

MEETING AGENDA

Meeting: Program & Planning Committee
Date: May 26, 2021
Time: 2:45 PM
Location: online via webinar and teleconference
Teleconference: (844) 740-1264 / Meeting Number: 133 319 9457 # / Attendee Number: #
<https://alaskamentalhealthtrust.org/>
Trustees: Verné Boerner (Chair), Rhonda Boyles, Chris Cooke, Brent Fisher, Anita Halterman, John Sturgeon

Wednesday, May 26, 2021

Page No

2:45 **Call to order (Verné Boerner, Chair)**
Roll Call
Announcements
Approve agenda
Ethics Disclosure

2:50 **Approval(s)**
• Providence Alaska / Crisis Now
• Southcentral Foundation / Crisis Now

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13

4:00 **Trustee Comments**

4:15 **Adjourn**

Future Meeting Dates

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

(Updated – May 2021)

- | | | |
|--|----------------------------|------------------------|
| • Program & Planning Committee | July 27-28, 2021 | (Tue, Wed) |
| • Audit & Risk Committee | July 29, 2021 | (Thu) |
| • Resource Mgt Committee | July 29, 2021 | (Thu) |
| • Finance Committee | July 29, 2021 | (Thu) |
| • Full Board of Trustee | August 25-26, 2021 | (Wed, Thu) – Anchorage |
| | | |
| • Audit & Risk Committee (tentative) | October 20, 2021 | (Wed) |
| • Finance Committee (tentative) | October 20, 2021 | (Wed) |
| • Resource Mgt Committee (tentative) | October 20, 2021 | (Wed) |
| • Program & Planning Committee (tentative) | October 21, 2021 | (Thu) |
| • Full Board of Trustee | November 17-18, 2021 | (Wed, Thu) – Anchorage |
| | | |
| • Audit & Risk Committee | January 5, 2022 | (Wed) |
| • Finance Committee | January 5, 2022 | (Wed) |
| • Resource Mgt Committee | January 5, 2022 | (Wed) |
| • Program & Planning Committee | January 6, 2022 | (Thu) |
| • Full Board of Trustee | January 26-27, 2022 | (Wed, Thu) – Juneau |
| | | |
| • Audit & Risk Committee | April 20, 2022 | (Wed) |
| • Finance Committee | April 20, 2022 | (Wed) |
| • Resource Mgt Committee | April 20, 2022 | (Wed) |
| • Program & Planning Committee | April 21, 2022 | (Thu) |
| • Full Board of Trustee | May 25, 2022 | (Wed) – TBD |

Future Meeting Dates

Statutory Advisory Boards

(Updated – May 2021)

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

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

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

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

- Executive Committee – monthly via teleconference (Fourth Wednesday of the Month)
- AMHB/ABADA Full Board Meeting: July 21, 2021 / 9:00 to noon (virtual)
- Statewide Suicide Prevention Council Meeting: August 24, 2021 / time TBD (virtual)

Governor's Council on Disabilities and Special Education

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

Executive Director: Kristin Vandagriff, (907) 269-8999, kristin.vandagriff@alaska.gov

- September 2021 - TBD

Alaska Commission on Aging

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

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

- Fall Meeting: September 1-2, 2021 / location TBD
- Winter Meeting: November 16-17, 2021 / location TBD

MEMO

To: Verné Boerner - Program & Planning Committee Chair
Date: May 26, 2021
Re: FY21 Substance Abuse Prevention & Treatment Focus Area Allocation
Fund Source: FY21 Crisis Continuum of Care
Amount: \$400,000.00
Grantee: Providence Health & Services Alaska dba Providence Alaska Medical Center
Project Title: Crisis Now Services – Crisis Stabilization Phase 1 Planning & Development

REQUESTED MOTION:

Approve a \$400,000 FY21 authority grant to Providence Health & Services Alaska for the Crisis Stabilization Planning & Development project. These funds will come from the FY21 Substance Abuse Prevention & Treatment – Crisis Continuum of Care budget line.

Assigned Program Staff: Katie Baldwin

STAFF ANALYSIS

Providence Health & Services Alaska (Providence Alaska) is requesting Trust funds in order to help them establish a crisis stabilization operation in Anchorage. Providence Alaska is one of only two providers that are currently willing and able to provide this service in Anchorage.

Providence Alaska has been a prominently engaged partner with the Trust and others in the planning efforts to address the gaps in crisis care services in Anchorage and across the state. These gaps result in beneficiaries not receiving timely mental health interventions, unnecessary suffering and despair, and frequent engagement with law enforcement. Neither a traditional emergency room department or a law enforcement response is designed to meet the unique needs of individuals in behavioral health crisis. Gaps in the availability of community-based crisis response and behavioral healthcare can result in individuals waiting in hospitals for hours to days and on occasion jails for an appropriate treatment setting, often because other options do not exist.

Improving the crisis response requires partnerships across agencies and sectors that enable committed parties to implement a vision for a continuum of enhanced crisis services that is intentionally designed and coordinated. These improvements will also require that organizations contemplating operation of services have access to capital and launch support. Recognizing this, Trustees authorized roughly \$11.6 million to support the Trust's prioritized work in this area over FY21-FY23.

In April of 2019 Providence Alaska and Southcentral Foundation established a joint planning workgroup focused on improving the behavioral health continuum of care in Anchorage, including crisis response. Inviting the Trust to intentionally partner on this effort, Providence Alaska joined Trust-led efforts in the fall of 2019 in evaluating existing crisis services. This evaluation was supported by RI International, a national leader in crisis care, which was contracted by the Trust to identify the gaps and opportunities to both optimize and develop the primary components of effective crisis system design. More specifically, effective crisis system design contains the three main components of the Crisis Now framework: a crisis call center, mobile crisis teams and crisis stabilization centers that are operated as part of an intentionally coordinated system to serve as a community solution that offers no wrong door (no to low barrier access) for people in psychiatric crisis.

Leadership from Providence Alaska also joined the Trust-led learning visit to the programs in Arizona that are exemplary operators of crisis response and stabilization services to help solidify partnership, learn from Arizona's successes, and conceptualize application in Alaska. After two years of engagement and exploration of various program models, Providence Alaska has stepped forward to enter into a two-phased (Phase 1, planning and Phase 2, implementation) approach with the Trust that will lead to operation of 23-hour and short term crisis stabilization services in Anchorage. This proposal reflects the first phase of this effort.

With the support of the Trust, Providence Alaska has a strategic opportunity to stand-up crisis stabilization services in Anchorage. While the Trust and partners collectively work to reform our current system to reduce reliance upon law enforcement response to mental health issues, the 23-hour crisis stabilization center will be the (non-tribal) 23 hour crisis stabilization center in Anchorage and accessible by individuals that need immediate access to mental health intervention and will serve as the designated stabilization center for the community and for law enforcement as well as emergency services.

The primary outcomes of Phase 1 of this project include a well-integrated plan for 23-hour stabilization and crisis residential (short-term stabilization) beds, including retaining project management and director services, architectural design and capital cost estimates, as well as launch and operating estimates that will inform a Phase 2 implementation partnership with the Trust (expected by end of year 2021). Providence Alaska has communicated commitment to partner with the Trust through Phase 1 leading to finalizing facility renovations, hiring staff and launching services with additional Trust investment in a Phase 2 (expected end of calendar year 2022).

Currently, there is no crisis stabilization service like this in Anchorage, and once implemented it will be able to meet the needs of Trust beneficiaries in crisis and begin diverting them from emergency rooms and the criminal justice system. Data has shown that the 23-hour crisis stabilization centers have the capability to resolve crisis for a high percentage (90%) of individuals receiving care. Without access to stabilization services, most of these individuals would otherwise be served in higher levels of care, emergency room departments, jails or remain suffering in the community without supports.

The Trust program staff recommend this proposal be fully funded.

COMP PLAN IDENTIFICATION

Goal	Objective	Comments
Goal 5 Suicide Prevention	5.2 Crisis system improvement	

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

Providence Alaska respectfully requests \$400,000 in funding to aid in the development of three programs to support the Crisis Now model of emergency behavioral health care in Anchorage:

- A 23-hour crisis stabilization service to provide immediate care and an always-available entryway to behavioral health services, and
- A Crisis Residential/short term stabilization service to provide care when an individual needs additional intervention to resolve the crisis beyond the 23-hour stabilization service, and
- Intensive Case Management (ICM) to discover and address clients' barriers to care and contributing socioeconomic factors, and to connect clients with appropriate services to improve continuity of treatment. A best practice approach to wrap around care management and coordination, ICM will ensure individuals entering and exiting the crisis stabilization services are engaged, re-connected to community services and supports as well as create opportunity to intervene earlier with individuals in a manner that can prevent escalation into greater despair and crisis.

These programs will be designed to fit within the larger continuum of behavioral health services in Anchorage, including Providence Alaska's psychiatric emergency department and outpatient behavioral health clinics, as well as services provided by tribal health and other providers in the community.

Anchorage is in desperate need of a comprehensive crisis response system. Our community's behavioral health infrastructure is fragile, overburdened with the incidence of crises associated with mental illness, violence, suicide, alcohol, methamphetamine, and opioid overdose and homelessness, all of which continue to escalate while service capacity diminishes. No clear regulatory or licensure path exists for comprehensive crisis response care, and the 1115 waiver does not allow for involuntary crisis care services.

For the past two years, Providence Alaska has partnered with Alaska Mental Health Trust Authority (the Trust), Southcentral Foundation, emergency medical services (EMS), Anchorage law enforcement, and other key stakeholders to evaluate and advocate for an intentional design of low- to no-barrier crisis stabilization services, with the intent to become the designated (non-tribal health) Crisis Now stabilization provider in Anchorage.

Providence Alaska respectfully requests \$400,000 to partner with the Trust, the Department of Health & Social Services, other key stakeholders, and the community-at-large for planning and development of an effective and sustainable crisis stabilization center. The stabilization center would serve adults in the Anchorage area who are experiencing a crisis related to mental health or substance misuse, and include 23-hour crisis stabilization care, as well as additional short-term residential stabilization care and intensive case management.

This project will address the care model's legal, regulatory, financial, and capital requirements, as well as program development and human resources requirements. During the planning phase, Providence Alaska will explore best-practice models of care to determine how to build the model safely and effectively in Anchorage and within the existing system of care, while continuing to advocate for collaboration and improvements within the system to strengthen trauma informed "no-wrong-door" treatment programs.

Funding for this project would support Providence Alaska to:

1. Develop the clinical model of crisis care for all three programs, including policies, workflows, staffing patterns, training, therapeutic setting design, and zero suicide safer care
2. Develop and identify safety net funding for financial sustainability for providers
3. Obtain legal consultation for regulatory compliance and licensure for the building and care
4. Set timeline and goals for outcomes and key metrics
5. Develop a workforce plan and hire key talent to safely build the program
6. Engage and consult with RI and other providers (travel to sites practicing evidence-based crisis care (including Crisis Now))
7. Coordinate and manage the project with external stakeholders
8. Engage in the design and support of governing body for crisis care
9. Develop a high-level building schematic and outline capital costs
10. Seek designation from the State as the Crisis Stabilization center

Providence Alaska and its partners have identified a building (4105 Lake Otis Parkway in Anchorage) which will be assessed as a possible future location for the Center. Providence Alaska will develop a pro forma to include capital and programmatic expenses to ensure long-term sustainability and effectiveness.

The primary outcomes of this project include a well-integrated plan for 23-hour+crisis residential (short-term stabilization) beds, including retaining project management and director services, facility design, as well as capital, launch and operating estimates to populate a Phase 2 implementation partnership with the Trust (expected by end of year 2021).

Providence Alaska and its partners are dedicated to ensuring that those suffering from mental health and substance use disorders have access to state-of-the-art behavioral health crisis treatment for both voluntary and involuntary care. Providence Alaska is committed to ongoing partnerships and collaboration with key stakeholders/contractors throughout crisis stabilization implementation, including serving on the Anchorage implementation steering committee, developing formal memorandums of understanding, etc.

EVALUATION CRITERIA

We are thrilled that the Trust is engaged in supporting providers to seek solutions for behavioral health challenges. The State has sought an 1115 waiver to develop the continuum of behavioral health services and Providence Alaska is excited about developing the continuum of services within the 1115 waiver that include crisis care. However, the 1115 waiver does not cover involuntary care, nor does it address the system challenges or capital funding and places the risk for developing these services on the providers. The Trust has developed a vision for changing the system of care that includes a more coordinated effort for sustainability of care.

Providence Alaska's planning for the stabilization center will include government and other key stakeholders to ensure that an effective crisis care delivery system is developed. Success for this project includes engaging stakeholders and solidifying a successful payment structure that supports involuntary and voluntary treatment and successful goals for developing a "no-wrong-door" approach. We will have a fully developed model of care, financial pro forma, and regulatory, and billing path. We will seek memorandums of agreement between police, emergency management systems, government entities, and other providers to ensure that the crisis stabilization is set up to grow and transform into a "no-wrong-door" system of intervention and care.

SUSTAINABILITY

This project will seek to join the efforts of the Trust in developing programing that can be implemented into a coordinated system of crisis care. The project will help to inform the legislative and regulatory changes that are necessary to provide increased access to effective care. Providence Alaska will seek to negotiate payment structures that will provide financial sustainability within the Alaskan healthcare system and collaborate closely with our Tribal partners and other providers as important and vested stakeholders. This project will outline the capital costs associated with starting and the necessary payment for a sustainability. The process of developing a new system of care when we have the funding necessary to speed up the work and ultimately allowed for increase access to care for beneficiaries. This project will also benefit other providers' program models, as a blueprint for trauma-informed and recovery-oriented care. Providence Alaska will have established relationships that hold the system of care accountable for reformation and improved care. This project supports the first phase of system development and will allow Providence Alaska to determine how to effectively develop the programs in preparation to become the designated (non-tribal health) Crisis Now stabilization provider in Anchorage.

WHO WE SERVE

This project will benefit Anchorage adult Trust beneficiaries who are experiencing a crisis related to a mental health or substance use disorder by ensuring that a path for complex program development is available. The RI consultation report for Anchorage revealed that Anchorage Trust beneficiaries experience 6,997 crisis episodes annually. Trust beneficiaries that experience crisis are often held in emergency departments without access to therapeutic intervention and evidence-based care settings or incarcerated. Intervention for complex crises are often unavailable for beneficiaries and the population at large, and community members suffer and experience trauma within the system which should be helping them. The investment in this

project will ensure that evidence-based, safer effective care is available for acute crisis, including substance misuse and substance use disorders, serious psychological distress, suicide, and mental and substance use disorders. The stabilization center’s “no-wrong-door” policy is a key component to changing the system of care and will require significant planning and partnerships in determining a safe timeline to increase access and build clinical efficacy to support the complexity of clinical issues. We will seek to become a no- to low-barrier stabilization service and are committed to strong partnerships with EMS, local law enforcement, and other key stakeholders/providers to develop a coordinated system of care to serve all adults who present at the stabilization center with a crisis.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	3,000 beneficiaries
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BUDGET

Personnel Services Costs Total	\$190,000
Personnel Services Costs – Other Sources	\$372,000
Personnel Services Narrative	<p>Providence Alaska employees to oversee the project or provide information relevant to program design:</p> <ul style="list-style-type: none"> • Medical Director – 0.3 FTE – This position will be heavily dedicated to the development of the Crisis Now program, particularly for the development of clinical services. Will ensure that the treatment model developed is evidence-based and appropriate for the target population of Trust beneficiaries. Estimated cost to the program is \$140,000. • Crisis Now Stabilization Center Administrator 1.0 FTE–This position will assist program development from an operational perspective, and will work with the Medical Director to ensure proper integration of medical, behavioral health, and support services. Estimated cost to the program is \$65,000 (6 months). • Business Manager for Behavioral Health – 0.1 FTE – This position will gather and analyze financial and operational information to support decision making. Will assist with financial projections, staffing models, regulatory filings, and communications with partner agencies. Estimated cost to the program is \$13,000. • Revenue Cycle – 0.1 FTE – This position will provide consultation regarding charge structure and processes. This will help to ensure that the

	<p>project is developed in a sustainable manner and can bill consistent with Alaska Medicaid, CMS, and other payor rules. Estimated cost to the program is \$12,000.</p> <ul style="list-style-type: none"> • Regional Director for Behavioral Health - This position will provide program direction and executive support. Estimated cost to the program is \$27,000. • Other managers and teams as appropriate, e.g., Behavioral Health programs, Emergency Department, Real Estate, Security – These positions will be brought in as needed to serve as knowledge holders and subject matter experts. They will inform the project development by sharing: <ul style="list-style-type: none"> ○ Community needs as observed by clinical and operational staff, and how best to meet those needs. ○ Best practices from their service lines and their experience serving the target population. This will help to ensure we adequately consider subjects such as staffing ratios, space needs, and patient safety. <p>Estimated cost to the program is \$13,000.</p> <ul style="list-style-type: none"> • Clinical and operations staff – 2.75 FTE total, 2-3 weeks each for 50-60 caregivers – This item represents training and orientation time for the Crisis Now team as they are hired and the program approaches go-live. Estimated cost to the program is \$292,000. <p>Total estimated cost to the program is \$562,000 of which Providence Alaska is requesting \$190,000 from the Trust and will provide \$372,000 as additional support.</p>

Other Costs -Trust	\$210,000
Other Costs – Trust Narrative:	\$100,000 - Consulting fees <ul style="list-style-type: none"> • Consult with Providence Alaska stakeholders regarding goals, strategy, legal issues, and finance issues • Consult with external stakeholders regarding objectives for program (Mental Health Trust,

NATHC, other tribal entities, regulators, corporate counsel, consultants)

- Analyze needs assessment for program
- Provide analysis and options regarding corporate structure of program (standalone vs. subsidiary)
- Advise regarding certificate of need requirements
- Provide analysis about how program integrates with Medicaid Section 1115 waiver, Title 47 civil commitment system, and court judgment in *Disability Law Center of Alaska vs. DHSS*
- Provide analysis and options re services: DES facility, DET facility, or possible hybrid
- Consider legal issues and provide advice re eligibility for federal and state reimbursement streams
- Coordinate with corporate counsel, local counsel, and tax counsel
- Develop detailed regulatory work plan including:
 - Certificate of Need (CON)
 - State and local licenses
 - CMS enrollment for facility and Part B services
 - Pharmacy licenses
 - Medical test site licenses
 - Reimbursement agreements
 - Hospital policies and procedures
 - Medical staff policies and procedures

\$100,000 – Project manager

Project management oversight:

- Work with key community stakeholders, behavioral health subject matter experts and other executive team members to ensure timely and quality completion of identified objectives and projects. The project manager will develop timelines, status reports, and written deliverables in order to effectively communicate with stakeholders across partner organizations. Additionally, the project manager will organize overlapping

	<p>schedules for multiple simultaneous teams and objectives.</p> <ul style="list-style-type: none"> • Develop the clinical model of crisis care for all three programs, including policies, workflows, staffing patterns, training, therapeutic setting design, and zero suicide safer care • Develop and identifying safety net funding for financial sustainability for providers • Set timeline and goals for outcomes and key metrics • Develop a workforce plan and hiring key talent to safely build the program • Engage and consult with RI and other providers (travel to sites practicing evidence-based crisis care (including Crisis Now)) • Coordinate and manage the project with internal and external stakeholders • Engaging in the design and support of governing body for crisis care • Seeking designation from the State as the Crisis Stabilization center <p>\$10,000 – Architecture: requirements analysis</p> <ul style="list-style-type: none"> • Create conceptual diagram and program • Verify Program requirements with user group. • Create MS Excel space program. • Create plan diagram showing program adjacencies or actual test fit (depending on approved location)
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Facilities Costs -Providence Alaska	\$2,790,000
Facilities Costs- Providence Alaska Narrative	Value of facility Providence to designate for project

Total Amount -Trust	\$400,000
Total Amount - Providence Alaska	\$3,162,000
Total Project Amount	\$3,562,000

MEMO

To: Verne Boerner, Program & Planning Committee Chair
Date: May 26, 2021
Re: FY21 Substance Abuse Prevention & Treatment Focus Area Allocation
Fund Source: FY21 Crisis Continuum of Care
Amount: \$485,000
Grantee: Southcentral Foundation
Project Title: Crisis Continuum- Crisis Stabilization

REQUESTED MOTION:

Approve a \$485,000 FY21 Substance Abuse Prevention & Treatment Focus Area Allocation to Southcentral Foundation for the Crisis Continuum – Crisis Stabilization project.

Assigned Program Staff: Katie Baldwin-Johnson

STAFF ANALYSIS

Southcentral Foundation is requesting Trust funds in order to help them establish a crisis stabilization operation in Anchorage. Southcentral Foundation is one of only two providers that are currently willing and able to provide this service in Anchorage serving customer owners of the tribal health system.

Southcentral Foundation has been a prominently engaged partner in planning efforts to address the gaps in crisis care services in Anchorage and across the state. These gaps result in beneficiaries not receiving timely mental health interventions, unnecessary suffering and despair, and frequent engagement with law enforcement. Neither a traditional emergency room department or a law enforcement response is designed to meet the unique needs of individuals in behavioral health crisis. Gaps in the availability of community-based crisis response and behavioral healthcare can result in individuals waiting in hospitals for hours to days and on occasion jails for an appropriate treatment setting, often because other options do not exist.

Improving the crisis response requires partnerships across agencies and sectors that enable committed parties to implement a vision for a continuum of enhanced crisis services that is intentionally designed and coordinated. These improvements will also require that organizations contemplating operation of services have access to capital and launch support. Recognizing this, Trustees authorized roughly \$11.6 million to support the Trust's prioritized work in this area over FY21-FY23.

In April of 2019 Southcentral Foundation and Providence Alaska established a joint planning workgroup focused on improving the behavioral health continuum of care in Anchorage, including crisis response. Inviting the Trust to intentionally partner on this effort, Southcentral Foundation joined Trust-led efforts in the fall of 2019 in evaluating existing crisis services. This evaluation was supported by RI International, a national leader in crisis care, which was contracted by the Trust to identify the gaps and opportunities to both optimize and develop the primary components of effective crisis system design. More specifically, effective crisis system design contains the three main components of the Crisis Now framework: a crisis call center, mobile crisis teams and crisis stabilization centers that are operated as part of an intentionally coordinated system to serve as a community solution that offers no wrong door (no to low barrier access) for people in psychiatric crisis.

Leadership from Southcentral Foundation also joined the Trust-led learning visit to the programs in Arizona that are exemplary operators of crisis response and stabilization services to help solidify partnership, learn from Arizona's successes, and conceptualize application in Alaska. After two years of engagement and exploration of various program models, Southcentral Foundation has stepped forward to enter into a two-phased (Phase 1, planning and Phase 2, implementation) approach with the Trust that will lead to operation of 23-hour crisis stabilization services in Anchorage in partnership with the Alaska Native Tribal Health Consortium. This proposal reflects the first phase of this effort.

With the support of the Trust, Southcentral Foundation has a strategic opportunity to stand-up crisis stabilization services for customer-owners in Anchorage and the broader statewide tribal health system. While the Trust and partners collectively work to reform our current system to reduce reliance upon law enforcement response to mental health issues, the 23-hour crisis stabilization center will be located on the Alaska Native Medical Center campus with the plan to expand some form of crisis residential stabilization capacity in the future. The 23-hour crisis stabilization center will be accessible by individuals that need immediate access to mental health intervention and will serve as the designated tribal health stabilization center for the community and for law enforcement as well as emergency services in Anchorage.

The primary outcomes of Phase 1 of this project include a well-integrated plan for 23-hour crisis stabilization, architectural design and capital cost estimates, as well as launch and operating estimates that will inform a Phase 2 implementation partnership with the Trust (expected by February 2022). Engaging with the Trust in Phase 1 is a commitment to finalizing facility renovations, hiring staff and launching services with additional Trust investment in Phase 2 (expected end of calendar year 2022).

Currently, there is no crisis stabilization service of this type in Anchorage, and once implemented this facility will be able to meet the needs of Trust beneficiaries in crisis and begin diverting them from emergency rooms and the criminal justice system. Data has shown that the 23-hour crisis stabilization centers have the capability to resolve crisis for a high percentage (90%) of individuals receiving care. Without access to stabilization services, most of these individuals would otherwise be served in higher levels of care, emergency room departments, jails, or remain in the community without supports.

The Trust program staff recommend this proposal be fully funded.

COMP PLAN IDENTIFICATION

Goal	Objective	Comments
Goal 5 Suicide Prevention	5.2 Crisis system improvement	

PROJECT DESCRIPTION

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

PROJECT DESCRIPTION

Southcentral Foundation (SCF) seeks funding to improve Alaska's crisis continuum of mental health care by opening a 23-hour crisis stabilization center (Center) in the Alaska Native Medical Center (ANMC). The Center will provide a "no wrong door" approach to appropriate pathways to behavioral health services, avoiding Emergency Department settings for individuals/families experiencing a mental health crisis. This planning phase includes the design remodel of ANMC space with the goal of working within Anchorage's larger continuum of behavioral health services and providing appropriate crisis support to the statewide Tribal Health System.

Southcentral Foundation seeks \$485,000 in funding to enhance and improve the crisis continuum of mental health care in Alaska by opening a 23-hour crisis stabilization center in Anchorage. This Center would provide a "no wrong door" approach and would allow an individual to avoid the Emergency Department setting when they are experiencing a mental health/behavioral health crisis. We are seeking to address the existing inequity affecting our customer owners in the Anchorage area and others in the statewide tribal health system, that leaves them and their families/ caregivers with very poor and limited options when experiencing a mental health crisis.

The Crisis Stabilization Center would include a 23-hour Crisis Stabilization Service Center in the Alaska Native Medical Center (ANMC) Hospital's former "Dental" space, which would need remodeling. It is approximately 6,900 square feet on the ground floor with a separate entrance. The remodel of this space will provide at a minimum, 6 stabilization chairs. The funds for this Planning Phase will be used to determine if additional space can be used for more stabilization chairs (6) or for 6 short term residential beds in the Center. The 23-hour Crisis Stabilization Center would provide immediate mental health care and an open pathway to appropriate behavioral health services for customer owners and their families or caregivers in the Anchorage area and for those coming from the statewide Tribal Health System outside the Anchorage area.

The Center’s expected Outcome Goals include the reduction in Emergency Department visits for individuals in crisis; the reduction in the time spent in first responder custody by individuals in crisis; the reduction in overall costs from the timely intervention in the crisis at an earlier and more appropriate level of care; and the delivery of the appropriate tribal and community-based services for additional support, treatment and referrals of individuals and families/caregivers in crisis.

As part of the development and implementation of this Crisis Stabilization Center, additional community training and coordination will be needed to ensure partner agencies like the Anchorage Fire and Police Departments are aware of these services and when and how to refer to them. SCF also plans on hiring approximately 30 full-time staff, including 20 clinical and 5 operational positions. All staff would be trained on the NUKA system of care, Core Concepts, Crisis Now Model, Crisis Prevention Institute’s nonviolent crisis intervention training and CERNER which is the electronic health record system that SCF utilizes.

We understand that some statutory changes are currently in process to ensure adequate and sustainable funding for these services provided. Additionally, we have already been working with community stakeholders/partners to ensure the success of this Center. Included among our many partners are the Careline, Alaska Native Tribal Health Consortium, Anchorage Fire Department, Anchorage Police Department, Alaska Regional Hospital, Providence Hospital, Cook Inlet Tribal Council, API, and the municipality of Anchorage, to name just a few.

SCF is committed to enhance and improve the crisis continuum of mental health care in Alaska through the implementation of this Crisis Stabilization Center.

EVALUATION CRITERIA

SCF has an existing, robust data collection and reporting process in our internal Data Mall system and an experienced program evaluation team to analyze results. To ensure the Center’s successful implementation and a “no barrier” access, SCF will utilize a variety of metrics to closely monitor services and community relationships for the Center. Most metrics are extracted from our Electronic Health System and available for review at any time by clinical and non-clinical leadership with customer owner information redacted for use by non-clinical employees.

Metrics will include: 1) Utilization of Crisis Stabilization Center, 2) individual and repeat customer owners, 3) length of stay, 4) referrals from Stabilization Center, 5) successful enrollment in a SCF Behavioral Health/SUD program post Stabilization Center visit, and 6) referral source for stabilization services such as ED, Primary Care, CITC, or Peace Officers. Balancing measures will include Emergency Department Utilization data for those who have a mental health or substance use disorder.

Additionally, SCF uses a functional assessment screening tool called the Recovery Needs Level (RNL). The RNL was created by the Mental Health Center of Denver and adopted for use in SCF’s programs in 2019. This assessment will be utilized at intake in the Crisis Stabilization Center and periodically once the beneficiary is enrolled in an outpatient Behavioral Health or Substance Use Disorder program. Utilizing the RNL assessment in this way will allow individuals

and their clinical team to assess and track functional outcomes and improvements. This data can also be reviewed and analyzed for system improvements.

SUSTAINABILITY

Southcentral Foundation is committed to meeting the needs of our customer owners, community members and trust beneficiaries by delivering critical behavioral health care to those experiencing a crisis. Ongoing support will be provided to the Crisis Stabilization Center (sub-acute clinic), through a diversified and sustainable funding stream to maintain operations. This program will be funded through SCF general funds where the payer mix is predominately from Medicaid and Medicare (60%), with the other 40% made up of revenue from Private Insurance and the Indian Health Service. Funding will also be provided through behavioral health 1115 waiver services billing. Infrastructure and administrative support will be jointly supported through Southcentral Foundation (SCF) and the Alaska Native Tribal Health Consortium (ANTHC).

ANTHC has allocated a 6,900 square foot location with a separate outside entrance to be remodeled for the Center – just off the Emergency Department in the ANMC hospital. The physical space is conveniently located at ground level and can accommodate people with varying physical abilities. Through service level agreements, SCF will provide the Behavioral Health services within the confines of the Center, in addition to operational and clinical oversight. Projected costs for design, construction and ongoing operations and revenue have been drafted for a proposed twelve chair capacity design.

Through the support of the Alaska Mental Health Trust Authority funding, Southcentral Foundation will be able to establish this Crisis Stabilization Center to meet the needs of customer owners, community members and trust beneficiaries to deliver critical behavioral health care for those in crisis.

WHO WE SERVE

Our Alaska Native and American Indian customer owners seeking services for a mental health crisis in Anchorage and across the state, currently have very limited options when they need a higher level of care. Most customer owners are sent to the Emergency Department (ED), where they meet with one of our Behavioral Urgent Response Team (BURT) providers to determine if they meet the level of care for either involuntary or voluntary hospitalization. The fact is that most customer owners do not meet the level of care required for involuntary hospitalization where additional and immediate care can be provided. This current system literally forces our customer owners to be discharged from the ED without ever receiving the appropriate level of care, support, or coordination that they deserve. This unfortunate situation creates an impossible and anxiety-filled dilemma for our customer owners and their families/caregivers, with only poor and potentially costly options outside the Tribal Health System. Many of them receive no additional mental health services, even though they are clearly in crisis at that time. This inequity for those most in need is exactly what SCF is seeking to remedy with the establishment of this Center through the support of the Alaska Mental Health Trust Authority. This 23-hour Crisis Stabilization Center would provide customer owners and their families/caregivers with

immediate, early mental health care in a crisis, an open pathway to appropriate behavioral health services, less time spent in first responder custody, and appropriate referrals to Tribal and community-based services.

ESTIMATED NUMBERS OF BENEFICIARIES SERVED EXPERIENCING:

Mental Illness:	19,794
Developmental Disabilities:	235
Alzheimer's Disease & Related Dementias:	138
Substance Abuse	9,327
Traumatic Brain Injuries:	617
Number of people to be trained	30

BUDGET

Other Costs	\$485,000
Other Costs (Other Sources)	\$5,843,000
Other Costs Narrative:	Funding for this Phase 1 of the project is for the planning and design activities. Planning starts by documenting department needs, goals and objectives, defining the types and sizes of spaces needed, and performing a site analysis to document mechanical needs, electrical needs, and space size. Preliminary engineering and architectural work will translate program requirements into efficient design. We emerge from Phase 1 with 100% of the Construction documents for the project. Southcentral Foundation is committed to funding an additional \$15,000. for planning and \$5,828,000. in construction costs and FFE with SCF funds, in addition to applying for other grant funding for the bidding and construction phase. This includes total budget estimates of approximately \$5,843,000 for the project completion.

Total Amount to be Funded by the Trust	\$485,000
Total Amount Funded by Other Sources	\$5,843,000

OTHER FUNDING SOURCES

Southcentral Foundation (PENDING)	\$5,843,000
Total Leveraged Funds	\$5,843,000