area/Priority Area– Early Childhood Intervention & Prevention	FY25 Infant Mental Health Conference	University of Alaska Anchorage	239

9	<i>The Board of Trustees approve a \$46,000 FY25 Partnership grant to JAMHI Health & Wellness, Inc. for the SHARP Contracts at JAMHI - Continued project. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.</i>	Focus Area – Mental Health & Addiction Intervention	SHARP Contracts	JAMHI Health & Wellness	244
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Partnership Grant Requests					
	Proposed Motion	Budget Fund Source	Project Title	Organization	Page #
10	<i>The Board of Trustees approve a \$89,000 FY25 Partnership grant to the Alaska Eating Disorders Alliance for the Building Body Confident Kids -- Youth Mental Health Prevention project. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.</i>	Partnership Grant	Eating Disorders Outreach & Prevention Initiative	Alaska Eating Disorders Alliance	249

To: Board of Trustees
Date: February 6, 2025
Re: FY25 Authority Grant Addendum to November 13, 2024 Approval Memo
Tabled by Board

**Supplemental Information related to Memo Alaska Impact Alliance tabled
November 2024**

The initial strategy for the focus area was approved by a majority of trustees during the August 2022 budget approval at the advocacy of Trustee Sturgeon. With this approval, Trust staff worked with engaged partners to determine a path forward to identify an organization capable of implementing the strategy.

The initial motion to name the Alaska Impact Alliance (AIA) to the funding was presented at the October 19, 2023, board meeting. This proposal was vigorously discussed and approved in a 6-1 vote. This funding was not identified as a single-year project in the memo or the discussion. It is important to note that the initial grant (FY24) was for the first-year startup, and the Trust staff would then do due diligence on how the agency performed before any consideration of year two. That was performed by staff and the FY25 memo that was tabled during the November 2024 board meeting was the result of assessing the first year of performance. Staff understood there were additional questions about the project raised by trustees and have pulled together additional information, answers to questions, and the FY24 final project and financial report for this re-consideration.

This project was also approved by trustees for continued funding in a declining amount of \$350,000 in the FY26 budget and \$250,000 in FY27. Trust staff will continue to assess the programmatic impact of this project and any associated gaps in the system when recommending future funding.

The first year of funding for AIA was FY24, which was \$400,000.

FY24 Final report and Authority Grant Budget Report information are attached. The budget report notes, "Grant was expended in line with grant agreement. Extra expenditures were reported for non-Trust funds, but all Trust funds reported."

- The FY24 approved AIA budget supported multiple operations and program development areas for AIA (see Authority Grant Budget Report for details). However, the FY25 AIA budget focuses on 3 areas that were determined to provide the most direct Trust beneficiary impact: the UReCares Stipend and Respite Program, developing the Alaska Family Resource Center Network and its member centers, and the 907 Navigation App.

This project was approved for continued funding of \$350,000 in the Trust FY26 budget and \$250,000 in FY27.

Information related to questions from the November board meeting:

Kinship grants (UReCares Stipend), the lottery process for these stipends that go directly to kinship families, and the budget:

- Development of the grant process: AIA interviewed 5 states with similar kinship grants and considered the recommendations from those programs to develop the application process, the criteria for kinship grants, and the selection process.
- Application: A simple, user-friendly application process for families to apply.
- Criteria for qualification for the stipend:
 - Must be an unlicensed relative caregiver (a family member other than the child's biological parents who assume the primary caregiving responsibility for the children and is not a licensed foster or adoptive parent.
 - Documentation of relationship to the child(ren) in their home, documented custody
 - Must be at least 18 and an Alaska resident with residency documentation
 - Must not temporarily or permanently live in the same residence as the child(ren)'s birth parents
- Lottery process: The recipients of the stipends are chosen through a randomized blind lottery. This ensures that every eligible applicant has an equal chance of receiving the stipend. It was determined to be a fair and equitable process for those families who applied and met the qualification criteria.
- For the first stipend process, 124 families applied, and 99 received the stipend. Everyone who qualified as eligible received a stipend.
- 99 families received 3 payments, 2 payments of \$500 (for anything the family determined was needed for the care of the children or household), and \$650 (dedicated to respite activities). The total stipend payments that went directly to families was \$163,350.
- See attached UreCares Stipend Survey Summary Report

Family Resource Center Network

- Family Resource Centers focus on strengthening families, improving protective factors, and connecting families to resources to reduce the risk of child neglect and systems involvement. This model is supported by Casey Family Programs (the largest national foundation focused on reducing the need for foster care and improving the well-being of children and families). Family Resource Centers are developed based on community needs and may differ from community to community.

- The Family Resource Center Network in Alaska is committed to providing a “no wrong door” approach to connecting families in need or in crisis with resources and support.
- In FY24, AIA provided grants to four organizations to become Family Resource Centers: Beacon Hill in Anchorage, Resource Center for Parents and Children in Fairbanks, Family Promise Matsu, and Shiloh Community Housing and Community Resource Center Anchorage. Total funds distributed to support these Family Resource Centers = \$72,000.
- In FY24, AIA did not ask Family Resource Centers for any membership fees to be a part of the Family Resource Network.
- In FY25, AIA initiated \$1500 membership fees for Family Resource Centers to belong to the network. The membership fees contribute to operations and sustainability. As the umbrella organization, AIA operates and manages the user platform for the resource centers. Each resource center that is a part of the network membership receives its own user platform for implementing its resource center for assessment, intervention, case management, and data tracking. Other membership benefits include accredited training in motivational interviewing, the Colorado Assessment, other evidence-based practices, and training in quality standards for family resource centers. Members meet monthly to network, coordinate efforts, hear about best practices, and learn about available resources.

907 Navigation App:

How is the 907 Navigation App different from Alaska 211?

The 907 Navigation App works alongside Alaska 211 by integrating its resource listings directly in the app. However, the app also offers:

- **Step-by-Step Guidance:** Simplifies complex systems like healthcare and housing with helpful videos.
- **Resource Raven AI Chatbot:** Available 24/7 to answer questions and offer guidance.
- **Benefit Eligibility Calculators:** Helps users check their eligibility for various programs.
- **Offline Access:** Works without internet or cell service once downloaded.
- **Multilingual Support:** Available in over 240 languages.
- **Accessibility Features:** Adapts to your device's screen readers and text-to-speech settings.

Tabled at November 13, 2024 Meeting

MEMO

To: Board of Trustees
Date: November 13, 2024
Re: FY25 Authority Grant
Fund Source: FY25 Foster Care and Child Welfare System Improvements (Page 15, Line 40)
Amount: \$400,000.00
Grantee: Alaska Impact Alliance
Grant Term: November 1, 2024 to October 31, 2025
Project Title: Reimagining Child Welfare in Alaska FY25

REQUESTED MOTION:

The Board of Trustees approve a \$ 400,000 FY25 Early Childhood Intervention and Prevention authority grant allocation to the Alaska Impact Alliance for the FY25 Reimagining Child Welfare Project. These funds will come from the Foster Care and Child Welfare Systems Improvements line of the FY25 budget.

Assigned Program Staff: Tina Voelker-Ross

STAFF ANALYSIS

Alaska Impact Alliance (AIA) requests Trust funding to continue its “Reimagining Child Welfare in Alaska” project, focusing on statewide prevention strategies that strengthen families and reduce involvement in the child welfare system. This FY25 funding, allocated from the Early Childhood Intervention and Prevention, Foster Care and Child Welfare Systems Improvements line in the FY25 budget, builds on AIA’s successful FY24 initiatives.

In FY24, the Board of Trustees prioritized child welfare and foster care system improvements, with AIA emerging as a key partner due to its alignment with state agencies and community organizations. AIA’s initial Trust grant supported several successful initiatives, including:

1. Implementing the Alaska Family Resource Center Network (AFRCN)
2. Establishing four Family Resource Centers in Fairbanks, Anchorage, and MatSu
3. Launching the UReCares Stipend & Respite Program, supporting 99 unlicensed relative caregivers
4. Completing community-led action plans in Kenai, Juneau, & Metlakatla
5. Initiating development of a family navigation app

The FY25 proposal aims to advance these programs, focusing on three key areas:

1. Expanding the UReCares Stipend & Respite Program
2. Further developing the AK Family Resource Center Network and its member centers
3. Completing and implementing the 907 Navigation App.

These programs strengthen families through increased access to resources and services, and the receipt of direct, tangible support to meet their needs. The population reached with AIA’s programming is presumed to have a considerable overlap with Trust beneficiary groups, such as substance abuse, mental illness, developmental delays, and traumatic brain injuries; it also directly impacts the priority focus area of early childhood and youth. Overall, AIA’s programming to strengthen families can impact multiple strategies identified in the early childhood and youth priority area to reduce the impact of ACEs, improve social determinants of health, and reduce the risk of involvement in the child welfare system.

COMP PLAN IDENTIFICATION

Goal	Objective	Comments
Goal 1 Early Childhood	1.3 Reduce the impact of ACEs	
Goal 6 Protecting Vulnerable Alaskans	6.1 Prevent child maltreatment	
Goal 6 Protecting Vulnerable Alaskans	6.2 Early intervention for child maltreatment	

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

This project will support family and child wellbeing by serving those at risk of child protective services involvement.

In FY25, the AIA will continue to implement statewide prevention strategies that strengthen families and reduce the need for OCS involvement. The AIA FY25 Reimagining Child Welfare project consists of three main programs: 1) the UReCares Stipend & Respite Program, 2) the AK Family Resource Center Network and its member Family Resource Centers, and 3) the 907 Navigation App.

The UReCares Stipend & Respite Program provides Unlicensed Relative Caregivers direct financial support for the care of the child(ren) in their custody. An Unlicensed Relative Caregiver is a family member other than a child’s biological or step-parent who assumes the primary caregiving responsibility for the child(ren) AND is not a licensed foster parent. Through the UReCares Program, children and their Unlicensed Relative Caregiver receive direct financial support to maintain family connections and receive much-needed support to reduce caregiver

stress, increase childhood resilience, and eliminate the need for non-relative foster care. This grant provides the family stipends, administration and referral services, and program evaluation.

The Alaska Family Resource Center (FRC) Network is a statewide membership of Family Resource Centers located in schools and community agencies within Alaska. As a member of the National Family Support Network, Alaska's FRC Network is one of 41 state networks supporting over 3,000 centers nationwide. Currently, the network includes four sites in Anchorage, Fairbanks, and Mat-Su, with several more joining in FY25. These centers serve as welcoming hubs of community services and opportunities designed to strengthen families. Their activities and programs, typically provided at no or low cost to participants, are tailored to meet the specific needs, cultures, and interests of the communities they serve. This grant supports the administration of the Alaska FRC Network, provides training for staff in evidence-based family support models, and offers grants for existing and start-up FRCs.

The 907 Navigation App is a resource and system navigation app specifically designed to help Alaskans navigate local resources and systems. It integrates 211 services and features a resource hub that allows users to search for resources based on their location, providing direct links to those resources. The app also allows users to recommend local resources for inclusion. The 907 Navigation App also has built-in benefit eligibility calculators for programs like ATAP, SNAP, and housing assistance. The systems navigation element of the app provides step-by-step training and guidance for understanding and navigating complex systems like OCS, recovery, legal matters, housing, and medical services. These systems are built with videos and links directly to available resources and support. The app is available in multiple languages and can be used offline. Grant funding supports the administration of the app, content creation, and program evaluation, ensuring it remains a valuable resource for the community.

PERFORMANCE MEASURES

UReCares Stipend Program:

- a. Provide a narrative about the UReCares Stipend Program that describes the timeline, activities, successes, challenges, and any lessons learned regarding the during the reporting period.
- b. Total number (#) of applicants during the reporting period.
- c. Number (#) of awards during the reporting period.
- d. Provide a list and frequency of items requested and funded through the stipend program.
- e. Provide three testimonials from stipend recipients that describe how funding from the program has impacted them.
- f. Provide a synopsis of the data collected through the child and family well being assessment tools.
- g. Provide an electronic copy of the UReCares program evaluation.

AK Family Resource Center Network:

- a. Provide a narrative about the AK Family Resource Center Network that describes the timeline, activities, successes, challenges, and any lessons learned during the reporting period.
- b. Number (#) of Family Resource Centers (FRC) sites supported through the program.

- c. Number (#) of family units served during the reporting period.
- d. Number (#) of family units receiving case management during the report period.
- e. Provide a synopsis of the types and frequency of services being referred during the reporting period.
- f. Provide an electronic copy of the AIA's evaluation of efficacy for each FRC and the Network.

907 Navigation App:

- a. Provide a narrative about the 907 Navigation App that describes the timeline, activities, successes, challenges, and any lessons learned during the reporting period.
- b. Number (#) of downloads during the reporting period.
- c. Provide a list of favorited systems navigation.
- d. Provide a list of resources searched through the app during the reporting period.
- e. Provide a list of search request locations made during the reporting period.

SUSTAINABILITY

The UReCares Stipend & Respite Program will need continual stipend funding; however, we anticipate the administrative and technical assistance burden will be reduced as the program continues. It is our hope that the stipend fund grows as more funders come on board and we study the efficacy of the program's impact on families. We are making connections with private investors and foundations as well as speaking with the State about eligibility for TANF funding in the future.

The AK FRC Network is charging membership and technology fees and actively seeking funding from federal sources. The FRC Network funding is included in the conversations with the State regarding TANF funding, and we have requested funding from Casey Family.

The majority of the administrative burden for the 907 Navigation App will be in the first two years of the app as the system's navigation content is built out. The ongoing maintenance and app updating will be done with one part-time staff member, whom we will be fundraising for.

WHO WE SERVE

The UReCares Stipend & Respite Program directly serves families and children who are at risk for child protective services involvement. These families are disproportionately more likely to suffer from substance abuse, mental illness, and developmental disabilities due to the trauma they have or are currently enduring. The aim of the program is to provide financial assistance and wrap-around support and referrals to these families directly, as they are the most under-resourced caregivers in Alaska. This support encourages these caregivers, reduces childhood trauma by keeping families together, and reduces the need for stranger foster care and OCS involvement.

The AK Family Resource Center Network serves families through local FRC sites. The services these member sites offer are chosen by the families and agencies according to the community's needs. These services are often parenting classes, tutoring, concrete resource distribution, nutrition classes, and much more. The families FRCs serve are representative of their community,

and they utilize FRCs because they need support. Many are struggling with issues of substance abuse, mental illness, and developmental disabilities, which make them Trust beneficiaries.

The 907 Navigation App is for all Alaskan's use, but the systems navigation and eligibility calculator features will be particularly useful for Trust beneficiaries.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	310
Developmental Disabilities:	220
Substance Abuse	450
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	1,220
Number of people to be trained	76

BUDGET

Personnel Services Costs	\$65,000.00
Personnel Services Costs (Other Sources)	\$157,000.00
Personnel Services Narrative:	UReCares Director/Administrator Salary \$20,000 AK FRC Network Director Salary \$20,000 FAMS Database Administrator Salary \$5,000 907 Navigation App Director Salary \$20,000

Travel Costs	\$2,000.00
Travel Costs (Other Sources)	\$1,000.00
Travel Narrative:	AK FRC Network travel to national conference in Washington DC - \$2,000.

Other Costs	\$333,000.00
Other Costs (Other Sources)	\$130,000.00
Other Costs Narrative:	UReCares Program Evaluation \$2,000 UReCares Program Marketing \$1,000 UReCares Stipends paid directly to families \$200,000 UReCares total for other costs \$203,000 AK FRC Network Site Visits/Convenings \$4,000 AK FRC Network FAMS Database Maintenance \$5,000 AK FRC Network and FRC Member Site marketing \$1,000 AK FRC Network and Site Evaluation \$10,000 AK FRC Network grants to Family Resource Centers \$100,000

	AK FRC Network total for other costs, \$120,000 907 Navigation App Maintenance \$8,000 907 Navigation App Marketing \$2,000 907 Navigation total for other costs, \$10,000
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Total Amount to be Funded by the Trust	\$400,000.00
Total Amount Funded by Other Sources	\$300,000.00

OTHER FUNDING SOURCES

State of Alaska - SECURED	\$300,000.00
Total Leveraged Funds	\$300,000.00

Grant Status Report

Grantee Organization	Alaska Impact Alliance		
Project Title	FY24 Alaska Impact Alliance: Reimagining Child Welfare Project (FY24)		
Grant Amount	\$400,000.00		
Trust Program Staff	Tina Voelker-Ross		
GIFTS ID	15974	Fiscal Year	FY24
MHTAAR or Authority Grant	Authority Grant		
Project Term	10/19/2023 to 10/31/2024		
Report Due Date	December 31, 2024		
Report Received Date	November 21, 2024		
Agency Contact	Charity Carmody charity@alaskaimpactalliance.com		

Project Description (from original project grant agreement)
<p>Trust funding to the Alaska Impact Alliance (AIA) will support efforts underway in Alaska to more flexibly respond to families and children in foster care. AIA is a large association of child welfare practitioners, agencies, and advocates. The agency supports statewide practitioner efforts by housing multiple prevention networks and projects related to child wellbeing in Alaska. Network members and project affiliates within the AIA use shared resources and supports for more efficient and effective operations on behalf of beneficiary families that can otherwise be difficult to access and serve through current state and local government systems. Child welfare and foster care systems improvement has been prioritized by the Board of Trustees and resources were allocated for this purpose beginning in FY24.</p> <p>AIA works with practitioner networks to support and expand existing family and youth-focused programs. A large proportion of requested Trust funding will be allocated directly to support families and children through mini grants to address basic needs, respite, mental health consultation, and other meaningful and timely services. Improved systems of family support at the community and state levels have the potential to improve multi-generational outcomes for Trust beneficiaries by interrupting the cycle of generational trauma to promote healing and wellbeing for families. Further, ongoing Trust and partner participation in AIA statewide systems planning will ensure continued alignment with State of Alaska and regional goals related to child welfare system improvements and increased beneficiary family wellbeing.</p> <p>Trust funds will augment budgeted State of Alaska funds allocated by the legislature to be administered through OCS, designated to the AIA. Trust funds are requested to support capacity building and direct supports for beneficiary families involved with or at risk of involvement with the child welfare system.</p>

Project Staff Analysis (from original project approval memo)
<p>Trust funding to the Alaska Impact Alliance (AIA) will support efforts underway in Alaska to more flexibly respond to families and children in foster care. AIA is a large association of child welfare practitioners, agencies, and advocates. The agency supports statewide practitioner efforts by housing multiple prevention networks and projects related to child wellbeing in Alaska. Network members and</p>

1 15974, Alaska Impact Alliance, FY24 Alaska Impact Alliance: Reimagining Child Welfare Project (FY24)

project affiliates within the AIA use shared resources and supports for more efficient and effective operations on behalf of beneficiary families that can otherwise be difficult to access and serve through current state and local government systems. Child welfare and foster care systems improvement has been prioritized by the Board of Trustees and resources were allocated for this purpose beginning in FY24.

AIA works with practitioner networks to support and expand existing family and youth-focused programs. A large proportion of requested Trust funding will be allocated directly to support families and children through mini grants to address basic needs, respite, mental health consultation, and other meaningful and timely services. Improved systems of family support at the community and state levels have the potential to improve multi-generational outcomes for Trust beneficiaries by interrupting the cycle of generational trauma to promote healing and wellbeing for families. Further, ongoing Trust and partner participation in AIA statewide systems planning will ensure continued alignment with State of Alaska and regional goals related to child welfare system improvements and increased beneficiary family wellbeing.

Trust funds will augment budgeted State of Alaska funds allocated by the legislature to be administered through OCS, designated to the AIA. Trust funds are requested to support capacity building and direct supports for beneficiary families involved with or at risk of involvement with the child welfare system.

The AIA is an emerging collaborative organization supported by the Office of Children’s Services (OCS) and many Trust agency partners to help organize and improve access to statewide prevention and early intervention support services. AIA’s organizational design has been informed by years of collaborative partnership with multiple beneficiary-serving organizations statewide as well as OCS and other state agencies with a child and family focus. Key leaders from beneficiary-serving agencies such as the Volunteers of America Alaska Chapter, Beacon Hill, Alaska Family Services, and others collaboratively designed the activities and structures outlined in this proposal. Letters of support describing active engagement in planning and future implementation of the proposal from many of these agencies are included as attachments with this proposal.

Trust staff recommends this project for funding in alignment with strategies related to the Early Childhood Intervention & Prevention priority area.

Trust Grant Compliance

Grant Compliance	4/5 - Grantee met or exceeded expectations in responding to all performance measures and complied with all reporting deadlines as described in the grant agreement.
Grant Compliance Comments	Quarterly report 1 - submitted on time. Met PMs. Quarterly report 2 - submitted on time. Met PMs. Quarterly report 3 - submitted on time. Met PMs. Additional correspondence was sent on 4/11/2024 with two reports on the 100% communities alaska survey for central kenai peninsula and metlakatla. These reports (through the email) are saved on the I drive.

2 15974, Alaska Impact Alliance, FY24 Alaska Impact Alliance: Reimagining Child Welfare Project (FY24)

	Final report - submitted prior to the deadline. Better off information from participants included in the report. Met PMs. Attachments included. Forwarded to Tina on 11/25/2024.
Financial Status Comments	Grant was expended in line with grant agreement. Extra expenditures were reported for non-Trust funds, but all Trust funds reported expended as agreed.

Comp Plan Designation
Goal 6 Protecting Vulnerable Alaskans\6.2 Early intervention for child maltreatment

Project Coding (from grant database)	
Focus Area	Early Child Intervention & Prevention
Project Category	Capacity Building
Population Served	All Beneficiaries
Geographic Area Served	Statewide

Executive Summary (Submitted by grantee as part of grant report)
<p>Executive Summary for the period 8.1.24 to 10.30.24</p> <ol style="list-style-type: none"> 1. The AK Family Resource Center Network – We continued training the staff and leadership at the two first Family Resource Centers in the Network, Resource Center for Parents and Children in Fairbanks and Beacon Hill in Anchorage. <p>We onboarded two new member FRCs to the Network, Shiloh Community Housing’s Community Resource Center in Anchorage and Family Promise in the Mat-Su Valley.</p> <p>We issued checks for \$16k each to the new member FRCs for their start-up grant. A total of \$72k was distributed to FRCs for start-up grants this year.</p> <p>We hosted the first all member FRC collaboration meeting to discuss best practices and use of the FAMS database.</p> <p>We finished designing the FAMS database and released training videos for FRC staff.</p> <p>We collaborated with the Colorado Family Support Network to provide training to the new FRC staff.</p> <p>We met with several interested community agencies on becoming Family Resource Centers.</p> <p>We promoted the FRC Network by speaking at several conferences and meetings both in Alaska and online.</p> 2. Direct Concrete Support for Vulnerable Children and Families – We launched our UReCares Stipend & Respite Program. The UReCares Program provides Unlicensed Relative Caregivers direct financial support for the care of the child(ren) in their custody. An Unlicensed Relative

3 15974, Alaska Impact Alliance, FY24 Alaska Impact Alliance: Reimagining Child Welfare Project (FY24)

Caregivers is a family member other than a child's biological parents who assumes the primary caregiving responsibility for the child(ren) AND is not a licensed foster parent. Through the UReCares Program, children and their Unlicensed Relative Caregiver receive direct financial support so that they can maintain family connections, receive much-needed support, reduce caregiver stress, increase childhood resilience, and eliminate the need for non-relative foster care.

- The application period was from June 10-30, 2024. We received applications from 35 different communities across Alaska.
 - 99 Eligible applicants turned in their required paperwork by July 22, 2024.
 - The first general stipend of \$500 was released to each of the 99 families on August 1, 2024.
 - The second respite stipend of \$650 was released to each of the 99 families on September 1, 2024.
 - The last general stipend payment of \$500 was released to each of the 99 families on October 1, 2024.
 - A total of \$163k was distributed directly to families.
 - Each family received referrals to the resources they expressed needing.
 - We established an online private Facebook Group called Alaska Kinship Caregivers of Children. We advertised the group to multiple agencies across Alaska that serve Relative Caregivers and our UReCares participants were invited to join. The group is growing, and they are providing peer support to each other as we share resources. We are also sharing training materials with the group.
3. Recruitment and Retention Programs for Foster, Kinship, Guardian, or Adoptive Families – We continued to develop the 907 Navigation App and work with State agencies, community agencies, local coalitions, and individuals with lived experience on resource lists, systems navigation content, and benefit eligibility calculators. This app is specifically designed to assist individuals and families navigating complex systems like OCS, Mental Health, Law, and many more.

We worked with a group of foster parents on their recommendation to establish a Caregiver reporting form to be used by any caregiver involved in a Child in Need of Aid case.

We facilitated two meetings with the foster parent group and state leaders to propose their form and discuss next steps. We did this to improve caregiver voice, boost morale, increase retention of foster parents, and seek more accountability in the child welfare system.

We promoted the new CarePortal app which connects families in need with those who can respond to the need. Beacon Hill (member FRC) is the organization launching CarePortal and we gave them \$5k to promote the new program. We also promoted it within the AIA and on social media.

We collaborated with birth parents who previously were involved with OCS to create uplifting videos aimed at encouraging other parents in similar situations. These will be featured on social media and in the 907 Navigation App.

At OCS's request, we initiated planning for a convening with Anchorage agencies and OCS to address challenges in referral and collaboration processes.

4. Support for Community-Led Action Plans to increase accessibility to vital services – We continued our 100% Communities Alaska work by presenting it to multiple community leaders across Alaska at conferences and virtual meetings.

We updated Kenai’s report and continue to work with their accessibility action teams.

Beneficiary Information (Submitted by grantee as part of grant report)	
Number of Beneficiaries with Mental Illness	657
Number of Beneficiaries with Developmental Disabilities	489
Number of Beneficiaries with Substance Abuse	675
Number of Beneficiaries with Alzheimer’s disease or related Dementia	185
Number of Beneficiaries with Traumatic Brain Injury	236
TOTAL number of Primary Beneficiaries Served	2,242
Number of Secondary Beneficiaries	2528
TOTAL number of Beneficiaries (Primary/Secondary) Served	4,770
Number receiving Public Outreach/Education	0
Number of Professionals Trained	30
TOTAL Individuals Served (from all categories)	4,800

Duplicated Beneficiary Narrative (Submitted by grantee as part of grant report)

The AIA and our member FRCs served a total of 1,685 adults since 1/1/24. We conservatively estimate that each adult represents at least 1.5 children totaling 2,528. This is a total of 4,213 people. When we first applied for this grant, we thought our clients would only fall within the beneficiary categories of substance abuse, mental illness, and IDD, which is what we used to provide our beneficiary counts last quarter. After surveying our families, they self reported that the breakdown was 39% SUD, 39% Mental Illness, 29% IDD, 14% TBI, and 11% Alzheimer’s (they were allowed to choose all of the issues that affected their families).

The numbers listed in the categories above are those percentages of the adult clients only. We know that many of the children they care for fit into some of the beneficiaries as well. If we use the self-reported beneficiary categories for all people served (4213), it would be the following breakdown: 1,643 Mental Illness, 1,643 SUD, 1,221 IDD, 590 TBI, 463 Alzheimer’s. The 2,528 number listed below for secondary beneficiaries is the estimated number of children served.

5 15974, Alaska Impact Alliance, FY24 Alaska Impact Alliance: Reimagining Child Welfare Project (FY24)

Performance Measures
Performance Measure 1: Quarterly reports (due 1/31/2024, 4/30/2024 and 8/31/2024): Quarterly, provide narrative describing the timeline, activities, successes, and any challenges to date.
Grantee Response to Performance Measure 1: We've completed each quarterly report to date.
Performance Measure 2: Final report (due 12/31/2024): Provide the comprehensive final evaluation for each of the four overarching strategies based on the proposed evaluation plan included in the application.
Grantee Response to Performance Measure 2: This is the final report.

URECARES STIPEND AND RESPITE PROGRAM

Survey Summary Report

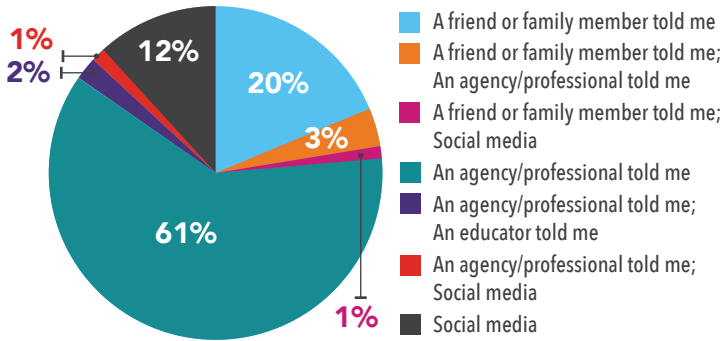
The UReCares Program provides Unlicensed Relative Caregivers direct financial support for the care of the child(ren) in their custody.



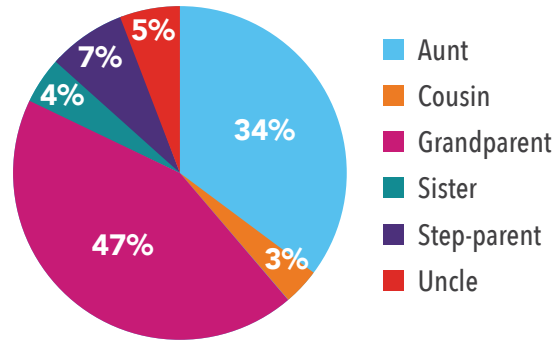
Amount of People Served
99 = **438**
 families = adults & children

SURVEY DEMOGRAPHICS

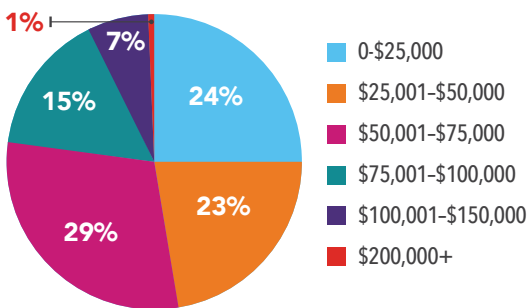
How Participants Heard About the Program



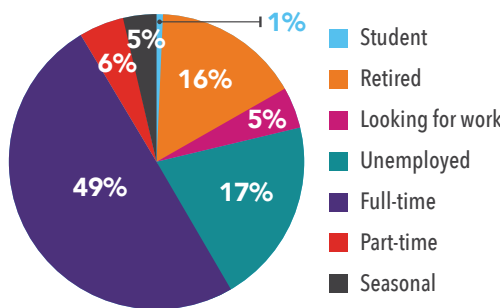
Relative Caregiver Relationship



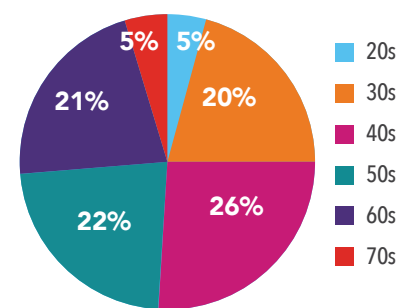
Pre-Tax Household Income



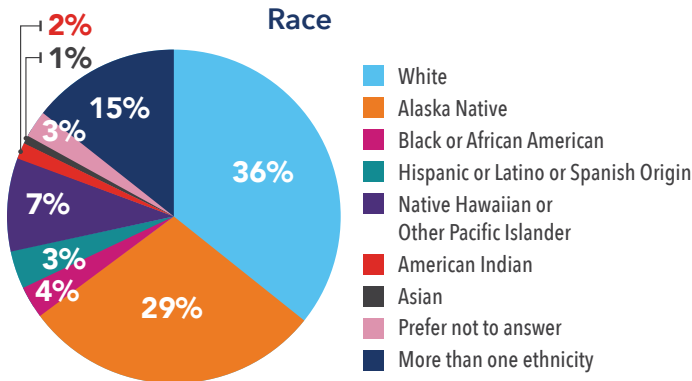
Employment Status



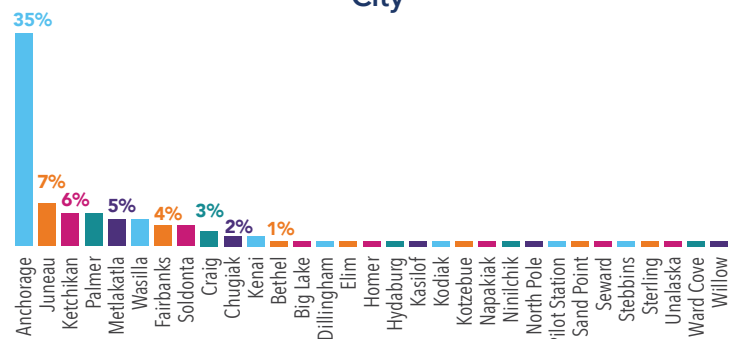
Age



Race



City

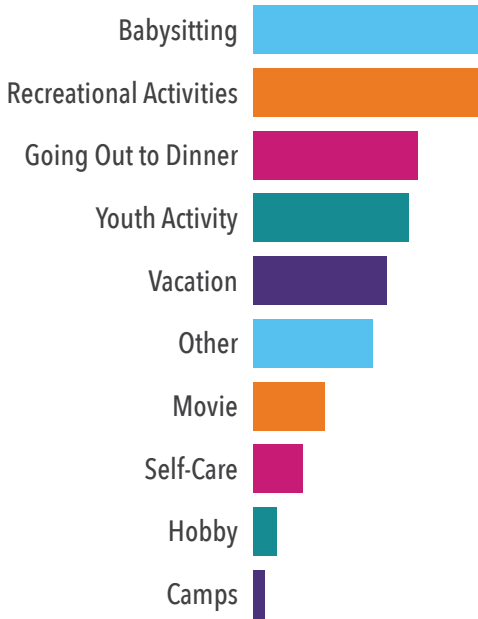


URECARES STIPEND AND RESPITE PROGRAM

Survey Summary Report

SURVEY RESULTS

Respite Fund Spending



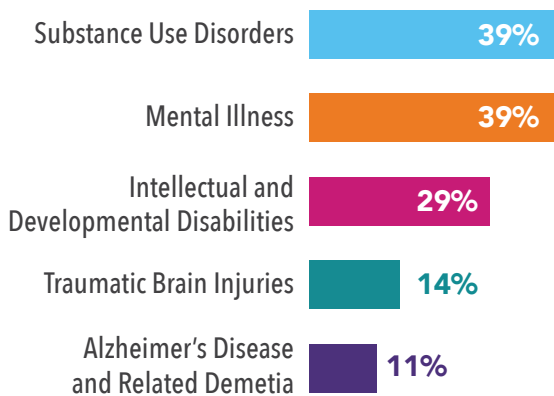
- It was wonderful. We were able to do things together that otherwise we would not have been able to afford. Thank you very much. This program is very successful.
- Picking up dinner to have the night off cooking and spending it with the family.
- I paid some past due bills, took the child to Denali mountain and Santa's house, and I took the child to a painting activity for arts.
- Bought baby clothes and other things he would need growing up.
- Clothes
- We were able to afford gas for visiting cousins in Palmer and enjoy being on a road trip and being able to relax while grandson played outside happily with his cousins worry free. Would definitely love to do more often.
- Trip to Anchorage.
- A road trip thru Hatcher's Pass along with other small

Other Answers

- trips places we haven't been to before...rivers picnic.
- Bought winter clothes and shoes for the kids and myself.
- Mother/daughter date and got our hair done.
- Groceries, expensive to buy food in the villages.
- Clothing, light bill.
- Books (bilingual), toys and clothes, swimming lessons w/ the baby.
- Took family to the state fair in Palmer.
- Weekend family camping adventure.
- Spent the day out with my husband we went shopping and dinner it was great just being able to have alone time.
- Bills and children's needs.
- Food and household goods shopping.
- Gas

Issues the Respondents Indicated are Impacting their Families

Options were:



Note: Respondents were allowed to choose more than one option.

Additional Feedback/Comments from Participants

- Thank you. Deeply. I literally cried when I found out I was receiving the money to spend on myself and not someone else. I felt seen for the first time.
- My child's parents are addicted to drugs and they do not see him and it is so sad. I have had him talk to his high school counselor and that helped him, he did not want to go anywhere else. It was hard, when I got him, I was a family of 6 already, but my husband and I made it work, now we have his best friend staying with us, because his parents are just as bad too, and I am at a loss of how to provide for him, but I do it. I have 3 older children who graduated, now its just my youngest and him and his best friend.... a lot of work but I would not have him out on the streets.
- Thank you and please consider me for future projects.
- I wish I was getting a stipend monthly.
- Thank you for being there.
- THANK YOU!
- Thank you everyone involved.
- Thank you from all my heart. This is a wonderful program.
- Qu yana cakneq
- Appreciated the steady emails that kept me updated and the very friendly way that staff helped to meet our needs.
- My daughter unfortunately will not stop using. I adopted her daughter so every bit helps.
- Thank you.

Authority Grant Budget Report

15974, FY24 Alaska Impact Alliance: Reimagining Child Welfare Project (FY24)

Grantee Organization	Alaska Impact Alliance
Project Title	FY24 Alaska Impact Alliance: Reimagining Child Welfare Project (FY24)
Grant Amount	\$400,000.00
Grant ID	15974
Requirement Received Date	11/25/2024
Financial Report Reviewed Date	11/27/2024
Respondent Name, Contact Information	Charity Carmody, Executive Director, charity@alaskaimpactalliance.com, 907-632-4862
Project Coding Information	<ul style="list-style-type: none"> • FY24 • Authority Grant • Early Childhood Intervention & Prevention

Grant Financial Information

Budget Category	Grant Agreement Amount	Category to Date, per report
Personnel Services	\$105,000.00	\$214,998.98 (\$105,000 AMHTA)
Travel	\$5,000.00	\$6,403.00 (\$5,000 AMHTA)
Other	\$290,000.00	\$321,808.00 (\$290,000 AMHTA)
Total	\$400,000.00	\$543,209.98

Budget Report Narrative

Personnel Services -

This was amended to \$105,000 – we spent \$214,998.98 in total payroll for the period.

Travel -

Travel to Metlakatla and Juneau (documented in 1/31/24 report) \$2190

Travel to Washington DC to meet with Alaska Senate and Congress staff about the AK FRC Network and 100% Communities Alaska May 7-9 (\$534 airfare + \$708 hotel + 147/day 1 person for meals and incidental expense for 3 days = \$441 total \$ = \$1683)

Travel to Kenai and Anchorage by car for several 100% Communities Alaska Action Team meetings and presentations (150 miles x \$.67 = \$100/trip each way, \$100 x 8 = \$800)

Lodging for presentation on 100% Communities Alaska at the Alaska Maltreatment Conference and the Alaska Association of School Boards conference (\$407 to Airbnb + \$147/day 3 people for meals and incidental for 3 days \$1323 total = total for conferences \$1730

Other Costs -

1. The AK FRC Network pass-through grants to member FRCs:

- 6/27/24 \$20k to Beacon Hill
- 6/27/24 \$20k to Resource Center for Parents and Children
- 10/31/24 \$16k to Family Promise MatSu
- 10/31/24 \$16k to Shiloh Community Housing Community Resource Center

\$20k given to Resource Center for Parents & Children, \$16k given to Family Promise in MatSu, and \$16k given to Shiloh Community Housing Community Resource Center = total \$72,000

Authority Grant Budget Report
15974, FY24 Alaska Impact Alliance: Reimagining Child Welfare Project (FY24)

2. FAMS database buildout paid to Sputnik (the contractor) Total \$31,000:

- a. 1/24/24 \$9000 for 1st ½ of database build contract
- b. 3/27/24 \$6500 for 1st ½ of forms build out
- c. 8/26/24 \$6500 for 2nd ½ of forms build out
- d. 8/26/24 \$9000 for 2nd ½ of database build contract

Salesforce platform fees Total \$908.04:

- 3/22/24 \$232.42
- 4/23/24 \$348.75
- 8/26/24 \$226.12
- 10/1/24 \$100.75

3. Direct concrete supports and respite allotments were done under the UReCares Stipend & Respite program. A total of \$163,350 was distributed to 99 families for general and respite stipends from 8/1/24 to 10/31/24. \$550 was given to several families for their assistance with testimonial videos = Total \$163,900

4. Foundant Grant making software = Total \$6250 11/14/23

5. Recruitment and Retention Programs -

Caregiver mentorship training and collaboration – paid for our gatherings of caregivers, recruitment of mentors, and the Facebook group administration = \$5000

Respite allotment – see in number 3

Social Media – \$5,000 given to Beacon Hill to promote CarePortal which supports all types of caregivers by supplying their needs.

907 Navigation App development total cost paid to Solid App Maker since 10/19/23 is \$37,750

Grant Status	Grant was expended in line with grant agreement. Extra expenditures were reported for non-Trust funds, but all Trust funds reported.
Reviewed by	LL 11/28/2024
Amount Paid	All grant funds were previously disbursed
Amount Remaining	\$0

Tabled at November 13, 2024 Meeting

MEMO

To: Board of Trustees
Date: November 13, 2024
Re: FY25 Partnership Grant Request
Fund Source: FY25 Partnerships/Designated Grants (Page 2, Line 13)
Amount: \$46,000.00
Grantee: JAMHI Health & Wellness, Inc.
Grant Term: November 1, 2024 to October 31, 2025
Project Title: SHARP Contracts at JAMHI - Continued

REQUESTED MOTION:

The Board of Trustees approve a \$46,000 FY25 Partnership grant to JAMHI Health & Wellness, Inc. for the SHARP Contracts at JAMHI - Continued project. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.

Assigned Program Staff: Eric Boyer

STAFF ANALYSIS

February 6, 2025, addendum to the original memo: This request is the third year of a three-year SHARP contract request for funding from the Trust. The Trust funded JAMHI \$92,000 in the previous two years for the SHARP program, retaining five licensed clinicians. The total cost for the three years of funding for JAMHI will total \$138,000. This is the last year of funding towards this project.

JAMHI Health and Wellness requests these funds to secure behavioral health clinicians for their integrated clinic in Juneau, AK, through the State of Alaska's Healthcare Professional Workforce Enhancement Program, known as SHARP 3. This grant would equip JAMHI to retain clinicians to work in Juneau and increase their access to treatment and ongoing care. SHARP 3 loan repayments, once executed, are three-year contracts, which JAMHI proposes to match Trust funds for the positions 50/50.

Access to integrated health services are few, and equipping JAMHI to maintain its BH support will help Trust beneficiaries meet their needs. The increased BH access is anticipated to reach over 190 beneficiaries. SHARP contracts are an effective tool in rural Alaska for recruiting and retaining clinicians and stabilizing the workforce. JAMHI has been able to stabilize its workforce with the securing of these three clinicians over the last two years.

COMP PLAN IDENTIFICATION

Goal	Objective	Comments
Goal 9 Workforce, Data, & Funding	9.1 Workforce capacity	

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

Recruitment and retention continue to challenge JAMHI, due to lower amounts of providers and due to location in a small, geographically remote, town. Addressing these challenges, JAMHI has collaborated with the Trust to offer SHARP benefits to three employees: a licensed psychologist, a licensed professional counselor, and JAMHI’s Director of Behavioral Health Services. These positions remain challenging to keep filled with high quality employees, and without the SHARP benefits, these employees may very well choose to find employment elsewhere.

JAMHI is a community-based, integrated care agency in Juneau providing a range of Behavioral Health services for both youth and adults. These services include outpatient clinical, rehabilitation, and wellness services; case management services; psychiatric emergency services; primary care services; and community housing for adults. JAMHI follows the CCBHC model and operates an FQHC look-alike and serves many trust beneficiaries of all groups through this work. Recruitment and retention continue to challenge JAMHI, due to lower amounts of providers and due to location in a small, geographically remote, town. Addressing these challenges, JAMHI has collaborated with the Trust to offer SHARP benefits to three employees: a licensed psychologist, a licensed professional counselor, and JAMHI’s Director of Behavioral Health Services. These positions remain challenging to keep filled with high quality employees, and without the SHARP benefits, these employees may very well choose to find employment elsewhere. Working with the Trust, JAMHI has been and is striving to make itself a competitive employer by restructuring pay scales and employee benefits, which in turn benefits clients such as Trust Beneficiaries.

Within the first three months of 2024, JAMHI conducted a Community Needs Assessment (CNA) with multiple points of inquiry. This CNA garnered 254 results, with the majority of respondents (72.5%) reporting mental health concerns for themselves or their family. JAMHI is approaching the needs for its community on multiple fronts, with hiring and retaining staff as one of the key elements as staffing retention provides stability both for the organization and for the people JAMHI exists to serve. While our client population primarily resides within the City and Borough of Juneau, JAMHI can provide services to the entire state of Alaska through telehealth arrangements.

PERFORMANCE MEASURES

Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the reporting period. Be sure to describe efforts made towards sustainability that would support stable staffing into the future. Additionally, please identify whether each of the three professionals (licensed psychologist, licensed professional counselor, Director of Behavioral Health Services) is still employed at JAMHI Health & Wellness at the end of the grant reporting period.

SUSTAINABILITY

Staff retention of these three professional individuals will continue to be a focused effort for JAMHI after the Trust's funding ends. Support from the Trust has allowed our agency time to improve our pay scales, and time to add Behavioral Health services to our FQHC Look-alike scope. This addition has allowed us to capture significantly more funds for services provided by these three licensed professionals that we have been able to retain thanks to the funding of the Trust.

WHO WE SERVE

All identified groups of Trust Beneficiaries benefit from the success of this project, as staff retention significantly enhances the quality of services provided to the people an agency serves. When employees remain with an organization, they develop deeper, trusted levels of rapport with clients, leading to more personalized and effective support. Experienced staff bring valuable expertise and knowledge, which improves service consistency and fosters a sense of stability for clients. Additionally, high retention rates contribute to a positive workplace culture, which ultimately benefits clients through improved morale and teamwork among staff. This continuity not only strengthens trust and rapport but also enhances overall outcomes for those receiving services.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	112
Developmental Disabilities:	3
Alzheimer's Disease & Related Dementias:	2
Substance Abuse	68
Traumatic Brain Injuries:	12
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	6
Number of people to be trained	46

BUDGET

Other Costs	\$46,000.00
Other Costs (Other Sources)	
Other Costs Narrative:	<p>The following is the breakdown of loan repayments and incentive payments and the additional SHARP 3 SOA DPH administrative fee (5% of total contract award). Tier 1 contractual amounts: 1 licensed psychologist, full time year 3 = \$47,000 Tier 2 contractual amounts: 1 licensed professional counselor, full time year 3 = \$20,000 Tier 3 contractual amounts: 1 Director of Behavioral Health Services, full time year 3 = \$20,250 Sub-total: \$87,250 SOA DPH 5% administrative fee: \$4,362.50</p> <p>JAMHI Health & Wellness, Inc. is requesting \$46,000 in grant funds from the trust and will provide their own contribution derived from service revenue to supplement the remaining project expenses.</p>

Total Amount to be Funded by the Trust	\$46,000.00
Total Amount Funded by Other Sources	\$0

Tabled at November 13, 2024 Meeting

MEMO

To: Board of Trustees
Date: November 13, 2024
Re: FY25 Partnership Grant Request
Fund Source: FY25 Partnerships/Designated Grants (Page 2, Line 13)
Amount: \$27,000.00
Grantee: Kodiak Island Health Care Foundation dba Kodiak Community Health Center
Grant Term: November 13, 2024 to December 31, 2025
Project Title: KCHC Behavioral Health Provider Recruitment

REQUESTED MOTION:

The Board of Trustees approve a \$27,000 FY25 Partnership grant to Kodiak Island Health Care Foundation dba Kodiak Community Health Center for the KCHC Behavioral Health Provider Recruitment. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.

Assigned Program Staff: Eric Boyer

STAFF ANALYSIS

The Kodiak Community Health Center (KCHC) requests these funds to secure a behavioral health (BH) clinician for their integrated clinic in Kodiak through the State of Alaska’s Healthcare Professional Workforce Enhancement Program, known as SHARP 3. This grant would equip KCHC to hire a BH clinician to work on the island and increase their access to treatment and ongoing care. SHARP 3 loan repayments, once executed, are three-year contracts, which KCHC proposes to match Trust funds for the position 50/50.

BH services on Kodiak Island and are few and equipping KCHC to increase their BH support will help Trust beneficiaries get their needs met. The increased BH access is anticipated to reach over 140 beneficiaries. SHARP contracts are an effective tool in rural Alaska for recruiting and retaining clinicians and stabilizing the workforce.

February 6, 2025, addendum to the original memo. This request is the first year of a three-year SHARP contract. The Trust is being asked to fund 100% of year one, 50% of year 2, and 0% of year three. The total cost for the three years of funding for Kodiak Community Health Center will be \$40,500.

COMP PLAN IDENTIFICATION

Goal	Objective	Comments
Goal 9 Workforce, Data, & Funding	9.1 Workforce capacity	

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

The prevalence of behavioral health needs, including mental health and substance use disorders, is high in the Kodiak community, we have been experiencing BH workforce shortages on the island. Our BH provider positions have been open for 3 years, to make our beautiful community more appealing we would like to offer student loan repayment, utilizing the State of Alaska SHARP Program. This will increase access to care and serve the Trust Beneficiaries by alleviating the stress of seeking care off the island, which may require waiting periods and substantial costs. We are requesting funding to support trust beneficiaries in the Kodiak Island Borough who are experiencing behavioral and mental health (BH) conditions including substance use disorders (SUD). This will require the recruitment of a BH provider to increase the behavioral health workforce on the island, meet our community's needs, and increase access to treatment. Our Integrated Behavioral Health Department started in 2018. Our current BH services include a MAT program, psychiatric evaluations, psychiatric assessments including treatment planning and follow-up, case management for BH and SUD, teletherapy, and community referrals to counseling services and psychiatry. When our patients need more extensive therapy than we provide, we refer them to our partner agencies that provide intensive outpatient groups and inpatient services. Our community partnerships are strong, our Behavioral Health Program has had success in working collaboratively with Providence Kodiak Island Counseling Center and the Kodiak Area Native Association. We currently have 1 full-time Telehealth LCSW, 1 part-time Telehealth Psychiatric Nurse Practitioner, 1 Licensed Addictions Counselor/Case Manager, and 5 MAT waived Providers. Telehealth visits are not ideal for all patients, it is critical that we recruit an in-person BH clinician to join our team, to further support this patient population and their recovery. Kodiak’s remote location, high cost of living, and rainy climate are major factors of the mental health of the Kodiak residents. Residents experience increased stress, isolation, and difficulty meeting basic needs and struggle to gain access to needed behavioral health services. These factors are also a hindrance to our recruitment efforts, we would like to offer the Student Loan Repayment Program utilizing the State of Alaska SHARP program tier II, that provides Student loan repayments up to \$27,000 annually for hard-to-fill positions. Our BH health positions have been open for 3 years, offering this additional benefit to our recruitment package seems necessary to support the healthcare infrastructure of Kodiak and the well-being of Trust Beneficiaries.

PROPOSED PERFORMANCE MEASURES

Provide a narrative describing the recruitment timeline, activities, successes, challenges, and any lessons learned during the reporting period. Additionally, briefly describe the impact that student loan repayment had on the recruitment efforts of the behavioral health position. Be sure to describe efforts made towards sustainability that would support stable staffing into the future.

SUSTAINABILITY

As a Federally Qualified Health Center, we rely on a combination of Federal grants and patient revenues. We have a requirement, that we embrace, to not turn away any patient due to lack of ability to pay. We will be using retained earnings, if we are unable to acquire additional funding from other sources, for the success and sustainability of this project. It is our understanding that the Alaska Mental Health Trust can provide up to 27,000 towards student loan repayment for hard to fill positions for the first year, year 2 will be a split 50/50 and the third year will be the sole responsibility of KCHC, we are dedicated to the health and wellbeing of our community and will ensure the success of this project, as this is a much-needed resource to the healthcare infrastructure of Kodiak Island.

WHO WE SERVE

Telehealth is a great resource but, in some cases, it may not be ideal for meeting all needs of Trust Beneficiaries' treatment plans. An in-person provider can further support some behavioral health, mental health, and substance use disorders by helping a patient feel more comfortable by being in a more personal setting, this can also allow the provider to have the ability to pick up nonverbal cues such as body language, that can assist with successful treatment planning. In-person providers can also reduce the need to travel off the island for continued care which can cause additional barriers, such as stress from being away from home and additional expenses. An in-person provider will have immediate access to local resources and a better understanding of the Kodiak community, cultures, and lifestyle and provide a more relatable relationship between patient and provider.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	111
Developmental Disabilities:	27
Alzheimer's Disease & Related Dementias:	10
Substance Abuse	1,834
Traumatic Brain Injuries:	10
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	87

BUDGET

Other Costs	\$27,000.00
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Other Costs (Other Sources)	\$0.00
Other Costs Narrative:	We are requesting support for year 1 of the State of Alaska Sharp Program Student Loan Repayment tier II hard-to-fill position, Year 2 will be split 50/50 and the third year will be the sole responsibility of KCHC.

Total Amount to be Funded by the Trust	\$27,000.00
Total Amount Funded by Other Sources	\$0

MEMO

To: Board of Trustees
Date: February 6, 2025
Re: FY25 Focus Area Allocation – Mental Health & Addiction
Intervention and FY25 Partnership Grant
Fund Source: \$214,000 – FY25 Treatment Access and Recovery Supports (Page 5,
line 12)
\$111,000 – FY25 Partnerships/Designated Grants (Page 2, Line 13)
Amount: \$325,000.00
Grantee: Volunteers of America Alaska
Grant Term: February 6, 2025 to February 28, 2026
Project Title: Investing in the 3.7 Service Model: Innovating Residential
Treatment Services for Alaska's Youth

REQUESTED MOTION:

The Board of Trustees approve a \$325,000 FY25 authority grant to Volunteers of America Alaska for the Investing in the 3.7 Service Model: Innovating Residential Treatment Services for Alaska's Youth project. \$214,000 will come from the FY25 Treatment Access and Recovery Supports line of the FY25 budget and \$111,000 will come from the Partnerships/Designated Grants line of the FY25 budget.

Assigned Program Staff: Heather Phelps

STAFF ANALYSIS

Volunteers of America Alaska requests \$325,000 from the Trust to fund the implementation of American Society of Addiction Medicine (ASAM) level 3.7 at ARCH, the first withdrawal management facility for adolescents in Alaska. Funds are requested from the FY 25 Treatment Access and Recovery Supports for \$214,000 and the Partnership/Designated Grants for \$111,000. This is a new service and fills a critical gap in the continuum of care for youth in Alaska. Adolescent residential facilities require twice as much staff as adult resident facilities due to childcare licensing requirements (6 clients to 1 member according to 7 AAC 50.410). ARCH is available statewide to youth with a substance use disorder who require withdrawal management. ARCH is an 18-bed facility, and VOA currently serves about 60 youth, all of whom are Trust beneficiaries, annually. This project is supported with funding through the Department of Health (DOH) opioid settlement, DOH Comprehensive Behavioral Health Treatment and Recovery grant, Alaska National School Lunch Program, Department of Commerce, Community and Economic Development, and earned revenue from Medicaid and private insurance. VOA also has a community support grant with Rasmuson for \$250,000 for renovations and improvements to

ARCH. Additionally, the level 3.7 program will lead to new earned Medicaid revenue to help sustain ARCH.

In the past three fiscal years, the Trust has awarded VOA five grants totaling \$660,000. Activities supported through grant funding include VOA’s kinship caregiver program, youth employment support, and housing and homelessness prevention support for transition-age youth. VOA, as an agency, provides a range of programming and services focused on serving youth and families which span multiple Trust strategies.

This project is recommended for funding as it aligns with the Mental Health and Addiction focus area and provides withdrawal management, a new level of care for youth in Alaska.

COMP PLAN IDENTIFICATION

Area of Focus	Objective	Comments
Area of Focus 4: Substance Use Disorder Prevention	4.3 Improve treatment and recovery support services to promote wellness and reduce the impact of mental health and substance use disorders	

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

The launch of American Society of Addiction Medicine (ASAM) level 3.7 at our Adolescent Residential Center for Help (ARCH) enables VOA to provide in Alaska the first withdrawal management facility for adolescents. Providing this level of care at ARCH not only fills a critical gap in the behavioral health continuum of care for youth in Alaska but also leads to new earned revenue potential to help sustain VOA. ARCH, an 18-bed residential substance use facility for youth ages 12-18 with substance use disorder (SUD) and/or co-occurring SUD and mental health conditions, is one of the few adolescent substance use treatment facilities currently operating in the state.

Alaska's youth behavioral health system faces persistent challenges, including the scarcity of residential facilities. According to the 2023 Alaska Department of Health Drug and Overdose Mortality report, 29 youth died from a drug overdose in 2023, an all-time high. Furthermore, a 2022 report by the US Department of Justice underscored gaps in the system that often result in out-of-state placements for children. According to the DOJ's Investigation of the State of Alaska's Behavioral Health System for Children, "Alaska's system of care is heavily biased toward institutions, and key services and supports are often unavailable to children in their communities. As a result, many children with behavioral health disabilities who are appropriate for community-based services are forced to endure unnecessary and unnecessarily long admissions to psychiatric hospitals and psychiatric residential treatment facilities" (Dec. 2022).

Each of ARCH's approximately 60 youth served each year are Trust beneficiaries who are seeking treatment for substance use and/or mental health challenges interfering with their ability to not only live but to thrive. ARCH has seen a significant increase in the acuity of care needed and in the prevalence of co-occurring SUD/mental health clients. All admissions in the program in the last quarter of FY24 met requirements for co-occurring enhanced or withdrawal management 3.7 level of care. Youth are presenting with withdrawal symptoms from a range of substances, ranging from fentanyl, cannabis, nicotine, stimulants, and often have long-term post-acute withdrawal symptoms associated with consistent and long-term use of substances, and results in mental health concerns, nutritional deficiencies, gastrointestinal issues, nightmares, insomnia, fatigue, and other ailments that may take months or up to a year to resolve.

Expected outcomes include more youth accessing direct pathways to withdrawal management services and strengthening VOA's ability to sustain these services with a higher reimbursement rate (3.7 is \$983/day/youth while 3.5 is \$545/day/youth). We are confident that we can increase our ability to serve more youth in need with investment from community partners while we continue to strongly advocate, along with the Alaska Behavioral Health Association and others, for adjustments to Medicaid reimbursement rates that are more in line with actual services cost. The state acknowledges the rate disparity and has expressed its commitment to addressing the issue in the current Medicaid Rate Methodology Review project.

PERFORMANCE MEASURES

How much did you do?

- a) Number (#) of unduplicated Trust beneficiaries served in the ARCH program during the grant reporting period, broken down by primary Trust beneficiary category.
- b) Number (#) of unduplicated staff members serving Trust beneficiary clients in the ARCH program during the grant reporting period.
- c) On the last day of each month during the grant term, track the number (#) of unoccupied beds in the ARCH program and the probable reason why the bed(s) is unoccupied.
- d) Track the overall annual monthly average number (#) of occupied beds in the ARCH program during the grant term.
- e) Average length of stay (# of days) for all clients in the ARCH program during the grant reporting period.
- f) Average readmission rate (%) for all clients in the ARCH program during the grant reporting period.

How well did you do it?

- a) Provide a narrative describing the timeline, activities, successes, challenges, and lessons learned during the grant reporting period. Please include electronic photographs of the new furnishings in the great room, client bedrooms and common areas, as well as the upgraded video security camera system.
- b) Number (#) and percentage (%) of youth clients (or their parent/guardian) who were satisfied with the services received through ARCH.
- c) Number (#) and percentage (%) of youth clients (or their parent/guardian) who felt they were treated with dignity, compassion and respect while receiving services through ARCH.

- d) Number (#) and percentage (%) of youth clients who successfully completed the ARCH program during the grant reporting period.
- e) Number (#) and percentage (%) of youth clients who successfully transitioned to a lower level of care with all necessary supports and resources secured during the grant reporting period.

Is anyone better off?

- a) Number (#) and percentage (%) of youth clients who experienced an improvement in supportive relationships at home, either with family or other people important to them, after completing the ARCH program.
- b) Number (#) and percentage (%) of youth clients who experienced an increase in overall quality of life as a result of the services received through the ARCH program.
- c) Two or more statements from clients (or their parent/guardian) describing how their participation in the ARCH program impacted their quality of life.

SUSTAINABILITY

VOA worked with Open Minds on a proforma plan, which is attached to this application and provides an analysis of costs and income. The pro forma provides vital information regarding Medicaid reimbursement rates for daily per diem for ASAM 3.5, which are significantly lower than ASAM 3.7. Medicaid reimbursement does not cover the total cost of operating ARCH. Therefore, VOA Alaska relies on diversifying funding through grants and private community support. Funds from the State of Alaska and community partners are critical to maintaining ARCH operations.

The State of Alaska is undergoing a Medicaid Rate Methodology Review to address rate issues and the need for distinction between adult and adolescent services to address the cost differential more adequately. Based on the proposed timelines for the Medicaid Rate Methodology Review, which require the contractor to submit their results and rate modeling report in July 2025, we anticipate a rate increase for FY2026. Based on proforma from Open Minds and new revenue-generating activities with the integrated ASAM 3.7 level of care, this dramatically improves the long-term sustainability of the residential program.

VOA continues evaluating Residential Psychiatric Treatment Center (RPTC) as an option. VOA continues to work with the State and Comagine to ensure an RPTC route would allow ARCH to continue supporting the co-occurring adolescents who are currently presenting with SUD primary diagnosis, which is currently not supported for RPTC admissions.

WHO WE SERVE

Each of ARCH's approximately 60 youth served each year are Trust beneficiaries who are seeking treatment for substance use and mental health challenges interfering with their ability to not only live but to thrive. Alongside Alaska's alarming youth suicide rates, the highest in the nation, we've witnessed a disturbing surge in self-harm, suicidal ideation, and attempts, with incidents of self-harm skyrocketing by over 400% from 2020-2021 and suicidal ideation increased 133%. In FY24, the program implemented a new increased supervision and suicide watch protocol, which includes 1:1 ratios and increased monitoring, reducing the suicide attempts in the facility.

However, there is typically at least one client on suicide watch or increased supervision at any given time due to suicidal ideation or self-harm thoughts/impulses. It is a very real symptom that arises when substance use is ceased.

As part of our transition to providing 3.7, we now have a full-time medical director/psychiatrist, which better equips us to meet the standards associated with private payor reimbursements and helps close the gap in reimbursement rates. We have also hired two peer support specialists whose schedules cover 7 days per week and allow for a more individualized and robust orientation period where youth can adjust and put their best foot forward when transitioning from 3.7 to 3.5 services. Adolescent residential facilities require twice as much staff as adult residential facilities due to childcare licensing requirements (6 clients to 1 staff member according to 7 AAC 50.410). For clients entering the program who may not be stabilized with their co-occurring mental health needs, or who are experiencing withdrawal, ensuring their safe intake into the facility and the treatment milieu requires additional staff.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	60
Developmental Disabilities:	6
Substance Abuse	60
Traumatic Brain Injuries:	4
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	60

BUDGET

Personnel Services Costs	\$122,609.00
Personnel Services Costs (Other Sources)	\$3,456,767.00
Personnel Services Narrative:	<p>Essential for the program's delivery are direct program staff listed below with expertise across a range of knowledge and skills necessary to effectively implement the ARCH program with the addition of ASAM 3.7. Providing care to youth with higher acuity mental health, substance use and co-occurring needs requires smaller staff to client ratios, increased one on one staff levels. As part of the residential childcare licensing requirements and 3.7 level care provided, ARCH must maintain a 6:1 ratio youth to staff to maintain health and safety and support recovery and educational efforts. Salary includes 26% in fringe and benefits.</p> <p>- BHA Shift Supervisors/Leads 3.0 FTE, \$208,510.85 - \$122,608.70 in funding from the Trust will be applied. BHA shift supervisors have added additional depth to the structure and oversight during evening and midnight</p>

shifts, as well as on the floor during the day. This also allows for BHAs to support youth in utilizing their safety and/or coping plans created with clinical and improves the behavior management implementation by the BHA staff.

No funding from the Trust is requested for the positions below:

- Assistant Program Director Residential, 1 FTE, \$91,788.04
- Program Assistant, 1 FTE, \$73,183.22
- Cook, 1 FTE, \$76,220.59
- Clinical Supervisor Residential, 1 FTE, \$109,620.00
- Mental Health/Clinician, 2.0 FTE, \$196,560.00
- Peer Support Specialist, 2.0, \$136,281.60
- SUD Case Manager, 1, \$70,866.43
- SUD Counselor, 1, \$68,140.80
- Residential Staffing Manager, 1, \$78,624.00
- Floor Counselor, 1, \$66,830.40
- Behavioral Health Associates, 14.0 FTE \$807,206.40
- Maintenance PT, \$44,858.46
- Summer School Teacher, 2.0 FTE, \$27,720.00
- Psychiatrist / Medical Director, 1.0 FTE, \$310,465.56
- 2nd Psychiatrist 0.6 FTE, \$132,300.00
- Family Nurse Practitioner/APRN 1, 0.75 FTE, \$151,200.00
- Medical Assistant 0.75 FTE, \$51,105.60
- Administrative support and leadership staff essential for the program's delivery are listed below. No funding from the Trust is requested for these positions:
- President & CEO, 0.342 FTE, \$75,411.00
- VP of Program Operations, 0.5110 FTE, \$64,952.60
- VP Admin & Organizational Development, 0.36 FTE, \$48,988.80
- Administrative Operations Manager, 0.36 FTE, \$35,947.36
- Administrative Coordinator HR, 0.36 FTE, \$25,148.86
- AP & Payroll Generalist, 0.36 FTE, \$29,248.13
- VP Strategy & Impact, 0.36 FTE, \$51,233.81
- Grants Administrator, 0.36 FTE, \$34,473.60
- Grants Manager, 0.18 FTE, \$16,982.78
- Director of Quality Excellence, 0.36 FTE, \$36,066.72
- Compliance Specialist, 0.36 FTE, \$24,903.55
- QA Specialist, 0.36 FTE, \$25,776.85
- Client Care Manager, 0.36 FTE, \$28,304.64
- Client Care/Intake Specialist, 0.36 FTE, \$21,537.94
- Client Care/Intake Specialist, 0.36 FTE, \$20,919.77

	<p>Controller, 0.36 FTE, \$56,609.28 Lead Billing Specialist, 0.36 FTE, \$49,533.12 Accountant, 0.36 FTE, \$36,288.00 Billing & Finance Generalist, 0.36 FTE, \$25,945.92 Clinical Development Director, 0.15 FTE, \$18,736.80 Training & Support Specialist, 0.265 FTE, \$26,044.20 Director of Communications, 0.1098 FTE, \$11,683.21 Communications Specialist, 0.1584 FTE, \$11,416.20 Director of Residential Services, 1 FTE, \$113,706.56 Other personnel costs: BONUSES \$15,000.00 - No funding from the Trust is requested</p>
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Travel Costs	\$0.00
Travel Costs (Other Sources)	\$41,400.00
Travel Narrative:	<p>Mileage & vehicle rental \$1,000 for gas for vans Out of town travel \$30,400 for out of state travel to training and rural travel Training \$ 10,000 BHA trainings/QAP costs, clinical team trainings, leadership trainings</p>

Space or Facilities Costs	\$160,000.00
Space or Facilities Costs (Other Sources)	\$368,990.00
Space or Facilities Narrative:	<p>Rent \$67,069.57 Telecommunications \$20,232.00 Utilities \$71,293.15 Facility repairs & maintenance \$210,395.28, Furnishings for great room, client bedrooms, common areas in client wings; anti-ligature updates Video security camera system upgrade - \$160,000 is requested from the Trust. A requirement of launching a higher level of care at ARCH is upgrading our video security system which is physically attached to the facility to ensure proper observation and surveillance of higher acuity clients can be supported. We have secured quotes from vendors ranging from \$91k for a system with a 1-year warranty to \$160k for a system with a 10-year warranty. We feel the second quote better suits our facility needs and provides a 10-year guarantee of support and coverage. Please note that in VOA Alaska ARCH Program Budget the ARCH video security system upgrade total is under component detail "Occupancy".</p>

Supplies Costs	\$0.00
Supplies Costs (Other Sources)	\$205,000.00

Supplies Narrative:	<p>Program & training supplies \$34,100 supplies for ARCH youth Food and beverages \$82,000 for ARCH youth Household supplies \$16,000 for ARCH Office supplies and expenses \$10,000 for ARCH Small Equipment \$61,900 tech equipment upgrades and replacement Postage \$1,000</p>
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Equipment Costs	\$0.00
Equipment Costs (Other Sources)	\$17,380.00
Equipment Costs Narrative:	<p>Equipment rental \$7,380.00 Vehicle repairs & maintenance \$10,000</p>

Other Costs	\$42,391.00
Other Costs (Other Sources)	\$421,251.00
Other Costs Narrative:	<p>Legal fees, 1,500 Accounting and audit, 29,520 Computer services, 26,496 Other professional fees, 174,825 Software, 57,715 Insurance, 35,640 Licenses, fees, dues and subscriptions, 3,992 National affiliate fees, 91,563 Indirect Cost - \$42,391.30 is requested from the Trust. VOA Alaska has elected the federal De Minimis rate of 15%. The indirect cost allocation includes critical support functions from indirect and administrative personnel, as well as professional fees such as accounting and IT support.</p>

Total Amount to be Funded by the Trust	\$325,000.00
Total Amount Funded by Other Sources	\$ 2,129,657.000

OTHER FUNDING SOURCES

State of Alaska DOH Opioid Settlement SECURED	\$142,857.00
State of Alaska DOH CBHTR Residential SECURED	\$606,400.00
State of Alaska DEED National School Lunch Program SECURED	\$30,000.00

State of Alaska DCCED Appropriation SECURED	\$1,100,400.00
Rasmuson Community Support SECURED	\$250,000.00
Total Leveraged Funds	\$2,129,657.00

MEMO

To: Board of Trustees
Date: February 6, 2025
Re: FY25 Focus Area Allocation – Housing & Home and Community Based Services
Fund Source: FY25 Supportive Housing Projects (Page 12, Line 19)
Amount: \$300,000.00
Grantee: Gastineau Human Services
Grant Term: February 6, 2025 to January 31, 2026
Project Title: Gastineau Permanent Supportive Housing

REQUESTED MOTION:

The Board of Trustees approve a \$350,000 FY25 Housing & Home and Community Based Services Focus Area Allocation to Gastineau Human Services for the Gastineau Permanent Supportive Housing project. These funds will come from the Supportive Housing Projects line of the FY25 budget.

Assigned Program Staff: Kelda Barstad

STAFF ANALYSIS

The Gastineau Permanent Supportive Housing is recommended for funding to provide long-term recovery housing in Juneau. Funding will contribute to the construction of a 51-unit facility that offers permanent supportive housing to those with very low income and who are in recovery from substance use disorders and/or mental health conditions from Juneau and Southeast Alaska. All residents are Trust beneficiaries, and this is the first long-term recovery housing in Juneau. This project aligns with the goals of the Housing and Home and Community Based Services focus area, allowing beneficiaries to remain in the home and community of their choice and with the Mental Health and Addiction Intervention focus area. In the past three fiscal years, the Trust has awarded one grant to GHS totaling \$99,000 to support pre-development activities for this housing project.

COMP PLAN IDENTIFICATION

Area of Focus	Objective	Comments
Area of Focus 3: Economic & Social Well-being	3.1 Alaskans have stable, safe housing with appropriate, community-based social supports to maintain tenancy	Also Area of Focus 4

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

Gastineau Human Services (GHS) will construct a 51-unit facility that offers permanent supportive housing (PSH) to those with very low income and are in recovery from substance use disorders from Juneau and Southeast Alaska. This three-story, 19,269 square-foot project will serve adults who have barriers to housing stability, including those evicted from or refused by other housing programs. All units will be dedicated to expanding long-term supportive housing to reduce homelessness, prevent the cycling of tenants through homeless shelters or correctional facilities, and provide new housing opportunities for very low-income and persons in the homeless population currently facing limited housing options and in recovery from substance use disorders.

The Gastineau Recovery Permanent Supportive Housing Project will address the critical shortage of long-term supportive housing for people with very low income and who are in recovery from substance use disorders from Juneau and Southeast Alaska.

This project will provide 51 units of supportive housing for Trust beneficiaries in recovery in Juneau, with housing applications to be accepted from the Southeast region. The Trust beneficiary populations with an addiction who are committed to recovery are served by this project. Targeted subpopulations include people who are in recovery and are also unhoused, in temporary or unstable housing, or are re-entering the community post-institutionalization. This housing project is similar to a typical permanent supportive housing project in that the housing will be affordable, supportive services will be offered, and the housing is permanent as long as the beneficiary maintains their lease agreement. This housing project is different from a typical permanent supportive housing project because it will focus on and support tenants committed to recovery.

Each unit will be equipped with a kitchen, bathroom, living space and storage space. Six of the units will include full ADA accessibility features to support residents who experience sensory impairments, use wheelchairs, or have other mobility challenges. On-site laundry, case management, and behavioral health services will be available. Finally, the building design includes broadband infrastructure, as defined by the FCC and HUD, allowing more connectivity.

The project is fully supported by the community as shown by a secured grant of \$2,000,000 from the City and Borough of Juneau, additional secured funding from the Juneau Community Foundation, and letters of support from the organizations involved in alleviating homelessness and substance abuse in Juneau and Southeast Alaska including Juneau Housing First, Society of St. Vincent de Paul, AWARE and Tlingit and Haida Regional Housing Authority (letters of support attached).

PERFORMANCE MEASURES

Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the permanent supportive housing construction project. Be sure to include the following information:

- Selection process of contractor(s)
- Final list of funders
- Electronic photographs of each construction phase (before, during, after)
- Electronic renderings of architectural plans.

SUSTAINABILITY

The project will provide permanent supportive housing for 51 residents with an estimated useful life of 30 years. GHS has already secured and is currently in the process of securing additional project funds from a number of federal, state, and local sources. The project is self-sustaining over the long term based on client rent contributions, estimated facilities operating and maintenance costs, and other funding and treatment revenue sources.

In the medium term, GHS plans another building as "Phase II" of additional permanent supportive housing that will serve AMHTA clients.

WHO WE SERVE

Trust beneficiaries served through this project will include up to 51 beneficiaries as residents. All of the residents of the GHS recovery permanent supportive housing facility will be Trust beneficiaries with a substance use disorder and/or mental health condition and in recovery. The beneficiaries to be served via the program are living in Juneau and the Southeast region. Some beneficiaries receive services in remote settings and off-the-road systems, which can create barriers to access to treatment and limitations to resources. The anticipated secondary beneficiaries include community members and family members.

The project will support Trust beneficiaries through treatment and recovery behavioral health services through multiple GHS programs, including individual and group outpatient counseling, with the overall strategy of supporting the ASAM Continuum of Care.

The stable, long-term nature of this project will provide beneficiaries safe housing and stability in a recovery environment. These factors will increase the likelihood of successful long-term outcomes for beneficiaries.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	26
Developmental Disabilities:	6
Substance Abuse	51
Number of people to be trained	3

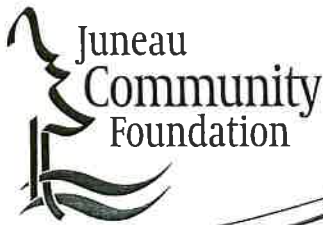
BUDGET

Space or Facilities Costs	\$300,000.00
Space or Facilities Costs (Other Sources)	\$11,351,000.00
Space or Facilities Narrative:	Gastineau Permanent Supportive Recovery Housing Project (51 units of permanent supportive housing) - Total project cost \$11,750,000

Total Amount to be Funded by the Trust	\$300,000.00
Total Amount Funded by Other Sources	\$11,351,000.00

OTHER FUNDING SOURCES

Juneau Community Foundation SECURED	\$50,000.00
City and Borough of Juneau SECURED	\$2,000,000.00
Tlingit and Haida Regional Housing Authority SECURED	\$100,000.00
Federal Appropriation (Senate Transportation, Housing and Urban Development PENDING	\$2,101,000.00
US Dept of HUD (Continuum of Care Builds grant) PENDING	\$3,100,000.00
Alaska Housing Finance Corp (GOAL grant) PENDING	\$1,000,000.00
Federal Home Loan Bank of Des Moines PENDING	\$3,000,000.00
Total Leveraged Funds	\$11,351,000.00



July 24, 2024

Gastineau Human Services
5597 Aisek Street
Juneau, AK 99801

Dear Johnathan,

Congratulations! The Juneau Community Foundation is pleased to award a grant to Gastineau Human Services. A check is enclosed in the amount of **\$50,000.00**. This grant comes from the Juneau Community Foundation's Juneau Nonprofit Housing Development Council for the purpose of supporting predevelopment and grant writing costs for the permanent supportive housing project.

By accepting this grant, you agree to spend the funds for the purpose indicated. Grant funds that are not spent for this purpose must be returned. This grant cannot be used for non-charitable purposes.

Public recognition of this grant is appreciated by the Juneau Community Foundation to encourage other donors to fund similar grants in the future. We request that you inform members and supporters of your organization about this grant and write a letter to your local paper describing what you plan to do or accomplish with the grant. In addition, the Foundation would greatly appreciate pictures that we can use in our general publications.

The staff and board of the Foundation are proud to be involved in this partnership that supports programs and projects such as yours.

Sincerely,

A handwritten signature in blue ink, appearing to read "Amy Skilbred", is written over a light blue circular stamp.

Amy Skilbred
Executive Director

Enclosure: Check

By accepting this grant, your organization certified to JCF that 1) no tangible benefit, goods or services were provided to anyone connected with the above fund and 2) this donation will not be used by you to satisfy the payment of any pledge or other financial obligation on behalf of the donor(s) per Section 6115 of the IRS Code. The donor(s) has already received a charitable deduction for a contribution as required by the 1992 Tax Reconciliation Act.



April 15, 2024

Dr. Jonathan Swinton, Executive Director
Gastineau Human Services
5617 Aisek Street
Juneau, AK 99801

Dr. Swinton,

Tlingit Haida Regional Housing Authority (THRHA) commits \$100,000 in NAHASDA funding to the Gastineau Human Services housing project. Your 51-unit permanent supportive housing project for people in our community is sorely needed as we are in the middle of the housing crisis.

Since 1973, THRHA has been working to meet the affordable housing needs of individuals and families in Southeast Alaska. THRHA offers a variety of services, such as temporary emergency housing, senior independent living, down-payment assistance, home repair, and project and home construction. The authority also provides home ownership and rent-to-own opportunities. THRHA is a TDHE serving the area which includes the proposed project site.

We understand that you plan to begin project construction in the Spring of 2025 and that the project is expected to have occupancy in the Summer of 2026. We support your organization and wish you the best of luck in obtaining other funding commitments for this important project to work with these NAHASDA funds to bring this project to fruition.

We understand that approximately 40% of the current GHS participants are tribal citizens. With these funds, at least one unit going forward will need to be occupied by a tribal citizen. We know that a higher number of units will be occupied by tribal citizens based on your current statistics.

Thank you for doing your part in moving the needle on the housing, homelessness, and recidivism crisis we are all currently facing.

Sincerely,

Jacqueline Pata
President & CEO



MEMORANDUM OF AGREEMENT

This is a Memorandum of Agreement (MOA) between the City & Borough of Juneau (“CBJ”) and the Gastineau Human Services Corporation (“GHS”), a nonprofit corporation organized under the laws of the State of Alaska (with its principal place of business in Juneau, Alaska) and licensed to do business in the State of Alaska. The CBJ will grant to GHS two million dollars (\$2,000,000) for the development and construction of fifty-one units of permanent supportive housing (PSH) that will serve individuals in Juneau and Southeast Alaska with very low incomes, are in recovery from substance use disorders, and/or experiencing mental illness. The grant award covers the period May 13, 2024, through June 30, 2024.

Scope of the Program

CBJ funding for this program was authorized by CBJ Ordinance No. 2023-14(b)(AH) enacted on May 13, 2024. GHS is a local nonprofit corporation that is designed to provide low-cost community alternatives for behavioral health and rehabilitation services. GHS will use the grant funds in the amount of two million dollars (\$2,000,000) for the development and construction of fifty-one units of permanent supportive housing (PSH). All units will be dedicated to expanding long-term supportive housing to reduce homelessness, prevent the cycling of tenants through homeless shelters or correctional facilities, and provide new housing opportunities for very low-income and persons in the homeless population currently facing limited housing options and in recovery from substance use disorders.

The estimated total project cost is eleven million, five hundred thousand dollars (\$11,500,000). The CBJ award amount represents approximately seventeen percent of total project cost and will be leveraged in the application for additional funding. GHS is currently in the application process for Federal Home Loan Bank funds, and funds from the Alaska Mental Health Trust. GHS has submitted a request through Senator Murkowski’s office for federal appropriation for the project. GHS anticipates applying for funding from the Rasmuson Foundation and for a federal Greater Opportunities for Affordable Living (GOAL) grant in Fall 2024.

CBJ grant funding can only be used for the program functions noted above. Any changes in the program scope will require prior approval by CBJ.

Grantor/Grantee Communications and Contacts

The following addresses will be used for all written communications.

City & Borough of Juneau
Stevie Gawryluk, Budget Analyst
155 Heritage Way
Juneau, Alaska 99801
907-586-5215, ext. 4070
grants@juneau.gov

Gastineau Human Services
Jonathan Swinton, Executive Director
5597 Aisek Street
Juneau, Alaska 99801
907-780-4338
jonathan_swinton@ghscorp.org

Grant Award Fund Distribution

CBJ will advance GHS the full amount of the grant, two million dollars (\$2,000,000) by June 30, 2024, or upon signing of the Agreement, whichever is later. GHS agrees to refund all CBJ

advanced grant funds dollar for dollar up to the amount appropriated by Ordinance No. 2023-14(b)(AH) if GHS receives more than its fundraising needs, which is set as eleven million, five hundred thousand dollars (\$11,500,000) by June 30, 2025. GHS agrees to continue to make a good faith effort to raise funds from all sources.

Grant Fund Management & Controls

CBJ is contributing these funds to GHS for community purpose projects. It is important to CBJ that adequate controls exist to safeguard these community purpose funds. In providing these controls, GHS agrees to maintain accounting and management systems that provide reasonable safeguards and reporting reliability.

Activity Reports

December 31, 2024, GHS will provide CBJ with a preliminary report accounting for the disbursement or obligation funded within the CBJ grant and a report on the programs funded and progress of the Scope of Program. By June 30, 2025, the GHS will provide both a financial report and narrative description of goals accomplished.

Compliance with Laws & Regulations

GHS shall, at the GHS's sole cost and expense, comply with all applicable requirements of federal, state, and local laws, ordinances, and regulations now in force, including safety, environmental, immigration, and security enactments, or which may be subsequently enacted. GHS warrants that it has obtained and is in full compliance with all required licenses, permits, and registrations regulating the conduct of business within the State of Alaska and CBJ, and shall maintain such compliance during the effective term of this MOA.

Conflict of Interest

GHS warrants that no employee or officer of CBJ has violated the conflict of interest provisions of CBJ code regarding this MOA. GHS also warrants that it has not solicited or received any prohibited action, favor, or benefit from any employee or officer of CBJ, and that it will not do so as a condition of this MOA. If GHS learns of any such conflict of interest, GHS shall, without delay, inform the CBJ Municipal Attorney and CBJ's representative for this MOA.

Indemnification

GHS agrees to defend, indemnify, and hold harmless CBJ, its employees, volunteers, consultants, and insurers, with respect to any action, claim, or lawsuit arising out of or related to GHS's performance or activities pursuant to this MOA, without limitation as to the amount of fees, and without limitation as to any damages, cost, or expense resulting from settlement, judgment, or verdict, and includes the award of any attorneys' fees even if in excess of Alaska Civil Rule 82. This indemnification agreement applies to the fullest extent permitted by law and is in full force and effect whenever and wherever any action, claim, or lawsuit is initiated, filed, or otherwise brought against CBJ relating to this MOA. The obligations of GHS arise immediately upon actual or constructive notice of any action, claim, or lawsuit. CBJ shall notify GHS in a timely manner of the need for indemnification, but such notice is not a condition precedent to GHS's obligations and is waived where GHS has actual notice.

Prohibition on Lobbying

No part of any funds paid under this grant shall be used for the purpose of any lobbying activities before the City & Borough of Juneau Assembly.

Public Records

GHS acknowledges and understands that CBJ is subject to CBJ Code 01.70.010 (Public Records) and to the Alaska Public Records Act (AS 40.25.120) and that all documents received, owned, or controlled by CBJ in relation to this MOA must be made available for the public to inspect upon request, unless an exception applies. It is GHS's sole responsibility to clearly identify any documents GHS believes are exempt from disclosure under the Public Records Act by clearly marking such documents "Confidential." Should CBJ receive a request for records under CBJ Code or the Alaska Public Records Act applicable to any document marked "Confidential" by GHS, CBJ will notify GHS as soon as practicable prior to making any disclosure. GHS acknowledges it has five (5) calendar days after receipt of notice to notify CBJ of its objection to any disclosure, and to file any action in the Superior Court for the State of Alaska at Juneau as GHS deems necessary in order to protect its interests. Should GHS fail to notify CBJ of its objection or to file suit, GHS shall hold the CBJ harmless for any damages incurred by GHS as a result of the CBJ disclosing any of GHS's documents in CBJ's possession. Additionally, GHS may not promise confidentiality to any third party on behalf of CBJ, without first obtaining express written approval by CBJ.

Safety

GHS will comply with applicable federal, state, and local laws and regulations and will retain responsibility for its own compliance and that of its contractors or other designated third party agents, with all applicable federal, state, and local laws and regulations, including without limitation applicable occupational health and safety laws. GHS shall be solely liable for and shall independently undertake to defend any and all unfair labor practice charges, grievances, judicial action, or other employee or union claims, as well as general liability and personal liability, related in any way to GHS's performance pursuant to this grant.

Equal Employment Opportunity

As a condition of receiving funds under this MOA, GHS will not discriminate against any employee or applicant for employment because of race, religion, color, national origin, age, disability, sex, sexual orientation, gender identity, gender expression, marital status, changes in marital status, pregnancy, or parenthood. GHS shall include these provisions in any agreement relating to the work performed under this MOA with contractors or subcontractors.

Term of Grant

The effective date of this agreement shall be the date it is signed by CBJ. This grant is limited to the funding amounts and term stated herein and does not constitute a promise or guarantee of any future grant funding by CBJ.



Jonathan Swinton, Executive Director
Gastineau Human Services Corporation

5/31/2024
Date

Mary Katherine Koester, City Manager
City & Borough of Juneau, Alaska

Date



Juneau Housing First Collaborative/The Glory

Hall

Gastineau Human Services
Jonathan Swinton, Executive Director
5713 Aisek Street
Juneau, AK 99801

April 25, 2024

RE: Joint Emergency Shelters Letter in Support of 51-unit-apartment project

Dr. Swinton,

We are undersigned Executive Directors of the St. Vincent dePaul Society, which provides the Winter Warming Shelter, housing and transitional shelter, The Glory Hall, which provides year around emergency shelter, and AWARE, which provides emergency shelter, housing, and other services to victims of domestic violence and sexual assault.

We are writing in support of the Gastineau Human Services permanent supportive housing project and are hopeful that funding is granted by all the sources you apply to. Funding permanent supportive housing is very difficult, and this letter of support is meant to be submitted with all the grant applications you write for government and private sources of development and operating funds. We know that there will be many.

Juneau sorely needs more permanent supportive housing. All our agencies operate overflowing emergencies shelters and far too many people remain in shelter for years due to the lack of permanent supportive housing, especially housing with wrap around services which allows for people to live productive and supported lives.

In addition to emergency shelter, our agencies provide housing units, which are always full with long waiting lists for every unit. In spite of the navigation and case management support available to our clients homelessness persists because of the dearth of housing units available. Your project is a step in the right direction. We understand that permanent supportive housing and not more shelters are a solution for our community. We have seen firsthand the effectiveness of permanent supportive housing to change lives and to end the crisis of homelessness.

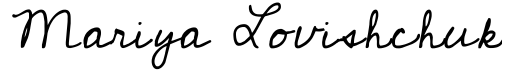
The creation of these new units, by a mission driven agency, will ensure that the units stay affordable and are rented to individuals who are not given a chance by private landlords due to less than stellar rental history and other issues. This project will truly address the needs of our community.

Sincerely,



Dave Ringle
Executive Director
St. Vincent de Paul of Juneau
www.svdpjuneau.org
(907) 789-2557
daveringlesvdp@gmail.com

Sincerely,



Mariya Lovishchuk
Executive Director
Juneau Housing First
www.housejuneau.org
(907) 957-2885
info@feedjuneau.org

Sincerely,



Mandy O'Neal Cole
Executive Director
AWARE
www.awareak.org
(907)576-6623
mandyoc@aware.org



Jonathan Swinton
5713 Aisek Avenue
Juneau, AK 99801

April 25, 2024

Dear Jonathan,

It is my pleasure to write this letter of support for the Gastineau Human Services proposed housing project. Southeast Alaska Independent Living (SAIL) has been involved in the advocacy efforts on behalf of Juneau's houseless and vulnerable people for several years. We are thrilled to see more permanent, supportive, affordable housing come to fruition.

As an Independent Living Center and an Aging and Disability Resource Center, SAIL staff works directly with many consumers who would benefit immensely from this project. Juneau's current housing market is extremely challenging with people of all socio-economic statuses needing help finding appropriate housing. This project will provide safe and stable housing to people who would otherwise be experiencing homelessness.

SAIL staff work closely with the staff at the Glory Hall to provide services to many individuals, however providing consistent support is difficult when someone is living on the streets and regularly moving from place to place. People experiencing homelessness are at great risk for violent attacks and most have experienced this in their time on the streets. Additionally, many have complex medical needs that are not being tended to. People experiencing homelessness with histories of criminal offenses are much more likely to re-offend, struggle with addiction, and experience crisis after crisis.

SAIL is excited about this project. Our offices are located right next to an existing homeless shelter and we want to see fewer people staying and suffering in the shelter day after day, month after month, year after year. This is a much-needed addition to our housing stock and SAIL applauds you for developing more housing. Not providing a housing option that fits the particular needs of these individuals, in our continuum of care here in Juneau, ultimately costs the community a great deal more as those who would otherwise be served by a program such as this, continue to cycle in and out of treatment and jail. Housing stabilizes lives.

We hope that you will fund this program to the greatest extent possible. Please feel free to contact me if you have any further questions.

Respectfully,

A handwritten signature in blue ink that reads 'Joan O'Keefe'.

Joan O'Keefe
Executive Director



Juneau Coalition on Housing & Homelessness

April 23, 2024

Dr. Jonathan Swinton
Gastineau Human Services
5713 Aisek Street
Juneau, AK

RE: Gastineau Human Services

Dear Dr. Swinton,

This letter is in support for all funding requests Gastineau Human Services plans to submit in order to develop the 51 unit permanent supportive housing project on your Lemon Creek property. We understand how complex funding packages for housing projects are and we commend Gastineau Human Services for taking on this difficult yet necessary project. Juneau is experiencing a housing crisis and there are not enough units of housing for any demographic but especially for the population you are choosing to house, individuals who are below 50% AMI who are attempting to be in recovery while also battling, in addition to lack of housing and severe competition for scarce housing resources, the life long struggle with addiction.

The Juneau Coalition of Housing and Homelessness (JHCC) is a partnership of local agencies and organizations who serve Juneau's most vulnerable residents, the homeless, and those most affected by limited and high cost of living. These organizations participate in the Juneau Continuum of Care by providing emergency, transitional, permanent supportive, and supportive services to clients and are working together to develop solutions.

Currently, every organization providing social services in Juneau is challenged by the lack of housing. St. Vincent DePaul Society and Alaska Housing and Development Corporation have long waiting lists. Private landlords have no trouble renting units to individuals with clean criminal records. Even the local hospital and police force are struggling with finding housing for essential personnel. The housing crisis has impacted every part of our community but particularly individuals who are already disadvantaged. Your project will truly fill a gap. Your residents and our community members will truly have the chance to break the cycle of addiction and homelessness by being able to live in permanent housing with on-site support.

Other permanent supportive housing projects in Juneau, specifically Forget-Me-Not-Manor, are always full. Once built, we expect your facility to not only have a low vacancy rate but also help our entire community by bringing more units on the market. JCHH understands that you are working on a tight timeline and are aggressively pursuing every opportunity available to you to bring this project to reality. We stand with you, ready to support you in this endeavor.

Thank you for taking this on.

Sincerely,

A handwritten signature in blue ink that reads "Dave Ringle".

Co chair of JHCC
Executive Director
Society of St. Vincent de Paul Juneau

A handwritten signature in blue ink that reads "Hazel DeCoud".

Co chair of JHCC
Executive Director
Polaris House Juneau



April 25, 2024

Dr. Swinton,

I write this letter on behalf of the National Alliance for Mental Health (NAMI) Juneau to express our complete support for GHS's permanent supportive housing project for individuals in recovery. Safe, supportive, quality housing is a basic human need and a basic human right. Stability and basic sense of safety are essential to recovery and well being and housing is foundational. Your project will add needed units to Juneau's inadequate housing stock and we thank you for working to target your building to support people in active recovery.

NAMI provides education, advocacy, support and public awareness so individuals affected by mental illness can build better lives. We promote mutual support and are guided by our commitment to treat each individual and their experiences with sincere uncritical acceptance. We make information and education accessible through nationally recognized curricula, grounded by the lived experience of those affected by mental illnesses. We reject stigma and promote understanding of the impacts of mental illness through education and public awareness. we are a unique part of Juneau's continuum of mental health care and value collaboration to jointly improve access to mental health treatment and supports. We encourage hope, wellness, and resiliency through shared experiences.

We are excited about the collaborative nature of this project and for its size. 51 units is a significant number. Once the project nears completion, we will be happy to assist your organization with staff training and other resources to ensure that this project is successful.

Please do not hesitate to reach out if you have any further questions.

Sincerely,

A handwritten signature in black ink, appearing to read "a S", is written above the typed name.

Aaron Surma
Executive Director



POLARIS HOUSE
907-780-6775
polarishouse@alaska.net
434 Willoughby
Juneau, Alaska 99801

April 25, 2024

Gastineau Human Services,

We would like to express our most sincere support for your permanent supportive housing project for people in recovery. One of our biggest struggles is finding appropriate housing for people in recovery. Currently, it is nearly impossible.

Polaris House is an important space in our community. We provide a place for people living with mental illness to make strides towards recovery and towards stability. We do an incredible job of making all of our members feel welcomed and valued. By providing supportive services, we provide our members with a chance for success in whatever that may look like for them. Our staff work hard on supporting people in recovery and people struggling with addiction. However, our work and the lives of our members is made so much more challenging by lack of housing options!

We are committed to doing what's best for every individual. We strive to create an environment where everyone is welcome, and everyone has the opportunity to be their best self. We believe that your project will strive to do the same and we will do whatever we can to support it going forward. Thank you for taking this one! We cannot wait to attend the ribbon cutting.

We urge the funding of all operational and capital requests your project submits. We wish you success!

Most Sincerely,

Hazel LeCount
Executive Director
Polaris House



JUNEAU REENTRY COALITION

*Promoting Success After Incarceration
To Reduce Recidivism and Increase Public Safety*

April 23, 2024

Dr. Jonathan Swinton
Gastineau Human Services
5713 Aisek Street
Juneau, AK 99801

Dear Dr. Swinton,

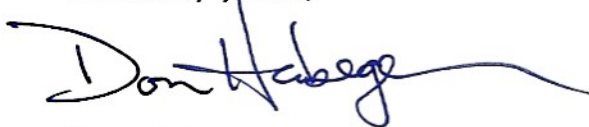
This letter supports all funding requests Gastineau Human Services (GHS) plans to submit to develop the 51-unit permanent supportive housing project on your Lemon Creek property. We understand how complex funding packages for housing projects are and we commend GHS for taking on this challenging yet necessary project. Juneau is experiencing a housing crisis, and there are not enough units of housing for any demographic but especially for the population you are choosing to house, individuals who are below 50% AMI who are attempting to be in recovery while also battling, in addition to lack of housing, the lifelong struggle with addiction.

The Juneau Reentry Coalition promotes strategies and activities that serve justice-involved individuals to reduce community recidivism and improve public safety. GHS is pivotal as an established community behavioral healthcare resource in this mission. Their expertise and experience make them well-suited to expand services and housing options with this project, ensuring a firm reentry foundation for many individuals leaving incarceration.

Reentry case managers are challenged by the lack of housing when working with reentry clients on their case plans. At times, the local emergency shelter or outdoor camping is the only option for housing after release. Unstable housing options increase recidivism, and your project is sorely needed to help increase low-income housing stock within the community.

The Juneau Reentry Coalition's Steering Team voted unanimously to support your project fully. We thank you for taking on the challenge and look forward to GHS making this a reality.

Sincerely yours,



Don Habeger
Coalition Coordinator

3406 Glacier Highway · Juneau, Alaska 99801 · juneareentry@gmail.com · 907-463-3755

GHS SUPPORTIVE HOUSING

For
GASTINEAU HUMAN SERVICES



PERMIT CONSTRUCTION DOCUMENTS

19 AUGUST 2024

MRV
ARCHITECTS
ARCHITECTURE · PLANNING · INTERIORS

NOTES:
TOTAL FLOOR SF 6,519.

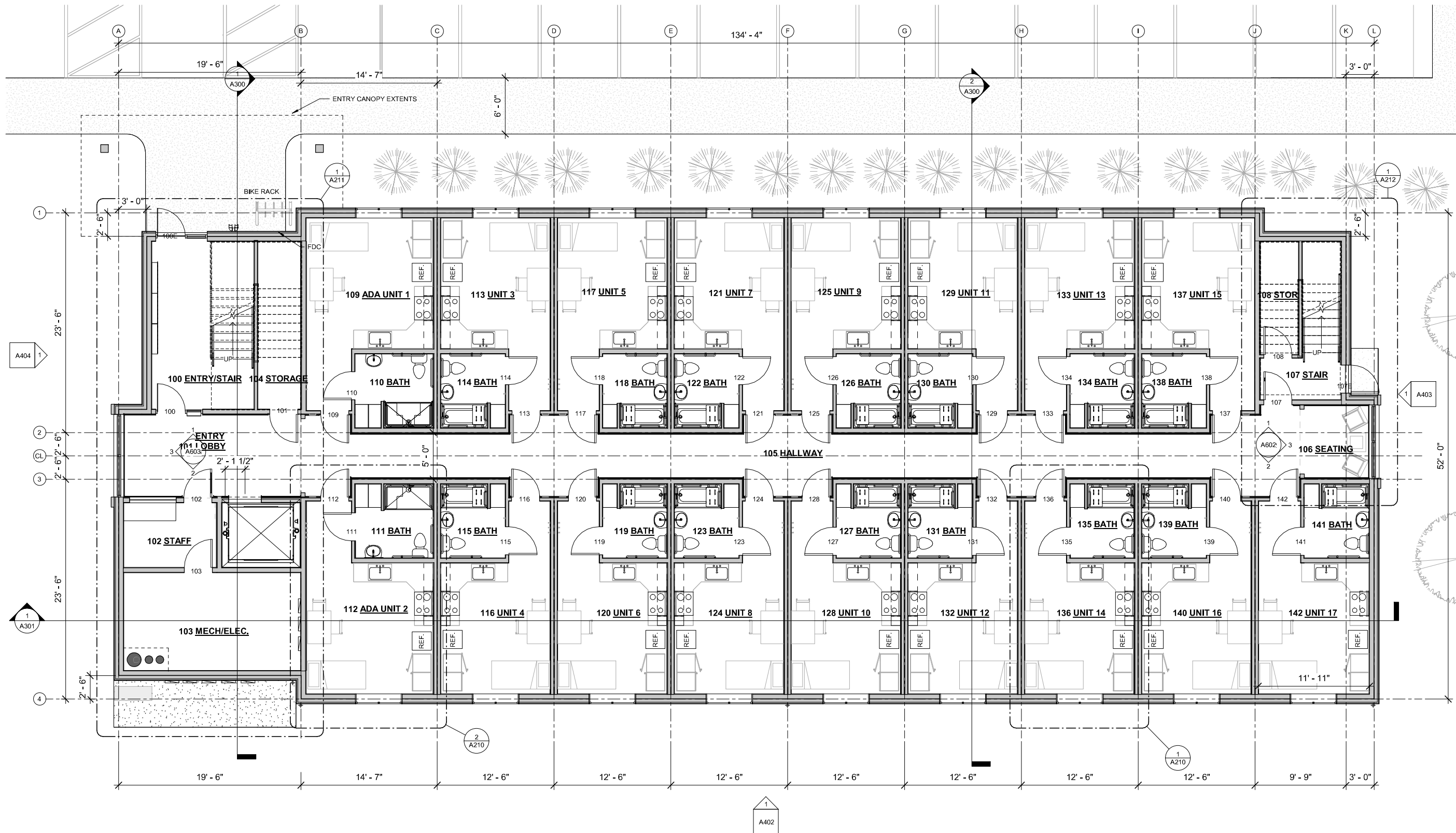


MRV
ARCHITECTS
ARCHITECTURE PLANNING INTERIORS

MRV ARCHITECTS
1420 GLACIER AVE. #101
JUNEAU, AK 99801
907-586-1371
FAX 907-463-5544
mrv@mrvarchitects.com

MRV #2408

65% DESIGN DEVELOPMENT
GHS SUPPORTIVE HOUSING
GASTINEAU HUMAN SERVICES



1 FLOOR 1
3/16" = 1'-0"
0' 4' 8' 16'



NOTE: 11"x 17" PRINT IS HALF SIZE

No.	Description	Date

SHEET TITLE:
FLOOR PLAN 1

DATE: 08.19.2024

DRAWN: MRV

CHECKED: PV

SHEET NO.

A201

C:\Users\colthe\OneDrive\Documents\GHS Supportive Housing_Schematic_Flipped_RVT 25_Central_coter\A201.rvt

MEMO

To: Board of Trustees
Date: February 6, 2025
Re: FY25 Authority Grant Request – Early Childing Intervention & Prevention
Fund Source: FY25 Improve Social Determinants of Health for Families and Young Children (Page 15, Line 39; \$116.0) & Foster Care and Child Welfare Systems Improvements (Page 15, Line 40; \$100.0)
Amount: \$216,000.00
Grantee: Beacon Hill
Grant Term: March 1, 2025 to February 28, 2026
Project Title: Family Resource Center Program Expansion

REQUESTED MOTION:

The Board of Trustees approve a \$216,000 FY25 Early Childhood Intervention and Prevention authority grant allocation to Beacon Hill for the Family Resource Center Program Expansion Project. These funds will come from the Improve Social Determinants of Health for Families and Young Children and Foster Care and Child Welfare Systems Improvements lines of the FY25 approved budget.

Assigned Program Staff: Tina Voelker-Ross

STAFF ANALYSIS

Beacon Hill requests Trust funding of \$216,000 for the Family Resource Center Program Expansion project funding by the Early Childhood Intervention & Prevention focus area FY25 budget line items Improve Social Determinant of Health for Families and Young Children, and Foster Care and Child Welfare Systems Improvements.

This project will focus on two research-informed practices that have a direct impact on children and families:

1. Expansion of the Family Resource Center- Trust funding will support further implementation and expansion of the family resource center functions to help families access resources and increase supports.
2. CarePortal- CarePortal is an application that connects agency-vetted family needs with local community members who can help fulfill those requests.

Both practices reduce the number of children and families involved in the child welfare system by addressing social determinants of health and stabilizing families in crisis.

This project targets children in foster care and their caregivers, kinship providers, and biological families working toward reunification or struggling to make ends meet. Many of these children and parents are Trust beneficiaries who experience developmental disabilities, mental illness, and drug and alcohol use. Additionally, many of the families who will present for services may not be involved with the social welfare system but do not have the resources to provide essential needs for their children and are at risk or experiencing homelessness, poverty, and social isolation. This project will provide concrete support and social connection in their time of need. This project has a potential multi-generational impact (parents & children) through mitigating adverse childhood experiences, preserving placements with kinship caregivers, and reducing social welfare involvement by connecting families in crisis to resources and supports.

Beacon Hill has secured \$354,000 in additional funding, which it is leveraging with Trust funding to implement this expansion of its services. This is the first project funded by the Trust for Beacon Hill, an established and trusted provider in the community with broad support. This is a one-time funding request. Trust staff recommends this project for funding in alignment with Trust focus area strategies and Comp plan objectives.

COMP PLAN IDENTIFICATION

Area of Focus	Objective	Comments
Area of Focus 1: Early Childhood & Youth	1.3 Improve social determinants of health and strengthen family resiliency through a comprehensive framework to promote consideration of shared protection and risk factors	Strategy: Increase access to family and peer support services that address resiliency by reducing early adversity, toxic stress, and childhood trauma and by building protective relationship supports, cultural identity, and self-regulation skills.
Area of Focus 1: Early Childhood & Youth	1.5 Youth and their caregivers are connected to their communities	b. Strategy: Increase access to food security, caregiver respite, transportation, and housing as essential parts of treatment and prevention services and account for their inclusion in the evaluation of services. d. Strategy: Provide caregivers and youth access to navigators, care coordinators, or peer support to guide them through behavioral health and other supportive systems of care.
Area of Focus 6: Protecting Vulnerable Alaskans	6.2 Promote early intervention for individuals at risk of maltreatment	Strategy: Support family peer support groups and programs that

		support families in crisis and help families to transform negative practices into positive caregiving behaviors and attitudes.
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PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

This proposal will facilitate Beacon Hill’s development and implementation of two innovative, research-informed tools that are changing the face of child welfare nationwide. The Family Resource Center model is a unique approach to family support that consistently shows family improvement in economic self-sufficiency and health. CarePortal leverages collective impact to meet the tangible needs of children and families in crisis. This initiative will directly impact Trust beneficiaries and strengthen and support Alaskan families by providing essential resources and building critical connections.

Alaska’s foster care system is in crisis, and the number of families struggling and at risk of entering foster care is increasing. As of October 2024, there were 2,492 children in out-of-home care in Alaska, 70% of whom are Alaska Native. There is a crisis and a shortage of resources for families to care for these children in foster care. The Office of Children’s Services (OCS) is at 60% vacancy rate. This crisis is causing additional trauma for children in care. There is also a growing number of unlicensed kinship providers who are caring for their relatives with little financial or social support.

In general, families in Alaska are struggling with social isolation and stress, food and housing insecurity, and a lack of connection to adequate resources for concrete needs. The U.S. Surgeon General Health Advisory (August 2024) indicates that today’s parents are experiencing high levels of stress, social isolation, and mental health concerns. The report highlights the “urgent need to better support parents, caregivers, and families to help our communities thrive.”

This initiative will directly impact Trust beneficiaries and strengthen and support Alaskan families by providing access to essential resources and building critical connections. With this funding, Beacon Hill will develop, implement, and expand two innovative, research-informed tools that build protective factors and strengthen families. The Family Resource Center model is a unique approach to family support that consistently shows family improvement in economic self-sufficiency and health. CarePortal leverages collective impact to meet the tangible needs of children and families in crisis.

Beacon Hill’s Family Resource Center is located in Anchorage. It provides a place for at-risk families, foster families, and biological families involved in the social welfare system to access tangible needs such as clothing, hygiene products, housewares, diapers, winter gear, school supplies, etc., through the Beacon Hill community closet. Referrals for the Family Resource Center are made through approximately 40 referring agencies such as AWAIC shelter, Child in Transition, law enforcement, Volunteers of America, the Office of Children’s Services, Covenant House, or internally through other Beacon Hill programs. The families are typically in crisis. Many of these families are relative caregivers who are stepping in to care for children who are at

risk for placement in foster care or in foster care placement with a relative. These relatives are often unprepared to suddenly meet the tangible needs of the additional children in their care. Once a referral to Beacon Hill is made, an appointment is scheduled, and the family is greeted by Beacon Hill staff at the community closet to “shop” for the items they need. The families can access the items to take with them that same day and are given a list of additional resources. Trust funding will support the additional staff needed to meet with families following this initial “shopping” session to complete an assessment and provide additional services, supports, and resources. The family assessment is an evidence-based tool that assesses 14 domains related to the family. The family support specialist engages the family in the assessment process using motivational interviewing to identify where the family wants to engage, the support they need, and the resources. These supports and resources often stabilize relative caregiver families to continue caring for children in their care and avoid placement in a foster home outside of their family. These interventions mitigate trauma by stabilizing crises with at-risk families and preserving placements with a family member.

CarePortal is a “care-sharing” platform to access tangible needs from a community network. CarePortal was implemented by Beacon Hill in November 2024. CarePortal is an application that connects agency-vetted family needs with local community members who can help. Beacon Hill is the only implementing agency for CarePortal at this time. It is currently building a network of agencies, churches, and community champions who can fulfill requests inputted into the CarePortal system. In addition to building the network, Beacon Hill is the main inputting agency, inputting the needs into CarePortal and coordinating the effort to meet the family's needs. Within the first 30 days of implementation, the pilot of CarePortal in Anchorage identified 8 needs and served 16 children with an economic impact of \$9,365.00 for resources such as beds, cribs, high chairs, and groceries. This project is in partnership with OCS, and approximately half of the requests originated from OCS. The network of agencies that can refer family needs to CarePortal is expanding with the plan to include MatSu in the first quarter of 2025.

The target population for this grant proposal includes children in foster care and their caregivers, kinship providers, and biological families who are struggling to make ends meet or working toward reunification.

Beacon Hill primarily meets the tangible needs of families in Anchorage and MatSu, including families from the off-road system who find themselves in Anchorage due to crises such as medical emergencies, foster care placement, or drug and alcohol treatment. Consequently, we serve children and families statewide.

The expected outcomes of this project will be:

- 1000 families connected to tangible needs in times of crisis
- Families will increase concrete supports and social connections to strengthen and stabilize their family
- A Parent Advisory Committee (PAC) will be created to influence and guide services offered to families

- the FAMS Database will be used to track the number of individuals served and the economic impact

Community support for this proposal is energetic and extensive, and includes the Office of Children's Services, local community champions, businesses, churches and corporations, individual donors, and other private funders.

PERFORMANCE MEASURES

How much did you do?

- Number (#) of unduplicated children served through the Family Resource Center project during the grant reporting period.
- Number (#) of unduplicated parents served through the Family Resource Center project during the grant reporting period.
- Total number (#) of family units served through the Family Resource Center project during the grant reporting period.
- Report the following data points collected through the Family Assistance Management System (FAMS) for the Family Resource Center Model:
 - Number (#) of referrals given
 - Number (#) of client interactions
 - Number (#) and types of resources requested and/or distributed
 - Number (#) of individuals receiving case management services.
- Total number (#) of requests received through the CarePortal during the grant reporting period.
- Total number (#) of children impacted through the CarePortal project during the grant reporting period.
- Total number (#) of family units receiving referral services or supports through the CarePortal during the grant reporting period.

How well did you do it?

- Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the Family Resource Center program expansion and CarePortal project. Be sure to include information that describes the Parent Advisory Committee (PAC) and their role in the overall project.
- Total dollar (\$) amount of economic impact through the CarePortal project during the grant reporting period.
- Provide a list of items provided to children and families impacted through the CarePortal during the grant reporting period.
- Total number (#) and percentage (%) of family units who were satisfied with the services, supports and resources they received through the Family Resource Center.

Is anyone better off?

- a) Number (#) and percentage (%) of family units who felt they experienced an increase in the level of concrete supports and social connections as a result of their participation in the Family Resource Center project.
- b) Number (#) and percentage (%) of family units who demonstrated improvement in economic self-sufficiency as a result of their participation in the Family Resource Center project.
- c) Number (#) and percentage (%) of family units who demonstrated improvement in overall health as a result of their participation in the Family Resource Center project.
- d) Four statements from participants that describe how the Family Resource Center expansion project has impacted their quality of life.

SUSTAINABILITY

This project proposal will build the foundation for Beacon Hill’s Family Resource Center expansion. The Family Resource Center shared database will maximize shared data collection to leverage sustainable funding from additional funding sources such as the Block Foundation, Harnish Foundation, and individual Beacon Hill donors. The Parent Advisory Committee (PAC) will ensure the voices of those most affected are heard and acted upon, leading to impactful and sustainable initiatives.

WHO WE SERVE

The target population for this grant proposal includes children in foster care and their caregivers, kinship providers, and biological families working toward reunification or struggling to make ends meet. Many of these children and parents experience developmental disabilities, mental illness, and drug and alcohol use. In our Anchorage Family Support Center, many of the parents are in drug and alcohol treatment or receiving mental health services as part of their case plan from the Office of Children’s Services to reunify with their children. Many of the families served through our Community Closet are experiencing homelessness, poverty, and social isolation. Families provided tangible items through CarePortal have been referred because they do not have the resources to provide essential needs for their children.

Beneficiaries who are served through this expansion will receive concrete supports and social connection in time of need. Research has shown that families who receive connection and support to provide for their basic needs prevent child abuse and neglect and stabilize and strengthen families.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	400
Developmental Disabilities:	200
Substance Abuse	400

Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	2,500
Number of people to be trained	4

BUDGET

Personnel Services Costs	\$178,000.00
Personnel Services Costs (Other Sources)	\$232,000.00
Personnel Services Narrative:	<p>The Trust's funds will be used to expand program staff by 1-2 positions to support the Family Resource Center and the CarePortal expansion.</p> <p>1 FTE Community Closet/Boutique Director \$73,000.00</p> <p>1 FTE Community Closet Asst. / Admin. Specialist \$55,000.00</p> <p>1 FTE Family Support Program Support Specialist (for family support and CarePortal) \$50,000.00</p>

Space or Facilities Costs	\$0.00
Space or Facilities Costs (Other Sources)	\$69,000.00
Space or Facilities Narrative:	N/A

Supplies Costs	\$8,000.00
Supplies Costs (Other Sources)	\$7,500.00
Supplies Narrative:	<p>The Trust funds will provide for non-donated program supplies such as socks, underwear, hygiene products, and an iPad for checking in clients.</p> <p>Community Closet – Program Supplies - \$6500</p> <p>Family Support – Program Supplies - \$1500</p>

Other Costs	\$30,000.00
Other Costs (Other Sources)	\$555,500.00 [247,000]
Other Costs Narrative:	<p>The Trust's funds will provide stipends and food for the Parent Advisory Committee meetings and for 12% indirect costs.</p> <p>Parent Advisory Committee \$5,000</p>

	Indirect \$25,000
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Total Amount to be Funded by the Trust	\$216,000.00
Total Amount Funded by Other Sources	\$555,500.00

OTHER FUNDING SOURCES

The Office of Children's Services CarePortal Contract - Secured	\$70,000.00
Rasmuson Foundation - Pending	\$200,000.00
Global Credit Union Foundation - Secured	\$10,000.00
The Langston Family Foundation - Secured	\$4,000.00
The Office of Children's Services Family Support Contract -Secured	\$70,000.00
Beacon Hill - Pledged	\$201,500
Total Leveraged Funds	\$555,500.00

MEMO

To: Board of Trustees
Date: February 6, 2025
Re: FY25 Focus Area Allocation – Beneficiary Employment and Engagement
Fund Source: FY25 Evidence Based and Promising Employment and Engagement Practices (Page 10, Line 13)
Amount: \$135,000.00
Grantee: Alaska Association on Developmental Disabilities
Grant Term: May 1, 2025 to June 30, 2026
Project Title: Building a System to Achieve Employment First For All

REQUESTED MOTION:

The Board of Trustees approve a \$135,000 FY25 Beneficiary Employment and Engagement focus area allocation to the Alaska Association on Developmental Disabilities for the Building a System to Achieve Employment First for All project. These funds will come from the Evidence Based and Promising Employment and Engagement Practices line of the FY25 budget.

Assigned Program Staff: Kelda Barstad

STAFF ANALYSIS

The project will implement a pilot program to create an employment services leadership pathway and use national expertise to guide a working group to remove barriers to Employment First in the State of Alaska so that beneficiaries with an intellectual or developmental disability have opportunities for long-term, meaningful employment. This project aligns with the goals of the Housing and Home and Community-Based Services focus area, allowing beneficiaries to remain in the home and community of their choice. In the past three fiscal years, the Trust has awarded six grants to AADD totaling \$236,500. Activities supported through grant funding have included three infrastructure grants to support the IDD provider system and three grants to complete small projects on disability inclusion, employment, and direct support professionals. The Building a System to Achieve Employment First For All project is recommended for funding.

COMP PLAN IDENTIFICATION

Area of Focus	Objective	Comments
Area of Focus 3: Economic & Social Well-being	3.3 Expand resources that promote successful, long-term	

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

This project will increase the number of Trust beneficiaries with I/DD who are employed and deepen the operationalization of Alaska's Employment First commitment. It has two objectives: Objective One is piloting a leadership development program with the goal of building leaders who can drive innovation and expansion within provider organizations. Objective Two supports Alaska's access to expertise via the State Employment Leadership Network, which will assist with essential regulatory and policy changes to enhance employment services.

Alaska's publicly funded employment supports are challenging for both beneficiaries and providers seeking to support them. According to the 2020 Alaska National Core Indicators In-Person, 60% of the respondents answered yes when asked if they wanted paid employment in the community. Yet care coordinators and DVR counselors state it is difficult to find DD service providers with the capacity to provide employment services. Providers state this service is difficult to provide for many reasons - extensive non-billable time, lengthy DVR timelines, lack of workforce, regulatory barriers, and partnership difficulties. Several organizations discontinued providing employment services and many experienced providers have left the field. According to FY24 data from SDS, 336 waiver recipients received employment services. This is less than 14% of the working age adults receiving these services. Only two Alaskans have received pre-employment services since 2020. In August 2022, AADD started hosting employment discussions in response to concerns over regulatory changes. This proposal comes directly from the work over the past 29 months. (Details in the timeline submitted with this proposal).

This project has two parts – an employment-specific leadership development program and national technical assistance. Objective One will build a network of experienced DD employment leaders by piloting a program that will provide graduate-level training to the next generation of employment leaders. This program, to be called LEEDD (Leadership Education in Employment for People with Developmental Disabilities), will be modeled after the well-established best practice LEND program. While LEND's goal is to improve health outcomes for beneficiaries with neurodevelopmental disabilities, LEEDD will improve employment outcomes. The program will recruit a cohort of 15 experienced disability employment professionals who will engage in a nine-month fellowship. Similar to LEND, LEEDD trainees will be guided by individualized leadership plans; activities will include interactive seminars led by state and national experts, mentoring by seasoned professionals, and independent research projects. Trainees and their mentors will collaborate with state agencies and community partners on projects and issues to strengthen the service system. (A detailed program description that includes potential topics and key activities submitted with this application.)

Objective Two will connect Alaska's employment system partners with technical expertise available through the State Employment Leadership Network (SELN). The SELN brings nearly 20 years of experience in working with states to better integrate Medicaid waivers and vocational rehabilitation systems. While the SELN is housed within the National Association of State DD

Directors (NASDDS), technical assistance is typically provided to coalitions organized by community entities such as DD councils or provider associations. AADD, SDS and DVR are committed to participating with AADD taking the lead on project management. The past 18 months of concentrated partnership work has identified essential policy and regulatory changes needed to address barriers; expertise is required to take this work to the next level.

Target population: Beneficiaries of working age with intellectual and developmental disabilities statewide.

The expected outcome of the project is to increase the number of Alaskans with I/DD who are employed. There are three goals of the project: 1) Create of a network of highly-qualified I/DD employment leaders committed to operationalizing Employment First throughout the disability provider system, 2) Pilot a graduate-level interdisciplinary employment professional development program with the potential to continue as a sub-set of the current LEND program; and 3) Improve the intersection of Medicaid Waiver and Vocational Rehabilitation systems by supporting the development and implementation of an action plan guided by a national technical assistance project.

PERFORMANCE MEASURES

How much did you do?

- a) Number (#) of Leadership Education in Employment for People with Developmental Disabilities (LEEDD) fellows enrolled in the pilot program.
- b) Number (#) of working-age Trust beneficiaries who received employment services through the I/DD waived during the grant reporting period.

How well did you do it?

- a) Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the grant reporting period. Be sure to address each of the objectives of the project in the narrative, 1) the Leadership Education in Employment for People with Developmental Disabilities (LEEDD) fellowship pilot program and 2) technical assistance received through the State Employment Leadership Network (SELN). Additionally, please include details on the partnership activities between AADD, SDS and DVR throughout the project reporting period, as well as information on the sustainability of the project beyond Trust funding.
- b) Pre/Post data:
 - Number (#) and percentage (%) of working age Trust beneficiaries receiving employment services through the I/DD waiver on May 1, 2025.
 - Number (#) and percentage (%) of working age Trust beneficiaries receiving employment services through the I/DD waiver on June 30, 2026.
 - Percent (%) increase in the number (#) of working age Trust beneficiaries receiving employment services through the I/DD waiver from May 1, 2025 to June 30, 2026.

- c) Number (#) of people completing the 9-month LEEDD fellowship program.

Is anyone better off?

- a) Provide a summary of references to system-wide employment improvements directly related to the project mentioned in the Employment First report.
- b) Provide four statements, two (2) from I/DD providers and two (2) from Trust beneficiaries receiving employment services through the I/DD waiver, describing how the project has impacted the I/DD community.

SUSTAINABILITY

As described above, this project has two objectives. For Objective One related to the LEEDD pilot, UAA's Center for Human Development has committed to partnering with AADD to seek funding to embed LEEDD long-term within CHD if the pilot is successful and service providers see value in continuing this leadership development program. CHD has housed the LEND program for nearly 14 years; it is now a well-established program with ongoing funding. The goal will be to create a similar "home" for LEEDD, dependent on the outcome of the pilot. CHD will be advising AADD on the LEEDD curriculum development and support evaluation of the pilot outcomes which will position it well to understand how LEEDD will fit into its current array of professional development programs. CHD and AADD have discussed the possibility of this pilot being a national best practice to share. There are many LEND programs across the country, an employment-focused "LEND" model may be very relevant to other states, which will open up national funding opportunities.

For Objective Two, the SELN requires an annual fee to participate in its technical assistance program. It's possible that 14 months of TA will be enough to meet Alaska's current employment reform needs. If ongoing participation in SELN will be beneficial, AADD will work with SDS to secure additional funding.

WHO WE SERVE

The Shared Vision and Alaska's Comprehensive Plan explicitly identify employment as key to economic and social well-being. As the NCI data validated, people with I/DD are interested in working; they often need more creative and longer-term supports than people with other types of disabilities. One of DVR's challenges is that they are mandated to meet the needs of all Alaskans with disabilities. Only 3% of DVR clients have a primary diagnosis of I/DD. Another challenge is that DVR services are time-limited, and they cannot provide long-term supports. So the connection between the DVR and Medicaid Waiver system is critical. AADD has collected multiple testimonies from beneficiaries who share their frustrations; wanting a job but then having to wait for an extended period of time until they are working and receiving a paycheck. Many beneficiaries give up on looking for work.

This project is intended to significantly advance Alaska's commitment to Employment First, supporting the most preferred outcome of publicly funded services is employment in the general workforce. Some of the ways beneficiaries will directly benefit from this project: 1) Easier access

to employment services because there will be more employment service providers, 2) more success with finding jobs and increased independence on the job because of greater skills and knowledge within the provider network, 3) more consistent employment support because waiver and DVR funding will be braided, 4) faster timeline for getting a job (and a paycheck) because of process and partnership improvements, 5) earlier and better employment planning – one of the system changes identified is making employment services more prevalent in the waiver support plan as well as creating a separate but required youth employment planning process, and 5) increased understanding of how work impacts benefits, another challenge that providers and partners have identified. This project will greatly improve beneficiaries’ experience with the supported employment system and lead to more success and independence.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	500
Developmental Disabilities:	2,000
Traumatic Brain Injuries:	100
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	3,500
Number of people to be trained	40

BUDGET

Personnel Services Costs	\$36,920.00
Personnel Services Costs (Other Sources)	\$10,000.00
Personnel Services Narrative:	Trust Funded: Project Management for both LEEDD & SELN: \$10,920 (12 hours/month for 14 months @ \$65/hour) Project Coordination/Facilitation for LEEDD (recruit & manage applicants, coordinate seminars, work with CHD to develop curriculum): \$11,000 (20 hours/month for 11 months @ \$50/hour) Contracts with subject matter experts to develop LEEDD curriculum, provide lectures, mentor LEEDD Fellows: \$15,000 Other Sources: DVR and SDS will each contribute a minimum of 50 hours over 14 months @ \$100/hour of staff time: \$10,000

Travel Costs	\$4,600.00
Travel Costs (Other Sources)	\$0.00
Travel Narrative:	Trust Funded (In-person Orientation): 2 Juneau-based Project Team: \$800 (2 RT JNU/ANC) 2 participants from Juneau: \$800 (2 RT JNU/ANC) 2 participants from Ketchikan: \$1,800 (2 \$500 RT to ANC, \$300 hotel, \$100 per diem)

	2 participants from Kenai/Kodiak: \$600 (2 RT to ANC) 2 participants from Fairbanks: \$600 (2 RT to ANC) 7 participants from Anchorage/Mat-Su: No travel costs
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Space or Facilities Costs	\$0.00
Space or Facilities Costs (Other Sources)	\$500.00
Space or Facilities Narrative:	Other Sources: CHD will provide meeting space for the in-person orientation

Supplies Costs	\$600.00
Supplies Costs (Other Sources)	\$0.00
Supplies Narrative:	Trust Funded: Food/materials for in-person LEEDD orientation

Equipment Costs	\$0.00
Equipment Costs (Other Sources)	\$0.00
Equipment Costs Narrative:	No equipment costs

Other Costs	\$92,880.00
Other Costs (Other Sources)	\$0.00
Other Costs Narrative:	SELN Membership: \$55,380 for 14 months Stipends for LEEDD Fellows: \$37,500 (\$2,500/fellow for 15 fellows)

Total Amount to be Funded by the Trust	\$135,000.00
Total Amount Funded by Other Sources	\$10,500.00

OTHER FUNDING SOURCES

SDS Secured	\$5,000.00
DVR Secured	\$5,000.00
CHD Secured	\$500.00
Total Leveraged Funds	\$10,500.00



THE STATE
of **ALASKA**
GOVERNOR MICHAEL J. DUNLEAVY

Department of Labor and Workforce Development

DIVISION OF VOCATIONAL REHABILITATION
Anchorage Administrative Office

3301 Eagle Street, Suite 302
Anchorage, Alaska 99503
Main: 907.269.3570
Toll free: 800-478.4378
Fax: 907.269.3632

December 18, 2024

Kim Champney, Director
Alaska Association on Developmental Disabilities
PO Box 20874
Juneau, Alaska 99802

Dear Kim,

This letter is to express the Division of Vocational Rehabilitation (DVR)'s support of Alaska's participation in the State Employment Leadership Network (SELN). We recognize the opportunity that SELN provides to assist us in our partnership with Senior and Disabilities Services (SDS), which is focused on increasing the number of Alaskans with Intellectual and Developmental Disabilities who are able to access ongoing employment support through the Medicaid Waiver.

For the past year, DVR has engaged with SDS and the Alaska Association on Developmental Disabilities (AADD) to identify challenges. While DVR and SDS have collaborated for a number of years to ensure coordination of support, the added perspective of community-based service providers has been helpful in highlighting several system barriers to address. SDS has shared with both DVR and AADD that SELN technical assistance will help them make the necessary revisions and related policy changes in the Medicaid Waiver system and we look forward to participating in shared agreements to advance our success in this area.

DVR fully supports this opportunity and is committed to participating once funding is secured.

Sincerely,

A handwritten signature in cursive script that reads "Kathryn Duder".

Kathryn Duder, Director
Division of Vocational Rehabilitation



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Health

SENIOR AND DISABILITIES SERVICES
Director's Office

P.O. Box 110680
Juneau, Alaska 99811-0680
Main: 907.465.3372
Toll free: 866.465.3165
Fax: 907.465.1170

December 17, 2024

Kim Champney, Director
Alaska Association on Developmental Disabilities
Juneau, AK 99801

Dear Kim:

This letter is to express the Division of Senior and Disabilities Services' support of and our commitment to membership in the State Employment Leadership Network (SELN). The overarching goal of SELN is to increase the number of individuals with intellectual and developmental disabilities accessing Medicaid waiver employment services who achieve competitive and integrated employment.

Access to specialized, state-specific technical assistance in employment services will allow us to both identify gaps in existing services and develop methods to address those gaps. Identifying ways to create a more seamless transition to Long-Term Services and Supports/Medicaid waiver employment services is a goal we share with the Alaska Association on Developmental Disabilities. Participation in SELN technical assistance will help guide us in developing the necessary policies and shared agreements necessary to advance our success in this area.

Finally, participation in the SELN will also give us access to a multi-state system focused solely on state employment systems for individuals with developmental disabilities. This unique focus will allow us to learn from "high performing" states who have demonstrated significant success in this area. It will also provide access to monthly learning opportunities where all SELN members meet and discuss relevant topics, as well as access to the annual conference with the opportunity to meet and hear from federal partners and network with other states.

We at Senior and Disabilities Services are excited for this opportunity and want to thank the Alaska Mental Health Trust Authority for consideration of this proposal.

Sincerely,

A handwritten signature in black ink that reads "Anthony J. Newman".

Anthony Newman, Director
Senior and Disabilities Services



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Health

SENIOR AND DISABILITIES SERVICES
Director's Office

P.O. Box 110680
Juneau, Alaska 99811-0680
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Toll free: 866.465.3165
Fax: 907.465.1170

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Alaska Association on Developmental Disabilities
Juneau, AK 99801

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Sincerely,

A handwritten signature in black ink that reads "Anthony J. Newman".

Anthony Newman, Director
Senior and Disabilities Services

Timeline of Employment Systems Work by AADD

FY2022: AADD embraced the employment opportunities for people with disabilities in post-COVID worker shortages; strengthening employment supports was specified in AADD's strategic plan.

July 2022: SDS releases employment regulations that would require national certification for anyone providing employment services. AADD members expressed significant concern about trying to meet this new requirement without additional funding.

September 2022: AADD started hosting meetings with SDS, CHD (the national training partner) and providers to talk about the new requirement and the need to change the regulation.

September 2022: Duane Mayes (at that time the director of DVR) and care coordinators raised the alarm about lack of employment services providers. DVR counselors were struggling to refer people who needed longer-term job support.

January 2023: AADD surveyed providers regarding the new regulatory requirement to demonstrate to SDS that the requirement would further limit access to employment. The national certificate requires 40 hours of training plus a test. In a survey of community employment services providers, 25 out of 30 responded this requirement was overwhelming and threatened the sustainability of the services.

Spring 2023: SDS agreed to revise the regulation and engaged with AADD to collect input on revisions.

July 2023: AADD hosted a Hot Topic on employment and how to increase the number of people with I/DD employed. Providers spend the entire hour sharing stories about barriers and challenges with DVR.

August 2023: After the Hot Topic, AADD kicked off a formal AADD Employment Champions workgroup. This group offered a space for providers to come together to talk about challenges, needs, successes, etc. This group continues to meet monthly and includes community partners such as the SILC and the Governor's Council.

Fall 2023: After attempting to talk with DVR about the feedback from providers without success, AADD reached out to the Trust to ask for funds to hire a facilitator. The Trust provided a facilitator through its TA pool to mediate a discussion between AADD, SDS and DVR. This meeting occurred in November 2023 – report attached.

January-September 2024: AADD/DVR/SDS leaders continued to meet, build trust, and talk through the difficulties. Everyone started to recognize how the system was not supporting employment first.

June 2024: With Trust support, 10 Alaskans attended the national APSE conference. This group was exposed to national best practices, came back with more awareness of the opportunities as well as what's not available in Alaska. Most of the 10 champions have worked in employment services for less than five years – and these are the most engaged group of providers. It became clear there's a gap in experience within the provider community.

October 17, 2024: 32 employment professionals that included leaders from DVR, AADD and SDS as well as counselors, providers and partners such as the Governor’s Council, the Disability Law Center and CHD gathered in Anchorage for an Employment Systems Retreat at the BP Center to talk about the progress to date and to provide feedback on the challenges and needs.

December 5, 2024: This group met again online to continue the networking and finalize next steps. A draft action plan has been developed which includes some of the targeted changes to be addressed with support from the SELN.

Fall/Winter 2024: The SILC is taking the lead to re-launch the APSE Alaska chapter.



Alaska Employment Partners Meeting (11/28/2023)

Executive Summary—

Three members from each team from Alaska Association on Developmental Disabilities (AADD), Senior and Disabilities Services (SDS), and the Division of Vocational Rehabilitation (DVR) met to explore ways they can better work together to support employment for individuals who experience intellectual and developmental disabilities. AADD initiated the discussion after hearing similar concerns from providers around Alaska.

Key issues identified through the discussion:

- **Different approaches to Employment First:** Fundamentally, there are philosophical and regulatory differences between providers and DVR related to supported employment for individuals. DVR offers a valuable and thorough assessment process which is intended to identify a career path that fits an individual's interests, strengths, and abilities. This is a process that takes time and has many required steps. Providers value what DVR offers, but feel there is a group of individuals who have the priority goal to get work experience and earn a paycheck. Providers want to find a path for these individuals which connects them more quickly to SDS waiver employment supports. Future work will identify any areas of flexibility available to best serve the needs of this group of individuals.
- **System Barriers caused by Gaps and Delays:** Several areas were noted where gaps and delays create system barriers for providers and individuals receiving services: Authorization for Payment (AFP) gaps make it hard for providers to offer continuity of support, and due to other funding shortfalls they are not able to cover as they have in the past; gaps in time between DVR processes (in part driven by shortages in DVR Counselors) make it difficult for individuals to have momentum/sustain interest; and gaps between the case closure of DVR services and starting waiver services with SDS. The group saw the value in creating a system map that shows how SDS and DVR coordinate with providers and each other that could be used to train providers, DVR counselors, and SDS staff. This map could also serve to identify improvements to reduce gaps and delays.
- **Training and Coordination with Providers:** SDS and DVR have done extensive work to streamline their regulations and processes between their agencies. Providers need to be included in this loop, so they better understand where they fit and where there is flexibility based on individual needs.

Next steps—

Participants agreed to meet as a working group on a quarterly basis to continue the work started at the meeting. Kim Champney of AADD and Mariah Krueger of DVR will coordinate to set the agenda for the quarterly meetings. DVR and SDS both expressed a willingness to support Community Rehabilitation Providers (CRPs) with individual concerns.

*This meeting was supported with funding from the Alaska Mental Health Trust Authority.
Rain Van Den Berg Consulting LLC facilitated the session and prepared this report.*

Alaska Employment Partners Meeting

*November 28, 2023 in Anchorage, Alaska, at the Special Olympics Conference Room.
This meeting was supported with funding from the Alaska Mental Health Trust Authority.
Rain Van Den Berg Consulting LLC facilitated the session and prepared this report.*

Participants—

Alaska Association on Developmental Disabilities (AADD): Kim Champney, Amanda Faulkner, & Tyler McNeil	Senior and Disabilities Services (SDS): Tony Newman, Pam Kellish, & Heather Chord	Division of Vocational Rehabilitation (DVR): Duane Mayes, Mariah Krueger, & Sarah Conoy
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Purpose—

To increase trust and partnership by increasing systems understanding and creating a shared vocabulary.

Information Sharing—

The meeting kicked off with each team sharing information they thought would be of interest to inform the discussion. SDS and DVR had shared their MOU and cross walk document prior to the meeting. Both groups feel that this Memorandum of Understanding (MOU) and crosswalk has been very helpful to clarify the work and regulations between their two agencies, and SDS plans to offer external training to providers about the improved processes. Please see the appendix for the summary of the additional information each team shared.

Challenges shared during the discussion—

- **Workforce Shortages:** Each team shared challenges associated with workforce shortages. Many workers are retiring or taking other jobs, leaving positions that are hard to fill. DVR is missing VR Counselors in many areas of the state, which reduces capacity overall. State hiring systems work slowly and cannot respond fast enough to qualified workers. Providers are struggling to find and hire quality Direct Support Professionals (DSPs), which means they cannot bill for those DSP hours. This directly impacts operating revenue.
- **Administrative burden of DVR data collection:** Since the 2014 reauthorization of the Rehabilitation Act, the burden of required data collection and targets has increased DVR’s administrative burden substantially. There is an effort of many States to reduce this, but for now, Federal dollars are directly tied to compliance with required client outcome and progress data. This is closely monitored by the Rehabilitation Services Administration (RSA). Due to funding constraints, some states have to limit access to DVR services, but so far, Alaska doesn’t have to do this.

- **Difference of approach related to Employment First:**
 - DVR follows a **career focused** process of using assessment. It takes time. The average for all cases statewide is 94 days from application to plan. In some cases, a Vocational Rehabilitation Counselor can fast-track the process through “rapid engagement.” This could be used if an individual is clear on what they want to do, and have some kind of history or track record that supports rapid engagement. Providers were interested to know about this and any other options that can shorten the DVR timeline for certain individuals when appropriate.
 - DVR believes strongly in the value of the rehabilitation process and expertise they bring to getting to know individuals and helping match them to work they will enjoy and are capable of doing. They feel that sometimes providers and individuals are too quick to just “get a job,” especially if it is thought that the individual would not have that job in a year. (DVR has federally mandated goals related to client outcomes and progress reporting which drives many of the ways VR counselors have to work.)
 - Providers feel that some people do need the full DVR application and assessment process, but there are other individuals who are motivated to get to work and earn a paycheck, but who may need support to be successful. Providers feel this lack of flexibility is a barrier to tailoring employment supports to the needs of individuals.

Example: One provider shared, “People with disabilities are missing out on opportunities to accept employment opportunities or worse yet at times being fired from their existing gainful employment due to the current limitations in the system. This is happening when individuals either did not know that they needed to go through DVR first or when they have chosen not to go through DVR and then discover that they are in need of Supported Employment.”
- **Fear of reprisal:** Historically, providers have felt they have to “walk on eggshells” to not offend DVR, or they risk losing referrals. In some communities, DVR counselors seem to only refer to one CRP over another, even when the other CRP has the long-standing relationships with employers and individuals. DVR states they have an open door if providers feel this is happening unfairly, and to contact them to discuss. (Community Rehabilitation Providers—CRPs—are agencies or individuals that are approved to provide employment support to individuals with disabilities served by DVR.)
- **Perceived conflict of interest:** For CRPs that also provide DD services, it seems DVR is wary there may be a conflict of interest when they are the CRP as well as the Medicaid Waiver provider for SDS for an individual. Providers feel they are clear on their roles as CRP for DVR vs. Medicaid Waiver provider for SDS, and do not feel it is a conflict of interest. Providers feel their history with the individual is an asset to the process.

- **Gaps and Delays:** Providers are concerned that many delays and gaps in the process make it hard to maintain individuals in their positions as they move from DVR to SDS.
 - Individuals with disabilities do not have access to Supported Employment services through SDS until they receive a closure from DVR. Due to the workforce shortages at DVR, and the comprehensive nature of the process for DVR services, it can take a long time for an individual with a HCBS waiver to be able to receive on-the-job supports through the Supported Employment services.
 - Employer relations suffer, which the providers work hard to develop and maintain. Relationships with employers willing to hire individuals who experience disabilities take time and care to build and maintain, so it can feel like hitting a wall when there are delays due to required DVR processes (closing the case so it can move to SDS).
 - There is a big opportunity right now because employers are getting more creative and are open to hiring people with disabilities. The timeline employers are on is very quick compared to what the DVR services can do, which adds to the strain.
- **Financial strain:** Providers are feeling strain financially, and can't carry services like they used to. The payment authorization (Authorization for Purchase—AFP) is a critical piece for agencies that want to have continuity of services and maintain employer relationships. Providers need to know how to have a new authorization start as the previous one ends to eliminate gaps. Currently, when there are gaps waiting for AFP approval, the agency has to carry the individual until the pre-authorization is approved, or the individual has to stop working for weeks at a time until the next authorization begins. This is not sustainable for employers who depend on workers.

DVR feels there may be some ways to improve this, such as submitting the authorization for a month at a time, in weekly increments, with reporting also being submitted weekly. Providers are concerned that requiring one AFP to be completely utilized and reported on before approving the next AFP is what causes gaps. Providers and DVR need to find a way to have more continuity in AFP coverage for individuals, in order for providers to continue to offer CRP services.

- **Providers want to be included in individual DVR plans:** When the individual wants it, providers want there to be an ROI in place so that DVR can share information about the plan with them directly. Providers find it difficult to support the DVR plan when they are not included, and when the individual is not able to reliably relay needed information. DVR expressed that it is possible for the DVR counselors to do this with an ROI in place, once the initial intake is complete. There may need to be more training for DVR counselors and providers on this point.

Future work—

- **Faster track when appropriate:** Providers need to know which of the DVR services are mandatory and which can be skipped when appropriate. Providers would like a better understanding of how individuals can opt out of services to get the “case closure” letter (based on the MOA between SDS and DVR this appears to be an option) so IDD providers can start supported employment services through the waiver.
- **DVR Place and Train Model:** Providers would like to better understand DVR’s employment incentive services for the “place and train” model, and how to work more effectively with DVR on this.
- **Provider training by SDS:** SDS plans to offer an external training about employment support and how DVR and SDS work together as described in the renewed MOU.
- **SDS training on the pre-employment services:** Providers would like to better understand this service and when it can be used.
- **Better training and guidance for CRPs:** DVR advised that providers check out the CRP web page, and to let them know what specific training is needed beyond what is already available.
- **CRP Lunch and Learns:** DVR plans to offer “lunch and learns” for CRPs which will be helpful as a place to get information and talk about common areas of concern.
- **Reducing payment gaps to CRPs:** Training on AFPs and how to reduce gaps in payment by using the long-term payment option or submitting for a month at a time with weekly increments.
- **DVR philosophy and requirements:** Providers would like training on the philosophy of DVR and what their requirements and drivers are. Maybe this could be part of the lunch and learn series.
- **System map training tool:** Develop a “map” which describes the steps within the DVR and SDS process, and how the two fit together. This can be a graphic which includes a simplified version of what is included in the SDS/DVR crosswalk document. It could be used to train providers as well as within SDS and DVR so that all are on the same page.

Next Steps:

From the feedback survey taken following the meeting, most participants agreed the 11/28/23 discussion was a good beginning. DVR suggested a quarterly meeting (via Zoom) of the group that participated today to continue the work. Kim Champney at AADD and Mariah Krueger at DVR will work together to set the agenda for each meeting.

Initial topic suggestion: The Authorization for Purchase—AFP. What are ways providers can have continuity of payment when supporting an individual at a job without payment gaps? How can they ensure the required reports are processed quickly to avoid delays?

Notes:

- Five out of nine participants completed a post-meeting survey, and their feedback about the meeting is included in this report.
- The term “Individual” is used in this report to refer to those who experience intellectual or developmental disabilities who are seeking employment support.
- The consultant met with each team prior to the meeting on 11-28-23 to identify priorities, concerns, and group agreements for the meeting. The agenda and structure for the meeting was based on these pre-meeting sessions. This process assured that each team knew what to expect going into the meeting.

Appendix

Each team brought information to share with the others to inform the discussion.

Senior and Disabilities Services (SDS)

SDS shared about the numbers of consumers served under each waiver, showing that 2023 is on track to be similar to 2022.

		FY2020	FY2021	FY2022	FY2023 (preliminary)
Waiver		# Consumers	# Consumers	# Consumers	# Consumers
APDD - Individual	supported employment - individual	13	7	8	8
CCMC - Individual	supported employment - individual	0	0	1	1
IDD - Individual	supported employment - individual	275	221	224	215
IDD - Group	supported employment - group	163	94	109	104
IDD - Individual	pre-employment - individual		1	1	0
ISW - Individual	supported employment - individual	8	9	9	3
ISW - Group	supported employment - group	10	5	6	5

Highlights from the National Core Indicators project show that of those on the supported employment waiver:

- 18.2% have a community funded job, the most common being related to building or grounds maintenance (12.6%).
- 5.8%: Paid work in a community business which primarily hires people with disabilities
- 5.8%: Group job with or without publicly funded supports
- 56%: Individual job with publicly funded supports
- 44%: Individual job without publicly funded supports

In answer to the question, “Would you like a paid job in the community?”:

- 60% said yes
- 19% said no
- 7% were in between
- 14% had no response

The group reflected that the data affirms the idea that people do want to work, and how important the work of everyone in the room is to support this goal.



Division of Vocational Rehabilitation (DVR)

DVR shared preliminary Program Highlights of State Fiscal Year 2023. The areas of most interest included:



Vocational Rehabilitation (VR) Highlights

- **1,951** individuals with disabilities received services
- **98%** of individuals receiving services experienced significant disabilities with multiple barriers to employment
- **964** individuals applied for VR services
- **1,782** individuals received information and referral services
- **\$3,446,700** was spent on services to individuals in the VR program
- **292** individuals exited the VR program employed
 - **\$18.66** was the average hourly wage
 - **250** individuals were employed in the private sector
 - **30** individuals were employed in Federal, State, or Local Government
 - **12** individuals were self-employed
- **66** students with disabilities received services from the VR program
- **\$183,521** was spent on Pre-Employment Transition Services from the VR program

Potentially Eligible (PE) Students with a Disability Highlights

- **1,368** students with disabilities received services from the PE transition program
- **92** Alaskan cities hosted PE programs and **75%** of them were held in rural Alaska
- **\$1,489,001** was spent on Pre-Employment Transition Services from the PE program

Age Breakdown

- 27% Ages 14 – 24
- 56% Ages 25 – 54
- 17% Ages 55 Plus

Occupation Breakdown

- 33% Office and Administrative Support
- 8% Farming, Fishing, and Forestry **and** 8% Community and Social Service Occupations
- 7% Computer and Mathematical Occupations **and** 7% Sales and Related Occupations
- 6% Production/Construction/Operating, **and** 6% Food Preparation and Serving Related
- 5% Building and Grounds Cleaning and Maintenance
- 20% All Other Occupations

Disability Types (*% includes all disabilities per participant*)

- 39% Cognitive
- 29% Psychosocial
- 20% Physical and Orthopedic
- 6% Blindness/Visual Impairment

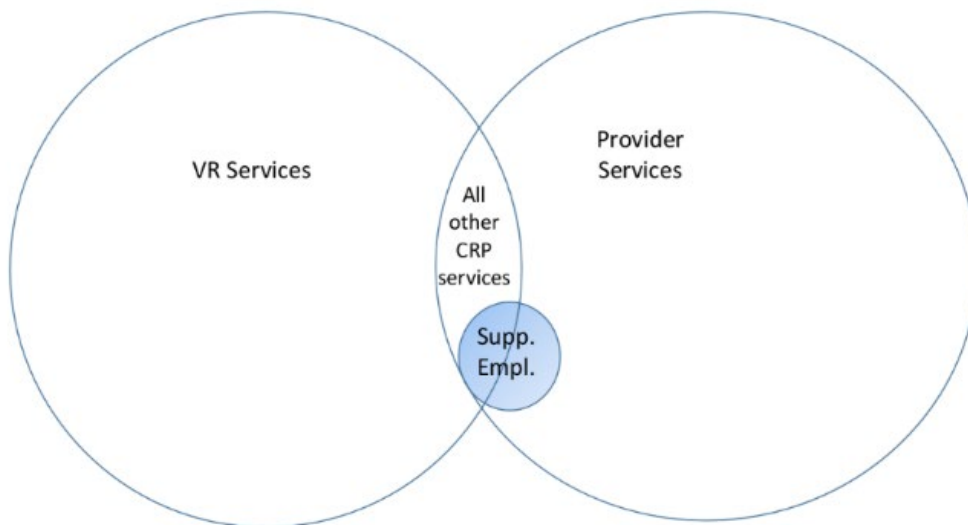
- 5% Deafness/Hearing Loss
- 2% Communication Impairment

DVR must submit an expected level of performance each year. They shared a draft of this year’s indicators. In this chart, the *expected* level is what DVR told RSA what they thought they could achieve. The *negotiated* level is what RSA told DVR what they HAVE to achieve.

Performance Indicators	PY 2022 Expected Level	PY 2022 Negotiated Level	PY 2023 Expected Level	PY 2023 Negotiated Level
Employment (Second Quarter After Exit)	51.7%	52.6%	52.7%	54.1%
Employment (Fourth Quarter After Exit)	47.0%	50.0%	48.0%	52.0%
Median Earnings (Second Quarter After Exit)	\$4,570	\$4,635	\$4,600	\$4,716
Credential Attainment Rate	41.5%	42.0%	41.5%	42.5%
Measurable Skill Gains	23.0%	61.4%	24.0%	61.8%

DVR and SDS shared the cross-walk document and MOU that define how the two agencies work together. Both groups feel this work has improved flow and efficiency and understanding between their processes.

DVR shared this graphic of how they see employment services and the relationship of providers/CRPs and DVR.



Alaska Association on Developmental Disabilities (AADD)

AADD represents 95 provider agencies around the state.

AADD Mission: Alaskans with disabilities statewide are living the life they choose with support from a robust, flexible person-directed service system.



Key changes in the DD system include:

1. Shift from primarily well-established, large non-profits to nearly 200 primarily for-profit providers.
60% of AADD provider members = for profit
2. Workforce shortages = reduced revenue (you can't get reimbursed for DSP time when there is no DSP).
3. Rates don't reflect current costs

Because of increased operational expenses and relatively flat funding, many provider agencies are operating at a deficit, and only a few are breaking even.

- Providers can no longer afford to provide services without compensation
- Many new agencies lack experience with DVR processes

We are in a time of huge opportunity to get people working:

- People with I/DD want to work +
- Employers are more open to hiring people with I/DD than ever +
- Many I/DD providers want to help the people they are supporting to find and maintain employment = Opportunity!

Leadership Education in Employment for People with Developmental Disabilities

Outline

LEND, which stands for Leadership Education in Neurodevelopmental Disabilities has been housed at UAA since 2011 and is one of 60 LEND programs across the U.S. It is widely respected as a training program that develops the next generation of professionals from a variety of disciplines. The overarching goal of LEND is to strengthen public health systems by increasing the number of practitioners and policy makers with leadership skills necessary to deliver comprehensive, family-centered, community-based and culturally competent services to children and adults with developmental disabilities. LEEDD proposes to build on this successful model with a focus on employment, with the goal of building leaders who can drive innovation and expansion within provider organizations.

Similar to LEND, LEEDD trainees will be guided by individualized leadership plans and participate in a variety of activities within and outside the classroom. These activities will include interactive seminars led by program faculty and guest presenters, employment-related experiences such as meeting with employers or job seekers, and independent research projects. As with LEND, trainees and their faculty mentors may collaborate with state agencies and community partners to change and strengthen services.

While LEEDD will embrace an interdisciplinary model as does LEND, this first year trainees will be limited to DD service providers. People with lived experiences, as well as other employment and related partners, will be invited to participate in topic-specific discussions and presentations.

Key Project Activities

- Develop a schedule, application process and curriculum
- Identify mentors – possible mentors include recently retired employment professional leaders
- Recruit applicants – LEEDD is targeting experienced and emerging employment program managers; applicants will be required to have a national certificate in employment services and experience working with people with intellectual and development disabilities or related qualifications. This program is not intended for direct support professionals or brand-new team members.
- Initial orientation meeting (in-person if funding allows)
- Conduct seminars (1-2 times per month, September-May)
- Trainees develop individual leadership projects
- Upon completion of LEEDD – trainees will receive a stipend

Key Personnel

- Project Management: AADD will manage the project which will include developing contractors with speakers, promoting the project statewide, helping to recruit mentors, reaching out to state and national leaders to identify subject matter experts to present on identified topics, ensuring the program goals are met.

- Project Coordination: manage application process, communicate with trainees, schedule and manage seminars, coordinate travel, assist with technology as needed, track trainee progress on leadership plans, communicate with and support mentors, and other duties as assigned.

Potential Topics

- Beneficiary engagement – person-centeredness, Shared Vision
- Employer engagement
- Job carving, job development
- Tax incentives for employers
- Leadership skills/program management
- Technology (i.e. remote support job coaching, virtual reality job training, artificial intelligence)
- Rural employment options
- Introduction to national resources like APSE
- Work incentives (i.e. ABLE, Medicaid Buy-In)
- Self-employment



State Employment Leadership Network

Technical Assistance Overview Benefits of SELN Membership

SELN member states have access to direct state-specific technical assistance (TA) throughout each 12-month membership period. Requests for TA vary widely across states and may shift during the membership year as internal or external forces impact strategic goals. The most challenging aspect typically is prioritizing numerous activities in a time of limited resources.

Employment systems change is different in every state. Building from a comprehensive state assessment, the SELN project team builds familiarity with a state's infrastructure to guide suggestions. System change work is one part of each state's continuous quality improvement process, which in turn guides TA decisions.

Examples of SELN Member Technical Assistance

The SELN is a nimble organization, allowing for quick responses to the needs of our customers. The following examples illustrate the wide variety of TA our project team provides to member states each year.

In each category below, our overarching goal is to support member states to determine and carry out the most realistic and achievable activities. In doing so, we support states to measure the impact of their actions on employment outcomes for their citizens with intellectual and developmental disabilities (IDD).

Leadership, Policies, and Goals

States must show depth of knowledge and tenacity as they move toward employment systems change and must communicate effectively with a wide range of players. TA from our project team includes:

- › Hosting leadership capacity building sessions with state and regional staff.
- › Supporting the development of requests for proposals (RFP), such as applications for piloting new employment-related activities.
- › Suggesting terminology illustrating the relationship of funding issues to other systems work (e.g., a policy on “post-eligibility treatment of income” as reflected in home and community-based waiver applications).
- › Developing and evaluating policy and strategy marketing documents on the state and national landscape for employment of people with IDD (e.g., legislative briefs and data snapshots).

Training and Technical Assistance, Including Workforce Development

States need a strong, competent workforce to increase the number of people with IDD who are successful in individual competitive integrated jobs. TA from our project team includes:

- › Educating members regarding nationally known training providers and curriculums to increase professional competencies of paid staff.
- › Providing training to increase the key role support coordinators play in assisting individuals.
- › Supporting development of capacity building strategy and investments including how states build infrastructure for and invest in training and TA.
- › Providing members access to and assistance with technology for implementation of state efforts (e.g., online platforms for hosting and marketing events, surveys, project management).

Interagency Partnerships and Collaboration

State IDD agencies must form effective relationships with other state and community partners. TA from our project team includes:

- › Hosting strategy sessions with a range of players to discuss new or renewed employment initiatives (e.g., families, businesses, vocational rehabilitation (VR), education departments, health services, and other state agencies).
- › Assisting with creating or revising memorandums of agreement/understanding.
- › Conducting analysis of shared VR-IDD policies and practices.
- › Sharing strategies and examples to improve collaboration and partnerships.

Provider-Level Organizational Change

State systems have a role in supporting provider transformation and organizational change toward high-quality community-based employment services. TA from our project team includes:

- › Facilitating development of communities of practice to engage in discussions, identify challenges, and address those challenges.
- › Identifying systemic approaches and strategies to promote provider transformation.
- › Reviewing current provider qualifications as outlined in Medicaid waivers and recommending edits.
- › Offering examples of provider organizations that have successfully shifted toward enriching and robust community-based options.

Financing, Contracting, and Funding Realignment

Member states must identify funding-related barriers to achieving integrated employment outcomes and develop funding and contracting strategy. TA from our project team includes:

- › Engaging in an analytic approach to increase a state's understanding of funding options. This includes examining how current funding strategies and methodologies need to be modified in support of integrated individual employment.
- › Working in partnership with the member state to ensure sequenced funding across systems is well understood and federal regulations are clarified in support of the state's employment goals.
- › Analyzing and helping develop a detailed plan to realign resources to reflect employment as the preferred outcome of day and employment services.

Performance Measurement and Quality Management

Data-driven decision-making is a key state strategy for lasting employment systems change and outcomes. TA from our project team includes:

- › Analyzing state-specific data and generating reports for information-sharing.
- › Designing web-based platforms for data collection and management (through new or existing systems).
- › Assisting member states to develop realistic data management goals.
- › Evaluating current quality management strategies.

Services and Service Innovation

States must structure publicly funded services to lead to high-quality employment outcomes. TA from our project team includes:

- › Providing expertise on writing service definitions, developing support strategies, and creating policies that support employment goals.
- › Reviewing employment-specific resources (e.g., individual plan tools, assessment processes) and suggesting adjustments.
- › Addressing future service needs and making targeted recommendations.

Online Events

States have access to all needed technical support for customized online events. TA from our project team includes:

- › Hosting and managing online events in coordination with the member state's needs.
- › Connecting members to experts in the field on content that demonstrates innovative and emerging practices in service delivery and addresses key challenges.
- › Addressing topics such as provider transformation, community life engagement, individuals with criminal backgrounds, role of families, case manager competencies, funding realignment, and informed choice. Many examples can be viewed online (contact the SELN team for links).

Learning Community

A hallmark of SELN membership is the range of unique opportunities to learn with others around the country. TA from our project team includes:

- › Hosting monthly network meetings on timely and relevant topics.
- › Leading small working group discussions with states doing similar work.
- › Maintaining and growing an extensive library of resources and connecting states with the most relevant ones based on their presenting concerns.
- › Running an annual member meeting with access to federal partners and extensive networking.
- › Building virtual community through the SELN Hub, a members-only online portal for resource sharing, dialogue, and critical updates.

Please contact the SELN project team with questions and to discuss your employment and day supports' systems change priorities.



The SELN is a joint program of the Institute for Community Inclusion at UMass Boston and the National Association of State Directors of Developmental Disabilities Services.

www.selnhub.org

MEMO

To: Board of Trustees
Date: February 6, 2025
Re: FY25 Authority Grant Request – Early Childhood Intervention & Prevention
Fund Source: FY25 Children’s Mental Health Conferences (Page 14, Line 27)
Amount: \$50,000.00
Grantee: University of Alaska Anchorage
Grant Term: February 6, 2025 to June 30, 2025
Project Title: Infant, Child, and Youth Conference

REQUESTED MOTION:

The Board of Trustees approve a \$50,000 FY25 Early Childhood Intervention and Prevention authority grant allocation to the University of Alaska Anchorage for the Infant, Child and Youth Conference. These funds will come from the Children’s Mental Health Conferences line of the FY25 budget.

Assigned Program Staff: Tina Voelker-Ross

STAFF ANALYSIS

The University of Alaska Anchorage requests Trust funding of \$50,000 for the Infant, Child, and Youth Conference project supported through the FY25 approved Budget focus area Early Childhood Intervention and Prevention, line-item Children’s Mental Health Conferences.

The Infant, Child, and Youth (ICY) conference will provide training and networking opportunities for 250 behavioral health professionals in Alaska. The conference will be held in Anchorage May 6-8, 2025. Professionals who serve infants, toddlers, and preschoolers often work in different agencies than behavioral health professionals who work with older children. This conference represents a unique opportunity for these professionals and agencies to come together to learn state-of-the-art strategies for treating families. Trust funds will help support the cost of the venue, national presenters, and travel costs for service providers who work for agencies that may not be able to support the costs for their staff to access training of this caliber.

This conference is supported by additional funding from the Department of Health, Division of Behavioral Health. In FY24, the Trust awarded a \$50,000 grant to UAA for the ICY conference with funding from the same budget line item. This will be the last year that the conference is awarded funding as an authority grant. For FY26 and FY27, funding for the ICY conference is earmarked as

MHTAAR funding to UAA for this specific purpose. Trust staff recommends this funding to support Comp Plan Goal 9: Workforce, Objective 9.2: improving workforce competencies. This aligns with the Trust’s commitment to enhancing services for beneficiaries through improved staff training and development.

COMP PLAN IDENTIFICATION

Area of Focus	Objective	Comments
Area of Focus 9: Workforce	9.2 Advance the competencies of the healthcare, behavioral health, and public health workforce	

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

The Family Services Training Center (FSTC) will host the FY25 Infant, Child, and Youth Conference (ICY). ICY originated from the Infant, Early Childhood, Mental Health (IECMH) Institute and Child, Adolescent, Family Behavioral Health (CAFBH) Conference hosted in Alaska for 18 years. The conference aims to provide critical training and networking opportunities for 250 behavioral health professionals. In Alaska, professionals who serve infants, toddlers, and preschoolers often work in different agencies than behavioral health professionals who work with older children. This conference represents a unique opportunity for these professionals and agencies to come together to learn state-of-the-art strategies for treating families.

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

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

The conference is organized with topics and presenters that appeal to a wide range of professions. Networking opportunities are organized around strategies to form interdisciplinary teams and collaborations among agencies. Workshop tracks provide professionals opportunities to expand

their scope of practice. For example, behavioral health professionals interested in expanding services to children ages zero to five can join workshops to discuss interventions for younger children. The conference will provide three days in person with one plenary per day, with three learning tracks per day. Each learning track will be comprised of three 60 to 90-minute sessions per day. The conference will be held in Anchorage in May 6-8, 2025.

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

PERFORMANCE MEASURES

How much did you do?

- a. Total number (#) of conference attendees.
- b. Aggregate attendee demographic information (region of Alaska, profession, job title, etc.).
- c. Number (#) of attendees per session (plenary and workshops).

How well did you do it?

- a. Provide a narrative that describes the timeline (planning through post-conference evaluation), activities, successes, challenges, and any lessons learned during the grant reporting period.
- b. Provide a brief narrative discussing the outcomes of the post-session evaluation, as well as the conference overall.
- c. Number (#) and percentage (%) of conference participants who increased their knowledge of topics presented during the workshop sessions.
- d. Number (#) and percentage (%) of conference participants who would recommend the conference in the future to their colleagues.

Is anyone better off?

Provide two statements from conference attendees that describe pertinent “take-aways” and how they will use the knowledge gained at the conference to benefit their community in Alaska.

SUSTAINABILITY

Yes: In FY25, we are increasing the target ICY Conference participant number from 200 to 250 to increase conference income, which will help cover Conference Budget/Expenses. Any extra conference income will be used to offset next year's FY26 ICY Conference expenses. FY24 conference income is being used for the FY25 ICY Conference so we can keep the event as a three-

day conference. With the FY26 Trust budget \$200,000 reduction to the Family Services Training Center, we will continue to reach out to other potential sponsors, consider a reduction in the length of the ICY Conference from 3 days to a 2-day event, reduce conference amenities (offering only one main meal each day such as breakfast and not lunch or vice a versa) and other expense saving choices. Will also consider increasing the registration fee to offset conference costs.

WHO WE SERVE

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

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

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Number of people to be trained	250
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BUDGET

Travel Costs	26,500 corrected
Travel Costs (Other Sources)	\$0.00
Travel Narrative:	Training Access Funds (26,500): With the impacts of inflation and increased cost for travel airfare, lodging, meals, etc., many agency service providers that work with Trust beneficiaries are unable to cover costs for their staff to access trainings and professional development venues that assist with increasing knowledge and skills of this specific workforce.
Space or Facilities Costs	\$16,500.00
Space or Facilities Costs (Other Sources)	\$29,643.00
Space or Facilities Narrative:	Event Venue (16,500) - Hotel event venue contract includes conference space, catering, exhibit tables, and conference equipment.
Other Costs	\$7,000.00
Other Costs (Other Sources)	\$20,357.00

Other Costs Narrative:	National Presenters – National presenters to deliver plenary sessions at conference. Estimated at \$1,000 per hour x 7 hours. Total amount \$7,000
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Total Amount to be Funded by the Trust	\$50,000.00
Total Amount Funded by Other Sources	\$50,000.00

OTHER FUNDING SOURCES

Secured: Additional funding from Department of Health, Division of Behavioral Health	\$50,000.00
Pending- thread (partner organization)	
Total Leveraged Funds	\$50,000.00

MEMO

To: Board of Trustees
Date: February 6, 2025
Re: FY25 Authority Grant Request – Disability Justice
Fund Source: FY25 Re-entry Transition Supports (Page 9, Line 48)
Amount: \$48,500.00
Grantee: JAMHI Health & Wellness, Inc.
Grant Term: February 6, 2025 to January 31, 2026
Project Title: Juneau Reentry Coalition Reentry Housing

REQUESTED MOTION:

The Board of Trustees approve a \$48,500 FY25 Disability Justice authority grant allocation to JAMHI Health & Wellness Inc. for the Juneau Reentry Coalition Reentry Housing project. These funds will come from the Re-entry Transition Supports line of the FY25 budget.

Assigned Program Staff: Heather Phelps

STAFF ANALYSIS

JAMHI Health and Wellness, Inc. requests \$48,500 from the Trust to fund the Juneau Reentry Coalition Reentry Housing project. Funds are requested from the Disability Justice Re-entry Transition supports line, approved by the Trustees for \$200,000 in the FY 25 budget to provide funding to Trust beneficiaries who are reentering society after being incarcerated and need housing support. In the past three fiscal years, the Trust has awarded 6 grants to JAMHI totaling \$492,000, all of which have been supported by the focus area strategy, approved by trustees, specifically for this purpose. Activities supported through grant funding have included reentry coalition capacity development, reentry housing support housing, a reentry training and simulation, and SHARP contracts for community providers. Per the FY 22 reentry housing report, JAMHI served 25 Trust beneficiaries. Out of these 25 Trust beneficiaries, 20 (80%) sustained their housing situation six months post-release, six (24%) recidivated, and 100% reported an increase in their quality of life during the reporting period. For comparison, the state recidivism rate per the Alaska Department of Corrections 2023 Offender Profile for FY 2020 was 54.32%.

Individuals with a history of involvement with the justice system still encounter obstacles that impede their ability to obtain stable and lasting housing. The city of Juneau is presently grappling with a housing shortage, compounding the challenges for justice-involved individuals regarding both affordability and accessibility to housing. The reentry transition support objective is to

reduce recidivism rates, enhance community reintegration, and foster overall societal well-being by providing funding for stable housing to justice-involved Trust beneficiaries in Juneau.

This project is recommended for funding as it aligns with the disability justice focus area and reduces Trust beneficiary involvement in the criminal justice system.

COMP PLAN IDENTIFICATION

Area of Focus	Objective	Comments
Area of Focus 7: Services in the Least Restrictive Environment	7.3 Reduce the number of Trust beneficiaries entering or becoming involved with Alaska’s criminal justice or juvenile justice system	

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

The Juneau Reentry Coalition (JREC) promotes community public safety by identifying and implementing strategies that increase the success of all justice-involved individuals and reduce the likelihood of recidivism. Safe and secure housing supports community reentry success and inhibits reinvolvement with the justice system. JREC would use housing grant funds to increase housing as a protective factor for justice-system-involved clients in the community’s reentry case-management programs. The JREC has identified access to safe, secure, affordable housing as a barrier to successful community reentry.

The State of Alaska reports that the average adjusted apartment rental rate for 2024 is \$1,490. At this price point, safe and secure housing is often out of the reach of returning citizens, given the lack of personal resources at release. Given these dynamics, the alternative is seeking shelter at Juneau's emergency shelter. Unfortunately, shelter living often inhibits successful recovery and reentry and increases recidivism.

The JREC proposes to remedy the lack of safe and secure housing for returning citizens by supplementing a reentrant's resources with housing grant funds. These additional funds will allow access to supportive reentry housing with case-managed programming.

The target population for this grant coincides with the directives outlined in the Alaska Community Reentry Guide. Grant fund distribution priority will be "individuals who have served over 30 days, are within 90 days of release, and are either felony inmates assessed to have a medium to high-risk for recidivism, high-risk misdemeanants or sex offenders." In addition, the target population includes returning citizens with substance use disorders, mental health, and traumatic brain injury issues.

The JREC Steering Team Housing subcommittee will meet to determine if assistance should be available to reentrants who fall outside the above eligibility requirement. The subcommittee would review and approve individuals on a case-by-case basis. For disbursement approval, a "yes" consensus from all subcommittee members would be needed. The review process ensures no

reentrant is inadvertently omitted from assistance if a need truly exists and increases the likelihood of reentry success.

The expected outcome is securing safe and secure housing for reentrants involved in a case-managed reentry program needing housing assistance. If the grant funds are made available, they will provide accommodation per an individual's reentry plan. Other collateral benefits include an incentive for a reentrant to remain in a case-managed reentry program and utilize wrap-around supports.

The grant funds' service area is the City and Borough of Juneau. JREC believes there is broad community support for increasing recidivism reduction, the work of the reentry coalition, and the implementation of strategies to improve safe and secure housing for reentrants. The Juneau Reentry Coalition supports additional safe and secure housing for reentrants to increase reentry success.

Reentry case management involvement would be a condition of access to these reentry housing fund dollars. Funds would be directed to providers (landlords, utilities, etc.) and not directly to the grant beneficiary.

PERFORMANCE MEASURES

How much did you do?

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

How well did you do it?

- a. Provide a narrative that describes the timeline, activities, successes, challenges, and any lessons learned during the reporting period.
- b. Number (#) and percentage (%) of participants who felt the services they received were rendered in a non-judgmental, respectful, and comfortable manner.

Is anyone better off?

- a. Number (#) and percentage (%) of participants who were able to sustain their housing situation for > 6 months post-release.
- b. Number (#) and percentage (%) of participants who recidivated during the reporting period.
- c. Number (#) and percentage (%) of participants who reported an increase in their quality of life during the reporting period.
- d. Two statements from participants describing (in their own words) how their quality of life has improved since participating in the project.

SUSTAINABILITY

The likelihood of supportive housing assistance programming in the future is better than average. JREC validates the above statement with these points.

First, Haven House Juneau is a supportive reentry housing program for women that began in 2015 and remains in service today. Second, the Central Council of Tlingit & Haida Tribes has invested in two men's supportive reentry housing facilities starting in 2021, and they, too, are operating today.

However, while the investment in supportive reentry housing is made, the problem for the reentrant is the immediate access to resources to secure supportive housing at release. The Trust grant helps meet the reentrant's housing needs.

Finally, JREC assumes that solutions to the issue of accessing supportive reentry housing funds can be found if the Trust ceases involvement. One example is the Alaska Department of Corrections reentry housing grant program included in its Operation Budget in FY24. However, JREC cannot be more specific about other reentrant housing funding sources.

WHO WE SERVE

JREC adopts the Alaska Community Reentry Program Guide's model for reentry into the community. The model uses the Risk-Need-Responsivity R-N-R principles in reentry case management, including in-reach, pre-release, post-release, and aftercare reentry planning. According to the National Institute of Corrections, the risk-need-responsivity (RNR) principles are the cornerstones of modern community corrections practice based on evidence-based practices to reduce recidivism. RNR states that the risk and needs of the incarcerated individual should determine the strategies appropriate for addressing the individual's criminogenic factors before and after release. These guiding hierarchies harmonize with the sequential intercept model's community corrections goal of "access to recovery supports, benefits, housing, and competitive employment."

The JREC relies on the May 2014 work by Hornby Zeller Associates, Inc. that states, "Trust Beneficiaries constitute 65 percent of Alaska Department of Correction's population." JREC also depends upon the validity of the Alaska Department of Corrections' Level of Service Inventory-revised (LSI-R) recidivism risk inventory. If a reentrant is eligible for reentry case management programming as defined by risk level, then there is sufficient standing to be a Trust Beneficiary and eligible to receive housing assistance under this proposal. Therefore, JREC will not conduct any additional assessments to execute the grant.

The likely beneficiary categories to be most encountered are those with substance use disorders, mental illness, and co-occurring disorders.

The expected outcome of JREC's housing grant proposal is greater access to housing as a stabilizing factor for returning citizens involved in a reentry case management program and the

client's increase in reentry success. Without housing grant assistance, housing in destabilizing environments, such as emergency shelters, will likely continue for many clients.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	2
Substance Abuse	15
Traumatic Brain Injuries:	3

BUDGET

Personnel Services Costs	\$3,400.00
Personnel Services Costs (Other Sources)	\$0.00
Personnel Services Narrative:	Seven percent of the grant is allocated to accounting support functions required of JREC's Fiscal Agent in executing the JREC Reentry Housing Program. These include application review, approval, and fund distribution generally. Other accounting tasks may consist of subaccount bookkeeping, reconciliation, and balancing tasks; check writing; electronic fund transfers; landlord and utility communications; record keeping; and communications with reentry case managers.
Supplies Costs	\$45,100.00
Supplies Costs (Other Sources)	\$0.00
Supplies Narrative:	Ninety-three percent of the grant funds will be used to secure safe and supportive reentry housing for clients. Supportive Reentry Housing services include, but are not limited to, security deposits, utilities, monthly rent, and other necessary goods and services. The grant funds will be managed to serve at least twenty reentry clients. Fiscal Agent flexibility in fund distribution is inherent in the grant, so if one client uses less than an equal distribution share, it may be applied to another who needs more.
Total Amount to be Funded by the Trust	\$48,500.00
Total Amount Funded by Other Sources	\$0.00

MEMO

To: Board of Trustees
Date: February 6, 2025
Re: FY25 Partnership Grant Request
Fund Source: FY25 Partnerships/Designated Grants (Page 2, Line 13)
Amount: \$89,000.00
Grantee: Alaska Eating Disorders Alliance (AKEDA)
Grant Term: February 6, 2025 to December 31, 2025
Project Title: Building Body Confident Kids -- Youth Mental Health Prevention

REQUESTED MOTION:

The Board of Trustees approve a \$89,000 FY25 Partnership grant to the Alaska Eating Disorders Alliance for the Building Body Confident Kids -- Youth Mental Health Prevention project. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.

Assigned Program Staff: Eric Boyer

STAFF ANALYSIS

The Alaska Eating Disorders Alliance (AKEDA) is requesting \$89,000 in FY25 Partnership grant funding from the Non-Focus Area Allocations. These funds will build an infrastructure of knowledge and competency around eating disorders, targeting Trust beneficiaries under the age of 25, by utilizing evidence-based resources and curricula in schools and communities around Alaska. Ninety-five percent of eating disorders begin before that age. This prevention-focused educational program will be administered through partnering schools, Boys and Girls Club, and tribal and non-tribal youth-based organizations.

AKEDA has received two grant awards totaling \$5,000.00 over the last three years. Each grant award was for \$2500.00 and helped fund conferences with best practice training for clinicians so that they can increase their capacity and competence to treat beneficiaries experiencing an eating disorder. This project supports the Comp Plan area of focus Early Childhood and Youth, Objective 1.4, providing behavioral health services in an accessible and timely manner. Trust program staff recommend this proposal for full funding.

COMP PLAN IDENTIFICATION

Area of Focus	Objective	Comments
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Area of Focus 1: Early Childhood & Youth	1.4 Behavioral health services are easily accessible, timely, and include care navigation and wraparound services	
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PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

This program will enable educators, parents, and other key community members to become champions for eating disorders and other behavioral health prevention, with enough knowledge and agency to create change in key settings for young people.

The Building Body Confident Kids Prevention project uses a strengths-based approach to empower Alaskan youth, promoting body confidence to reduce risks for eating disorders (EDs) and other mental health issues. National research shows that 77% of adolescents do not like their bodies. Body dissatisfaction is a risk factor for EDs and is directly linked to anxiety, depression, self-harm, substance abuse, and suicidality. Locally, Alaska’s 2023 Youth Risk Behavior Survey also revealed alarming news that 43% of adolescents experienced prolonged hopelessness, over 28% engaged in binge eating, and 29% exhibited restrictive eating behaviors in the past month. Minority youth were the most affected. These findings show a doubling in risky eating patterns since these questions were last asked in 2013.

The evidence-based prevention programs AKEDA will use has been shown to reduce thoughts and behaviors associated with body dissatisfaction. The intervention strategies will improve outcomes for Trust beneficiaries who experience mental illness, along with youth at risk of mental illness.

Beneficiaries will specifically:

- Learn to accept and respect their bodies, rejecting harmful appearance ideals;
- Develop positive self-beliefs, including self-efficacy, self-compassion, and resilience;
- Become more attuned to their needs, fostering adaptive eating habits, movement, and self-care;
- Experience increased body appreciation, which correlates with improved self-esteem, flourishing, happiness, and mental health.

Targeted interventions are especially critical given the rise of harmful social media that is strongly linked with the youth mental health crises. Additionally, this initiative aligns with the U.S. Surgeon General’s recommendations to mitigate social media's adverse effects.

PERFORMANCE MEASURES

How much did you do?

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

- b) TOTAL number (#) of all adolescents served during the grant reporting period.
- c) Number (#) of individuals trained, broken down by the following demographic: parents, educators, or other key community members.
- d) Number (#) of training sessions held during the grant reporting period. Please also list the geographic location and date held for each session, as well as the corresponding # of participants in attendance.

How well did you do it?

- a) Provide a narrative describing the timeline, activities, successes, challenges and any lessons learned during the project reporting period.
- b) Provide a synopsis of the pre- and post-workshop participant survey data that addresses the following learning objectives:
 - i. Participant knowledge of the effect of body dissatisfaction on adolescent health and well-being;
 - ii. Participants who reject misconceptions about characteristics and qualities of individuals in larger bodies;
 - iii. Participant self-efficacy evidenced by self-reported confidence in their ability to utilize ideas learned in their work with youth people; and
 - iv. Participation intention to utilize ideas learned in the workshop in their work with young people.

Is anyone better off?

Provide an electronic copy of the follow-up evaluation conducted by UAA graduate students on longer-term changes in attitudes, behaviors, and skills.

SUSTAINABILITY

AKEDA will work with two internationally known partners in the field of body confidence and youth mental health resilience (Be Real USA and Embrace Kids) and use curricula they have created and rigorously tested in school settings. We have also met with partners to implement these curricula outside of schools, including with Boys and Girls Clubs across Alaska, tribal health organizations, and other youth-focused organizations.

Working with these consultants, AKEDA will hire a contract Prevention Officer for one year only to help develop statewide partners while simultaneously training AKEDA staff to be able to continue leading this program beyond year one. Additionally, AKEDA will recruit volunteer ambassadors through a train-the-trainer model who will carry forward the program's principles, methods, and curricula in their organizations. Through this volunteer network, the program will sustain its reach and impact across the state, reducing dependency on new annual funding.

The project will also be propelled by a federal earmark request actively supported by Sen. Murkowski's office. This request has successfully passed through the appropriations committee and is progressing through the final legislative stages. When secured, this earmark will provide

essential funding to complement the Trust’s initial investment, enabling continued statewide training for providers and community groups.

Enthusiasm for the program amongst other potential funders has also been strong in initial discussions, and AKEDA will continue to build relationships that can capitalize on this interest to ensure long-term focus on this prevention effort.

WHO WE SERVE

This project aligns with the Alaska Mental Health Trust’s mission to support beneficiaries facing mental health challenges and, critically, to prevent such challenges whenever possible. It focuses on preventing eating disorders in young people while also addressing related issues like anxiety, depression, self-harm, substance use, unsafe sexual practices, and suicidality.

Eating disorders have the second-highest mortality rate of any mental illness, with 95% of cases developing before age 25. Early prevention efforts during adolescence are particularly impactful. Decades of research show that body confidence programs are among the most effective tools for preventing eating disorders. Moreover, these programs do more than reduce eating disorder risks—they build protective factors against other mental health concerns by fostering self-compassion and resilience. As one body image researcher aptly noted, “If you can’t feel at home in your own skin, where can you feel at home?”

This initiative will empower Alaskan youth, especially those at risk for eating disorders and other mental health challenges, by equipping them with tools to build resilience, navigate appearance-based pressures, and counteract harmful social media influences. Participants will learn strategies to protect themselves from harmful messages about food and body image while cultivating self-compassion and confidence. Those requiring further support will gain knowledge of available resources, promoting early intervention and improved mental health outcomes. This comprehensive approach addresses immediate prevention needs while fostering long-term well-being for Alaska’s youth.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	1,000
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	90
Number of people to be trained	250

BUDGET

Personnel Services Costs	\$81,500.00
Personnel Services Costs (Other Sources)	\$6,000.00
Personnel Services Narrative:	AMHTA Trust funds requested within the personnel category include the following: \$60,000 -- Contract Prevention Lead

	<p>\$14,000 -- AKEDA staff management and outreach \$7,500 -- Subcontractors (Be Real USA/Embrace Kids)</p> <p>The remainder of personnel costs currently submitted in a grant request to GCI Gives</p>
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Travel Costs	\$5,000.00
Travel Costs (Other Sources)	\$0.00
Travel Narrative:	\$5,000 -- travel funds for AKEDA staff and contract Prevention Lead to travel to communities inside Alaska to disseminate the programming and build partnerships for ongoing prevention work

Equipment Costs	\$0.00
Equipment Costs (Other Sources)	\$1,500.00
Equipment Costs Narrative:	<p>No AMHTA money will be expended on equipment.</p> <p>\$1500 will be requested from rotary or AKEDA general funds to purchase a computer for the prevention lead.</p>

Other Costs	\$2,500.00
Other Costs (Other Sources)	\$0.00
Other Costs Narrative:	AKEDA requests \$2500 from AMHTA to work with a UAA graduate student to design, implement, analyze, and report on our stated evaluation measures.

Total Amount to be Funded by the Trust	\$89,000.00
Total Amount Funded by Other Sources	\$7,500.00

OTHER FUNDING SOURCES

GCI Gives - Pending	\$6,000.00
Rotary - Pending	\$1,500.00
Murkowski Increment- Pending	\$250,000
Total Leveraged Funds	\$257,500.00

Consent Agenda Approvals

MEMO

To: Board of Trustees
Date: February 6, 2025
Re: Consent Agenda – FY25 Partnership requests, \$50,000 and less
Amount: \$530,510
Fund Source: FY25 Partnership Grants (Page 2, Line 13 of the FY25 budget)

REQUESTED MOTION:

The Board of Trustees approves the following 14 FY25 Partnership grants totaling \$530,510 as outlined in the table below to include:

1. Hope Community Resources, “Flooring replacement for two Assisted Living Homes”, \$50,000
2. Tundra Women’s Coalition, “Tundra Youth Home Transitional Housing Support”, \$50,000
3. Seward Prevention Coalition, “Youth Mental Health Campaign”, \$50,000
4. Kenai Peninsula Homelessness Coalition, “Nikiski Shelter of Hope Building Upgrades”, \$50,000
5. Juneau Housing First Collaborative, “Development and Housing Support”, \$50,000
6. Alaska Native Heritage Center, “ANHC Elders Program”, \$50,000
7. Seldovia Village Tribe, “Community Health Care Equipment Upgrade”, \$50,000
8. Palmer Senior Citizens Center, Inc DBA Mat-Su Senior Services, “MSSS ADS Transport”, \$50,000
9. The Alaska Humanities Forum, Story Works: “Strengthening Protective Factors through Classroom Storytelling”, \$50,000
10. Bfit & Well Annex, “Brain Health Fitness Program”, \$40,000
11. REACH 907 - Resilience Behavioral Health, “Consulting Support”, \$27,260
12. Alaska Association on Developmental Disabilities, “Cost of Care: Collaborating on Solutions”, \$8,250
13. Girls on the Run - Southcentral AK, “Girls on the Run”, \$2,500
14. Stone Soup Group, “Growing Connections & Cultivating Communities”, \$2,500

These funds will come from the Partnerships/Designated Grants line of the FY25 budget.

There are 14 FY25 Partnership grant requests of \$50,000 or less for consideration at the February full Board of Trustee meeting. Individual grant memos with staff analysis, project descriptions, project budgets, grant performance measures and the requested start and end dates are included with this memo.

Each memo also has a motion if the Trustees elect to remove one or more grant request from the consent agenda for individual consideration.

#	Grantee Organization	Project Title	Requested Amount	Approval Motion
1	Hope Community Resources	Flooring replacement for two Assisted Living Homes	\$50,000	The Board of Trustees approve a \$50,000 FY25 Partnership grant to Hope Community Resources for the Flooring replacement for two Assisted Living Homes project.
2	Tundra Women's Coalition	Tundra Youth Home Transitional Housing Support	\$50,000	The Board of Trustees approve a \$99,800 FY25 Partnership grant to the Tundra Women's Coalition for the Tundra Women's Coalition Youth Transitional Housing project.
3	Seward Prevention Coalition	Youth Mental Health Campaign	\$50,000	The Board of Trustees approve a \$50,000 FY25 Partnership grant to the Seward Prevention Coalition for the Supporting the Youth Mental Health Campaign project.
4	Kenai Peninsula Homelessness Coalition, Inc.	Nikiski Shelter of Hope Building Upgrades	\$50,000	The Board of Trustees approve a \$50,000 FY25 Partnership grant to the Kenai Peninsula Homelessness Coalition for the Nikiski Shelter of Hope Building Upgrades project.
5	Juneau Housing First Collaborative	Development and Housing Support	\$50,000	The Board of Trustees approve a \$50,000 FY25 Partnership grant to the Juneau Housing First Collaborative for the Development Support project.
6	Alaska Native Heritage Center	ANHC Elders Program	\$50,000	The Board of Trustees approve a \$50,000 FY25 Partnership grant to the Alaska Native Heritage Center for the ANHC Elders Program.
7	Seldovia Village Tribe	Community Health Care Equipment Upgrade	\$50,000	The Board of Trustees approve a \$50,000 FY25 Partnership grant to the Seldovia Village Tribe for the Community Health Care Equipment Upgrade project.
8	Palmer Senior Citizens Center, Inc DBA Mat-Su Senior Services	MSSS ADS Transport	\$50,000	The Board of Trustees approve a \$40,000 FY25 Partnership grant to Palmer Senior Citizens Center, Inc. for the MSSS ADS Transport project.
9	The Alaska Humanities Forum	Story Works: Strengthening Protective Factors through Classroom Storytelling	\$50,000	The Board of Trustees approve a \$50,000 FY25 Partnership grant to the Alaska Humanities Forum for the Strengthening Protective Factors through Classroom Storytelling project.
10	Bfit & Well Annex	Brain Health Fitness Program	\$40,000	The Board of Trustees approve a \$40,000 FY25 Partnership grant to BFit & Well Annex for the Brain Health Fitness project.
11	REACH 907 - Resilience Behavioral Health	Consulting Support	\$17,000	The Board of Trustees approve a \$17,000 FY25 Partnership grant to REACH 907 for the 2025 Billing and Strategic Planning Consultation project.
12	Alaska Association on Developmental Disabilities	Cost of Care: Collaborating on Solutions	\$8,250	The Board of Trustees approve a \$8,250 FY25 Partnership grant to the Alaska Association on Developmental Disabilities for the Cost of Care: Collaborating on Solutions project.
13	Girls on the Run - Southcentral AK	Girls on the Run	\$2,500	The Board of Trustees approve a \$2,500 FY25 Partnership grant to Girls on the Run Southcentral Alaska for the Girls on the Run project.

14	Stone Soup Group	“Growing Connections & Cultivating Communities”	\$2,500	The Board of Trustees approve a \$2,500 Partnership grant to Stone Soup Group for the Growing Connections & Cultivating Communities project.
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MEMO

To: Board of Trustees
Date: February 6, 2025
Re: FY25 Partnership Grant Request
Fund Source: FY25 Partnerships/Designated Grants (Page 2, Line 13)
Amount: \$50,000.00
Grantee: Hope Community Resources, Inc.
Grant Term: February 6, 2025 to June 30, 2025
Project Title: Flooring replacement for two Assisted Living Homes

REQUESTED MOTION:

The Board of Trustees approve a \$50,000 FY25 Partnership grant to Hope Community Resources for the Flooring replacement for two Assisted Living Homes project. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.

Assigned Program Staff: Tina Voelker-Ross

STAFF ANALYSIS

Hope Community Resources, Inc. (Hope) requests Trust funding of \$50,000 for the Flooring replacement for two Assisted Living Homes project with funding from the Partnerships/Designated Grants line of the FY25 budget. The project's focus is to replace the flooring of two assisted living homes in which Trust beneficiaries currently reside.

This project directly impacts Trust beneficiaries with intellectual and developmental disabilities (IDD/DD) and traumatic brain injury (TBI) who currently reside in the two assisted living homes. Hope Community Resources, Inc. has received \$250,000 of grant funding from the Rasmuson Foundation, including a match of \$250,000 from Hope to complete improvements on approximately 10 other assisted living homes.

In the past three fiscal years, the Trust has awarded Hope Community Resources, Inc. one authority grant totaling \$50,000. Activities supported through that grant funding included serving as a fiscal agent and convener to support a beneficiary-driven process to design an intentional community using the Camphill model.

This project will directly impact Trust beneficiaries and the staff who provide services by improving the quality of their living environment and accessibility. Trust staff recommends this funding in alignment with Comp Plan goal 7.

COMP PLAN IDENTIFICATION

Area of Focus	Objective	Comments
Area of Focus 7: Services in the Least Restrictive Environment	7.2 Increase access to effective and flexible, person-centered, long-term services and supports in urban and rural areas to avoid institutional placement where inappropriate	Strategy: use appropriate assistive technologies and environmental modifications to improve safety and health outcomes for vulnerable Alaskans living in their communities.

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

We request Trust funding to replace flooring in two of our assisted living homes in Anchorage. The current mix of carpet, laminate, linoleum, and vinyl is worn, impacting accessibility for our residents who experience disabilities. We plan to install Luxury Vinyl Plank (LVP), which will improve accessibility, safety, and comfort, ensuring a more functional living environment for both residents and staff.

This Trust project is part of a larger renovation project at Hope to improve assisted living homes. Funding from the Rasmuson Foundation, with a Hope match, will impact 10 assisted living homes, and the Trust will fund 2 additional homes, for a total of 12 homes that will be improved in the overall project. This project proposal is focused on the flooring improvement for the two homes impacted by Trust funding.

We request Trust funding to replace aging flooring in two of our assisted living homes in Anchorage. These homes provide essential support for people with disabilities, offering them a safe and accessible environment. However, the current flooring is a mixture of carpet, laminate, linoleum tiles, and sheet vinyl, all of which are extremely old and have deteriorated significantly over the years. This has led to worn and damaged flooring that impacts the overall functionality and accessibility of the spaces. Our goal is to ensure an accessible, safe, and comfortable living environment that meets the unique needs of the people we support who experience disabilities.

Our project involves replacing the existing flooring in both homes with new Luxury Vinyl Plank (LVP), which is waterproof and known for its durability. In total, we will install 2,132 square feet of flooring in the first home and 1,600 square feet in the second. Hope has successfully installed LVP in several of our other homes in the past few years, and it has proven to be highly effective in both longevity and safety. This upgrade will improve accessibility and enhance the overall aesthetic of the homes, creating a more comfortable environment for both the residents and staff. The durability of LVP flooring will ensure that it withstands daily use and offers a long-lasting solution that meets the specific needs of our assisted living facilities.

This project's target population includes people with intellectual and developmental disabilities who require assistance with daily living activities. Many of our support recipients have mobility challenges, making safe and accessible flooring a priority. Both homes are in Anchorage.

We expect that the new flooring will increase the accessibility of the homes and provide a durable surface that accommodates heavy daily use. It will contribute to a more comfortable environment for the people we support and ensure that every area of the home is easily navigable. Staff will also benefit from the updated flooring, supporting their ability to provide efficient and effective care.

Our experience in upgrading flooring in our other assisted living homes has demonstrated the tangible benefits of this investment, including reduced maintenance costs and increased satisfaction among support recipients, families, and staff. This project aligns with our mission to create inclusive, supportive living environments for people with disabilities. It represents a long-term solution to ensuring the safety, comfort, and quality of life for the people we support.

Our maintenance team can be very flexible on the project timeline. Since the work is indoors, it can be done any time of the year. We are prepared to begin as early as mid-January, but the project can also be scheduled for spring or later in the year. Each project is expected to take about two weeks to complete. To minimize disruptions to the homes, we will coordinate closely with the residents and staff to ensure the work aligns with their daily schedule and routine.

PERFORMANCE MEASURES

Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the purchase and installation of 3,732 square feet of luxury vinyl plank flooring in two of Hope's assisted living homes. Be sure to include electronic photographs of the old floor and the replacement flooring in place.

SUSTAINABILITY

Due to its durability, we expect this upgraded flooring to last for many years. The benefits to residents and staff will be sustained well beyond the grant period, as the new flooring will improve safety, accessibility, and quality of life for years to come. The installation of LVP aligns with our cost-saving strategies because it reduces the need for frequent repairs and replacements compared to other flooring types. If unforeseen repairs are needed in the future, we can allocate capital funds to it, supported by private donations. Beyond the immediate improvements, this project demonstrates our commitment to high-quality care, which in turn supports donor and stakeholder engagement.

WHO WE SERVE

This project directly benefits five support recipients living in the two assisted living homes. Four of these residents experience intellectual and developmental disabilities (I/DD), and one has a traumatic brain injury (TBI). Each resident relies on their living environment to support their

daily activities, mobility, and overall quality of life. The current flooring in these homes has deteriorated, creating areas difficult to navigate, especially with mobility aids. This project also supports the four staff members who provide direct support care to the support recipients. It will improve their ability to provide care in a safe and accessible environment.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Developmental Disabilities:	4
Traumatic Brain Injuries:	1
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	4

BUDGET

Personnel Services Costs	\$25,000.00
Personnel Services Costs (Other Sources)	\$0.00
Personnel Services Narrative:	Contracted labor to demo all existing flooring, move furniture, remove/replace toilets, prep sub-floor, install LVP flooring, and install baseboard trim.

Supplies Costs	\$25,000.00
Supplies Costs (Other Sources)	\$0.00
Supplies Narrative:	Supplies to include LVP Flooring, underlayment, floor leveler (as needed), baseboard trim, and paint.

Total Amount to be Funded by the Trust	\$50,000.00
Total Amount Funded by Other Sources	\$500,000 Total: \$250,000.00 Community Support Grant from the Rasmuson Foundation. The total project budget for the Rasmuson Foundation grant is \$500,000, with \$250,000 matched by Hope’s reserves. This funding will allow for renovations to approximately 10 assisted living homes, directly benefiting approximately 40 Trust beneficiaries in Hope’s care and the staff who support them. These renovations will improve the quality of life for the residents and accommodate their accessibility needs.

MEMO

To: Board of Trustees
Date: February 6, 2025
Re: FY25 Partnership Grant Request
Fund Source: FY25 Partnerships/Designated Grants (Page 2, Line 13)
Amount: \$50,000.00
Grantee: The Tundra Women’s Coalition
Grant Term: February 6, 2025 to December 31, 2026
Project Title: Tundra Women's Coalition Youth Transitional Housing

REQUESTED MOTION:

The Board of Trustees approve a \$50,000 FY25 Partnership grant to the Tundra Women’s Coalition for the Tundra Women's Coalition Youth Transitional Housing project. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.

Assigned Program Staff: Kelda Barstad

STAFF ANALYSIS

The Youth Transitional Program provides transitional housing to youth ages 18-24 in Bethel. A vast majority, if not all, of youth served are Trust beneficiaries, with the largest groups being people with a mental health condition or addiction. This grant will provide gap funding for the YTH program's operations due to an unanticipated HUD funding shortfall that is not expected to recur and will ensure continuity of service availability. This project aligns with the goals of the Housing and Home and Community-Based Services focus area, allowing beneficiaries to remain in the home and community of their choice. The Tundra Women’s Coalition (TWC) has had no previous grants in the past three fiscal years. The Tundra Women's Coalition Youth Transitional Housing project is recommended for funding.

COMP PLAN IDENTIFICATION

Area of Focus	Objective	Comments
Area of Focus 3: Economic & Social Well-being	3.1 Alaskans have stable, safe housing with appropriate, community-based social supports to maintain tenancy	

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

The Tundra Youth Home (TYH) is a 7-room transitional housing unit for transition-aged youth ages 18-24. Residents are selected from the Bethel Coordinated Entry list and prioritized by DV status and disabling conditions. Residents sign an initial six-month lease that can be renewed twice. The maximum length of stay at TYH is 18 months. Residents work monthly with a housing and life-skills MSW-level case manager to establish an Individualized Service Plan, which details goals to be completed during residency. Goals can include access to mental health care/counseling, increased income, increased access to benefits, an increased network of safe adults and support, and independent housing.

Residents who attend monthly case management meetings and make progress toward their individualized goals receive a \$150 per month stipend. Residents of TYH have experienced victimization at some point in their lives and, as such, are at a higher risk of staying in the cycle of homelessness. Residents move into TYH because of housing instability or literal homelessness. Residents utilize the transitional housing model as a safe landing space to re-center, heal, and establish goals to move them toward housing stability and independence, thus reducing adult homelessness and chronic homelessness over time.

PERFORMANCE MEASURES

How much did you do?

- a) Number (#) of unduplicated Trust beneficiaries served during the reporting period, broken down by primary Trust beneficiary category.
- b) Total number (#) of youth (duplicated # from above) served during the reporting period (note: please include all youth served, regardless of their beneficiary status).
- c) Number (#) of \$150 monthly stipends distributed during the reporting period and the number (#) of unduplicated youth who received a stipend during the reporting period.

How well did you do it?

- a) Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the project. Be sure to include a status update on the HUD funding shortfall.
- b) Number (#) and percentage (%) of participants who felt the services and supports they received were rendered in a non-judgmental, respectful, and safe environment.
- c) Number (#) and percentage (%) of participants connected with services as identified in their Individualized Service Plan (ISP).

- d) Number (#) and percentage (%) of participants were satisfied with the services they received and would recommend the services to a friend in need.

Is anyone better off?

- a) Number (#) and percentage (%) of youth participants reporting an increase in their quality of life as a result of participating in the project.
- b) Number (#) and percentage (%) of youth participants exiting services during the grant reporting period to a safe and stable living situation.
- c) Number (#) and percentage (%) of youth participants who were reunited with their family during the grant reporting period.
- d) Number (#) and percentage (%) of youth participants who accomplished their goals as identified in their ISP during residency.
- e) Number (#) and percentage (%) of participants who achieve academic or employment-based educational goals as a result of engagement with services identified through the project.
- f) Two statements from youth participants describing (in their own words) how their quality of life has improved since participating in the project.

SUSTAINABILITY

Tundra Youth Home has received HUD funding for youth-specific housing projects. This year, the money received is slightly too little to cover staffing and facility rent fully. However, after FFFY2024, TWC fully expects to see the project funded in perpetuity and simply needs assistance bridging a one-year gap in funding availability.

WHO WE SERVE

Trust beneficiaries are among the highest experiencers of domestic, sexual, family, and intimate partner violence. Additionally, they face challenges in maintaining safe and affordable housing. This project will specifically target the intersection of violence and housing insecurity from a prevention perspective, connecting youth with documented mental illness, developmental disability, traumatic brain injury, and substance use with supportive housing and life-skills-focused case management that will empower them to develop safe and sustainable independent living goals.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	10
Developmental Disabilities:	2
Substance Abuse	3
Traumatic Brain Injuries:	1
Number of people to be trained	5

BUDGET

Personnel Services Costs	\$10,000.00
Personnel Services Costs (Other Sources)	\$40,000.00
Personnel Services Narrative:	MSW-level case manager salary and facility monitor salary.

Space or Facilities Costs	\$30,000.00
Space or Facilities Costs (Other Sources)	\$100,000.00
Space or Facilities Narrative:	The building lease for the Tundra Youth Home is \$10,000 per month, which includes utilities and rent. TWC received \$100,000 HUD dollars to cover rent but needs to bridge the gap in the remaining \$20,000 and \$10,000 for ongoing maintenance and repairs.

Supplies Costs	\$10,000.00
Supplies Costs (Other Sources)	\$2,600.00
Supplies Narrative:	Monthly Youth Stipends (150x7=1,050. 1,050x12=12,600). We request \$10,000 to cover monthly participant stipends that go toward food costs and basic needs items for all TY residents.

Total Amount to be Funded by the Trust	\$50,000.00
Total Amount Funded by Other Sources	\$142,600.00

OTHER FUNDING SOURCES

HUD- YHDP. Secured.	\$110,000.00
HUD- DV Bonus. Secured.	\$32,600.00
Total Leveraged Funds	\$142,600.00

MEMO

To: Board of Trustees
Date: February 6, 2025
Re: FY25 Partnership Grant Request
Fund Source: FY25 Partnerships/Designated Grants (Page 2, Line 13)
Amount: \$50,000.00
Grantee: Seward Prevention Coalition
Grant Term: February 6, 2025 to March 31, 2026
Project Title: Youth Mental Health Campaign

REQUESTED MOTION:

The Board of Trustees approve a \$50,000 FY25 Partnership grant to the Seward Prevention Coalition for the Supporting the Youth Mental Health Campaign project. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.

Assigned Program Staff: Heather Phelps

STAFF ANALYSIS

The Seward Prevention Coalition requests \$50,000 from the Trust to fund a youth mental health stigma campaign to educate parents about mental health conditions to support parental consent for youth access to mental health services. The campaign targets Seward, Moose Pass, and Lowell Point. Funds are requested from the FY 25 Partnerships/Designated Grants budget line, and this is a one-time request. The mental health stigma campaign is the second phase of a two-phased project. Data from a 2023 baseline survey and Youth Risk Behavioral Surveillance System (YRBS) data to inform and support phase two.

This project is well supported in the community, including the schools, behavioral health providers, and 100 coalition members. The first phase of the project was funded through Providence, local partners, city money, and the agency's unrestricted funds. For phase two, funding includes Rasmuson, Seward Community Foundation, Alaska Children's Trust, and GCI, in addition to donations and local businesses and a prevention grant from the Division of Behavioral Health.

In the past three fiscal years, the Trust has awarded zero grants to the Seward Prevention Coalition.

This project is recommended for funding as it aligns with early childhood and youth focus area to ensure accurate identification and support of social-emotional needs for children and their families,

congruent with their cultural identification. The Seward Prevention Coalition believes that increased access to mental health services will decrease the need for parents to allow services only when the youth is in crisis, normalizing accessing mental health care.

COMP PLAN IDENTIFICATION

Area of Focus	Objective	Comments
Area of Focus 1: Early Childhood & Youth	1.2 Ensure accurate identification and support of social-emotional needs for children and their families, congruent with their cultural identification	

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

Youth mental health is a growing crisis, with 71% of females in Seward reporting poor mental health, far above the national average. The Seward Prevention Coalition, in partnership with CHSC, is developing a campaign to reduce stigma and increase parental support, addressing parental permission as the key barrier to accessing services. The project aims to normalize youth mental health services, connect youth to resources, and create a model for other Alaskan communities.

Poor Youth Mental Health is becoming a crisis in our country. In our 2023 Seward Youth Survey, 71% of females reported poor mental health, which is above the national average. Because of this significantly high statistic we are seeing increased rates of at-risk behavior, including drinking and drug use, among our female population. With our youth reporting high rates of poor mental health, we need to get our youth connected to resources. However, due to state laws they cannot access services without Parental Permission. All of our behavioral health practitioners, school counselors, and health care providers report that parental permission has been the biggest barrier for youth receiving help. If our teens are unable to receive the help they need early, then we will continue to see an increase in underage drinking and drug use, and an increase in suicidal ideation.

The Seward Prevention Coalition (SPC) in Partnership with Montana State University's Center for Health & Safety Culture (CHSC) are working to create a campaign to reduce stigma and barriers to access for Youth Mental Health Services. SPC has seen significant results in creating a culture of early help-seeking in our youth. 100% of our youth who indicated they needed mental health services, reported that they looked for resources (Youth360 2023 survey). In creating this culture among our youth, the significant barrier of Parental Permission came to light. Time and again we have seen teens reaching out for help, wanting professional services, only to have their parent/guardian(s) refuse permission. Once this happens there is no path forward for our youth to get the services they are seeking. This barrier is what began our partnership with CHSC in hopes of creating a campaign that will destigmatize Youth Mental Health Services and increase parental support in receiving services.

Over the past year and a half we worked with our coalition partners and CHSC to assess the issue in our community, which included a parent survey, to determine the full scope of the barrier and opportunities to create change. We are now entering into the second phase of this project, which will work with experts to design a campaign, implement it, and then assess the impact. It is our hope to create an evidence-based campaign that will not only make a measurable impact on our community.

The expected impact of this project is a reduction in stigma around Youth Mental Health and increased parental support for their children receiving mental health services. It is our great hope that this project will normalize Youth Mental Health check-ups and that parents will help their children connect to resources as soon as early signs of poor mental health become present. This would impact all parents and children in the Seward service area. Once the campaign has been completed, implemented, and assessed we plan to provide it as a resource for other communities in Alaska to utilize who are facing the same barriers.

PERFORMANCE MEASURES

Provide a narrative describing the timeline, activities, successes, challenges, and lessons learned through the Youth Mental Health Campaign project. Be sure to include an electronic copy or website link to all marketing and outreach materials produced through the project.

Provide an electronic copy of the campaign assessment conducted by Montana State University's Center for Health & Safety Culture (CHSC). The assessment should include data on the campaign's overall impact on the community, the campaign's reach (# of community members), and data collected from focus groups and surveys.

SUSTAINABILITY

This is a one-time project; once completed, there will be no significant cost to continue its implementation. Coalition members and staff will continue the information campaign and training. The minimal costs for printing, ads, supplies, etc., will be covered by existing State and Federal grants.

WHO WE SERVE

Our coalition works in Primary Prevention, working to prevent behavioral health issues by reducing risk factors and increasing protective factors. It is the goal of our organization and this project to create an environment where our youth do not become beneficiaries of the Trust. If teens are unable to access the resources they need when they are struggling, then they will turn to unhealthy high-risk behavior to cope which continues to erode their mental health and create lifelong issues. Parents in our community are currently only willing to provide permission for mental health services once their child has reached a crisis point, often a suicide attempt. By reducing the stigma around Youth Mental Health and promoting early help-seeking for our parents/caregivers, then our teens can be connected to resources sooner, providing them with

healthy coping mechanisms and tools for overcoming their struggles. The sooner a teen can access the support they need, the less likely they are to become beneficiaries of the Trust.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	100
Substance Abuse	50
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	500
Number of people to be trained	100

BUDGET

Supplies Costs	\$15,000.00
Supplies Costs (Other Sources)	\$15,000.00
Supplies Narrative:	This will include posters, fliers, tri-folds, banners, coffee sleeves, marketing materials, etc. that will be needed to spread the message of the campaign into our community.

Other Costs	\$35,000.00
Other Costs (Other Sources)	\$190,000.00
Other Costs Narrative:	<p>Consultant cost for the campaign design and development. This will include online materials, videos, and social media posts. Also included are the development of training curriculum for professionals and the evaluation of the project at the end.</p> <p>Administrative costs: SPC has a 10% administrative cost that covers the cost of our bookkeeper, liability insurance, and Executive Director's time for on the project.</p>

Total Amount to be Funded by the Trust	\$50,000.00
Total Amount Funded by Other Sources	\$205,000.00

OTHER FUNDING SOURCES

Recover Alaska - Secured	\$10,000.00
SeaView Community Services - Secured	\$5,000.00
Seward Prevention Coalition - Secured	\$30,000.00
Seward Community Health Clinic - Pending	\$10,000.00
Rasmuson Foundation - Pending	\$50,000.00

Robert Wood Johnson Foundation - Pending	\$75,000.00
Seward Community Foundation - Pending	\$10,000.00
GCI Foundation - Pending	\$10,000.00
ANDVSA - Pending	\$5,000.00
Total Leveraged Funds	\$205,000.00

MEMO

To: Board of Trustees
Date: February 6, 2025
Re: FY25 Partnership Grant Request
Fund Source: FY25 Partnerships/Designated Grants (Page 2, Line 13)
Amount: \$50,000.00
Grantee: Kenai Peninsula Homelessness Coalition
Grant Term: February 6, 2025 to October 31, 2025
Project Title: Nikiski Shelter of Hope Building Upgrades

REQUESTED MOTION:

The Board of Trustees approve a \$50,000 FY25 Partnership grant to the Kenai Peninsula Homelessness Coalition for the Nikiski Shelter of Hope Building Upgrades project. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.

Assigned Program Staff: Kelda Barstad

STAFF ANALYSIS

The Nikiski Shelter of Hope (NSH) is a 12-room, 22-bed facility that provides emergency and transitional shelter to families and individuals experiencing homelessness. Funding will provide significant repairs or system replacements necessary to the facility's safe and sanitary functioning. Trust beneficiaries disproportionately experience homelessness, with the largest groups being people with a mental health condition or addiction. This project aligns with the goals of the Housing and Home and Community-Based Services focus area, allowing beneficiaries to remain in the home and community of their choice. KPHC has had one previous grant in the last three fiscal years for \$50,000. The Nikiski Shelter of Hope Building Upgrades project is recommended for approval.

COMP PLAN IDENTIFICATION

Area of Focus	Objective	Comments
Area of Focus 3: Economic & Social Well-being	3.1 Alaskans have stable, safe housing with appropriate, community-based social supports to maintain tenancy	

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

This project includes the replacement of two defunct heating units in public spaces at the shelter, expansion of the septic system to accommodate demand of shelter residents and staff, and to repair sink hole and overall surface of parking lot, which poses serious safety concerns. Each of the items in this project are urgent with incoming rain and freeze, and would begin as soon as possible. Project completion is expected by late summer, approximately August 2025. These improvements mean the shelter will be able avoid limiting use of vital services such as bathroom and laundry. This request is part of a larger building upgrade project to include: roof repair, door replacement, and fencing.

The Nikiski Shelter of Hope (NSH) is a 12-room, 22-bed facility that provides emergency/transitional shelter to families and individuals experiencing homelessness. Since opening in December 2021, 160 households have been served; 196 adults, 39 children, 25 pets with a total of 14,150 bed nights and over 52,000 meals.

In recognition of the need for emergency shelter across the entire Kenai Peninsula Borough, in December 2021 KPHC opened the Nikiski Shelter of Hope as a first step with plans to open additional shelter locations that will allow people to stay in their home communities. The shelter serves individuals and families who are experiencing homelessness, and can currently sleep up to 22 people per night.

Following recent necessary sprinkler system upgrades, these continued building upgrades are part of a plan to rehabilitate the facility so that it can provide quality service for years to come. Without these upgrades, the shelter is in a precarious position regarding its quality of care and overall safety of the premises and is concerned about protecting existing investments in the building.

PERFORMANCE MEASURES

Provide a narrative describing the timeline, activities, successes, challenges, and lessons learned during the building upgrades, including replacing two heating units, expanding the septic system, repairing the sinkhole, and resurfacing the parking lot. Be sure to include electronic before and after photographs and a final list of funders for the overall building upgrade project.

SUSTAINABILITY

This funding request to the Trust is specifically for the necessary building upgrades project at the shelter. The Nikiski Shelter of Hope (NSH) project will continue, with greater capacity, for decades to come after the project is completed.

The annual operating budget of The Nikiski Shelter of Hope totals \$300,000.00 and is funded primarily through private donations which are unrestricted funds. Donations come from churches, individuals, community organizations & corporate gifts. There have been

approximately 100 donors, with donation amounts ranging from \$25.00 to the largest of \$50,000.00. Donations come in the form of checks, cash & credit cards. Some are made at specific events in conjunction with a presentation, social media campaign, or newsletter.

We expect this support to continue. A partner agency that provides services to shelter residents, Love INC of the Kenai Peninsula, has had a strong support base since 1987. Furthermore, this particular project has a lot of community support and potential for recurring funds because of the social/economic impact it has on the community.

Love INC currently receives a HUD passthrough grant from Alaska Housing Finance Corporation (AHFC) that is used to fund supportive services as well as housing placement costs for residents. Housing placement costs include expenses associated with permanent housing placement (i.e. deposits). A United Way Emergency Food & Shelter grant has also been dedicated to operating costs.

The shelter is applying for operating grants, with one standalone shelter application to AHFC and another to the Providence Health Foundation. Love INC will continue seeking State and Borough support for operations costs.

WHO WE SERVE

This project connects to the State of Alaska's Comprehensive Integrated Mental Health Plan, by maintaining provision shelter among other basic needs. Additionally, residents are presented with services designed to support self-responsibility for individuals and families to create and sustain stability. Love INC has a memorandum of agreement with a healthcare provider to have quarterly on-site and telemedicine visits. Of families who exited the program, 72% are stably housed or enrolled in another program.

The Nikiski Shelter of Hope collects HMIS data from guests at intake and maintains dedicated staff who enter the data. The beneficiary numbers shared on the following page reflect actual HMIS data from 2022. This data relies on self-disclosure from guests, who might not be comfortable sharing their medical history. Staff estimate much higher numbers of beneficiaries served.

Trust beneficiaries are disproportionately represented among people experiencing homelessness. The Nikiski Shelter of Hope (NSH) program is designed to provide supports needed so that residents may successfully access stable housing, which means meeting residents where they are at in terms of unmet needs. While NSH staff provide the structure of the shelter programming, the memorandum agreement with health care provider means residents can access supportive services for Alzheimer's and related dementias, developmental disabilities, traumatic brain injuries, mental illness and/or substance misuse.

Beneficiaries listed, as well as staff and volunteers, will be better off as a result of the project completion. The shelter facility being kept in good working order is part of a standard of care upheld in the residence.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	11
Developmental Disabilities:	3
Substance Abuse	22
Traumatic Brain Injuries:	4
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	4

BUDGET

Equipment Costs	\$50,000.00
Equipment Costs (Other Sources)	\$40,000.00
Equipment Costs Narrative:	Septic tank installed with drain field – \$35,000 Remainder of septic – \$4,000 Exit/entrance door replacement – \$10,000 Parking lot sinkhole repair – \$3,000 Fencing yard area – \$12,000 Parking expansion – \$2,500 Heating unit replacement – \$10,000 Roof repair – \$13,500
Total Amount to be Funded by the Trust	\$50,000.00
Total Amount Funded by Other Sources	\$40,000.00

OTHER FUNDING SOURCES

Rasmuson Foundation Tier I - PENDING	\$35,000.00
Kenai Peninsula Homelessness Coalition - COMMITTED	\$5,000.00
Total Leveraged Funds	\$40,000.00

MEMO

To: Board of Trustees
Date: February 6, 2025
Re: FY25 Partnership Grant Request
Fund Source: FY25 Partnerships/Designated Grants (Page 2, Line 13)
Amount: \$50,000.00
Grantee: Juneau Housing First Collaborative
Grant Term: February 6, 2025 to July 1, 2026
Project Title: Development Support

REQUESTED MOTION:

The Board of Trustees approve a \$50,000 FY25 Partnership grant to the Juneau Housing First Collaborative for the Development Support project. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.

Assigned Program Staff: Kelda Barstad

STAFF ANALYSIS

Funding will share costs for an Affordable Housing Development position that will provide development technical assistance for agencies that want to build affordable housing in Juneau and Southeast Alaska. The position will also provide operations guidance to similar permanent supportive housing projects off the road system. This is gap funding for a project with a focus area allocation in FY26 and FY27. Trust beneficiaries are overrepresented in homeless and low-income populations. This project aligns with the goals of the Housing and Home and Community-Based Services focus area, allowing beneficiaries to remain in the home and community of their choice. JHFC has been awarded two previous grants in the last three fiscal years for capital projects, totalling \$425,000. The Development Support project is recommended for funding.

COMP PLAN IDENTIFICATION

Area of Focus	Objective	Comments
Area of Focus 3: Economic & Social Well-being	3.1 Alaskans have stable, safe housing with appropriate, community-based social supports to maintain tenancy	

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

Juneau has good momentum with both service coordination and housing development. Juneau Housing First Collaborative has worked on the problem of lack of affordable housing by developing housing and attaching supportive services to the projects to ensure housing stability. Since 2017, 71 housing units have been created with 28 more units on the way. Additionally, Juneau Housing First Collaborative has been able to develop a 58-bed emergency shelter and has played an important role in assisting with the development of the Bethel permanent supportive housing project.

Lack of affordable housing is the primary contributor to homelessness. As housing costs rise in Alaska, homelessness rates will continue to increase unless an adequate supply of affordable housing is created. There is simply not enough affordable housing in the United States, Alaska, Southeast Alaska, or Juneau. The crisis of affordable housing is impacting our communities. People who are below 60% area median income, which in Juneau is \$57,000 are struggling to find housing. Alaska Mental Health Trust beneficiaries, particularly people living with disabilities, struggling with the impacts of traumatic brain injuries, co-occurring disorders, experiencing homelessness, or on a fixed income of Social Security, Social Security Disability Income, or Supplemental Security Income, simply do not have housing options. These individuals spend years on the streets and in shelters, competing for meager affordable housing rental resources with seasonal employees, visiting clinical personnel, and other individuals whom private landlords prefer.

The requested funding would fund an Affordable Housing Development Director position to focus on this work full time. Grant funding for this position was approved by trustees as a designated grant in the AMHTA Housing & Home and Community Based Services Focus Area for FY26 and FY27. Initially the work was to begin in FY26, however, an opportunity arose to begin the work early, and is already involved in projects.

The position will focus on providing technical assistance with pre-development and development activities and compiling and providing operating materials templates for housing projects. The position will continue working on housing development and resource coordination in Juneau and will be available to assist other nonprofit, supportive housing projects throughout the Southeast with project management, development, design, and program design. Additionally, the position will assist Juneau Housing First Collaborative in achieving its goal of fiscal sustainability by improving funding sources and grant management systems. Funding granted by the Alaska Mental Health Trust would allow Juneau Housing First Collaborative to continue developing housing and programs in Southeast Alaska and off the road system.

Expected outcomes include:

- Coordination of the Off the Road permanent supportive housing group. The position will create and organize a "bank of documents" to be utilized, customized, and accessible to all

interested projects. Current group attendees include Sitka, Nome, Bethel, Ketchikan, and Juneau. This portion of the project could be expanded to other communities.

- Assist two projects, Juneau and Sitka, with pre-development and development activities, from design, construction management, and permitting.
- Strengthen the Juneau Housing First Collaborative organizational system.
- Work with the Juneau Non-Profit Development Council to outline the next two years of strategic priorities.

This project has ample community support from all the members of the Juneau Non-Profit Development Council, including Tlingit and Haida Regional Housing Authority, Juneau Community Foundation, St. Vincent dePaul Society, AWARE, and Gastineau Human Services, as well as the support of the other off-road communities.

PERFORMANCE MEASURES

Provide a narrative describing the timeline, activities, successes, challenges, and lessons learned through the Affordable Housing Development Director position during the reporting period. Additionally, since this position has identified funding in the Trust's Housing and Home and Community Based Services Focus Area for FY26 and FY27, be sure to provide information on anticipated projects and expected outcomes beyond the current reporting period.

Provide a synopsis of duties and related accomplishments of the Affordable Housing Development Director position during the reporting period. Be sure to address the following:

- a) Coordination of the Off the Road permanent supportive housing group.
- b) Assisting the Juneau and Sitka projects' pre-development and development activities, from design to construction management and permitting.
- c) Strengthening the Juneau Housing First Collaborative organizational system.
- d) Working with the Juneau Non-Profit Development Council to outline the next two years of strategic priorities.

SUSTAINABILITY

The Affordable Housing Development Director position will seek long-term sustainability in the future through increased individual and business contributions, developer fees, and other grant sources.

WHO WE SERVE

The project will serve AMHTA beneficiaries in need of affordable housing, prioritizing those who are homeless. While any Trust beneficiary group may be served, the largest impact is expected with the beneficiary groups of mental illness, substance abuse, and traumatic brain injuries.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	100
Substance Abuse	100
Traumatic Brain Injuries:	100
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	200

BUDGET

Personnel Services Costs	\$50,000.00
Personnel Services Costs (Other Sources)	\$60,000.00
Personnel Services Narrative:	Development Director FT position, benefits, and fringe. Trust Costs: \$50,000 Other Sources: \$60,000

Supplies Costs	\$0.00
Supplies Costs (Other Sources)	\$10,000.00
Supplies Narrative:	A computer and office supplies are furnished by the Juneau Housing First Collaborative.

Total Amount to be Funded by the Trust	\$50,000.00
Total Amount Funded by Other Sources	\$70,000.00

OTHER FUNDING SOURCES

Juneau Community Foundation	\$30,000.00
Juneau Housing First Collaborative	\$40,000.00
Total Leveraged Funds	\$70,000.00

MEMO

To: Board of Trustees
Date: February 6, 2025
Re: FY25 Partnership Grant Request
Fund Source: FY25 Partnerships/Designated Grants (Page 2, Line 13)
Amount: \$50,000.00
Grantee: Alaska Native Heritage Center Inc
Grant Term: February 6, 2025 to February 28, 2026
Project Title: ANHC Elders Program

REQUESTED MOTION:

The Board of Trustees approve a \$50,000 FY25 Partnership grant to the Alaska Native Heritage Center for the ANHC Elders Program. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.

Assigned Program Staff: Heather Phelps

STAFF ANALYSIS

The Alaska Native Heritage Center (ANHC) requests \$50,000 from the Trust to fund the Alaska Native Heritage Center Elders Program. Funds are requested from the FY 25 Partnership/Designated Grants. The requested funds will help implement culturally supportive programming for Alaska native elders living in the Anchorage area and experiencing mental health disorders, Alzheimer's and related dementias, and substance use disorders. The project will include cultural activities, including art, workshops, traditional foods, and cultural demonstrations. Using culture as a preventive tool is effective, as evidenced by several institutions, including SAMHSA, the State of Alaska, the Northwest Portland Area Indian Health Board, the Center for Disease Control, and the Office of Disease Prevention and Health Promotion. Additional funding support is available in-kind, leveraging funding from other ANHC programs, and grants through GCI and Providence Alaska Foundation. ANHC plans to conduct program evaluations and collect data to show that the impact of curriculum and cultural activities will improve mental and physical well-being, decrease vulnerability, and increase cohesion among the elderly community.

In the past three fiscal years, the Trust has awarded zero grants to the Alaska Native Heritage Center.

This project is recommended to be funded as it aligns with Comp Plan 6 to promote public education on social-emotional skills and regulation, healthy relationships, healthy and equitable communities, trauma, and cultural connectedness.



Area of Focus	Objective	Comments
Area of Focus 6: Protecting Vulnerable Alaskans	6.1 Prevent maltreatment of all vulnerable Alaskans and their families across the lifespan	

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

This project will provide programming to benefit Alaska Native Elders in Anchorage. The project will be implemented throughout 2025 and comprise cultural workshops that create connections among Elders, Youth, Artists, and the broader community. This project aims to serve individuals experiencing (1) mental illness, (2) Alzheimer’s disease and related dementia, and (3) substance use disorders. Evaluation will occur via surveys and qualitative reports from staff. It is expected that this program will show a significant improvement in the mental well-being and overall quality of life for Elders.

This project seeks to implement culturally supportive programming for the community of Alaska Native Elders who live in the Anchorage area who are experiencing mental health disorders such as major depressive disorder, general anxiety, substance use disorder, and the other prevailing mental health needs of this community. The project anticipates the execution of cultural activities, including but not limited to arts workshops, opportunities to make and eat traditional foods, and cultural demonstrations. The anticipated impact from these activities will be improved mental and physical well-being and increased cohesion amongst the Elder community. The means of measurement of the impact will be pre and post-surveys and qualitative reporting from staff based on first-hand interactions with participants. We expect that 90% of program participants will indicate that they experience a strong positive influence on their mental health through cultural programs. Data from existing programs that are operated by ANHC has consistently pointed to the fact that cultural programs improve mental health outcomes for participants from diverse Alaska Native populations in Anchorage and beyond. This program is built from our successful evaluative approaches to ensure a measured impact that advances Alaska’s Comprehensive Integrated Mental Health Program Plan. The project is expected to take place for approximately a year, starting in March 2025. The project will be executed by ANHC staff and contracted culture bearers/artists.

This project has had the support of Elders who are interested in engaging with the program. We have many pathways through which we have received feedback from the community of Elders that live in Anchorage. There is a group of Elders who live at the Cook Inlet Housing Authority housing complex in Centennial Circle in Northeast Anchorage who have requested more

community programming. There is also a group of Elders from throughout Anchorage who are a part of our regular programming at ANHC, and there is consistent feedback suggesting that more culturally supportive programming would lead toward community benefits for mental health.

This project will be led by Crystalyn Lemieux, a Senior Program Manager at ANHC who implements programs for the benefit of young adults, Elders, and artists in the Alaska Native community. Our organization anticipates utilizing the resources requested to hire an additional Program Coordinator role who will contribute significantly to this program. The Program Coordinator role will be tasked with lining up the contracts with external facilitators and coordinating the logistics of implementation of the workshops and other activities. Overall, we anticipate the curation of monthly events to support this community, as well as regular unstructured opportunities for engagement with the program throughout the year.

PERFORMANCE MEASURES

How much did you do?

- a) Total number (#) of unduplicated Trust beneficiaries served during the project reporting period, broken down by primary Trust beneficiary category.
- b) Number (#) of sessions hosted during the reporting period.

How well did you do it?

- a) Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the grant reporting period.
- b) Number (#) and percentage (%) of elders who were satisfied with the workshop topics and/or activities they participated in during the grant reporting period.

Is anyone better off?

- a) Number (#) and percentage (%) of participants who improved their mental health status through participating in the project (as demonstrated by data collected through pre/post surveys).
- b) Two or more statements from participants (in their own words) that describe how the programming positively impacted their quality of life.

SUSTAINABILITY

ANHC is confident that this project will be sustained beyond this initial grant. We hope to continue to seek funds from AKMHT to contribute to the well-being of Alaska Native Elders. Our team has also sought funds from GCI and Providence Alaska Foundation, longstanding contributors to our efforts. We anticipate that we will continue to fundraise via grants to support the program, and eventually identify a way to sustain the program beyond the grant-support. ANHC has several strategies for maintaining its successful programs. Chief among the efforts to

create unrestricted fund resources for programs are our social enterprise endeavors, including our Cultural Tourism program, cafes, facility rentals, and Indigenous Awareness Workshops.

This initial round of programming is going to be executed in partnership with Cook Inlet Housing Authority, and we hope that there will be an opportunity to work together with our partner to identify resources to sustain this program collaboratively. Several grant programs are oriented towards supporting Elder communities, as well as the physical and mental health of Alaska Native peoples. While we have only garnered support through a few smaller grants at this stage, our team is actively seeking funds and other resources to ensure this program can be sustained for many years. It is part of our organizational Responsibility Plan to implement this Elders Program, and it is viewed as the duty of our staff and community to ensure that Elders have access to their cultures.

WHO WE SERVE

This project anticipates engagement with Trust beneficiaries that fall into the categories of (1) mental illness, (2) Alzheimer’s disease and related dementia, and (3) substance use disorders. The project will likely have some contact with individuals who are also navigating intellectual and developmental disabilities and traumatic brain injuries. The Alaska Native Elder population in Anchorage has an extensive number of individuals who are navigating major depressive disorder, general anxiety, Alzheimer’s/dementia, and substance use disorders. The challenging realities of living through rapid societal transitions, including abusive assimilative boarding school systems, has resulted in Elders who suffer from mental health disorders. Substance misuse often serves as a means of coping with the prevalent mental illnesses in the community.

ANHC has a mission to preserve and strengthen the traditions, languages, and arts of Alaska Native peoples through statewide collaboration, celebration, and education and a vision of thriving Alaska Native peoples and cultures which are respected and valued. ANHC’s relationship with this community is one of care and responsibility. It is a universal Alaska Native value to honor your Elders and to take care of others. Our organization feels it is imperative that we provide more structured support based on community feedback we’ve received. Program participants will be better off due to these supports because they will provide opportunities to engage in productive, sober activities that help people connect with one another. The benefits of community connections in a sober setting are evident across several research sources, which point towards enhanced mental dispositions and reductions in substance misuse. Additionally, the specific cultural qualities of the engagements connect these community members to their traditions which root back through many generations, leading to a sense of connection to the wider community.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	100
Developmental Disabilities:	10
Alzheimer’s Disease & Related Dementias:	30
Substance Abuse	100
Traumatic Brain Injuries:	10

Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	300
Number of people to be trained	2

BUDGET

Personnel Services Costs	\$50,000.00
Personnel Services Costs (Other Sources)	\$25,000.00
Personnel Services Narrative:	The personnel costs of this project will go to support a Project Coordinator, who will serve under our Senior Program Manager, Crystalyn Lemieux. The Program Coordinator will ensure that project activities are effectively planned and executed for the benefit of the intended program participants. This funding is expected to support a 1.0 FTE Program Coordinator for approximately 12 months. This is inclusive of 25% fringe costs. The funds from other organizations includes a contribution from the Providence Alaska Foundation. This project will entail \$60,000 in salaries/wages and \$15,000 for fringe costs.

Supplies Costs	\$0.00
Supplies Costs (Other Sources)	\$5,000.00
Supplies Narrative:	The supplies for this program are expected to include cultural educational materials that will be used in workshop settings. These will include materials such as wood, paint, tools, traditional products, furs, and educational content. The other funds to support this effort are from GCI.

Other Costs	\$0.00
Other Costs (Other Sources)	\$20,000.00
Other Costs Narrative:	The other costs in this project will support contracts for Culture Bearers and artists who will provide instructional workshops focused on cultural education. The funds from other sources to support this effort are from GCI.

Total Amount to be Funded by the Trust	\$50,000.00
Total Amount Funded by Other Sources	\$50,000.00

OTHER FUNDING SOURCES

Providence Alaska Foundation, SECURED	\$30,000.00
GCI, Pending	\$20,000.00
Total Leveraged Funds	\$50,000.00

MEMO

To: Board of Trustees
Date: February 6, 2025
Re: FY25 Partnership Grant Request
Fund Source: FY25 Partnerships/Designated Grants (Page 2, Line 13)
Amount: \$50,000.00
Grantee: Seldovia Village Tribe
Grant Term: February 6, 2025 to January 31, 2026
Project Title: Community Health Care Equipment Upgrade Project

REQUESTED MOTION:

The Board of Trustees approve a \$50,000 FY25 Partnership grant to the Seldovia Village Tribe for the Community Health Care Equipment Upgrade project. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.

Assigned Program Staff: Eliza Muse

STAFF ANALYSIS

The Community Health Care Equipment Upgrade project proposed by the Seldovia Village Tribe (SVT) aims to replace two outdated dental chairs that have been in use for 18 years, impacting the quality of dental care provided to Trust beneficiaries and the community. Approximately 48.6% of SVT's total client population consists of Trust beneficiaries, underscoring the significant impact this project will have on the Trust's target population.

The project's total cost is approximately \$92,500, with a request for \$50,000 from the Alaska Mental Health Trust Authority towards the cost of the chairs. Additional funding is being pursued from the Rasmuson Foundation, demonstrating a commitment to securing additional resources for this project.

By upgrading dental equipment, SVT will improve patient comfort and access, particularly for individuals with mobility challenges. The new chairs will enhance patient experience and reduce the risk of ergonomic injuries among healthcare workers, supporting a healthier work environment. This project is recommended for funding and aligns with Area of Focus 2 in the 2025-2029 Comprehensive Integrated Mental Health Program Plan for maintaining high-quality healthcare services in underserved rural areas.

The Seldovia Village Tribe has not had any Trust authority grants in the past three fiscal years.

COMP PLAN IDENTIFICATION

Area of Focus	Objective	Comments
Area of Focus 2: Healthcare	2.1 Alaskans have access to and receive quality integrated healthcare services	

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

We believe oral health directly affects physical, mental, and emotional well-being. With this project, we will replace two dental operatory chairs and related components that have been used for the last 18 years and have several mechanical issues impacting our dental services. New dental chairs will significantly increase the quality of dental care for all our community members, including Trust beneficiaries. SVT Health and Wellness is the only community health center in the area offering sliding fee discounts and nominal fees to low-income patients.

The Seldovia Village Tribe (SVT) owns and operates three Community Health Centers in Homer, Seldovia, and Anchor Point, Alaska. SVT Health and Wellness is the only community health center in the area offering sliding fee discounts and nominal fees to low-income patients. We provide various health and wellness services, including dental care and behavioral health services. The service area is in the Southern Kenai Peninsula Borough. Our boundary begins north of Anchor Point, continues south to Homer, and over Kachemak Bay to the community of Seldovia and Seldovia Village. The overall service area when all the communities are combined is 484.1 Square Miles with a population of 14,087. We serve patients in remote rural Alaskan communities.

Today, we are conducting an audit and inventory of our tools and equipment to ensure we can provide care that is consistent with health industry standards. This has been especially important since the COVID-19 pandemic when many of our usual routines were disrupted for the last three years. With the audit, we have identified medical tools and equipment needed to ensure the highest quality care for our patients. In Homer, we have continuously provided discounted dental care since we opened our dental department in 2006; however, our equipment in two operatories has needed replacement for some time now. This project will allow us to purchase and install two new dental chairs and related components, support travel for the vendor technicians, and installation and freight costs. This request results from our recent internal equipment audit that identified five essential medical tools needed to ensure our patients receive quality healthcare: two dental chairs, Advanced Cardiovascular Life Support LifePak, EMS Airflow Prophylaxis System, and a dental sterilizer.

Our request to the Alaska Mental Health Trust Authority is for the replacement of two dental operatory chairs and related components. There are several, primarily mechanical, issues. Our patients, especially those with mobility issues, have difficulty maneuvering into the chairs and

being comfortable. The chairs cannot be lowered entirely, the upholstery is peeling, the headrest positions patients' heads in an odd neck posture (we must use towels to support their necks), and the armrests are also in an awkward position. Our patients' access and comfort are limited by these issues, as well as our dentists' and dental assistants' ergonomics, which could lead to back pain and potentially cause injury if the conditions remain. Due to the age of the chairs, replacement parts are not possible.

The expected outcomes of this project are 1) to increase the quality of dental care provided to our patients, including Trust's beneficiaries, 2) to increase access and comfort of our patients, including Trust's beneficiaries, and 3) to reduce risk of ergonomic injuries of the community health center workers. The specific ways that Trust beneficiaries will directly benefit from these outcomes are:

- The new dental chairs will increase the comfort of our beneficiaries by 30%.
- The new dental chairs will reduce the anxiety of an estimated 5% of our beneficiaries.
- The new dental chairs will enable us to reduce our waitlist by 5%.

Quality dental equipment can significantly improve the quality of dental care and contribute to the efficiency of dental services provided. We anticipate a significant increase in the comfort of our patients, especially for those with physical disabilities and/or anxiety. The community support of this project is significant, as we are the only community health center in the area offering sliding fee discounts and nominal fees to low-income patients. Most of our patients cannot afford dental services elsewhere. We strive to provide high-quality dental care to our patients; however, the aging equipment is limiting our work.

PERFORMANCE MEASURES

Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the installation of the two dental operator chairs and related components. Be sure to include documentation that the installation has been certified by the regional dental vendor, as well as electronic photographs of the new chairs in place.

SUSTAINABILITY

With this project, we will secure high-quality new dental chairs with a life span of 15 years or more. To ensure continued operability, SVT Health and Wellness staff will perform regular cleaning and inspection of the chairs at least once a week, with additional service from the regional dental equipment vendor one to two times a year. Our facility team will also provide monthly maintenance, checking for wear and tear and lubricating moving parts. The operational and maintenance costs will be incorporated into the SVT Health and Wellness overall operations budget if components are not covered by warranty. Our community health center staff is regularly trained to maintain and inspect the medical and dental equipment as allowed within their scope of work. The new dental chairs should serve our community for the next fifteen to eighteen years with continued maintenance and care.

WHO WE SERVE

We proudly serve all Trust beneficiaries groups as needed inclusive of individuals with mental illness, developmental disabilities, chronic alcohol or drug addiction, Alzheimer’s disease and related dementia, and traumatic brain injuries.

We provide SUD and behavioral health services to our community members and are expanding these services to respond to growing needs in the area. The beneficiaries’ data listed is for those individuals who are SVT Health and Wellness patients and who have received a diagnosis of the specified mental health issue. This data is representative of those patients who have self-reported their residence in our area of service. SVT is fully aware of the issues AMHTA beneficiaries must deal with, as often they walk through our doors because of a lack of insurance, transportation, or other support they may need.

The new dental chairs will significantly improve the quality of dental care we provide to all of our patients, including Trust’s beneficiaries. We believe oral health directly affects physical, mental, and emotional well-being. Research also suggests a strong association between oral health conditions like erosion, caries, and periodontal disease and mood conditions like stress, anxiety, depression, and loneliness (Oral Health and COVID-19: Increasing the Need for Prevention and Access. CDC. 2020). South Peninsula Behavioral Health Services, Inc. (SPBHS), our local community resource for all mental health, supports individuals with developmental disabilities and adult and children’s rehab services. SVT and SPBHS share many of the same clientele and collaborate with the SPBHI staff to ensure continuous care.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	1,128
Developmental Disabilities:	532
Alzheimer’s Disease & Related Dementias:	8
Substance Abuse	259
Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries):	2,212

BUDGET

Travel Costs	\$500.00
Travel Costs (Other Sources)	\$0.00
Travel Narrative:	The Trust: Bukhart Dental Supply Travel to Install the Equipment

Supplies Costs	\$3,200.00
Supplies Costs (Other Sources)	\$6,500.00
Supplies Narrative:	The Trust: 120 ADEC 382 Radius Monitor Mount, Locking Tilt - 2x \$1,098, Total = \$2,196 The Trust: Surgical Torque S459 L Highspeed Handpiece - 1x \$885, Total = \$885

	<p>The Trust: Arete kc-6 Air Driven Kavo Type 6 pin Coupler - 1x \$119, Total = \$119 Total = \$3,202</p> <p>Seldovia Village Tribe: Statim Sterilizer - 1x \$6,500, Total = \$6,500</p>
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Equipment Costs	\$45,600.00
Equipment Costs (Other Sources)	\$36,000.00
Equipment Costs Narrative:	<p>The Trust: 120 ADEC 511B Dental Chair -2x \$13,700, Total = \$27,400 The Trust: 120 ADEC Radius Mount W/O Control Pad - 2x \$9,100, Total = \$18,200 Total: \$45,600</p> <p>Rasmuson Foundation (request in process): 1x EMS Airflow Prophylaxis System = \$17,000 Rasmuson Foundation (request in process): 1x ACLS-approved LifePac = \$19,000 Total: \$36,000</p>

Other Costs	\$700.00
Other Costs (Other Sources)	\$0.00
Other Costs Narrative:	The Trust: Freight Charges - \$700

Total Amount to be Funded by the Trust	\$50,000.00
Total Amount Funded by Other Sources	\$42,500.00

OTHER FUNDING SOURCES

Seldovia Village Tribe - SECURED	\$6,500.00
Rasmuson Foundation - PENDING	\$36,000.00
Total Leveraged Funds	\$42,500.00

MEMO

To: Board of Trustees
Date: February 6, 2025
Re: FY25 Partnership Grant Request
Fund Source: FY25 Partnerships/Designated Grants (Page 2, Line 13)
Amount: \$50,000.00
Grantee: Palmer Senior Citizens Center, Inc.
Grant Term: February 6, 2025 to January 31, 2026
Project Title: MSSS ADS Transport

REQUESTED MOTION:

The Board of Trustees approve a \$50,000 FY25 Partnership grant to Palmer Senior Citizens Center, Inc. for the MSSS ADS Transport project. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.

Assigned Program Staff:

STAFF ANALYSIS

The MatSu Senior Services (MSSS) Adult Day Services Transport Project is recommended to provide gap funding to provide transportation to beneficiaries with Alzheimer’s Disease and Related Dementia (ADRD) living in the MatSu Valley from their homes to Adult Day Services. The service was in place and ended during COVID, and then funding was not available to restart the program.

The project aims to provide access to Adult Day Services to enrich the beneficiaries' daily lives with engaging activities and offer respite to their unpaid caregivers to prevent caregiver burnout. Funding will provide driver salary and benefits, vehicle maintenance, and contribute to administrative expenses such as insurance. This project aligns with the goals of the Housing and Home and Community-Based Services focus area, allowing beneficiaries to remain in the home and community of their choice. MSSS has had no previous grants in the past three fiscal years.

COMP PLAN IDENTIFICATION

Area of Focus	Objective	Comments
Area of Focus 7: Services in the Least Restrictive Environment	7.2 Increase access to effective and flexible, person-centered, long-term services and supports in	

	urban and rural areas to avoid institutional placement where inappropriate	
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PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

Mat-Su Senior Services (MSSS) requests funding to support seniors with Alzheimer's Disease and Related Dementias (ADRD) and their unpaid, family caregivers by increasing access to existing MSSS Adult Day Services programming through the provision of transportation. In the past, along with the Assisted Transportation to medical and other essential appointments, MSSS operated vans to transport clients with ADRD and other eligible clients to our Adult Day Services facility. This service paused during COVID and could not continue due to lack of funding.

The Alaska State Plan for Senior Services FFY 2024 - FFY 2027, states that Alaska's services need "to help seniors maintain their independence for as long as possible." This project will increase access to already-existing Adult Day Services by supporting client needs for transportation. It will build capacity in services across the continuum of care for those diagnosed with Alzheimer's Disease and Related Dementia (ADRD) or otherwise eligible for Adult Day Services (ADS) and for family caregivers in need of respite. Mat-Su Valley has a high need for senior transportation, as identified in the Alaska State Plan for Senior Services (2024-2027). Behind Senior Housing, assisted transportation is the second most important issue facing seniors living in Mat-Su. Our project utilizes MSSS expertise in Assisted Transportation programming by adding a specialized staff member for ADS transport within the existing Assisted Transportation program.

MSSS has the experience and the infrastructure to support the project activities proposed here: We have ADS staff and Director and a list of those needing transport, as well as dispatch staff, software to track services, facilities, and vehicle maintenance in place, and trained drivers who work with seniors providing true door-through-door assistance. The new programming would be an extension of existing programming, and it would be our privilege to bring this important service back to our ADRD clients so they can access ADS.

The current MSSS Assisted Transportation program is an essential service for seniors, unique in Mat-Su Borough in that it offers "door-through-door" service. Our drivers are trained to assist a client from home to vehicle and into an appointment (medical or preventative). They then wait for the client to finish the appointment and assist them back into the vehicle and into their home. It's a service for those in greater need than other types of senior transportation, and it requires a great deal of attention and time. Transport for ADS clients will have the same level of training for staff and care for clients.

MHTA partner funding will support the hiring of one trained driver to transport clients with ADRD (and other clients eligible for ADS) to increase access to existing programming. We plan to transport 10-12 more clients than currently being assisted with transport.

PERFORMANCE MEASURES

How much did you do?

- a) Number (#) of unduplicated Trust beneficiaries served during the grant reporting period, broken down by primary Trust beneficiary category.
- b) Number (#) of trips/rides conducted during the grant reporting period.

How well did you do it?

- a) Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the grant reporting period. Be sure to address how the program will be sustained beyond Trust funding.
- b) Number (#) and percentage (%) of riders who felt safe during their transport to and from Adult Day Services.
- c) Number (#) and percentage (%) of riders who felt they were treated with dignity and respect during their transport to and from Adult Day Services.

Is anyone better off?

- a) Number (#) and percentage (%) of riders who felt their quality of life increased as a result of receiving transportation services to Adult Day Services.
- b) Two statements from riders describing how the transportation services impacted their quality of life and overall well-being.

SUSTAINABILITY

The MSSS ADS Transport project was created to increase access to a needed service for those with ADRD and their family caregivers living in the Mat-Su Valley. It is unlikely that a public transportation system sufficient to meet the needs of this group of Trust beneficiaries will be in place in the MatSu Valley in the foreseeable future. Funding for additional transportation services could be available through future state senior grant programs. MSSS plans to advocate for additional funding for this program and programmatic changes to the senior grants to allow for Adult Day Program transportation charges for users funded through grants.

WHO WE SERVE

Adult Day Services programming serves those with Alzheimer's Disease and Related dementia (ADRD) as well as those with Traumatic Brain Injuries and Developmental Disabilities. The majority of clients served have ADRD.

In the past, program funding included transportation to and from the site. For many years, MSSS transported at least 20 individuals with ADRD to the ADS facility, which has the capacity for 50 clients. With that support now gone, funding for ADS client transport comes from MSSS operations, which can transport eight clients. Capacity is reduced at a time when MSSS needs to serve a growing population.

This funding will give Trust beneficiaries access to ADS services to support those with ADRD, as well as those with Traumatic Brain Injury and Developmental Disabilities living in the Mat-Su Borough.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Developmental Disabilities:	2
Alzheimer’s Disease & Related Dementias:	25
Traumatic Brain Injuries:	2
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	40
Number of people to be trained	1

BUDGET

Personnel Services Costs	\$35,203.00
Personnel Services Costs (Other Sources)	\$0.00
Personnel Services Narrative:	The driver will be paid \$15/hr with a fringe rate of 12.18%. This personnel cost accounts for a 12-month time period.

Supplies Costs	\$13,267.00
Supplies Costs (Other Sources)	\$0.00
Supplies Narrative:	\$13,267 - Vehicle supplies, including fuel for ADS transport and maintenance supplies for the vehicle (windshield wipers, oil, filters, etc).

Other Costs	\$1,530.00
Other Costs (Other Sources)	\$0.00
Other Costs Narrative:	recruiting and training at \$100, licenses, dues, and subscriptions at \$150, Audit and Accounting contract services at \$500, and vehicle insurance at \$780

Total Amount to be Funded by the Trust	\$50,000.00
Total Amount Funded by Other Sources	\$25,000.00

OTHER FUNDING SOURCES

Mat-Su Borough - SECURED for other Assisted Transportation costs	\$25,000.00
Total Leveraged Funds	\$25,000.00

MEMO

To: Board of Trustees
Date: February 6, 2025
Re: FY25 Partnership Grant Request
Fund Source: FY25 Partnerships/Designated Grants (Page 2, Line 13)
Amount: \$50,000.00
Grantee: Alaska Humanities Forum
Grant Term: May 1, 2025 to April 30, 2026
Project Title: Strengthening Protective Factors through Classroom Storytelling

REQUESTED MOTION:

The Board of Trustees approve a \$50,000 FY25 Partnership grant to the Alaska Humanities Forum for the Strengthening Protective Factors through Classroom Storytelling project. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.

Assigned Program Staff: Tina Voelker-Ross

STAFF ANALYSIS

Alaska Humanities Forum requests Trust funding of \$50,000 for the Strengthening Protective Factors through Classroom Storytelling Project. Trust funding will come from the FY25 budget Partnerships/Designated Grants line item.

Story Works is a proven model for empowering adolescents through transformative in-class storytelling workshops that are culturally and trauma-informed. This project will focus on two objectives: 1) to pilot culturally responsive Story Works programming in two new Bering Strait School District schools and 2) to develop and pilot a model for training teachers to independently deliver programming for continued implementation of Story Works in these rural schools. Story Works meets youth where they spend a considerable amount of their time, in the school setting. It increases protective factors for youth, such as promoting high self-esteem and emotional regulation skills, connecting them to their teacher and school, increasing school engagement, and increasing the likelihood of seeking support in response to trauma.

Story Works will reach all students participating in the classrooms, some of whom are Trust beneficiaries. The Alaska Youth Risk Behavior Survey (YRBS) results can be utilized to illustrate potential Trust beneficiary impact. The 2023 YRBS data note that 23% of Alaskan high schoolers seriously considered suicide in the prior 12 months, and 43% felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. These numbers

increase to 24% and 47% for Alaska Native youth who would be reached through this project. This programming will not only reach Trust beneficiaries but will reach a wide range of students who otherwise would not participate in this type of programming or who may otherwise be hesitant to reach out for mental health support. For those students participating in the program, the risk of becoming a Trust beneficiary may be mitigated through the development of protective factors resulting from the program.

Alaska Humanities Forum has secured \$109,200 in additional funding from other sources and \$15,000 in pending funding, leveraging Trust funding to implement this project. Alaska Humanities Forum has not been awarded any Trust funding in the last three fiscal years. Trust staff recommends this project for funding in alignment with Trust beneficiary impact, prevention strategies, and Comp plan objectives.

COMP PLAN IDENTIFICATION

Area of Focus	Objective	Comments
Area of Focus 1: Early Childhood & Youth	1.5 Youth and their caregivers are connected to their communities	a. Provide services that are conducted in trauma-engaged, strength based, and culturally respectful approach that promote connections between people and communities.

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

The Alaska Humanities Forum will strengthen and expand Story Works by: 1) building on our strong existing partnership with teachers and Unalakleet Middle & High School to adapt and pilot culturally responsive Story Works programming in two new Bering Strait School District schools and 2) developing and piloting a model for training teachers to deliver programming independently. This work will directly serve 73 youth beneficiaries in rural Alaska and enable teachers to continue serving beneficiaries for years to come. Teachers will be trained in both the content of how to deliver a Story Works workshop and how to listen to students telling personal stories in a trauma-informed, non-judgmental way.

The need for strengthening protective factors among Alaska’s youth is clear. According to the 2023 Alaska Youth Risk Behavior Survey (YRBS), 23% of Alaskan high schoolers seriously considered suicide in the prior 12 months, and 43% felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. These increase to 24% and 47%, respectively, for Alaska Native youth. The CDC classifies all these respondents as having poor mental health. These alarming statistics are compounded by the findings that 65% of students would not feel comfortable seeking help from three or more adults besides their parents if they had an important question affecting their life, and 44% of students do not believe that their teachers care about them. Further, the 2024 Alaska School Climate and Connectedness Survey

finds that only 26% of students report that their peers are respectful of and helpful to one another.

Story Works has a proven model for empowering adolescents through transformative in-class storytelling workshops. Over 10 hours, students work with peers, volunteers, and staff to explore their experiences, culminating in a classroom storytelling event. Workshops were developed with and reviewed by mental health practitioners who specialize in working with adolescents to ensure they are trauma-informed and benefit mental health. Through partnerships with classroom teachers, Story Works reaches a wide range of students who otherwise would not participate in this type of programming or who may otherwise be hesitant to reach out for mental health support. More than 98% of Story Works participants in Unalakleet and Anchorage report gains in protective factors. Teachers report that their students are more likely to seek their support in response to trauma.

Story Works has served over 6,000 students in Anchorage and Unalakleet since 2014. Over 41 educators are on the waitlist who would like to host a Story Works workshop. This funding will enable us to develop training for teachers so that we can scale this programming and ensure that we further develop meaningful programming in rural Alaska.

The pilot in the Bering Straits School District came through conversations with Giaana Peterson, who grew up in Unalakleet and now teaches high school language arts there. Ms. Peterson was initially trained by Story Works staff to run the workshops and, this past year, took it upon herself to train Unalakleet's middle school teacher. Funding from AMHT will allow Story Works staff to work closely with and learn from Ms. Peterson's experience. We will then collaborate to train more teachers in the area around Unalakleet.

PERFORMANCE MEASURES

How much did you do?

- a) Number (#) of student participants with an Individualized Education Plan (IEP) who participated in the project.
- b) Number (#) of extrapolated Trust beneficiaries served, based on YRBS data.
- c) TOTAL number (#) of student participants (both Trust beneficiaries and non-Trust beneficiaries, if applicable) who participated in the project, broken down by school.
- d) Number (#) of staff members involved in the project.
- e) Number (#) of staff members trained through the pilot training model to deliver programming independently.

How well did you do it?

- a) Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the project, including the development of a pilot training model. Please provide information as to how the Story Works program was adapted to be culturally responsive to the needs of rural Alaskan youth.

- b) Number (#) and percentage (%) of participants who completed the workshop, measured by the telling of a story or completing an alternative assignment (e.g., writing out their story, sharing 1:1 with staff).
- c) Number (#) and percentage (%) of participants who felt respected and encouraged during the workshop sessions.
- d) Number (#) and percentage (%) of participants who were satisfied with the workshop.

Is anyone better off?

- a) Number (#) and percentage (%) of participants who felt more understood as a result of their participation in the workshop.
- b) Number (#) and percentage (%) of participants who felt more connected to their peers and community as a result of their participation in the workshop.
- c) Two stories from participants describing (in their own words) how their participation in the project has improved their quality of life.

SUSTAINABILITY

The Alaska Humanities Forum committed to sustaining the Story Works program when we agreed to house it in 2023. However, we have not yet completed our first year of housing the program, and our focus has been on setting up initial staffing and support for Anchorage programming. We are only just beginning to fundraise for the future of the program. Funding from AMHT will provide a timely and critical capacity-building opportunity for the Alaska Humanities Forum to develop and adapt culturally responsive Story Works programming for rural Alaskan communities; we will then utilize the insights from this project to develop a longer-term proposal for which we will seek funding from foundations invested in mental health, youth development, and storytelling programming; major donors of the Story Works program and the Alaska Humanities Forum; and corporations that support our mission. In addition, the Alaska Humanities Forum receives annual funding from the National Endowment for the Humanities, a portion of which can be allocated to help stabilize Story Works as we grow the program. We have already discovered a strong base of community support for Story Works. With support from AMHT, our staff will have more capacity to translate this support into longer-term sustainability for the program.

WHO WE SERVE

This project will serve 130 Alaskan youth, 73 of whom are estimated to be Trust beneficiaries. The 2023 YRBS estimated the number of beneficiaries experiencing mental illness. The number of students with an IEP who spent more than 80% of the day in the “regular classroom” for the Bering Strait School District was used to estimate the number of beneficiaries with developmental disabilities served.

Story Works will have a positive impact on the mental health of Trust beneficiaries in six clear ways: (1) Story Works addresses two of the three buffers that protect kids from the impact of trauma: at least one place they feel safe in the community and at least one adult they feel safe

with. Story Works builds a buffer against students developing symptoms from traumatic experiences by building trust within the classroom between peers and the teacher. (2) Story Works strengthens the relationship between students and their teacher and creates a relationship where students are more likely to go to their teacher to share difficulties in their lives. This is because the relationship being created is specific to sharing personal stories. This increases the likelihood that students who are in crisis will be connected to the resources and support they need. (3) All stories are heard by an adult - either the teacher or a trained community volunteer - before sharing in front of the full class. Teachers and volunteers are trained on trauma-informed approaches and listen non-judgmentally to the story, validate what has been shared, and then ensure that students receive any support needed - often by coordinating with the schools' mental health professional. Stories that are not appropriate to be shared with the class are either shared only with the teacher or redirected to a story appropriate for the full class. (4) Story Works promotes high self-esteem and emotion regulation by coaching students through feelings of nervousness about public speaking and sharing personal stories in front of their peers. (5) Story Works teaches youth to listen intently to the stories of their peers without interrupting, develop questions that build up their classmates, and vocalize why they are appreciative of their classmates. (6) Story Works promotes school engagement. The process of developing and verbally sharing a story is a unique experience for most students in the public school system, and many students who struggle with standard schooling flourish throughout the workshop.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	61
Developmental Disabilities:	12
Number of people to be trained	4

BUDGET

Personnel Services Costs	\$27,800.00
Personnel Services Costs (Other Sources)	\$102,600.00
Personnel Services Narrative:	.2FTE and Fringe for Program Manager: \$17,000 .1FTE and Fringe for Director: \$10,800

Travel Costs	\$6,600.00
Travel Costs (Other Sources)	\$0.00
Travel Narrative:	Round trip airfare from Anchorage to Unalakleet (4RTs): \$4,400 Per Diem for Staff and Teachers on Travel Status: \$1,200 Round trip airfare for Teachers to Unalakleet (4RTs): \$1,000

Space or Facilities Costs	\$4,000.00
Space or Facilities Costs (Other Sources)	\$18,200.00
Space or Facilities Narrative:	A portion of the cost of office space for Story Works staff

Supplies Costs	\$2,000.00
Supplies Costs (Other Sources)	\$4,000.00
Supplies Narrative:	Cost to print Story Works booklets: \$1,500 (150 booklets at \$10 each) Program supplies (pens, markers, etc.): \$500

Other Costs	\$9,600.00
Other Costs (Other Sources)	\$0.00
Other Costs Narrative:	Contracts for local teachers for guidance on adapting curriculum: \$5,000 Indirect rate (10%): \$4,600

Total Amount to be Funded by the Trust	\$50,000.00
Total Amount Funded by Other Sources	\$124,200.00

OTHER FUNDING SOURCES

Major donor contribution SECURED	\$25,000.00
AKHF Restricted Funds SECURED	\$34,200.00
National Endowment for the Humanities SECURED	\$50,000.00
Alyeska Pipeline Service Company PENDING	\$15,000.00
Total Leveraged Funds	\$124,200.00

MEMO

To: Board of Trustees
Date: February 6, 2025
Re: FY25 Partnership Grant Request
Fund Source: FY25 Partnerships/Designated Grants (Page 2, Line 13)
Amount: \$40,000.00
Grantee: BFit & Well Annex
Grant Term: February 6, 2025 to June 30, 2025
Project Title: Brain Health Fitness

REQUESTED MOTION:

The Board of Trustees approve a \$40,000 FY25 Partnership grant to BFit & Well Annex for the Brain Health Fitness project. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.

Assigned Program Staff: Kelda Barstad

STAFF ANALYSIS

The Brain Health Fitness project aims to provide access to brain and physical fitness activity to enrich beneficiaries' daily lives and prevent future or additional cognitive decline. Funding will provide specialized exercise equipment to serve senior Trust beneficiaries ages 55 or older in the Anchorage area, with the largest groups impacted being people with AD/DR or TBI. This project aligns with the goals of the Housing and Home and Community Based Services focus area, allowing beneficiaries to remain in the home and community of their choice. Bfit & Well Annex has had no previous grants in the past three fiscal years. The Brain Health Fitness project is recommended for funding.

COMP PLAN IDENTIFICATION

Area of Focus	Objective	Comments
Area of Focus 7: Services in the Least Restrictive Environment	7.2 Increase access to effective and flexible, person-centered, long-term services and supports in urban and rural areas to avoid institutional placement where inappropriate	

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

The project will enhance the brain health of seniors in Anchorage. By providing brain health fitness games (interactive) clients will be able to challenge their cognitive and physical abilities with dual tasking exercises. By keeping their minds sharp and active, seniors will be able to age in place thus reducing or delaying the need for assisted living homes. This is a great cost savings to the individual and the families.

Alaska's aging population faces increasing challenges from cognitive decline, including Alzheimer's Disease, Parkinson's Disease, and traumatic brain injuries (TBI). These conditions significantly impact individuals, families, and communities, reducing quality of life and increasing healthcare costs. Despite growing demand, Anchorage has limited resources for programs combining physical exercise and cognitive stimulation, leaving many seniors without access to effective interventions.

BFit & Well Annex plans to expand its Brain Health Fitness Program by introducing innovative equipment that combines physical exercise with cognitive exercise. BFit & Well Annex will purchase five Blue Goji Interactive Recumbent Bikes and two Dividat Cognitive Motor Training and Testing Systems. These tools are designed to improve cognitive function and physical health through dual-tasking activities. The program will include tailored fitness regimens focusing on strength, balance, and cognitive engagement, complemented by real-time progress tracking.

The program will serve older adults aged 55 and above in Anchorage, Alaska, particularly those with Alzheimer's Disease, Parkinson's Disease, mild cognitive impairment, TBI, and related conditions. Secondary beneficiaries include caregivers and family members who are crucial in supporting participants. The project aims to benefit approximately 150-200 individuals directly and indirectly support 30-40 caregivers.

Expected Outcomes are:

- Improved cognitive function and physical health for participants.
- Increased engagement in fitness and brain health activities, enhancing overall well-being.
- Enhanced quality of life for participants and reduced caregiver burden.
- Strengthened community awareness of brain health fitness through outreach and education.

This project is supported by local healthcare providers, therapists, and community organizations. Referrals from neurologists and physical therapists highlight the program's growing reputation. Partnerships with organizations such as Alzheimer's Resource of Alaska and ongoing community fundraising demonstrate the broad support for this initiative. The community is eager to see expanded services that address the pressing need for brain health fitness in Anchorage.

PERFORMANCE MEASURES

How much did you do?

- a) Number (#) of primary Trust beneficiary participants in the Brain Health Fitness Program during the reporting period, broken down by primary beneficiary category.
- b) Number (#) of secondary (caregivers and family members) Trust beneficiary participants in the Brain Health Fitness Program during the reporting period.

How well did you do it?

- a) Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the grant reporting period. Be sure to include photographs of the new equipment in place (Blue Goji Interactive Recumbent Bikes and Dividat Cognitive Motor Training Systems).
- b) Number (#) and percentage (%) of participants, broken down by primary and secondary beneficiary status, who felt supported and encouraged while participating in the program.
- c) Number (#) and percentage (%) of participants, broken down by primary and secondary beneficiary status, who felt overall satisfied with their participation in the program.

Is anyone better off?

- a) Number (#) and percentage (%) of primary Trust beneficiaries who demonstrated an improvement in elements of their physical fitness (strength, balance, mobility) over the course of the grant reporting period.
- b) Number (#) and percentage (%) of secondary Trust beneficiaries who demonstrated an improvement in elements of their physical fitness (strength, balance, mobility) over the course of the grant reporting period.
- c) Number (#) and percentage (%) of primary Trust beneficiaries who demonstrated an improvement in cognitive function (memory, processing, speed) over the course of the grant reporting period.
- d) Number (#) and percentage (%) of secondary Trust beneficiaries who demonstrated an improvement in cognitive function (memory, processing, speed) over the course of the grant reporting period.
- e) Number (#) and percentage (%) of participants who felt their overall well-being and quality of life improved as a result of their participation in the program.
- f) Three statements from participants describing how the participating in the Brain Health Fitness Program has impacted their quality of life, overall well-being and/or mental health.

SUSTAINABILITY

This project will continue after the Trust's grant ends. BFit & Well Annex is committed to the long-term sustainability of the Brain Health Fitness Program, ensuring it remains a vital resource for seniors in Anchorage.

To sustain the program, BFit & Well Annex will rely on a combination of revenue sources.

Program Fees: Monthly program fees for the Brain Health Fitness Program. While scholarships are offered for those in need, the majority of our participants will contribute to the cost of the program, helping cover ongoing expenses such as staff salaries, equipment maintenance, and facility costs.

Donations: BFit & Well Annex will actively pursue donations from the community, including individual donors and corporate sponsors aligned with the mission.

Fundraising Events: To include an annual event that raises awareness and support for the program.

Partnerships: Collaborating with local healthcare providers, senior organizations, and other stakeholders will help secure financial and resource support.

The Brain Health Fitness Program will thrive long after the initial grant period by diversifying funding sources and engaging with the community.

WHO WE SERVE

Trust Beneficiaries:

This project focuses on enhancing the Brain Health Fitness Program at BFit & Well Annex, which directly serves individuals experiencing Alzheimer's Disease, Parkinson's Disease, mild cognitive decline, traumatic brain injury (TBI), and related conditions. These individuals are the primary beneficiaries of this project, as the program is specifically designed to address their unique physical and cognitive challenges.

By integrating five Blue Goji Interactive Recumbent Bikes and two Dividat Cognitive Motor Training and Testing Systems into our program, we will provide personalized, dual-tasking fitness activities that challenge both the body and brain. This will help improve participants' physical fitness, cognitive function, and overall quality of life. The use of these specialized tools allows for real-time progress tracking, which not only motivates participants but also ensures that each person's needs are being met with tailored exercises.

The expected benefits for the Trust beneficiaries include:

- Improved cognitive function and physical health, potentially slowing the progression of cognitive decline.

- Increased engagement in fitness activities that combine mental and physical exercise that has been shown to have long-term positive effects on brain health.
- Enhanced socialization and connection to others, improving overall well-being and mental health.

Ultimately, this project will support Trust beneficiaries by offering them the resources they need to maintain independence, improve their quality of life, and remain engaged in their communities.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Alzheimer’s Disease & Related Dementias:	100
Traumatic Brain Injuries:	100
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	40

BUDGET

Personnel Services Costs	\$0.00
Personnel Services Costs (Other Sources)	\$20,000.00
Personnel Services Narrative:	<p>Other Sources:\$20,000 Program Coordinator: \$10,000 Responsible for managing the Brain Health Fitness Program, scheduling sessions, tracking participant progress, and coordinating use of the new equipment.</p> <p>Trainers: \$7,000 Trainers will provide hands-on guidance to participants, ensuring safe and effective use of the equipment and tailoring exercises to individual needs.</p> <p>Administrative Support: \$3,000 Handles participant registration, communications, and general operational support for the program.</p>

Travel Costs	\$0.00
Travel Costs (Other Sources)	\$3,000.00
Travel Narrative:	<p>Other Sources:\$3,000 Staff/Trainer Travel for Equipment Training: \$2,500 Covers transportation and accommodation costs for trainers attending workshops or training sessions on the new equipment. The travel will support professional development to ensure trainers and staff can implement and maintain the equipment and program effectively.</p>

	<p>External Trainer/Expert Travel: \$500 (funded by other organizations) Funds travel for external trainers or experts to provide on-site instruction and hands-on guidance for staff.</p>
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Space or Facilities Costs	\$0.00
Space or Facilities Costs (Other Sources)	\$4,000.00
Space or Facilities Narrative:	<p>Other Sources: \$4,000 Facility Rental: \$2,500 Covers the monthly rental fee for the space used to house the Brain Health Fitness Program, including areas for equipment setup and participant activities.</p> <p>Utilities: \$1,000 Covers utilities such as electricity, heating, and water required for the facility.</p> <p>Space Modifications: \$500 This covers minor modifications to the space, such as adjustments to accommodate the dimensions of new equipment and ensure participant safety.</p>

Supplies Costs	\$0.00
Supplies Costs (Other Sources)	\$2,500.00
Supplies Narrative:	<p>Other Sources: \$2,500 Fitness Accessories: \$1,000 Includes resistance bands, small weights, and other accessories that complement the equipment and provide additional exercise options for participants.</p> <p>Educational and Participant Materials: \$1,000 Includes progress tracking tools, educational handouts, and materials to engage participants in both physical and cognitive activities.</p> <p>Cleaning and Maintenance Supplies: \$500 Includes cleaning wipes, disinfectants, and basic maintenance tools to ensure the equipment is sanitized and well-maintained for ongoing use.</p>

Equipment Costs	\$40,000.00
Equipment Costs (Other Sources)	\$33,000.00
Equipment Costs Narrative:	<p>Trust Funding: Blue Goji Interactive Recumbent Bikes (5 units):\$35,000</p>

	<p>These bikes combine physical exercise with cognitive challenges through immersive technology, engaging participants in both body and mind.</p> <p>Dividat Cognitive Motor Training Systems (2 units): \$31,449 (funded by The Trust: \$5,000; Other Organizations: \$26,449)</p> <p>These systems use advanced technology to improve motor skills, balance, and cognitive function, supporting participants' overall health.</p> <p>Other Sources: Shipping, Installation, and Setup: \$5,551 Covers shipping costs for large equipment and professional installation to ensure proper setup for immediate and safe use.</p> <p>Maintenance Tools and Accessories: \$1,000 Includes necessary tools for ongoing equipment maintenance to ensure reliability and longevity.</p>
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Other Costs	\$0.00
Other Costs (Other Sources)	\$6,000.00
Other Costs Narrative:	<p>Other Sources: \$6,000 Marketing and Outreach: \$4,500 (funded by other organizations) Funds will be used for promotional materials, community outreach campaigns, and advertisements to attract participants and raise awareness about the program.</p> <p>Program Evaluation Tools: Amount: \$1,000 (funded by other organizations) Includes tools and resources for assessing participant outcomes, such as surveys, reporting software, and other evaluation materials to measure the program's success.</p> <p>Staff Professional Development: Amount: \$500 (funded by other organizations) Covers additional professional development opportunities for staff, such as workshops and training sessions to enhance their skills and program delivery capabilities.</p>

Total Amount to be Funded by the Trust	\$40,000.00
Total Amount Funded by Other Sources	\$68,500.00

OTHER FUNDING SOURCES

Community Fundraising (SECURED)	\$10,000.00
Membership Fees (SECURED/PENDING)	\$25,000.00
AK Kidney Foundation (PENDING)	\$33,500.00
Total Leveraged Funds	\$68,500.00

MEMO

To: Board of Trustees
Date: February 6, 2025
Re: FY25 Partnership Grant Request
Fund Source: FY25 Partnerships/Designated Grants (Page 2, Line 13)
Amount: \$27,260.00
Grantee: REACH 907
Grant Term: February 6, 2025 to December 31, 2025
Project Title: 2025 Billing and Strategic Planning Consultation

REQUESTED MOTION:

The Board of Trustees approve a \$27,260 FY25 Partnership grant to REACH 907 for the 2025 Billing and Strategic Planning Consultation project. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.

Assigned Program Staff: Eric Boyer

STAFF ANALYSIS

REACH 907 requests funding support from the Partnership funding line for organization strategic planning and Medicaid billing infrastructure development. This is a one-time grant request, and this agency has not received any Trust grant funds in the last three years. Reach 907 provides behavioral health clinical treatment to children and families in the Mat-Su.

Reach 907 passed their ten-year anniversary in 2024. They are an accredited, state of Alaska licensed behavioral health provider that bills Medicaid for their services. Reach 907 is requesting funds from the Trust to help them build billing systems within the agency in order to manage this within their organization versus contract externally. In additional requested funds would be used to contract for strategic planning for their board and staff. Reach 907 provides a valuable service to Trust beneficiary families. Trust program staff recommend fully funding this proposal.

COMP PLAN IDENTIFICATION

Area of Focus	Objective	Comments
Area of Focus 1: Early Childhood & Youth	1.4 Behavioral health services are easily accessible, timely, and include care navigation and wraparound services	

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

REACH 907 | Resilience Behavioral Health has steadily grown annually. We are seeking expert consultation to develop an updated strategic plan for the nonprofit. We also are currently using spreadsheets to manually do our billing. We are billing out \$90,000/month and are reaching a place where this is becoming tedious and impractical. We are seeking professional consultation to create a more sophisticated and automated billing process.

PURPOSE:

- 1) Establishing a strong foundation for strategic future planning for the agency
- 2) Establishing a strong foundation for billing processes for the agency

PROJECT:

We will be working with a strategic planning consultant - Ed McDowell with the Murdock Trust. He is CEO of a large nonprofit and the lead facilitator for the Murdock Trust's Board Leadership and Development program. Our board attended the March 2024 Board Leadership and Development program in Vancouver, WA. Ed McDowell was assigned to be our coach. He worked with us before, during, and after the training with coaching services provided by the Murdock Trust for nonprofit board attendees. We discovered he also provides strategic planning consulting services. We are excited to work with Ed to develop long-term agency plans.

We will also be working with an experienced billing consultant, Alicia Campbell, to develop internal billing processes and procedures. She has served us as an accounting consultant in the past; we deeply value her knowledge and experience in the field. Her ability to create processes and flow charts is exceptional.

TARGET POPULATION/GEOGRAPHIC AREA(S) SERVED:

Our target population is the vulnerable children, teens, and families in our community and state. We primarily work with youth and families in our community, but often have native children from the villages in our services as well who are in out-of-home placements. We serve youth with a wide variety of mental health disorders; most frequently attention-deficit hyperactivity disorder, post-traumatic stress disorder, fetal alcohol spectrum disorder, oppositional defiant disorder, anxiety disorders, and depression. Our teens also at times struggle with a substance use disorder and suicidal ideation.

EXPECTED OUTCOMES:

We passed national accreditation last summer, a financial audit this summer, and a Medicaid self-audit this fall with "flying colors". We are confident that with the right support, we can develop a strong plan for the future and a strong billing department. We are excited for the future and to work alongside experts in the field.

COMMUNITY SUPPORT:

We have been in existence since 2014 due to community support. We started with nothing but donations from the community and small grants. We have consistently grown over the past decade. We have diversified our services and revenue sources to include insurance and large grants. We are deeply appreciative of continued community support through donations and dozens of volunteers annually for our community programs.

PERFORMANCE MEASURES

Provide a narrative describing the timeline, activities, successes, challenges, and lessons learned while updating REACH 907's strategic plan and development of internal billing processes and procedures. Be sure to include detail regarding the consultative services provided by Ed McDowell for the strategic planning process and consultative services provided by Alicia Campbell for the development of internal billing processes and procedures.

Provide an electronic copy of the updated 2025 - 2028 strategic plan.

SUSTAINABILITY

Yes absolutely! This will ensure agency sustainability by developing our internal insurance billing processes and future development plans. Ultimately funding will continue to come and grow as services grow from state and federal Medicaid and commercial insurance Premera/Blue Cross Blue Shield. We will be adding more insurances; however the majority of our clientele only have Denali Kid Care, so our strategic focus will be developing/growing outpatient Medicaid services such as psychotherapy, case management, community recovery support service, peer support service, respite services, among other wrap-around services.

WHO WE SERVE

RELATIONSHIP TO TRUST BENEFICIARIES:

This project will strengthen the organization in our future sustainability by developing a strategic plan for the coming years and by developing a procedure for administration in billing insurance. In turn, these will provide for behavioral and mental health services to continue for beneficiaries for years to come.

BENEFICIARY GROUP TARGET:

The groups we focus on are those with developmental disabilities, mental illness/disorders, traumatic brain injury, and to a small degree substance use as a secondary diagnosis.

BENEFICIARY OUTCOME:

Beneficiaries will benefit from the agency developing internally and becoming stronger for the long-term existence of services to individuals and families in Alaska.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	40
Developmental Disabilities:	35
Substance Abuse	4
Traumatic Brain Injuries:	5
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	125
Number of people to be trained	5

BUDGET

Other Costs	\$27,260.00
Other Costs (Other Sources)	\$0.00
Other Costs Narrative:	Consultant support costs: \$9000 - Strategic consulting support \$18,260 - Billing consulting support
Total Amount to be Funded by the Trust	\$27,260.00
Total Amount Funded by Other Sources	\$0.00

MEMO

To: Board of Trustees
Date: February 6, 2025
Re: FY25 Partnership Grant Request
Fund Source: FY25 Partnerships/Designated Grants (Page 2, Line 13)
Amount: \$8,250.00
Grantee: Alaska Association On Developmental Disabilities
Grant Term: February 6, 2025 to June 30, 2025
Project Title: Cost of Care: Collaborating on Solutions

REQUESTED MOTION:

The Board of Trustees approve a \$8,250 FY25 Partnership grant to the Alaska Association on Developmental Disabilities for the Cost of Care: Collaborating on Solutions project. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.

Assigned Program Staff: Kelda Barstad

STAFF ANALYSIS

The funding will go to the Alaska Association for Developmental Disabilities to pay for staff hours and contractors to produce a guide on Cost of Care for beneficiaries and family members/guardians and a guide for service providers and care coordinators. The guides will be produced alongside the State of Alaska agencies involved with Cost of Care to ensure accuracy and are anticipated to have a positive byproduct of streamlining administration and noticing of Cost of Care across agencies. This guide will support the State of Alaska so that they will be more successful in conveying the information over and beyond its usual communications process. The guide will benefit beneficiary families by helping them understand their portion of the cost of care. This project aligns with the goals of the Housing and Home and Community-Based Services focus area, allowing beneficiaries to remain in the home and community of their choice.

In the past three fiscal years, the Trust has awarded 6 grants to AADD totaling \$236,500. Activities supported through grant funding have included three infrastructure grants to support the IDD provider system, and three grants to complete small projects on inclusion, employment, and direct support professionals. The Cost of Care: Collaborating on Solutions project is recommended for funding to improve beneficiary and caregiver understanding of the Cost of Care Medicaid waiver policies so that they do not receive unexpected bills from providers or the State of Alaska.

COMP PLAN IDENTIFICATION

Area of Focus	Objective	Comments
Area of Focus 7: Services in the Least Restrictive Environment	7.2 Increase access to effective and flexible, person-centered, long-term services and supports in urban and rural areas to avoid institutional placement where inappropriate	

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

The initiative will focus on creating informational resources on the Cost of Care required for Long Term Services and Supports (LTSS) recipients tailored for beneficiaries, their guardians, and service providers, ensuring they have clear, accessible, and accurate information. AADD will work with the Department of Health to create a working group with representatives from the four divisions responsible for different parts of the Cost of Care system: Senior and Disabilities Services, Public Assistance, Health Care Services, and Program Integrity. With the assistance of the AADD facilitator, the working group will develop a system map and chart of responsibilities to inform the communication resources being developed. Another outcome of this work will be addressing pain points in the system.

Beneficiaries receiving LTSS services in Alaska are required to pay a portion of the cost of their care. Changes in the past few years have resulted in widespread confusion and stress for beneficiaries, family members, guardians, care coordinators and service providers. In the past year, there have been multiple instances where providers have reported that beneficiaries received unexpected letters from the State indicating significant cost of care liabilities; at times several thousands of dollars. If the beneficiary does not pay back what is owed, the department may terminate the recipient's eligibility. In addition, service providers are frequently grappling with billing adjustments and audit concerns. Because Cost of Care is managed by multiple state entities, it's difficult to get questions answered or problems addressed.

AADD will gather information on areas of confusion as well as specific examples where the system did not work well. We will then convene a working group that includes representatives from the four divisions within the Department of Health responsible for different pieces of the process: Senior & Disabilities Services, Public Assistance, Health Care Services and Program Integrity. This working group will develop a system map and chart of responsibilities, as well as discuss provider areas of concern to identify potential improvements to the process. AADD will develop two resources – a comprehensive guide on Cost of Care for beneficiaries and family members/guardians and a similar guide for service providers and care coordinators. AADD will make the resources available digitally, with provider agencies offering alternative formats as requested.

The target population is beneficiaries with developmental disabilities or Alzheimer's Disorder/Related Dementia who meet the level of care for HCBS waivers, statewide.

This project will improve clarity around cost of care for LTSS beneficiaries and their guardians. Expected impacts include:

1. **Reduced Financial Surprises:** Beneficiaries and their guardians will be better informed about their financial responsibilities, preventing service disruptions.
2. **Improved Provider-Beneficiary Relations:** Clear information will enable providers to proactively adjust their billing, reducing conflicts and financial discrepancies.
3. **Enhanced Financial Stability:** By understanding their obligations, beneficiaries can manage their finances more effectively, ensuring continued eligibility for vital services.
4. **Streamlined Administrative Processes:** Providers and state entities will face fewer billing corrections, leading to a more efficient service delivery system.

AADD members – both care coordinators and providers – have been asking for assistance with Cost of Care for the past two years. AADD has hosted several webinars with various state entities; these webinars have not mitigated the ongoing confusion and frustration. There is a high level of support from providers supporting beneficiaries in the community. In addition, the State of Alaska Department of Health fully supports AADD facilitating a discussion and developing resources to increase understanding around Cost of Care. AADD met with a representative from the DOH Commissioner's office as well as the director of SDS to develop this proposal which demonstrates the deep support of the state for this work.

PERFORMANCE MEASURES

How much did you do?

- a) Number (#) of unduplicated primary Trust beneficiaries who received informational resources through the project, broken down by Trust beneficiary category.
- b) Number (#) of unduplicated secondary Trust beneficiaries (caregivers/guardians) who received informational resources through the project.
- c) Number (#) of unduplicated care coordinators and other HCBS service providers who received informational resources through the project.

How well did you do it?

- a) Provide a brief narrative describing the activities, successes, challenges experienced, and any lessons learned during all phases of the project (development of the informational resources, dissemination of information, and addressing pain points within the LTSS system). Please provide a synopsis of the identified areas of confusion, a list of working group representatives from the four divisions responsible for the Cost of Care system, and electronic copies of the resources developed.
- b) Number (#) and percentage (%) of individuals receiving informational resources through the project who felt the resource provided clear, accessible, and accurate information regarding the Cost of Care for LTSS in Alaska.

Is anyone better off?

- a) Number (#) and percentage (%) of individuals (primary Trust beneficiaries, secondary Trust beneficiaries, care coordinators, other HCBS service providers) receiving informational resources who felt the resource increased their knowledge and understanding of how Cost of Care is determined for LTSS services in Alaska.
- b) Two statements from individuals receiving informational resources describing how the resource has impacted them and/or the individuals they serve.

SUSTAINABILITY

AADD commits to managing this resource and updating it as needed on an ongoing basis. This will be funded through member fees, as it is in the best interest of AADD's provider members to have access to this information.

WHO WE SERVE

The target population is beneficiaries with developmental disabilities or Alzheimer's Disorder/Related Dementia who meet the level of care for HCBS waivers. This project will create transparency about this process and increase awareness for LTSS beneficiaries, their guardians and the service providers supporting them. Beneficiaries are victims of the current lack of functionality and poor communication surrounding this requirement. AADD has heard numerous stories of beneficiaries receiving a letter from the State of Alaska informing the beneficiary they owe the state thousands of dollars for Cost of Care, which they were unaware of. In one situation, the amount was over \$20,000. In most of those situations, not only was the beneficiary not aware they were supposed to be paying the provider Cost of Care, the provider was not aware they were supposed to be adjusting the amount billed to the state because of Cost of Care. At times providers become aware of the Cost of Care liability only when receiving audit notices from the state. This project will greatly reduce or eliminate these surprise financial obligations and address the potential harm that could occur if the service provider had to terminate services to a beneficiary because they were unable to pay their cost of care. Because Cost of Care technically meets the federal requirement for "post-eligibility treatment of income", a beneficiary who does not pay Cost of Care will not meet the financial eligibility for Medicaid - a barrier to access critical community-based support.

1. **Reduced Financial Surprises:** Beneficiaries and their guardians will be better informed about their financial responsibilities, preventing service disruptions.
2. **Improved Provider-Beneficiary Relations:** Clear information will enable providers to proactively adjust their billing, reducing conflicts and financial discrepancies.
3. **Enhanced Financial Stability:** By understanding their obligations, beneficiaries can manage their finances more effectively, ensuring continued eligibility for vital services.
4. **Streamlined Administrative Processes:** Providers and state entities will face fewer billing corrections, leading to a more efficient service delivery system.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Developmental Disabilities:	2,500
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Alzheimer's Disease & Related Dementias:	2,500
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	5,000

BUDGET

Personnel Services Costs	\$4,000.00
Personnel Services Costs (Other Sources)	\$2,000.00
Personnel Services Narrative:	Facilitator/Content Development: 80 hours X \$50/hour = \$4,000 Other organizations' costs: Dedicated Department of Health Staff Time: 4 staff X 10 hours X \$50/hour

Other Costs	\$4,250.00
Other Costs (Other Sources)	
Other Costs Narrative:	Design Work = 25 hours X \$140/hour = \$3,500 AADD Project Management (10%) = \$825

Total Amount to be Funded by the Trust	\$8,250.00
Total Amount Funded by Other Sources	\$2,000.00

OTHER FUNDING SOURCES

Department of Health - Staff Time - Secured	\$2,000.00
Total Leveraged Funds	\$2,000.00

MEMO

To: Board of Trustees
Date: February 6, 2025
Re: FY25 Partnership Grant Request
Fund Source: FY25 Partnerships/Designated Grants (Page 2, Line 13)
Amount: \$2,500.00
Grantee: Girls on the Run Southcentral Alaska
Grant Term: February 6, 2025 to June 30, 2025
Project Title: Girls on the Run

REQUESTED MOTION:

The Board of Trustees approve a \$2,500 FY25 Partnership grant to Girls on the Run Southcentral Alaska for the Girls on the Run project. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.

Assigned Program Staff: Heather Phelps

STAFF ANALYSIS

Girls on the Run Southcentral Alaska requests \$2,500 from the Trust to support their FY25 programming, which engages elementary school-age girls in physical activity and mental health wellness activities throughout the ten-week program. Funds are requested from the FY 25 Partnership/Designated Grants. In the past three fiscal years, the Trust has awarded one grant to Girls on the Run totaling \$2,500. Activities supported through the grant funding included their inclusive after-school program. Per the final report, Girls on the Run served 166 girls at 12 different elementary schools, seven of which are Title I schools. Title I provides additional federal funds to support schools that have a high percentage of students who qualify for free and reduced lunch. These funds can be used to reduce class size, increase school counselors, provide additional teaching assistants, provide before/after school tutoring, provide professional development, support teachers with instructional coaching, and strengthen family engagement.

This primary prevention program increases physical and mental wellness through exercise, life skill development, and community connection. The program prioritizes inclusion of Trust beneficiary youth through outreach and mental health promotion. Increased connection and healthy activities are known to help prevent higher-risk behaviors and subsequent negative health and education outcomes in adolescent girls at a critical time of development. In 2023, the [US Surgeon General](#) highlighted Girls on the Run in a report on physical activity as an untapped resource in addressing the mental health crisis impacting children and youth.

Staff recommends this project for funding because it aligns with early intervention and prevention objectives, as well as stigma reduction and community inclusion for young Trust beneficiaries.

COMP PLAN IDENTIFICATION

Area of Focus	Objective	Comments
Area of Focus 4: Substance Use Disorder Prevention	4.1 Increase awareness, improve knowledge, and change behaviors to prevent misuse of drug, alcohol, and other substances	

PROJECT DESCRIPTION

Girls on the Run inspires girls of all abilities to recognize their individual strengths, while building a sense of connection in a team setting. Volunteer coaches facilitate lessons that blend physical activity with life skill development to enable girls to adapt to whatever comes their way. At the end of the season, the team completes a 5K together, which provides a tangible sense of accomplishment and sets a confident mindset into motion.

Girls on the Run (GOTR) Southcentral Alaska is requesting funding support for the semi-annual 10-week Girls on the Run after school program, and corresponding 5K celebratory event. In particular we are requesting funding for FY25 materials, facilities and equipment for 30 school sites, hosting programs that directly impact and support populations in need in the Anchorage, Eagle River and Matanuska-Susitna areas.

At Girls on the Run Southcentral Alaska, we inspire girls to recognize their inner strength and celebrate what makes them one of a kind. Trained coaches lead small teams through our research-based curricula which includes dynamic discussions, activities, and physical activity. Over the course of the ten-week program, girls in 3rd-8th grade develop essential skills to help them navigate their worlds and establish a lifetime appreciation for health and fitness. The program culminates with participants positively impacting their communities through a service project and being physically and emotionally prepared to complete a celebratory 5K event.

The demographic breakdown of the girls served is representative of ASD (data from fiscal year 2023). We offer scholarships to any participant in financial need, using a sliding fee scale based off free/reduced lunch qualification. Our average scholarship rate is 62%, and in FY24 we gave out \$20,270 in scholarships.

- 17% Alaska Native
- 9% Asian
- 8% African American
- 6% Hispanic
- 9% Pacific Islander
- 38% White/Caucasian
- 12% Multiple Races

1% Other

In FY20 and FY21 our program was largely impacted by COVID19, and several seasons were put on hold. As we continue to regroup and relaunch our programs, in FY25 we plan to host our program in over 30 elementary schools in the Southcentral area of Alaska.

In the 2021-22 school year, we emerged from pandemic shutdown with 212 girls ages 8-13 participating from 15 schools in Anchorage, Eagle River and the Mat-Su. That is not quite the level of pre-COVID but, considering we lost two years, a remarkable comeback. In FY24, we served 241 girls ages 8-13 at 16 sites, and are steadily climbing back to our 2019 numbers of serving over 300 girls!

We rely on the help of over 240 dedicated volunteers and are governed by 10 members of our Board of Directors.

PERFORMANCE MEASURES

Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the planning leading up to the event and the event itself. Be sure to describe how the event was advertised to increase participation, as well as the # of individuals who registered for the event. Additionally, provide a list of final event sponsors and at least two statements from coaches and/or participants that describe how the event impacted them.

SUSTAINABILITY

Yes - we have been serving the Anchorage area since 2012 and hope to continue to do so for several more years. We rely on grants and fundraising from a variety of givers to sustain our program. We receive support from numerous individuals and organizations for our programs and projects including the following: ConocoPhillips Alaska, Matson, Carr Foundation, Aerie Real Foundation, Alaska Airlines Corporate Giving, Anchorage East Rotary Club, Enstar, Petro Star Inc, Credit Union 1, Janco, Skinny Raven and more!

WHO WE SERVE

Girls on the Run Southcentral Alaska is an inclusive after school program and we make it possible for all girls to participate regardless of their SES, disability, ethnicity, or other qualifier. While we do not collect individual data regarding disabilities for our participants, our families are from diverse backgrounds. In the Anchorage School District, 55% of elementary students are economically disadvantaged, 15% of students qualify for special education services, and 3% Child in transition/homeless. Over the past four years, we held our program in over 15 title one schools.

The Girls on the Run lessons encourage positive emotional, social, mental, and physical development. Participants explore and discuss their own beliefs around experiences and challenges girls face at this age. They also develop important strategies and skills to help them navigate life experiences. We start with helping the girls get a better understanding of who they are and what's important to them. Then, we look at the importance of teamwork and healthy relationships. And, finally, the girls explore how they can positively connect with and shape the

world. Girls face social pressures and conflicting messages about how they should act and who they should be. Studies show that by adolescence, girls' confidence drops about twice as much as boys'. Friendships become more complicated and challenging, girls' perception of their academic ability declines, the likelihood of anxiety and depression increases and participation in physical activity plummets.

Through our post- season evaluation process, we've learned that we can expect the following outcomes:

85% of participants improved in confidence, competence, caring, character or connection. Girls who were least active at the start increased in physical activity by more than 40%. Parents reported that 97% of our Girls on the Run participants learned critical life skills.

Coaches from our Spring season explained: "GOTR means changing the way we think and see ourselves. We find ways to show young girls what healthy, philanthropic and kindness means and looks like. How they can encourage others and build up those around them. Being a coach has been an amazing experience. Watching girls transform their thinking and how they see others and the world has been encouraging not only how I teach but how I am raising my daughters", and "What I didn't realize is that I would form relationships that go beyond the walls of my classroom. There are many girls that I have never had in my class who come to me for help, advice and more. I have a student who was on my team that comes to visit me from middle school about once a week. She invites me to watch her track meets and wants to come help out in my room. She has never been my student but I know it is a relationship that will continue on. The girls at my school need so much and the happiness it brings me to see them love GOTR, finishing their 5K, etc is beyond anything I could have expected."

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Mental Illness:	50
Developmental Disabilities:	30
Substance Abuse	50
Non-Beneficiaries:	70

BUDGET

Space or Facilities Costs	\$1,400.00
Space or Facilities Costs (Other Sources)	\$0.00
Space or Facilities Narrative:	\$1400 Facility Usage - Rental permits for utilizing Anchorage School District sites for our bi-weekly GOTR program practices

Supplies Costs	\$600.00
Supplies Costs (Other Sources)	\$0.00

Supplies Narrative:	\$300 - background checks for our board members, volunteers and coaches \$300 - CPR/First Aid certifications for our volunteers and coaches
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Equipment Costs	\$500.00
Equipment Costs (Other Sources)	\$0.00
Equipment Costs Narrative:	\$500 - purchase copies of curriculum for our volunteer coaches

Total Amount to be Funded by the Trust	\$2,500.00
Total Amount Funded by Other Sources	\$13,000.00

Other Funding Sources	
Enterprise Mobility Foundation (Secured)	\$2,000.00
Alaska Children's Trust (Secured)	\$10,000.00
Matson (Secured)	\$1,000.00
Total Leveraged Funds	\$13,000.00

MEMO

To: Board of Trustees
Date: February 6, 2025
Re: FY25 Partnership Grant Request
Fund Source: FY25 Partnerships/Designated Grants (Page 2, Line 13)
Amount: \$2,500.00
Grantee: Stone Soup Group
Grant Term: March 19, 2025 to March 21, 2025
Project Title: Growing Connections & Cultivating Communities

REQUESTED MOTION:

The Board of Trustees approve a \$2,500 Partnership grant to Stone Soup Group for the Growing Connections & Cultivating Communities project. These funds will come from the Partnerships/Designated Grants line of the FY25 budget.

Assigned Program Staff: Tina Voelker-Ross

STAFF ANALYSIS

Stone Soup Group (SSG) requests a Trust conference sponsorship of \$2,500 for the Growing Connections & Cultivating Communities project, with funding from the FY25 budget line Partnerships/Designated Grants.

This funding will be dedicated to SSG's annual parent conference on March 19-21, 2025. This conference is for families and caregivers of individuals with intellectual and developmental disabilities (IDD/DD) who navigate and coordinate their care related to mental health, special education, medical, and/or disability. It will also include IDD/DD individuals and staff who work with the parents and caregivers of IDD/DD individuals. The conference's theme is how to grow connections and the importance of communities. A variety of content will be presented, including topics such as living with autism (stereotypes, stigmas), the impact of ableism, why inclusion matters, how to be a part of the community, the importance of a person-centered approach, and Trust Based Relational Intervention (TBRI). SSG anticipates approximately 120 attendees.

Founded in 1992, SSG's mission identifies that it exists "to sustain the health and well-being of Alaskan children with special needs and their families." SSG has broad community support for their work in parent navigation, connection of families to resources and support, and training. In the past 3 fiscal years, the Trust has awarded 4 grants to SSG totaling \$50,000. Activities supported through grant funding have included 2 previous annual parent conference sponsorships, a training series, and

fiscal management of travel funds for the reducing recidivism and reentry conference. SSG has allocated funds to support this year's conference in addition to funding from the MatSu Health Foundation; they are leveraging a total of \$22,628.00 in addition to the Trust funding for the conference. Trust staff recommends this funding in alignment with improving the lives of Trust beneficiaries and their families, workforce training, and the Comp plan objectives.

COMP PLAN IDENTIFICATION

Area of Focus	Objective	Comments
Area of Focus 1: Early Childhood & Youth	1.5 Youth and their caregivers are connected to their communities	Strategy: Provide caregivers and youth access to navigators, care coordinators or peer support to guide them through behavioral health and other supportive systems of care.
Area of Focus 9: Workforce	9.2 Advance the competencies of the healthcare, behavioral health, and public health workforce	

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

The annual Parent Conference provides keynote speakers who will be influential in the families/professional lives and allows attendees to connect with others in the community, develop bonds, and foster professional relationships. The focus of this conference is to provide a learning platform and materials/books that can be used for learning outside this conference.

The Parent Conference theme is how to grow connections and the importance of communities. One of our founding members is presenting, and the content is based on our theme. Two of the keynote speakers experience Autism. This shows that a diagnosis doesn't define who you are; it's what can be done with support, understanding, and acceptance. One of the keynote presentations is about stereotypes, stigmas, and notions of ableism, which make disability a sensitive topic to discuss among us, with families, and with disabled people. Nuances in the language surrounding disabilities make the discussion even more difficult for non-disabled friends, colleagues, and community members to join. The second keynote speaker (who experiences Autism) will talk about why inclusion matters. The Center for Human Development will present ways for people with different abilities to be part of the community, the importance of a person-centered approach, and Trust-Based Relational Intervention (TBRI). There will also be 5 targeted tables that further learning, shared experiences, and connections. Finally, one session will show a pre-recorded video that SSG conducted with Dr. Temple Grandin.

This robust learning/sharing environment is for a diverse audience. We're offering travel scholarships for families in rural/remote areas, and we expect to have a Statewide presence. Attendees will include Trust beneficiaries, secondary beneficiaries, and staff.

PERFORMANCE MEASURES

How much did you do?

- a) Number (#) of unduplicated individuals in attendance.
- b) Number (#) and list of communities represented.

How well did you do it?

- a) Provide a brief narrative describing the activities, successes, challenges experienced, and any lessons learned during the planning phase of the conference, as well as the event itself. Be sure to attach an electronic copy of the conference agenda/program.
- b) Number (#) and percentage (%) of attendees reporting satisfaction with the conference.

Is anyone better off?

- a) Number (#) and percentage (%) of attendees who felt they gained skills/knowledge/connections that will be beneficial to either themselves (as a parent/guardian) or a family member.
- b) Two stories from attendees describing (in their own words) how knowledge gained at the conference will directly or indirectly help Trust beneficiaries within their community.

SUSTAINABILITY

SSG is a non-profit Organization. We are funded by Federal, State and private grants. Within these grants, we have goals, objectives, budgets, and the desire/ability to continue supporting families that care for children/adults with special needs. The Parent Conference is something we provide annually and has most of the cost associated with it in some of our grant budgets. It is an important annual event, not only for the community but for all SSG employees.

WHO WE SERVE

The support, information, training, knowledge, and shared experience will positively and directly impact the Trust beneficiaries (Developmental Disabilities, Mental Health, Traumatic Brain Injury, and Secondary Beneficiaries). The annual Parent Conference provides keynote speakers (both experience Autism) that will be influential in the families/professional lives but affords opportunities for attendees to connect with others in the community, develop bonds, and foster professional relationships. The focus of this conference provides a learning platform, continental breakfast, and catered lunch (both days), and materials/books that can be used for learning outside this conference. Partnering agencies/exhibitor booths that share resources and materials. This is a time to connect and to know that no one is alone in their journey.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	10
Developmental Disabilities:	15

Traumatic Brain Injuries:	3
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	52
Number of people to be trained	120

BUDGET

Other Costs	\$2,500.00
Other Costs (Other Sources)	\$2,500.00
Other Costs Narrative:	Trust funding will contribute to keynote speaker and table topic facilitator fees and travel cost.

Total Amount to be Funded by the Trust	\$2,500.00
Total Amount Funded by Other Sources	\$22,628.00

OTHER FUNDING SOURCES

Stone Soup Group Secured	\$20,128.00
Matsu Health Foundation Pending	\$2,500.00
Total Leveraged Funds	\$22, 628.00

Additional Documents

To: Brent Fisher, Chair
Through: Allison Biastock, Acting Chief Executive Officer
From: Julee Farley, Chief Financial Officer
Date: January 27, 2025
Re: Audit & Risk Committee Report

Meeting Summary:

The Audit & Risk Committee met on January 9, 2025. The meeting was attended by Committee members Kevin Fimon (chair), Corri Feige, and Anita Halterman, as well as Board Chair Brent Fisher in a non-voting capacity. Trustees Rhonda Boyles, Agnes Moran, and John Morris also attended.

Grant Monitoring and Compliance:

Luke Lind, Trust Grants Administrator Manager, and Carrie Predeger, Trust Grants Accountability Manager, led a presentation on the Trust's Grants Monitoring and Compliance processes. They provided a detailed discussion on a recently closed grant which included the Grant Agreement, Project Performance Measures based on a resulted based accountability framework, Grant Budget, Reporting and Compliance.

Audit Updates: *In accordance with the Open Meetings Act, AS 44.62.310(c), the Trustees went into Executive session for this agenda item.*

The next scheduled meeting of the Audit & Risk Committee is ***April 23, 2025.***

To: Brent Fisher, Chair
Through: Allison Biastock, Acting Chief Executive Officer
From: Katie Baldwin-Johnson, Chief Operating Officer
Date: January 27, 2025
Re: Program and Planning Committee Report – January 8, 2025

The committee meeting was held on January 8, 2025, and trustees Kevin Fimon, Rhonda Boyles (virtual), John Morris, Corri Feige, Brent Fisher, Anita Halterman, and Agnes Moran (chair) attended.

Meeting Summary

The Program and Planning Committee (P&P) kicked off the two days of trustee committee meetings and was called to order at 8:30 a.m. The following is a summary of the meeting:

CEO announcement

Shannon Cochran started in late December as the Trust’s Special Assistant. The Trust staff and trustees welcomed her to the Trust.

Grant Approval Consent Agenda Concept:

Katie Baldwin-Johnson, COO, provided a proposed framework for a consent agenda for partnership grant approvals under \$50,000. Trustees were in favor of incorporating a consent agenda for the February 9 board meeting.

Governor’s FY26 Budget

Allison Biastock, Acting CEO provided an update on the FY26 State of Alaska budget, released by the Governor in December of 2024. The Trust General Fund recommendations were \$1M less than the GF/MH recommendations in FY25. Roughly \$3m of the Trust’s recommended \$8.9M in GF is included in the Governor’s proposed budget.

The items that were eliminated or reduced are reflected in the following table:

Operating Budget Items, FY26 Project	Trustee Recommendations		Governor's Proposed		Difference
	MHTAAR	GF/MH	MHTAAR	GF/MH	
The Alaska Training Cooperative (UAA)	\$ 685.0	\$ 300.0	\$ 685.0	\$ 200.0	\$ (100.0)
SHARP Support (DFCS)	\$ -	\$ 200.0	\$ -	\$ 200.0	
Direct Support Professional Training/Professional Development (DOH)	\$ 200.0	\$ 200.0	\$ 200.0	\$ 200.0	
Maintain Aging and Disability Resource Centers (DOH)	\$ -	\$ 250.0	\$ -	\$ -	\$ (250.0)
Develop Targeted Outcome Data (DOH)	\$ -	\$ 45.0	\$ -	\$ -	\$ (45.0)
Crisis Intervention Team/Behavioral Health Training and Programs for First Responders-AK State Troopers (DPS)	\$ 50.0	\$ 50.0	\$ 50.0	\$ 50.0	
Crisis Call Center (DOH)	\$ 750.0	\$ 750.0	\$ 750.0	\$ 750.0	
Long Term Care Ombudsman (DOR)	\$ -	\$ 144.0	\$ -	\$ 144.0	
<i>Subtotal</i>	\$ 1,685.0	\$ 1,939.0	\$ 1,685.0	\$ 1,554.0	\$ (395.0)
Capital Budget Items, FY26					
Project	Trustee Recommendations		Governor's Proposed		Difference
	MHTAAR	GF/MH	MHTAAR	GF/MH	
Special Needs Housing Grant (DOR)	\$ 200.0	\$ 1,750.0	\$ 200.0	\$ -	\$ (1,750.0)
Homeless Assistance Program (DOR)	\$ 950.0	\$ 2,850.0	\$ 950.0	\$ -	\$ (2,850.0)
Home Modifications & Upgrades (DOH)	\$ -	\$ 1,150.0	\$ -	\$ 575.0	\$ (575.0)
Coordinated Community Transportation (DOTPF)	\$ -	\$ 1,000.0	\$ -	\$ 700.0	\$ (300.0)
Essential Program Equipment (DOH)	\$ 250.0	\$ 250.0	\$ 250.0	\$ 250.0	
<i>Subtotal</i>	\$ 1,400.0	\$ 7,000.0	\$ 1,400.0	\$ 1,525.0	\$ (5,475.0)
TOTAL	\$ 3,085.0	\$ 8,939.0	\$ 2,835.0	\$ 3,097.0	\$ (5,870.0)

** Trust MHTAAR projects w/o an associated GF/MH recommendation not shown
 **Trust projects with non-SOA partners not shown.

Allison reviewed the anticipated impacts of the final budget and variance from the trustee recommendations. It is not unusual for the final budget to vary from the trustee-recommended GF increments, and we anticipate the legislature will consider these variations through the legislative budget process. There are going to be many more touchpoints on the trustee recommendations as far as advocacy and education around these programs with the legislative decision-makers.

SHARP Loan Repayment Program

Terry Bookey, DOH, SHARP Outreach Coordinator, and Eric Boyer, Trust Senior Program Officer, provided a comprehensive overview of the Alaska SHARP program, also referred to as the Healthcare Professionals Workforce Enhancement Program. Mr. Bookey highlighted the program's objectives, the eligible healthcare positions, service requirements, and the application and eligibility determination process, and methods of contract payment managed by the Division of Public Health (DPH). The program's strategic goal is to expand healthcare access by attracting and retaining healthcare professionals, which is crucial for achieving long-term stability and establishing a sustainable infrastructure to address the needs of Alaska's rural and underserved populations facing health workforce shortages. The SHARP Advisory Council, comprising 15 trade association members, sets the program's priorities, which are then integrated into the application review process. In 2023, professionals participating in the repayment program recorded approximately 190,000 total visits, with over 94,000 being safety-net visits for vulnerable populations.

Eric Boyer explained that for agencies seeking Trust grant funding for loan repayment contracts, the initial step involves collaborating with the Division of Public Health to determine eligibility. If an agency is deemed eligible by DPH and is targeted towards serving beneficiaries, it can then work with the Trust to evaluate whether the proposed contract will enhance access

and have a significant impact on beneficiaries. Projects meeting these criteria may be advanced for trustee consideration.

Alaska Housing Finance Corporation/Trust Housing Initiative Overview

Kelda Barstad, Trust Program Officer for the Housing & Home and Community-Based focus area provided an overview of the housing-related focus area priorities, how these priorities fit with the Comprehensive Integrated Mental Health Plan, and how they complement the much broader and comprehensive work of the Alaska Housing and Finance Corporation (AHFC).

Daniel Delfino, Director of Planning and Development with AHFC, provided an overview of this division of AHFC and its 20 + programs funded by state and federal money. These programs support housing construction and assist Alaskans without housing or facing housing instability. AHFC uses decades of data to identify needs, emphasizing that prevention is more cost-effective than building new facilities or relocating individuals to facilities needing additional housing support to remain stably housed. The Homeless Assistance Program (HAP) and the Special Needs Housing Grant (SNHG) Programs evolved from an AHFC and Trust partnership to primarily state and AHFC contributions. These nationally recognized, award-winning programs combine special needs and supportive housing, ensuring sustainable operations. Each year, AHFC develops approximately 12-15 projects, creating about 180 to 200 units statewide.

The Program and Planning Committee adjourned at 11:47 a.m. on January 8, 2025. Pending agenda finalization, the committee's next meeting is scheduled for April 23-24 in Anchorage.