

MEMO

To: Verné Boerner, Chair - Program and Planning Committee, Chair
Through: Steve Williams, Chief Executive Officer
From: Katie Baldwin-Johnson, Chief Operating Officer
Date: July 15, 2022
Re: FY21 Closed Grant Report for Trustees

This memo serves as a preface to assist the reader in understanding the grant information included in this report.

FY21 Closed Grant Report

The report was generated to provide additional information about Trust funded projects as the Trust finalizes its FY24/25 budget. The report is organized into sections related to Trust focus and priority areas, but also includes a section examining on non-focus area grants. Each grant included in the report contains information about the grant's purpose, outcome results, and an individual staff analysis with a FY24/25 budget recommendation. For each grant the following are included:

1. A high-level project summary with general information about the grant.
2. A detailed project analysis completed by Trust program staff.
3. The project description from the grant agreement.
4. An executive summary, beneficiary numbers, and responses to performance measures as submitted by the grantee.
5. Any applicable attachments submitted by the grantee as part of the reporting process.

FY21 Closed Grant Selection Criteria

The criteria used for selecting the grants in this report were:

- a. Only FY21 closed grant projects (Authority Grants and MHTAAR grants)
- b. Only FY21 closed grants over \$100,000 (including grants awarded from an unallocated bucket in a Non-Focus Area or Focus Area line item; i.e. Partnerships or Beneficiary Employment and Engagement program grants)
- c. Only FY21 closed grant projects recommended for continued funding in the FY24/25 budget. (NOTE: If the FY24/25 recommendation is below the \$100,000 threshold, for example, a project is ramping down, the grant is not included in this report)

There were 38 grants that met the criteria and are included in the report.

Trust Grant-Making in General

Annually the board of trustees approves a budget that includes expenditures from the Trust Settlement Income Account for the awarding of grants and contracts to ensure an integrated comprehensive mental health program for the state and to improve the lives of Trust beneficiaries¹. In some cases, the approved funding is allocated to a specific organization (i.e. the Department of Health and Social Services or Alzheimer's Resource Agency) and in other cases the funding is approved, but not to a specific organization. These "unallocated buckets" of approved funding (i.e. Partnership funds) are approved and awarded to grantees throughout the fiscal year. Depending on the dollar amount of the grant, they are approved by the board of trustees, the program and planning committee or the chief executive officer.

On average the Trust annually awards over \$20M in individual grants, as outlined in our recent FY21 Grant Investment Report. These grant awards can range from \$2,500 for a conference sponsorship to over \$500,000 for a program or service that supports Trust beneficiaries. The types of grants the Trust awards include:

- Capacity Building
- Capital - Equipment
- Capital - Construction
- Conference/Sponsorships
- Data Planning
- Direct Service
- Outreach
- Workforce Development/Training

In addition, for each grant award there is a signed grant agreement between the Trust and the grantee organization. The grant agreement includes:

- General Agreement as to the purpose of the grant
- Project Description
- Project Performance Measures
- Budget Agreement
- Payment Provisions
- Reporting Requirements

¹ Alaskans who experience mental illness, developmental disabilities, substance use disorders, Alzheimer's disease and related dementia, and traumatic brain injuries.

Project Performance Measures

Individual grant project performance measures are established for every grant and included in the grant agreement. Generally, performance measures are developed by Trust staff with the grant recipient. This ensures the necessary beneficiary data is reported given the scope and type of grant award and that the data is within the grantee's capacity to track. As a starting point, the Trust uses the Results Based Accountability (RBA) framework² when developing performance measures. This framework is based on three core questions (1) How much did we do? (2) How well did we do it?, and (3) Is anyone better off? This framework is applicable for the majority of Trust grants, but not all (i.e. capital grants).

Using the RBA framework as the foundation, additional factors are considered when developing and establishing performance measures, such as the grant award amount and the grantee's capacity to collect, analyze and report data. In summary, the RBA framework grounds the development and establishment of grant performance measures, but there are other factors that are considered for each grant award.

Project Performance Measure Data

Project performance measure data is generated and submitted to the Trust by the grantee as outlined in the individual grant agreements. The information can and does vary depending on the grant type, the data required as well as the individual grantee's data collection infrastructure, staff capacity, and ability to analyze and interpret the data. As a result, there is performance data reporting variability across grantees and individual grants cannot and should not be compared to one another.

When a grant report is submitted, Trust staff review the report against the performance measures outlined in the grant agreement. If there are questions or if there is missing information the assigned Trust staff to the grant, reaches out to the grantee to discuss the identified question or issue. This communication accomplishes three key things. First, it develops or strengthens the Trust/grantee partnership. Second, it provides an opportunity for Trust staff to understand the context and any potential unidentified capacity issues that may have contributed to the question or issue. Finally, it provides the opportunity to assist the grantee in understanding the Trust data needs and possibility to clarify or resubmit information in the report. In the end, this generally results in better data on the project and a greater understanding of beneficiary impact.

² Mark Friedman

Staff Analysis

The Trust is a highly engaged grant making organization, meaning Trust staff often are connecting and working with the grantee from the point of approval through to the close of the grant award. Thus, the submitted grant report itself is one element that Trust staff considers when performing their analysis of a grant project. Other elements include grantee/Trust communication over the grant period; identified factors outside the grantee's control that may have positively or negatively impacted grant performance (i.e. staff turnover, state regulatory or funding changes; changes in leadership priorities, etc.); confidence in grantee leadership; and historical grantee performance. These elements may or may not be included in a grant report, but when applicable are considered and included by Trust staff in their final analysis of the grant.

Summary

We hope this information helps to frame the context and understanding of the information that is included in the grant reports that follow. In addition, we hope that the information will assist trustees in understanding the identified Trust FY24/25 budget recommendations and the related projects. Trust staff looks forward to answering any questions trustees may have, and engaging in a dialogue about the report.

Projects: Non-Focus Area, includes select attachments

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Project Title: ACoA Planner	
Grantee: Alaska Commission on Aging	
Fund: MHTAAR	
Geographic Area Served: Statewide	Project Category: Data/Planning
Years Funded: FY03 to Present	
FY21 Grant Amount: \$129,300.00	
<p>High Level Project Summary: The Trust supports the Statutory Advisory Boards with a staff position. For ACOA it is the Planner position, a key position for capacity building that supports the implementation of legislation and programs that affect senior beneficiaries. The Planner position advocates for positive outcomes for seniors, including senior beneficiaries. The work of the Planner has aligned with these overall goals for Alaska’s seniors.</p> <p>In FY21, ACOA saw both turnover and a considerable vacancy period for the executive director position. The Planner filled in for the executive director when the position was vacant. During FY21, a large portion of the work of ACOA was reallocated to helping seniors fight isolation during COVID and assisting providers in accessing funds to deliver services via distance. These factors impacted the ability to meet the performance measures identified. The Alaska State Plan for Senior Services will be drafted over the next year as the current one expires at the end of FFY23. Part of the work to be done will include analyzing the new census data, reviewing the funding formula, and holding listening sessions in different parts of Alaska to obtain input from seniors about the plan. Trust staff recommends continued funding for FY24 as part of an ongoing partnership with the Statutory Advisory Boards.</p> <p>The planner position works to implement Goals that span across Strengthening the System: Alaska’s Comprehensive Integrated Mental Health Program Plan.</p>	

Project Title: ACoA Planner (FY21)

Staff Project Analysis: The Trust supports the Statutory Advisory Boards with one staff position. For ACOA it is the Planner position, a key position for capacity building which supports the implementation of legislation and programs that affect senior beneficiaries and advocates for positive outcomes for seniors, including senior beneficiaries. The work of the Planner has aligned with these overall goals.

In FY21, ACOA saw both turnover and a considerable vacancy period for the executive director position. The Planner filled in for the executive director when the position was vacant. During FY21, a large portion of the work of ACOA was reallocated to helping seniors fight isolation during COVID and assist providers in accessing funds to deliver services via distance. These factors impacted the ability to meet the performance measures identified.

In FY23, ACOA will analyze the updated census data for Alaska for seniors. A review of the existing funding formula for senior services in Alaska will be completed, based on this updated information. ACOA has already started holding listening sessions with seniors to gather the information needed to update the Alaska State Plan for Senior Services and will continue the listening sessions throughout the fiscal year. This plan will be finalized in FY23 and will include an in-depth analysis of the needs of seniors in Alaska, including Trust beneficiaries.

The planner position works to implement Goals that span across Strengthening the System: Alaska's Comprehensive Integrated Mental Health Program Plan. Trust staff recommend continued funding for FY24 as part of an ongoing partnership with the Statutory Advisory Boards.

Project Description: The ACoA currently has one MHTAAR-funded planner. The Planner is responsible for supporting the Executive Director in coordination between the ACoA and the Trust, including gathering data for reporting, coordination of advocacy and planning, and preparing on-going grant progress reports to the ACoA and the Trust. The Planner also works with staff to maximize other state and federal funding opportunities for MHTAAR projects and to ensure effective use of available dollars. In addition, the Planner position acts as liaison with the other beneficiary boards, i.e. participating in the development of joint advocacy efforts, state plans, collaborative projects, etc.

Grantee Response - FY21 Grant Report Executive Summary: This past year saw many changes in staffing for the Alaska Commission on Aging. At the beginning of the year, the newly hired Emily Palmer resigned due to the stress of homeschooling her young child combined with the stresses of starting a new job and working from home. Once she resigned, Lesley Thompson long time Planner I for the Commission began as Acting Executive Director to keep things moving along. I was hired in December 2020 and began working from home and through video conferencing for the most part. Learning a new job is challenging when you are able to meet with people face to face and have conversation when problems and questions arise, however starting a new position remotely with little or not job training felt ridiculous and at the same time incredibly frustrating. The legislative session was on the horizon and developing legislative priorities was my first task. I began attending Coordinated Communication meetings with Trust staff and that was very helpful. In addition, the ACoA held their own Legislative teleconferences that focused primarily on senior issues, some of which overlapped with the Trust's Friday Legislative teleconferences, and some that didn't.

Since this was my first year, I was mainly learning the dynamics between the Commissioners, the Legislature, the Trust staff, Governors, budget and observed various styles and methods of advocating. I definitely see a need for ACoA to hold the Bi-weekly teleconferences, but would like to make it more streamlined and organized in the future.

The ACoA partnered with DHSS in providing guidance to non-residential congregate settings during the pandemic and continued to provide guidance for reopening once the vaccines were being rolled out. ACoA also advocated for seniors 65 and over to be the first to receive the vaccines since they were one of the most at risk populations.

Once vaccines were out and it seemed that Covid was less of a risk and things were going to go back to normal, the ACoA held one of the first in-person meetings and was able to combine the meeting with listening sessions to hear from seniors in 9 communities around the Kenai Peninsula about how they were impacted and what they saw as cracks in the system in place to help keep seniors at home. These sessions were well received and very successful. A statewide rollout and replication of these sessions was planned for the upcoming year but had to be canceled due to the Delta variant and rise in cases.

ACoA has been regularly participating in the Dementia Collaborative, the Work Matters Taskforce, and continues to advocate for the needs of senior Trust Beneficiaries throughout the year.

Number of beneficiaries experiencing mental illness reported served by this project in FY21: 0

Number of beneficiaries experiencing substance misuse reported served by this project in FY21: 0

Number of beneficiaries experiencing a developmental disability reported served by this project in FY21: 0

Number of beneficiaries experiencing Alzheimer's Disease or a related dementia reported served by this project in FY21: 0

Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY21: 0

Number of individual trained as reported for this project in FY21: 0

Performance Measure 1: DATA

- a. The Commission will describe the beneficiary population in Alaska, the numbers of beneficiaries, their characteristics, and trends in their quality of life based on the most credible and consistent data available. Alaska specific data is preferred, when available. Data will be provided to trustees annually at their May meeting. Less data is expected during the beginning year of the two-year Trust budget cycle.
- b. The Commission will provide updated data related to their beneficiary groups to be used in the Comprehensive Integrated Mental Health Plan, and will collaborate with the Trust and partner boards for reasonable consistency across Trust beneficiary groups in the way data is analyzed and reported in the Plan.

Grantee Response to Performance Measure 1:

- a. Every year, the Planner 1 position is responsible for completing a comprehensive data report called the Senior Snapshot. The annual Senior Snapshot describes the current senior population in Alaska plus services provided. Trust beneficiaries are included in this report as well as the ACoA annual report, posted on the ACoA website, and used in our Trust presentations.

- b. The ACoA Planner position provides support to the Commission by gathering data used for AMHTA reporting, coordinating advocacy activities involving budget and policy items that impact Senior Trust beneficiaries, and collaborating with other beneficiary boards on projects that involve aging Trust beneficiaries.

Last year's Senior Snapshot reported that Alaska's population has been declining steadily since its peak in 2016. Today, Alaska's population is less than it was in 2012. However, Alaska's population of seniors age 60+ continues to grow and increased 56.4% between 2010 and 2020.

The senior population is the fastest growing demographic in the state, exceeding youth under 19 (199,809) and adults 19-59 (386,995). Total population declined 0.5% from 2019 to 2020 due to net migration and the falling birth rate. Despite this year's statewide population declines, those age 60+ increased by 2.3%. In 2020, Alaskans, age 60+ represent 19.5% of the state's total population. Alaska's senior population has increased in all regions across the state from 2010 to 2020. Southeast Alaska continues to have the highest concentration of seniors where almost one in four residents in the region is an adult age 60+.

Source: Alaska Department of Labor Workforce and Development, Research and Analysis, 2020 Population Estimates and David Howell, Alaska's Demographer

Performance Measure 2: ADVOCACY

- a. Annually, the Commission will implement strategies to improve the status of beneficiaries in the key advocacy issues identified by the Commissioners. They will document collaboration with the Trust and the other Trust partner boards in major areas defined at the Advocacy Summit. An advocacy update will be provided to trustees annually.
- b. Annually, the Commission will conduct an annual survey of stakeholders to assess satisfaction with board activities and make recommendations for change.

Grantee Response to Performance Measure 2:

In FY2021, the Planner coordinated eight, 90-minute statewide senior legislative advocacy Zoom meetings. We presented legislative overviews and updates in collaboration with ACoA's Legislative Advocacy Chair on both bills and budget information. During legislative session, this position monitored 35 legislative items; prepared and distributed legislative tracking spreadsheets; secured meeting space for the Zoom conferences; and invited guest speakers, such as state and federal policymakers, to speak on matters of legislative interest to seniors, caregivers/providers, and other public members.

Our evaluation of the legislative Zoom meetings showed them to be highly effective. The Survey Monkey evaluation showed 89% of participants thought that the meetings met the goal of advocacy for the commission and 11% said somewhat.

Another question asked what type of action items they have done after attending a Zoom meeting. All of the respondents answered that they did at least one action item for a budget or House or Senate bill.

Also, 78% The respondents stated the speakers were knowledgeable and helpful and 32% said they were mostly knowledgeable and helpful.

Performance Measure 3: PLANNING

- a. The Commission will partner with the Trust to identify, develop, implement, and evaluate the success of Trust focus areas. The Commission will assume leadership roles in conducting some of the work of a focus area as practicable.
- b. The Commission will collaborate with the Trust and other key partners in key planning activities related to beneficiaries and Trust focus areas, including but not limited to, staff participation in focus area meetings and activities, Trust-sponsored initiatives, research and planning activities, and public planning processes with beneficiaries
- c. The Commission will collaborate with key stakeholders, the Department of Health and Social Services, and the Trust in the Comprehensive Integrated Mental Health Plan.
- d. A report on planning activities will be provided to trustees annually.

Grantee Response to Performance Measure 3:

During FY2021 the Planner served as interim executive director. She was active in many Trust meetings and did several presentations to the Trustees.

ACoA Rural Outreach: The Commission conducted a very successful rural outreach meeting in the Kenai area. In addition to the board meeting, ACoA conducted listening sessions in 12 sites which were very well-attended. ACoA commissioners met with public members, agency providers, and local officials. ACoA prepared written reports for the DHSS and the Trust about the outcomes from this rural outreach meeting.

ACoA Planner: The need for this position remains and the Commission greatly appreciates the Trust's continued support going forward.

Formulation of the State Plan for Senior Services: The State Plan is scheduled to be completed by the end of September 2022 in order to provide time for review by the DHSS leadership, public members, and the Administration on Community Living. The planner position will be responsible for several components while developing the State Plan.

Project Title: AMHB-ABADA Joint Staffing	
Grantee: Alaska Mental Health Board/Advisory Board on Alcoholism & Drug Abuse	
Fund: MHTAAR	
Geographic Area Served: Statewide	Project Category: Data/Planning
Years Funded: FY06 to Present	
FY21 Grant Amount: \$491,500.00	
High Level Project Summary: <p>FY21 High Level Project Summary: 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 and are statutory advisory boards to the Trust. The joint mission of AMHB and ABADA is to advocate for programs and services that promote healthy, independent, productive Alaskans which includes advising the Trust on issues impacting Trust beneficiaries. Trust funding provides a supplement to the basic operations of the merged staff of Advisory Board of Alcoholism and Drug Abuse (ABADA) and Alaska Mental Health Board (AMHB) and requires the boards to meet the data, planning, and advocacy objectives jointly established with the Trust.</p> <p>In FY21, the boards met performance measure expectations outlined in the funding agreement. Trust staff believe the advocacy boards play a critical role in monitoring and addressing deficiencies in the systems and policies impacting beneficiaries and coordinating/advising the Trust on strategies to address them. Staff recommend continued funding in FY24.</p> <p>The boards have been instrumental in their contribution to development of the Comprehensive Integrated Mental Health Plan and, the work that they do to represent the voices of beneficiaries state-wide which spans all 9 goals outlined in the plan.</p>	

Project Title: AMHB-ABADA Joint Staffing

Staff Project Analysis:

FY21 Staff Project Analysis: 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 and are statutory advisory boards to the Trust. The joint mission of AMHB and ABADA is to advocate for programs and services that promote healthy, independent, productive Alaskans which includes advising the Trust on issues impacting Trust beneficiaries. Trust funding provides a supplement to the basic operations of the merged staff of Advisory Board of Alcoholism and Drug Abuse (ABADA) and Alaska Mental Health Board (AMHB) and requires the boards to meet the data, planning, and advocacy objectives jointly established with the Trust.

The boards and staff maintained solid collaboration over the year with the Trust on a broad range of jointly supported initiatives deemed important to the work of the three organizations. Namely, development of budget and advocacy priorities and strategies, extensive engagement and partnership during the year around launch of the Trust's Crisis Now initiative as well as coordination and engagement on Trust focus area priorities including employment, disability justice/ re-entry, access to care, enhancements to the behavioral health continuum of care and youth initiative.

Another major impact is the significant body of work accomplished by the Adverse Childhood Experiences Data Research Analyst and integration of various data sets to better understand the impacts of adverse experiences on youth outcomes. This body of work has led to a number of data briefs, white papers, peer reviewed journal articles and presentations that help inform advocacy and policy.

This was another year of successful advocacy coordination through support of the joint advocacy coordinator, with over 1,000 beneficiaries and key stakeholders engaged through advocacy strategies and efforts. The staff are highly effective in pulling together key joint advocacy priorities across the Trust's statutory advisory boards and garnering participation of beneficiaries, families and others when needed to help lend voices on key priorities.

In FY21, the boards met Trust expectations against the performance measures outlined in the funding agreement.

Trust staff believe the advocacy boards play a critical role in monitoring and addressing deficiencies in the systems and policies impacting beneficiaries and coordinating/advising the Trust on strategies to address them. Staff recommend continued funding in FY24.

The boards have been instrumental in their contribution to development of the Comprehensive Integrated Mental Health Plan and, the work that they do to represent the voices of beneficiaries' state-wide spans all 9 goals outlined in the plan.

Project Description: This Trust funding provides a supplement to the basic operations of the merged staff of Advisory Board of Alcoholism and Drug Abuse (ABADA) and Alaska Mental Health Board (AMHB) and requires the boards to meet the data, planning, and advocacy performance measures negotiated with the Trust.

<p>Grantee Response - FY21 Grant Report Executive Summary: The Alaska Mental Health Board (AMHB) and the Advisory Board on Alcoholism and Drug Abuse (ABADA) are charged with planning and coordinating behavioral health services funded by the State of Alaska. The joint mission of AMHB/ABADA is to advocate for programs and services that promote healthy, independent, productive Alaskans.</p> <p>The partnership that exists between the Alaska Mental Health Trust (the Trust) and AMHB/ABADA is complex. The funding the Trust provides AMHB/ABADA through this joint planning agreement represents approx. 40% of our overall annual operating budget. Alternatively, AMHB/ABADA is a statutory advisor to the Trust and provides recommendations concerning the integrated comprehensive mental health program and use of money from the mental health trust settlement income account. These factors contribute to a dynamic and collaborative relationship between the two agencies.</p> <p>Project activities for FY21 joint staffing initiative (#605.15) include data and research activities, meeting performance measures outlined for our joint advocacy efforts, planning and evaluating projects and programs in Trust focus areas and collaborating on key partner activities.</p> <p>We appreciate the joint planning support provided by this agreement and are glad to present our performance measure summaries for our work in FY21.</p>
Number of beneficiaries experiencing mental illness reported served by this project in FY21: 1,000
Number of beneficiaries experiencing substance misuse reported served by this project in FY21: 0
Number of beneficiaries experiencing a developmental disability reported served by this project in FY21: 0
Number of beneficiaries experiencing Alzheimer's Disease or a related dementia reported served by this project in FY21: 0
Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY21: 0
Number of individual trained as reported for this project in FY21: 407
<p>Performance Measure 1: DATA AND RESEARCH</p> <ul style="list-style-type: none"> a. The boards will encourage a culture of data-driven decision-making that includes data sharing, data analysis, and management to link support services across Alaska Department of Health and Social Services (DHSS) divisions and other departments. This will include supporting innovative policies and collaborative planning efforts, understand what data is available, streamlining efficiencies and enacting purpose-driven data collection and data analysis. b. The boards will describe their beneficiary population in Alaska, the numbers of beneficiaries, their characteristics, and trends in their quality of life based on the most credible and consistent data available. Alaska specific data is preferred, when available. Data will be provided to trustees annually at the May meeting. Less data is expected during the beginning year of the two-year Trust budget cycle. c. The boards will provide updated data related to their beneficiary groups to be used in the Comprehensive Integrated Mental Health Plan, and will collaborate with the Trust and

partner boards for reasonable consistency across Trust beneficiary groups in the way data is analyzed and reported in the Plan.

Grantee Response to Performance Measure 1: YOUR PROGRESS ON PERFORMANCE MEASURE 1

AMHB/ABADA staff participated in several collaborative planning efforts around data and data sharing in FY21. Staff serve on the State Epidemiology Workgroup, they reviewed and provided comment on the Healthy Alaskans 2030 plan, served on the Alaska Statewide Violence and Injury Prevention Partnership, and attended planning meetings for the development of the FY22 Youth Risk and Behavioral Surveillance System (YRBS) and Behavioral Risk Factor Surveillance System (BRFSS).

AMHB/ABADA staff worked directly with Trust staff to contemplate data measure for the Beneficiary Employment and Engagement focus area and served on the Scorecard Data Subcommittee to update data measure on the scorecard for FY21. AMHB/ABADA staff also presented data from the Youth Risk Behavioral Surveillance System (YRBS) and the Division of Public Health to Trustees in August 2020 on 'Youth Behavioral Health Concerns During COVID-19' and provided recommendations for addressing key areas of concern in this area.

The Boards hired a Statistician Technician I in FY20 and to date she has extrapolated Alaskan data for the YRBS, Behavioral Risk Factor Surveillance System (BRFSS), the National Survey on Drug Use and Health (NSDUH), National Outcomes Measurement System (NOMS), Pregnancy Risk Assessment (PRAMS) and Childhood Understanding Behaviors (CUBS) datasets.

Performance Measure 2:

ADVOCACY

- a. The Advocacy Coordinator, funded completely by Joint Staffing funds (37.5 hours per week), will coordinate the annual implementation of strategies to improve the status of beneficiaries through key advocacy issues identified by the Trust and partner boards. Annually, the Boards will conduct an annual survey of stakeholders to assess satisfaction with board activities and make recommendations for change.
- b. During the legislative session, the Advocacy Coordinator will:
 1. be available to the Trust CEO and Trust staff, as well as the executive directors and staff members of partner boards, to ensure the greatest coordination of advocacy efforts;
 2. prepare for and attend weekly teleconferences during the legislative session;
 3. assist the Trust in planning and co-hosting educational activities for legislators, staff and other audiences with special focus on beneficiary-led education efforts as appropriate;
 4. coordinate and help facilitate advocacy opportunities for beneficiaries and beneficiary representing organizations to ensure that advocacy efforts are coordinated (as practicable) and that the Trust and its partners' advocacy efforts are informed by and about partner organizations efforts;
 5. prepare a written report on the events and accomplishments of each legislative session by May 31 each year to be presented to Trustees.
- c. In collaboration with the Trust and partner boards, the Advocacy Coordinator will support board and Trust collaborations to ensure that joint advocacy priorities are included in legislative advocacy efforts.
- d. The Advocacy Coordinator will provide advocacy training to beneficiaries, partner boards, and stakeholder organizations as needed.

- e. The Advocacy Coordinator will work with the Boards' planning and research staff, the research and planning staff of partner boards, and Trust program officers on advocacy related strategies.

Grantee Response to Performance Measure 2:

The Advocacy Coordinator coordinates the annual implementation of strategies to improve the status of Trust beneficiaries through key issues identified by the Trust and partner advisory boards. This position coordinates both the joint advocacy effort of the Trust and partner advisory boards, and the advocacy effort of the Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse. In FY21, over 1,000 beneficiaries and stakeholders were engaged through the following advocacy efforts:

- Advocacy Trainings were conducted by Zoom for beneficiaries, family members, service providers, administrators, and other advocates (over 200 trained).
- 'Super Advocate' advocacy trainings were conducted via Zoom on Oct. 23, Nov. 5, Nov. 14, and Nov. 18. (63 individuals trained).
- LEND (Leadership Education in Neurodevelopmental and Related Disabilities) advocacy training for University of Alaska students (30 trained).
- Mat-Su Reentry Summit (24 trained).
- Reducing Recidivism Conference (40 trained).
- Additional modified trainings for stakeholder groups, including National Alliance for Mental Illness (NAMI), Alaska Reentry & Justice Partnership, Alaska FASD Partnership (50 trained).

Advocacy Activities were coordinate during the legislative session and interim, including:

- Met regularly with Trust staff and the executive directors of the partner advisory boards to identify, develop, and ensure coordination of joint advocacy priorities and strategies, using the annual Joint Advocacy Framework as a guide.
- Review and reporting on bills and budget items impacting Trust beneficiaries and monitoring legislative hearings for pertinent discussions and decisions.
- Coordinated with Trust staff, contributed to, and coordinated distribution of a weekly legislative bill tracking report to stakeholders, and action alerts as needed (about 800 recipients)
- Prepared for and chaired weekly legislative teleconferences via Zoom for beneficiaries and stakeholders (between 40-70 attended weekly throughout the session).
- Researched, composed, and distributed educational materials and reports as needed.
- Coordinated Zoom meetings with legislators/staff and key stakeholders. This effort included developing and distributing folders with educational/advocacy materials, making legislative appointments, attending meetings with stakeholders, and coordinating advocates for written and public testimony.
- Due to COVID restrictions, no in-person meetings or events were permitted, so no lunch and learns or other in-person events were held in FY21.
- Produced end-of-session Joint Advocacy Report with articles, bills, and budget items that impact Trust beneficiaries.
- Coordinated with statewide stakeholders to identify stakeholder priorities, including the Alaska Behavioral Health Association (ABHA), Recover Alaska, Governor's Council on Disabilities & Special Education 5-year FASD Strategic Planning Workgroup, Alaska FASD Partnership, and the Alaska Reentry & Justice Partnership.

- Participated in planning and carrying out annual statewide advocacy efforts, including Reducing Recidivism conference, Disability Pride Week, Mat-Su Reentry Summit, FASD Awareness Month.

Performance Measure 3: PLANNING

- a. Board members will partner with the Trust to identify, develop, implement and evaluate the success of Trust focus areas. Board members and/or staff will assume leadership roles in conducting some of the work of a focus area as practicable.
- b. The boards will collaborate with the Trust and other key partners in key planning activities related to beneficiaries and Trust focus areas, including but not limited to staff participation in focus area meetings and activities, Trust-sponsored initiatives and stakeholder meetings, research and planning activities, and public planning processes with beneficiaries.
- c. The Boards will collaborate with key stakeholders, the Department of Health and Social Services and the Trust in the Comprehensive Integrated Mental Health Plan.
- d. A report on planning activities will be provided to Trustees annually at their November meeting.

Grantee Response to Performance Measure 3:

AMHB/ABADA staff collaborated with Trust staff and partner advisory boards to support the planning, development and evaluation of the Trust's key target areas and beneficiary programs.

Key partner activities include participating in the Trust's Crisis Now project management team and legislative committees, working with Trust staff and other key stakeholders on planning efforts to expand mental health supports in schools, working with multiple partners to identify key indicators for the Trust's annual scorecard, engaging Trust staff and partners on suicide prevention efforts, collaborating with Trust staff on issue of concern related to housing and homelessness, participating in disability employment initiatives, participating on the statewide Traumatic and Acquired Brain Injury workgroup, and partnering with Trust staff on continued efforts for criminal justice reforms, behavioral health system reforms and psychiatric emergency care reforms.

Key Planning Activities of AMHB/ABADA staff in FY21:

- Collaborated with Trust staff and the Governor's Council on Disabilities and Special Education to plan and help support the Alaska Work Matters Taskforce
- Engaged Trustees and Trust staff on COVID-19 related mental health concerns.
- Attended regular meetings of the Crisis Now Legislative team
- Attended Bi-monthly Coordinated Communications meetings
- Collaborated with Trust staff to help support the 'Behavioral Health in Schools- Landscape Assessment'
- Partnered with Trust staff on continued efforts for criminal justice reforms, behavioral health system reforms and psychiatric emergency care reforms.
- AMHB/ABADA staff and board attended no less than 12 Board of Trustee, subcommittee and meetings either in person or via teleconference, including participating in the resources management, planning, and finance subcommittees.

AMHB/ABADA staff provided planning support and information to Trustees and staff on issues that impact Trust beneficiaries including:

- Medicaid redesign efforts.

- Psychiatric disability rights
- Suicide Prevention efforts.
- Early Childhood Interventions and Children's Residential Care.
- Substance Misuse and Substance Use-Disorders.
- Employment for Trust Beneficiaries.
- Re-entry Supports for Trust Beneficiaries.
- Traumatic and Acquired Brain Injury.
- Impacts of State budget cuts.
- Legislative strategies.
- Emerging policy issues.

Project Title: GCDSE Operating/Research Analyst III (FY21)	
Grantee: Governor's Council on Disabilities & Special Education	
Fund: MHTAAR	
Geographic Area Served: Statewide	Project Category: Data/Planning
Years Funded: FY03 to Present	
FY21 Grant Amount: \$134,500.00	
<p>High Level Project Summary:</p> <p>The Research Analyst III (RAIII) position with the Governor's Council on Disabilities & Special Education (GCDSE) supports critical data needs for the Trust related to beneficiaries experiencing intellectual and developmental disabilities, including Fetal Alcohol Spectrum Disorders, Autism, and other conditions. The position is responsible for provider and beneficiary data collection and analysis related to the GCDSE's representative populations and related Trust initiatives.</p> <p>In FY21, the RAIII position substantially met Trust expectations related the performance measures outlined in the project grant agreement. Trust staff recommend the position for continued funding to support ongoing data related needs in support of focus area work as well as Comp Plan Scorecard monitoring.</p> <p>The position supports objectives related to Goal 9 (Workforce, Data & Funding) of Strengthening the System: Alaska's Comprehensive Integrated Mental Health Program Plan.</p>	

<p>Project Title: GCDSE Operating/Research Analyst III (FY21)</p>
<p>Staff Project Analysis:</p> <p>The Research Analyst III (RAIII) position continues to support statutory board activities and respond to related beneficiary population data inquiries from Trust staff and partners. The RAIII attends Trust and partner meetings as well as co-facilitates/leads associated groups meetings such as for the FASD workgroup. The RAIII regularly collaborates with other Trust partner organizations and workgroups related to beneficiary issues. FY21 activities reflected ongoing participation in Comp Planning activities including the Scorecard in collaboration with the GCDSE Planner as well as activities related to the federal grant “Living Well in the Last Frontier.” During this project period the GCDSE experienced several transitions of leadership and council members and was engaged by the federal agency that provides oversight and funding for the DD Council related to their role/s and federal mandates. These issues will continue to be explored by the GCDSE through FY23. The incumbent in the RAIII position will provide stability and continuity for the GCDSE as it transitions staff leadership and council members and addresses the federal compliance inquiries.</p> <p>Staff recommends this project for continued funding in FY24.</p>
<p>Project Description: The Research Analyst III is a continuing project to provide the Governor's Council on Disabilities & Special Education with data analysis related to needs of individuals with developmental disabilities. The position and associated travel and operating funds help ensure Council activities are conducted within the framework of the Mental Health Trust Authority's guiding principles while still meeting Congressional requirements. The Research Analyst is a staff member of the Governor's Council and funds go directly to the Council.</p> <p>The Council is federally funded to fulfill specific roles mandated by Congress. This agreement requires the Council to collaborate with The Trust and partner boards in data gathering, planning and advocacy as outlined in the performance measures of this agreement and to collaborate in other activities as they may arise to implement, fund and evaluate the comprehensive and integrated mental health program that serves Trust beneficiaries.</p> <p>The Council is federally funded to fulfill specific roles mandated by Congress. It is an expectation of the Trust that the Council will participate in planning and implementation of a Comprehensive Integrated Mental Health Program (Comp Plan) that serves people with developmental disabilities and their families. The position provides technical assistance related to Comp Plan data, including Scorecard updates. The RAIII enables the Council to provide up-to-date, valid information to the Trust on consumer issues, identify trends, participate in Trust activities, enhance public awareness, and engage in ongoing collaboration with the Trust and partner boards.</p> <p>The RAIII is a subject matter expert on emergency preparedness for individuals with disabilities. She is actively engaged in the state COVID response through her service with the Alaska Disability Advisory Group which is a core group advising and guiding COVID response policy and procedure for Trust beneficiaries. She is also working with state officials on Alaska specific COVID data related to people with disabilities. This will be important information for both immediate response and future planning relevant to Trust beneficiaries during the current pandemic and beyond.</p>
<p>Grantee Response - FY21 Grant Report Executive Summary: Ongoing activities of the Research Analyst include staff support for drafting various letters of public comment, support, opposition, and legislative position papers; answering research questions and inquiries; data collection, fact-finding;</p>

providing primary staffing for the FASD workgroup and as well as staffing for the Medicaid Ad Hoc committee, survey creation, interviews and other data collection and data analysis. Additionally, The Research Analyst represents the Council on various collaborative partnerships with agencies such as the Disability and Aging Coalition, Inclusive Play Program Workgroup, Reducing Recidivism conference committee and the Alaska FASD Partnership. RA III is on the Home Accessibility/ Enabling Technology (HA/ET) Pilot Review committee and has reviewed applicants on a rolling basis. RA III also coordinates and facilitates the Disability Advisory Group (on Emergency Preparedness) and represents the Council on other Emergency Preparedness partnerships which have been especially active since during COVID response.

RA III was responsible for creating surveys for Program Performance Report (PPR). Additionally, information gathered was analyzed by the RA III staff and used for the Council's annual (PPR). Performance Measure Surveys (n=118). Stakeholder survey (n= 43). Information gathered was analyzed by the RA III staff and used for the Council's annual Program Performance Report (PPR) to the Administration on Intellectual and Developmental Disabilities (AIDD).

Examples of research tasks completed by the RA III include: facilitating the Evaluation workgroup for the ACL grant (met quarterly) as well as dissemination and analyses of DD vision survey for both self-advocates and others with the Evaluation group, survey creation and dissemination for additional ACL projects including the SDMA summit and survey creation. RA III completes data collection analysis for GCDSE committees (such as DDRR survey, AK Work Matters Task Force survey, Self-Advocacy summit, as well as continued research and implementing accessibility standards (social media, Power Points). RA III assisted with completing of various letters of support/ concern such as the Letter of Concern on Universal Mask Policy for airlines (attachment A) and the Letter of Support for Long Acting Reversible Contraceptives. RA III conducted key information interviews for the leadership and staff of ANJC, STAR and HOPE for a project similar to ASPEN that identified gaps in services and supports to better the interagency collaboration between domestic violence/sexual assault agencies, tribal organizations and disability agencies. RA III conducted focus groups as well in July 2021 outside of the reporting period. (Attachment B).

Other annual/quarterly tasks included: Planning and preparing for GCDSE Council meetings (3xyear), attending National Association of Councils on Developmental Disabilities (NACDD) conference to gain information on current national issues as well as data management updates on PPR reporting & planning for the next 5-year plan, and legislative visits support (which included technical support this year as well since they were virtual). RA III has also continues to update the social media plan and is responsible for GCDSE social media management (Attachment C). RA III was primary staff for FASD workgroup and facilitated meeting November 2020 and April, 2021). RA III also facilitated a group of planning meeting on possibly merging Autism/ FASD workgroups in Spring and Summer of 2020, however, it was decided by workgroup members to continue with separate meetings. RA planned and executed FASD awareness social media campaign in Anchorage for the month of September 2020.

As the Council 5 year plan includes Health as one of the Priority areas in the 5 year plan, the RA III has continued to do activities related to Health. In regards to the 5 year plan this included: updating data for the Health narrative goal and collecting evaluation data points for the Health objectives. In addition, RA III was responsible for completing the health comprehensive review and analysis section as well as data sections in the upcoming 2022-2026 GCDSE 5 year plan. In regards to the Health goal activities this included: researching and disseminating best practices for Emergency Preparedness via presentations (1 this year on individual/ family preparedness, 1 panel presentation for FEMA region

10 on State Disability Inclusion and Accessibility Initiatives), participating in the Alaska Disability Advisory Group (ADAG) on emergency preparedness, representing ADAG on multiple COVID committees (Vulnerable Children Workgroup & the Housing Security Workgroup), as well as serving as a subject area expert to answer questions at the COVID – 19 toolkit webinars. Additionally, RA III did a presentation on Plan of Care goals involving recreation, safety and emergency preparedness.

Overarching research-related barriers and challenges continued to be collecting data that is a true representation of Alaska as a whole. Gathering a representative sample of our beneficiary population is impossible. Even though we have some databases such as the American Community Survey, the Family/Guardian Survey (National Core Indicators), and the Behavioral Risk Factor Surveillance Survey, there are still limitations on these datasets as it pertains to representative samples of individuals with intellectual and developmental disabilities across Alaska and (2) the need to collaborate with and between partners, as different partners have access to different data sets. COVID has delayed or put on pause some data collection efforts such as the in person NCI survey and made it harder to gain self-advocates feedback on GCDSE surveys.

Number of beneficiaries experiencing mental illness reported served by this project in FY21: 0

Number of beneficiaries experiencing substance misuse reported served by this project in FY21: 0

Number of beneficiaries experiencing a developmental disability reported served by this project in FY21: 11,516

Number of beneficiaries experiencing Alzheimer’s Disease or a related dementia reported served by this project in FY21: 0

Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY21: 0

Number of individual trained as reported for this project in FY21: 0

Performance Measure 1: DATA

- a) The Council will describe beneficiary population in Alaska, the numbers of beneficiaries, their characteristics, and trends in their quality of life based on the most credible and consistent data available. Alaska specific data is preferred, when available. Data will be provided to trustees annually at their May meeting. Less data is expected during the beginning year of the two-year Trust budget cycle.
- b) The Council will provide updated data related to their beneficiary groups to be used in the Comprehensive Integrated Mental Health Plan, and will collaborate with the Trust and partner boards for reasonable consistency across Trust beneficiary groups in the way data is analyzed and reported in the Plan.

Grantee Response to Performance Measure 1:

- a) There is no Alaska-specific data for estimating the prevalence rate of individuals with developmental disabilities (DD) in Alaska. Since the unavailability of state-specific data on the prevalence of DD is a national issue, for the sake of this report, the estimate is based on the widely-used (and accepted) national prevalence rate of 1.58% cited in Larson et al (2001). Although this prevalence rate is almost 20 years old, it is the rate that the Administration Intellectual and Developmental Disabilities (AIDD) recommend all State Councils on Developmental Disabilities use. AIDD currently has a group working on new prevalence data, however, nothing new has been determined currently.

According to the Alaska Department of Labor and Workforce Development, Research and Analysis Section, the most recent (2020) estimated population of Alaska 728,903. Based on

the national prevalence rate of 1.58% and the 2020 population estimate, approximately 11,516 individuals living in Alaska have a developmental disability. However, the actual rate may be much higher due to issues like FASD in Alaska being significantly underreported (but again, we don't have accurate Alaska specific data on FASD). "FASDs are a range of developmental disabilities caused by consuming alcohol during pregnancy. The most well-known type of FASD is fetal alcohol syndrome (FAS). Alaska has the highest reported prevalence of FAS in the United States. A newly published study found that FASDs may be as common as autism, affecting up to 1 in 20 children." (May, P.A., Chambers, C.D., Kalberg, W.O., Zellner, J., Feldman, H., Buckley, D., ... Jones, K.L., & Hoyme, H.E. (2018). Prevalence of Fetal Alcohol Spectrum Disorders in 4 US Communities. JAMA, 319(5):474–482.) RA III is staff to the FASD workgroup which continues to look for solutions significantly underreported numbers (such as improving diagnostic capacity and reducing the stigma of being a birthmother to a baby born with FASD).

Developmental disabilities are life-long in nature and are acquired before the age of 22. The state of Alaska defines a developmental disability as a severe, chronic disability that: is attributable to a mental or physical impairment or combination of mental and physical impairments; is manifested before the individual attains age 22; is likely to continue indefinitely; results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency; and reflects the person's need for a combination and sequence of special, interdisciplinary, or generic assistance, supports or other services that are of lifelong or extended duration and are individually planned and coordinated.

Per the State Senior and Disabilities Services (SDS) agency August 2021: There are currently 2,047 individuals on, or offered a spot on the I/DD waiver, 585 individuals on, or offered a spot on the ISW waiver, 697 people on the IDD and or ISW registry, and 349 of these individuals are also active on the ISW.

- b) When needed, the Research Analyst participates in the Comprehensive Integrated Mental Health Program Planning Joint Data and Planning (DP) Group and provides the data needed as it relates to our beneficiary group in the Comprehensive Integrated Mental Health Plan/scorecard. RA III is on the data subcommittee for the Comprehensive Integrated Mental Health Plan. This committee finalized what data points should be used for the Scorecard and what that Scorecard should consist of. RA III attended data subcommittee meetings and provided feedback during the data point selection process. RA III also was responsible for 4 scorecard narratives. For each scorecard data narrative, RA III had meetings with subject matter experts, obtained pertinent information regarding scorecard data points, and crafted the narratives. The 4 scorecard narratives RA III was responsible for were: #9 (Percent of Alaskans who experience a disability that are employed), #10 (Percentage of residents (all ages) living above the federal poverty level (as defined for AK)), #20 (Percentage of Alaskans who meet criteria for an institutional level of care who were served by a home and community-based waiver) and #25 (Percentage of Alaskans who meet criteria for an institutional level of care who were served in nursing homes and Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities (ICF/IDD). The Executive Director or Planner participate in planning meetings when scheduled as well.

Performance Measure 2: ADVOCACY

- a) Annually, the Council will implement strategies to improve the status of beneficiaries in the key advocacy issues identified by the Council members. They will document collaboration with the Trust and Trust partner boards in major areas defined at the Advocacy Summit. An advocacy update will be provided to trustees annually.
- b) Annually, the Council will conduct a survey of stakeholders (defined by each board) to assess satisfaction with board activities and make recommendations for change.

Grantee Response to Performance Measure 2:

- a) The Council continues with other beneficiary boards and the Trust in advocacy around Medicaid; with the RA III staff providing support to the Council's Medicaid Ad Hoc committee. In February 2021 Legislative meetings were all virtual instead of in person in Juneau due to COVID. This was a huge change from in-person meetings that required a large amount of staff time with multiple staff working on legislative visits for over 2 weeks just to complete the actual visits (about 60 visits – with 2 staff at each, scheduled for an hour). 2 staff were needed in case there was an issue with Zoom and hour sessions were needed (log in 20 minutes early to help council members decide on which position papers each was to discuss, trouble shoot any Zoom problems, 15-30 minute scheduled sessions, and an extra 10 minutes in case council members had questions after the meeting). Council staff including RA III helped with setting up all Legislative visits on Zoom, organizing council members, checking in with council members to discuss position papers, organizing the Zoom meetings, providing all technical support for Zoom meetings as well as council member support (daily reminders of meeting/ phone calls if anyone was late, check ins, etc.) and organizing teams for legislative meetings as well. RA III was the lead for approximately half of the legislative visits. RA III was responsible for debrief and evaluation support during Legislative visits for 2021 (see attachment D). This including debriefing with council member leads/ other GCDSE staff if RA III didn't attend the meeting on each legislative visiting (legislative priorities stances and any follow up questions or research requested by legislators). The Council advocated on SESA reauthorization, Home and Community Based Services importance and cost savings as well as Cost Savings and importance of direct support workforce. RA III completed an evaluation report on legislative priorities as well as requested data and follow up.

The Self-Advocacy summit had major changes due to COVID-19. The summit was changed into a virtual summit that spanned 5 days. RA III was planned and executed all the technology aspects of the summit (Zoom meeting/webinar as well as Facebook live). RA III also partnered with marketing for the Self-Advocacy summit. In the past, an attendee would attend the whole weekend and all sessions. With the virtual format, many attendees only attended one or two days. Additionally, all three presenters went Facebook "Live" so those that were not able to attend at the scheduled time could watch it on Facebook afterwards. This made it impossible to do a pre-post survey. Instead, we implemented Zoom "polling" and asked short, quick questions of the attendees on Zoom.

This event was held virtually due to the pandemic, held over 5 days via Zoom. More information can be found at: <https://www.facebook.com/events/352767272402705/> 114 Alaskans across the state registered for Summit. Each night of presentation there were Monday -45 attendees, Wednesday – 36 attendees, and Friday – 22 attendees on Zoom, however, the reach was amplified by being able to go "live" on Peer Power's Facebook page as well. Monday's speaker had 153 engagements, and 777 views (in the 24 hours it was on

Facebook), Wednesday's speaker is a current resource on Disability and Sexuality on Peer Power's Facebook page, and Friday's speaker had 145 views (in the 24 hours it was on Facebook).

Attendees of the Zoom presentations were polled at the end of the presentations

- 100% of respondents reported they will use this information in their lives,
- 53% had attended a Peer Power Summit before
- 94% reported they were satisfied with the presentation (6% somewhat satisfied).

RA III is on the steering committee for the Disability and Aging Coalition. This coalition produces the annual Disability and Aging Summit

(<https://specialolympicsalaska.org/events/disability-aging-summit/>). RA III is a core member of the planning and production of this summit. The October 2021 Summit is focusing on Mental Health and Wellness. For the October 2020 summit - RA III lead the evaluation of the Disability and Aging Summit designed the overall Disability and Aging Summit surveys. Unfortunately, we were not able to use the successful targeted in-person surveys that had led to a larger response of individuals with developmental disabilities and family members completing these surveys due to the virtual platform. With the virtual platform the summit was a 5 day event with shorter days instead of the usual 2 day event. The day with the highest response had 44 responses. See appendix E for example of one of the surveys. RA III is leading the evaluation of the Disability and Aging Summit designed the overall Disability and Aging Summit for 2021 as well.

RA III continues to be on the steering committee member of the Inclusive Play Workgroup that advocates for inclusive play. More information about Inclusive Play can be found here: <http://anchorageparkfoundation.org/programs/inclusiveplay/> . There were no inclusive playdates due to covid during this reporting period.

RA III is a core member of the Anchorage Disability Pride celebration. This year, as will last year there was one virtual statewide, weeklong event (<https://www.facebook.com/events/207080220948676/>). RA III was a core member of this planning committee and co-lead the marketing campaign, took part in the monthly planning meetings as well as prepared and executed all the technology for the event (ZOOM, Facebook live). While the event itself was in July and thus was outside of the reporting period- the majority of the planning and marketing for the event happened Spring and early summer of 2021.

In FY 21 Council advocated on federal issues as well including Continued importance of Home and Community Based, COVID-19, ABLE, education, Social Security, criminal justice, IDD vaccination efforts, and the HCBS Access Act . The Council was the state captain for Disability Policy Seminar this year and supported advocates across the state to learn more about federal issues impacting people with disabilities as well as discuss issues of importance with their US Congressional Delegation. The council also shared stakeholder concerns during the pandemic (particularly including care rationing concerns, social isolation and importance of technology, mask concerns regarding air travel, and special education skills regression). The council continues to monitor 20-30 pieces of federal legislation and provide data and resources when requested by the federal delegation. Council staff (Planner and ED) provided training to the LEND program that went to meet with the Federal delegations. Council hosted separate visits

with Senator Murkowski, Senator Sullivan, and Representative Young and discussed the above issues as well (September 2020 and April 2021).

The Council's annual survey was conducted in late 2020 to gather feedback from both consumers and stakeholders on their level of satisfaction with the Council and its activities (Attachment F). RA III was responsible for survey creation, dissemination, and analyses of the Program Performance Report (PPR) surveys as well as the Stakeholder survey. Performance Measure Surveys Number of responses: 118, Attachment G is one example). Stakeholder survey (n= 43).

Even with increased complications from COVID-19 on data collection, inability to collect in-person surveys, and survey fatigue for some of our surveys, the Council received a large amount of feedback from self-advocates, family members, our Council members, committee members, and stakeholders during FY20. The majority of the feedback was positive with some suggestions for improvement in the future.

PPR – Performance Measure Surveys:

Number of responses: 118

PPR surveys based on objectives and unique groups (Council committees, workgroups, ad hoc, etc., completing the day-to-day work of implementing the state five year plan) were conducted in person at the October council meeting as well as a weblink that went out for over a 21-day period end of October to mid November, 2020. 10 Council projects and activities were surveyed: Developmental Disabilities Committee, Self-Advocacy, Early Intervention Committee, Education Committee, Employment and Transportation Committee, Medicaid Ad Hoc, Project SEARCH, Alaska Disability Advisory Group on Emergency Preparedness (ADAG), and FASD/AUTISM workgroup/Ad Hoc. The project/activity lead (Council staff) was asked to distribute the web survey link to program participants in the specified project/activity. The Council had about a 1/3 less PPR survey respondents for individual projects completed this year than last year (118 vs 184 in 2019).

Stakeholder Satisfaction Survey

Number of responses: 43

Choices & Control (%): 30.95% Strongly Agree | 30.95% Agree | 9.52% Agree Somewhat | 7.14% Disagree Somewhat | 2.38% Disagree | 2.38% Strongly Disagree

Participation (%): 38.10% Strongly Agree | 28.57% Agree | 14.29% Agree Somewhat | 4.76% Disagree Somewhat | 0% Disagree | 2.38% Strongly Disagree

Satisfaction (%): 30.23% Strongly Agree | 27.91% Agree | 18.60% Agree Somewhat | 9.30% Disagree Somewhat | 4.65% Disagree | 4.65% Strongly Disagree

Unfortunately, due to COVID-19 restrictions, we were not able to conduct this survey in-person at the GCDSE October Council meeting that we have found to have a very high response rate in the past. We did still widely disseminate virtually– using a 28-day online period for the weblink, the web survey link was distributed via e-mail to the Council's 5 email groups via the GovDelivery system, e-mailed to our Council members, posted on the Council's website and Facebook page.

Performance Measure 3: PLANNING

- a) The Council members will partner with the Trust to identify, develop, implement and evaluate the success of Trust focus areas. Council members and/or staff will assume leadership roles in conducting some of the work of a focus area as needed.
- b) The Council will collaborate with the Trust and other key partners in planning activities related to beneficiaries and Trust focus areas, including but not limited to, staff participation in focus area meetings and activities, Trust-sponsored initiatives, research and planning activities, and public planning processes with beneficiaries.
- c) The Council will collaborate with key stakeholders, the Department of Health and Social Services, and the Trust in the Comprehensive Integrated Mental Health Plan.
- d) A report on planning activities will be provided to trustees annually.

Grantee Response to Performance Measure 3:

- a) The Council staff participates in all the Trust focus area work groups, often taking a leadership role on many of the issues. The Council continues to work with the Disability Justice Workgroup to ensure the needs of both victims and offenders with cognitive disabilities are met. The Research Analyst was part of the steering committee for the Recidivism conference in 2021. RA III conducted key information interviews for the leadership and staff of ANJC, STAR and HOPE for a project similar to ASPEN that identified gaps in services and supports to better the interagency collaboration between domestic violence/sexual assault agencies, tribal organizations and disability agencies. This was a total of 6 key informant interviews/focus groups with a separate group for leadership as well as staff for all 3 agencies. RA III conducted focus groups as well in July 2021 outside of the reporting period. (Attachment B).
- b) The Council continues to work with numerous partners and stakeholders on issues of importance to especially regarding services for individuals with developmental disabilities, special education and early intervention for infants and toddlers with disabilities, employment as well as COVID-19. The Council's Developmental Disabilities Committee (DD) and the Medicaid Ad Hoc committee provided comments on several regulation changes around the delivery of DD services, receiving support from the RA III. GCDSE staff has been heavily involved in the DD Shared Vision Collaborative. RA III has been heavily involved with collaborations around COVID-19 – everything from mass care, to disability specific concerns around COVID-19 masks/vaccine allocations/etc.

This 5-Year Plan encompasses robust data and narrative about the current Alaskan landscape as it relates to Alaskans with intellectual and developmental disabilities. The Council's 5-Year Plan focuses on five long term goal areas: 1) Community Inclusion, Supports, and Services, 2) Employment, 3) Early Intervention, 4) Education, 5) Healthcare. During this reporting period, the RA III provided support regarding the Comprehensive Review and Analysis for the upcoming 2022-2026 GCDSE 5-year plan. Included in this was state data (race/ethnicity of state population, state disability characteristics (such as residential settings data, population percentages, education, employment, earnings, and poverty status of those with and without disabilities in Alaska). Additionally, RA III contributed to the 5-year plan sections including writing the health/healthcare, recreation, as well as supporting other sections with providing updated data and narrative when needed.

- c) When needed, the Research Analyst participates in the Comprehensive Integrated Mental Health Program Planning Joint Data and Planning (DP) Group and provides the data needed as it relates to our beneficiary group in the Comprehensive Integrated Mental Health Plan. RA III is on the is on subcommittee for the Comprehensive Integrated Mental Health Plan. See PM1b for more details. The Executive Director also participated in the data scorecard planning meetings when scheduled.
- d) Council staff provides reports to the Trust annually with respect to planning activities and issues that impact Alaskans with developmental disabilities. This year included updates on the state 5-year plan efforts, supporting Trust BEE data needs when applicable, as well as Covid updates and planning specific to Alaskans with developmental disabilities? The RA III provides support for the Council's annual report development process.

2020 Governor's Council on Disabilities and Special Education (GCDSE): Stakeholder Feedback Survey

Welcome to the GCDSE 2020 Stakeholder Survey!

The Governor's Council on Disabilities and Special Education would like your ideas about how well the Council is doing its job. The Council would also like to know how successful activities are that they sponsor. Results of the survey will be used to shape Council activities in the future.

Your feedback is important in order to make sure that the Council has the support of stakeholders in ensuring that our mission is carried out.

As the State Council on Developmental Disabilities, the Council plans, advocates, builds capacity and creates systems change on behalf of, and with individuals with developmental and other significant disabilities and their families. As a reminder, the Council does not provide direct services.

If you are unable to complete the online survey (and would prefer a hard copy), need assistance completing it, or have questions about the survey or any of the Council's activities, please call the Council toll-free (in Alaska) at 1-888-269-8990, 269-8992 (in Anchorage), or email Lanny Mommsen at lanny.mommsen@alaska.gov

Survey Questions

* 1. Please check ALL categories below that describe your interest or involvement in disability issues:

- ☐ Individual with a disability
- ☐ Family member of an individual with a disability
- ☐ Member of an advocacy organization
- ☐ Direct support professional
- ☐ Administrative service provider
- ☐ Employee of a government agency
- ☐ Appointed member of a citizen advisory or regulatory board or committee
- ☐ Elected official
- ☐ Concerned citizen
- ☐ Clinician
- ☐ Other (please specify)

2. Which region of Alaska do you live in?

- ☐ NORTHERN REGION (Northwest Arctic Borough, North Slope Borough, Nome Census Area)
- ☐ INTERIOR REGION (Yukon-Koyukuk Census Area, Fairbanks North Star Borough, Denali Borough, Southeast Fairbanks Census Area)
- ☐ ANCHORAGE/MAT-SU (Matanuska-Susitna Borough, Anchorage Municipality)
- ☐ SOUTHWEST REGION (Kusilvak Census Area, Bethel Census Area, Dillingham Census Area, Bristol Bay Borough, Lake and Peninsula Borough, Aleutians East Borough, Aleutians West Census Area)
- ☐ GULF COAST REGION (Valdez-Cordova Census Area, Kenai Peninsula Borough, Kodiak Island Borough)
- ☐ SOUTHEAST REGION (Juneau, Sitka, Wrangell, Haines Borough, Ketchikan Borough, Skagway Borough, Yakutat Borough, the Prince of Wales-Hyder Census Area, Hoonah-Angoon Census Area, Petersburg Census Area)
- ☐ I don't live in Alaska/Other (please specify)

3. Please check ALL Council activities below in which you (or a member of your family) participated during Federal Fiscal Year (FFY) 2020 (October 1, 2019-September 30, 2020):

- ☐ Received disability services information or referral assistance from the Council or its staff in-person or by mail, telephone, fax, e-mail, or other direct correspondence
- ☐ Visited the Council's website (<http://dhss.alaska.gov/gcdse>)
- ☐ Received an e-mail announcement from the Council or its staff containing disability news or other information
- ☐ Followed the Council on social media (Facebook, twitter, etc)
- ☐ Participated in legislative advocacy (such as phoning, calling, writing, or emailing your legislator)
- ☐ Received a legislative "Action Alert"
- ☐ Subscribe to a Council-run Email List (GCDSE general GovDelivery, AKSped GovDelivery, ECSpedm GovDelivery, [EPD] Employing People with Disabilities GovDelivery)
- ☐ Received leadership and advocacy training through Partners in Policymaking
- ☐ Attended the 2020 Virtual Full Lives Conference
- ☐ Attended the 2020 Virtual Alaska Self Advocacy Summit
- ☐ Attended any other conference, training, program, or event supported through Council funding (i.e. Career Exploration Day, Alaska/Statewide Special Education Conference, customized employment trainings, Peer Power, FASD 5 Year Plan, Disability and Aging Summit, Inclusive Play, etc.)
- ☐ Attended or provided public comment at a Council, Executive Committee, or Standing Committee meeting
- ☐ Participated in a Council sponsored committee or work group
- ☐ Attended the Virtual Disability Pride Celebration
- ☐ Participated in a Council sponsored Supported Decision Making Agreement (SDMA) training or event
- ☐ Participated in the DD Shared vision
- ☐ Attended a virtual community forum
- ☐ Other (please specify)

4. Please check the answer that BEST describes your opinion about the following statement:

The Council uses a broad range of strategies to meet its system advocacy goals, such as the development and support of legislation, community organizing, regulatory reform, coalition building, and education of federal, state, and local policymakers.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Agree Somewhat
- ☐ Disagree Somewhat
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ I Don't Know

5. Please check the answer that BEST describes your opinion about the following statement:

The Council assists people with developmental disabilities and their families to advocate for systems change.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Agree Somewhat
- ☐ Disagree Somewhat
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ I Don't Know

6. Please check the answer that BEST describes your opinion about the following statement:

The Council has a strategy for identifying sources of new leadership among persons with developmental disabilities and parents or guardians of children with developmental disabilities.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Agree Somewhat
- ☐ Disagree Somewhat
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ I Don't Know

7. Please check the answer that BEST describes your opinion about the following statement:

The Council provides stipends, training, technical assistance, and other supports to members and other advocates to participate in leadership and advocacy activities.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Agree Somewhat
- ☐ Disagree Somewhat
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ I Don't Know

8. Please check the answer that BEST describes your opinion about the following statement:

Council activities support the use of generic services and informal supports and enhance opportunities for people with developmental disabilities to assume valued community roles.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Agree Somewhat
- ☐ Disagree Somewhat
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ I Don't Know

9. Please check the answer that BEST describes your opinion about the following statement:

The Council actively promotes positive images of people with developmental disabilities through public education and other outreach strategies.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Agree Somewhat
- ☐ Disagree Somewhat
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ I Don't Know

10. Please check the answer that BEST describes your opinion about the following statement:

Systems advocacy activities are directed to a variety of State and other governmental agencies that affect or potentially affect the lives of people with developmental disabilities and their families.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Agree Somewhat
- ☐ Disagree Somewhat
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ I Don't Know

11. Please check the answer that BEST describes your opinion about the following statement:

The Council initiates and/or participates in interagency initiatives and other statewide committees and bodies that are relevant to its mission and priorities.

Council's mission is: "Creating change that improves the lives of Alaskans with disabilities"

- ☐ Strongly Agree
- ☐ Agree
- ☐ Agree Somewhat
- ☐ Disagree Somewhat
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ I Don't Know

12. Please check the answer that BEST describes your opinion about the following statement:

Council activities have improved the ability of individuals with developmental disabilities and family members to make choices and exert control over the services and supports they use.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Agree Somewhat
- ☐ Disagree Somewhat
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ I Don't Know

13. Please check the answer that BEST describes your opinion about the following statement:

Council activities have improved the ability of individuals with developmental disabilities and family members to participate in community life.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Agree Somewhat
- ☐ Disagree Somewhat
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ I Don't Know

14. Briefly, please share any other comments you may have about the impact of Council activities on the lives of individuals with disabilities and their families.

15. Please check the answer that BEST describes your opinion about the following statement:

Council activities promote self-determination and community participation for individuals with disabilities.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Agree Somewhat
- ☐ Disagree Somewhat
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ I Don't Know

16. Please check the answer that BEST describes your opinion about the following statement:

Overall, I am satisfied with the Council activities in which I (or my family member) participated.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Agree Somewhat
- ☐ Disagree Somewhat
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ I Don't Know

17. If applicable - please include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community). Stories of policy or legislative changes that happened as a result of Council individual advocacy work that are likely to positively impact the lives of people with developmental disabilities or that will prevent a potential negative impact (e.g., created deleted, refined programs and/or legislation, reallocated use of funds, organizational systems change as a result of evidence based practices).

18. Unless you give permission here we will change the names used in the story above to respect privacy

- ☐ Yes- I give permission to use my name
- ☐ No - I do NOT give permission to use my name

19. Briefly, please share any other comments you may have about your level of satisfaction with Council activities.

2020 Governor's Council on Disabilities and Special Education (GCDSE): Stakeholder Feedback Survey

Thank you for your Feedback!

Thank you for participating in the Alaska Governor's Council on Disabilities and Special Education's 2020 Stakeholder Feedback Survey.

YOUR OPINION COUNTS!!

Your feedback will play an important role in ensuring the quality and support of the Council's mission on behalf of Alaskans with disabilities.

If you have any questions about the survey or any of the Council's activities, please call the Council toll-free (in Alaska) at 1-888-269-8990, 269-8992 (in Anchorage), or email Lanny Mommsen at lanny.mommsen@alaska.gov

Governor's Council on Disabilities & Special Education

550 West 7th Ave, Suite 1230, Anchorage, Alaska 99501
Main: 907.269.8990
Fax: 907.269.8995

September 4, 2020

Letter of Concern on Universal Mask Policy

To Whom It May Concern,

We write to you out of concern that the recent mask policies implemented by Alaska Airlines and American Airlines do not allow a disability exception for individuals whose disabilities make it impossible for them to wear a mask for any length of time. This has a significant negative impact on some Alaskans with disabilities and their families.

The Governor's Council on Disabilities and Special Education (the "Council") fills a variety of federal and state roles, including serving as the State Council on Developmental Disabilities (SCDD) under the Developmental Disabilities Assistance and Bill of Rights Act. As the state DD Council, the Council works with Senior and Disabilities Services (SDS) and other state agencies to ensure that people with intellectual and developmental disabilities and their families receive the services and supports that they need, as well as participate in the planning and design of those services.

While we highly appreciate the efforts that both airlines have taken to combat the COVID-19 pandemic and ensure safe travel for your customers (which include people with disabilities and their families), we have concerns that such an across the board policy will have significant adverse impacts on Alaskans with disabilities and their families. Especially of concern is Alaskans with disabilities that may need to travel from a rural area to receive urgent medical care and air travel is their only option.

We ask that you consider other possible reasonable accommodations, which could include things such as:

- Requiring COVID negative test 72 hours prior to flight
- Requiring a doctor's note saying it is medically necessary not to wear a mask
- Plastic Barriers
- Full face shield / mask that are already approved in some medical situations
- Pre-flight virtual medical check in with a medical provider for those that can't wear a mask due to a disability/ medical condition. (as Delta airlines is now doing: <https://www.delta.com/us/en/travel-update-center/coronavirus-travel-faqs#safertravel>)

A policy such as Delta's that has strict consequences for any false claims of a disability or health condition to obtain an exemption from wearing a mask and implements reasonable accommodations will ensure that Alaskans with disabilities and their families are able to travel by air as well as keep other air passengers safe during this challenging time.

We would love to be a resource for you and discuss how important air travel is for people with disabilities and their families as well as potential reasonable accommodations that would take into account all the safety considerations for all passengers.

Sincerely,
Executive Committee

2020 Disability and Aging Summit survey - Wednesday Day 3

1. What is your race/ethnicity? (check all that apply)

- ☐ White
- ☐ Native Hawaiian or Pacific Islander
- ☐ Black or African American
- ☐ Biracial/multiracial
- ☐ Hispanic/Latino
- ☐ Unknown
- ☐ Asian
- ☐ Alaska Native or American Indian
- ☐ Prefer to self-describe as

2. Please check ALL categories below that describe your interest or involvement in disability issues:

- ☐ Individual with a Developmental Disability
- ☐ Family member or guardian of an individual with a Developmental Disability
- ☐ Nurse
- ☐ Special Educator
- ☐ Case Manager
- ☐ Direct Support Professional (DSP)
- ☐ Administrator
- ☐ Healthcare Professional
- ☐ Care Coordinator
- ☐ Other (please specify)

3. What is your Zip code?

4. I am satisfied with the training and/or information received.

Strongly Disagree

Disagree

Agree

Strongly Agree

☐☐☐☐

5. As a result of this training, my knowledge of Disability and Aging topics/issues has increased.

Strongly Disagree

Disagree

Agree

Strongly Agree

☐☐☐☐

6. Please read the statement below and rate your knowledge/ability:

My knowledge of issues related to the Elder Panel (Dr. Deborah, Agnes Sweetsir, Joseph PichlerRev. Anna Frank and Julie Schmidt)

Very Poor

1

2

3

4

Very Good

☐☐☐☐☐☐

7. Please read the statement below and rate your knowledge/ability:

My knowledge of Aging in Place

Very Poor

1

2

3

4

Very Good

☐☐☐☐☐☐

8. Additional comments, and/or, What topics would you like to see in future Disability & Aging Summits?

Welcome to the GCDSE Developmental Disabilities (DD) Committee 2020 Survey !

The Governor's Council on Disabilities and Special Education would like your ideas about how well the Council is doing its job. The Council would also like to know how successful activities are that they sponsor. Results of the survey will be used to shape Council activities in the future.

Your feedback is important in order to make sure that the Council has the support of stakeholders in ensuring that our mission is carried out.

As the State Council on Developmental Disabilities, the Council plans, advocates, builds capacity and creates systems change on behalf of, and with individuals with developmental and other significant disabilities and their families. As a reminder, the Council does not provide direct services.

If you are unable to complete the online survey (and would prefer a hard copy), need assistance completing it, or have questions about the survey or any of the Council's activities, please call the Council toll-free (in Alaska) at 1-888-269-8990, 269-8992 (in Anchorage), or email Lanny Mommsen at lanny.mommsen@alaska.gov

Survey Questions

1. Which region of Alaska do you live in?

- ☐ NORTHERN REGION (Northwest Arctic Borough, North Slope Borough, Nome Census Area)
- ☐ INTERIOR REGION (Yukon-Koyukuk Census Area, Fairbanks North Star Borough, Denali Borough, Southeast Fairbanks Census Area)
- ☐ ANCHORAGE (Anchorage Municipality)
- ☐ MAT-SU (Matanuska-Susitna Borough)
- ☐ SOUTHWEST REGION (Kusilvak Census Area, Bethel Census Area, Dillingham Census Area, Bristol Bay Borough, Lake and Peninsula Borough, Aleutians East Borough, Aleutians West Census Area)
- ☐ GULF COAST REGION (Valdez-Cordova Census Area, Kenai Peninsula Borough, Kodiak Island Borough)
- ☐ SOUTHEAST REGION (Juneau, Sitka, Wrangell, Haines Borough, Ketchikan Borough, Skagway Borough, Yakutat Borough, the Prince of Wales-Hyder Census Area, Hoonah-Angoon Census Area, Petersburg Census Area)
- ☐ I don't live in Alaska/Other (please specify)

2. Gender

- ☐ Female
- ☐ Male
- ☐ Prefer to self-describe as:

3. Race/Ethnicity (check all that apply)

- ☐ White
- ☐ Black or African American
- ☐ American Indian and Alaska Native
- ☐ Hispanic/Latino
- ☐ Asian
- ☐ Native Hawaiian & Other Pacific Islander
- ☐ Race unknown
- ☐ Prefer to self-describe as:

4. Please check ALL categories below that describe your interest or involvement in disability issues:

- ☐ Individual with a developmental disability
- ☐ Family member of an individual with a developmental disability
- ☐ Provider
- ☐ State Agency Staff
- ☐ Other (please specify)

* 5. If you are an individual with a disability or a family member- please check that box ONLY. Otherwise please check the ONE category below that best describes your interest or involvement in disability issues:

- ☐ Individual with a developmental disability
- ☐ Family member of an individual with a developmental disability
- ☐ Provider
- ☐ State Agency Staff
- ☐ Other (please specify)

Survey Questions

As a reminder these are the Developmental Disabilities (DD) Council Objectives and Activities for 2020. There will be a few questions on these activities after each objective.

Objective:

Increase person-centered practices for home and community-based service (HCBS) settings in the Alaskan service delivery system.

COUNCIL ACTIVITIES:

+Monitor, review, comment, and raise awareness of statutory, regulatory and policy changes around the delivery of person-directed I/DD services in Alaska. Person-centered = services centered around the individual; Person-directed = services directed by the individual (the next progression of person-centered services)

+Monitor, review, comment, and raise awareness of the state's transition to person-centered conflict-free case management and transition to fully HCBS integrated settings.

+Monitor, review, comment on, and raise awareness of statutory, regulatory, and policy changes that facilitate Supported Decision Making Agreements (SDMAs) and other less-restrictive alternatives to full guardianships

+Prioritize recommendations from the barriers report regarding working caregiver challenges to maintaining and/or obtaining employment and identify activities and partners to implement recommendations

+Conduct statutorily mandated responsibilities as a beneficiary board to the Alaska Mental Health Trust Authority (The Trust)

+Collaborate with the Alaska Mobility Coalition to enhance community transportation options statewide

6. Did you participate in Council supported activities designed to increase your knowledge of how to take part in decisions that affect your live, the lives of others, and/or systems?

☐ Yes

☐ No

7. After participating in Council supported activities, did your advocacy increase as a result of Council work?

☐ Yes

☐ No

8. After participating in Council Activities - Are you better able to say what you want?

☐ Yes

☐ No

9. After participating in Council Activities - Are you better able to say what services and supports you want?

☐ Yes

☐ No

10. After participating in Council Activities - Are you better able to say what is important to you?

☐ Yes

☐ No

11. Are you now participating in advocacy activities?

☐ Yes

☐ No

12. Do you participate on any cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions?

☐ Yes

☐ No

13. Are you satisfied with the project activities?

☐ Yes

☐ No

Survey Questions

As a reminder these are the Developmental Disabilities (DD) Council Objectives and Activities for 2020. There will be a few questions on these activities after each objective.

Objective:

Expand the public's knowledge and awareness through outreach and community involvement on advocacy issues of importance to people who experience I/DDs.

COUNCIL ACTIVITIES:

- 1. Review and share information to the general public on issues that affect the lives of individuals who experience I/DDs**
- 2. Increase public communication on Council activities at least 20 times per year through the use of social media (Facebook, twitter), website, radio, television and other means**
- 3. Participate in community activities that increase our involvement and interaction with the public with at least 4 events yearly**

14. Did you participate in Council supported activities designed to increase your knowledge of how to take part in decisions that affect your life, the lives of others, and/or systems?

- ☐ Yes
- ☐ No

15. After participating in Council supported activities, did your advocacy increase as a result of Council work?

- ☐ Yes
- ☐ No

16. After participating in Council Activities - Are you better able to say what you want?

- ☐ Yes
- ☐ No

17. After participating in Council Activities - Are you better able to say what services and supports you want?

- ☐ Yes
- ☐ No

18. After participating in Council Activities - Are you better able to say what is important to you?

- ☐ Yes
☐ No

19. Are you now participating in advocacy activities?

- ☐ Yes
☐ No

20. Do you participate on any cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions?

- ☐ Yes
☐ No

21. Are you satisfied with the project activities?

- ☐ Yes
☐ No

22. If applicable - please include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community). Stories of policy or legislative changes that happened as a result of Council individual advocacy work that are likely to positively impact the lives of people with developmental disabilities or that will prevent a potential negative impact (e.g., created deleted, refined programs and/or legislation, reallocated use of funds, organizational systems change as a result of evidence based practices).

23. Unless you give permission here we will change the names used in the story above to respect privacy

- ☐ Yes - I give permission to use my name
☐ No - I do NOT give permission to use my name

24. Is there anything else you would like to tell us?

Thank you for your Feedback!

Thank you for participating in the Alaska Governor's Council on Disabilities and Special Education's Developmental Disabilities (DD) Committee 2020 Survey.

YOUR OPINION COUNTS!!

Your feedback will play an important role in ensuring the quality and support of the Council's mission on behalf of Alaskans with disabilities.

If you have any questions about the survey or any of the Council's activities, please call the Council toll-free (in Alaska) at 1-888-269-8990, 269-8992 (in Anchorage), or email Lanny Mommsen at lanny.mommsen@alaska.gov

Please click "Done" below.

Council Legislative visit feedback:

	Positive	Neutral
SESA Reauthorization	33	14
Home and Community Based Service (HCBS) Importance	34	13
Home and Community Based Service (HCBS) Cost Savings	35	12
Workforce	32	13

**** no negative responses to position papers – a lot that didn't say anything/ hard to read – listed them as neutral

2021 Follow Up debrief

- All - Resend all Council positions position papers– so they know which are which
- Many are also interested in cost saving- so might be a good one to follow up with everyone on
 - How exactly would different cost savings work/ how to go about getting this changed
 - More information on Medical Supplies purchasing. Who changes this? Would this be a DHSS change or a regulation change/ other?
 - Any grants that would work? (i.e. Rasmussen for broadband). What is the hold up to do things? (as GCDSE brought this up before)
 - Debit cards – how to go about this? Is this DHSS that does this?
 - What is blocking changing Alaska to the bucket system? How can we move that along? What role can Leg play in this process?
 - Any legislation needed to make the Council's HCBS cost savings ideas happen?

**Memorandum of Agreement
Between
Alaska Native Justice Center, Inc.
and
State of Alaska, Governor's Council on Disabilities and Special Education**

This memorandum of agreement ("Agreement") is made effective April 1, 2021 and entered into by the Alaska Native Justice Center, Inc. ("ANJC") and the State of Alaska, Governor's Council on Disabilities and Special Education ("Council"), to serve as a formal statement between ANJC and Council (collectively the "Parties" and a "Party") regarding the Anchorage Disabilities Abuse Collaborative (ADAC) project.

The parties share a commitment to supporting and empowering the survivors of domestic and/or sexual violence, and people with intellectual/developmental disabilities. As a part of that commitment, the ADAC project will use focus groups to assist in identifying gaps in services, policies, and procedures and to gather input on prioritization and implementation strategies to inform future efforts to support families, professional staff, and services available throughout the state.

The parties recognize that the focus groups must involve all key stakeholders, including those who use utilize services (survivors of domestic and/or sexual violence, people with intellectual/developmental disabilities) and their family members, as well as the staff, executive leadership, and governing boards of those organizations that provide those services.

Accordingly, the Parties agree as follows:

1. **Term.** This Agreement is effective **April 1, 2021**, through **September 30, 2021**, unless earlier terminated in accordance with this Agreement, or the work is completed.

2. **Collaboration.**

ANJC will:

- act as a participating agency in the ADAC project and will cooperate with the Council to ensure that it is as successful as possible;
- provide a Project Coordinator for the Anchorage Disabilities Abuse Collaborative (ADAC) project; and
- will coordinate, organize and provide a victim advocate during focus group session(s).

Council will:

- facilitate focus group(s) for gathering information from survivors of domestic and/or sexual violence and people with intellectual/developmental disabilities;
- interview the Executive Director/Director of Operation of ANJC, as a participating agency involved in the ADAC project;
- help recruit assistants to help facilitate focus groups (i.e. second facilitator and note taker); and
- agree to consult with ADAC project on findings, report and strategic plan.

3. **Funds.** Each Party will pay its own costs related to the responsibilities associated with this Agreement, and there is no exchange of funds.

4. **Confidentiality.** All information, in whatever form, owned, possessed, provided by, or concerning each Party that is disclosed to, possessed or developed by the other Party or

through performance of the Agreement will be held in strict confidence by both Parties and will not be disclosed to third parties by either Party or used for any purpose other than the performance of the services under this Agreement without the prior written consent of the affected Party. This provision does not prohibit either Party from disclosing information as required by law or court order, provided that the disclosing Party gives the non-disclosing Party reasonable advance notice of an intended disclosure and the opportunity to oppose it.

Any information regarding Participants is considered confidential and is protected by:

- a) 45 C.F.R. Parts 160, 162 and 164 [the Health Insurance Portability and Accountability Act], including all Standards for Privacy of individually identifiable health information, and protecting the integrity of the Protected Health Information pursuant to the requirements of the Security Standards];
- b) 42 C.F.R. Part 2 [Confidentiality of Substance Use Disorder Patient Records]; and
- c) AS 45.48 [Alaska Personal Information Protection Act] and state law requirements.

Disclosures of confidential information that are made or that become available to the Parties are made in reliance of the mutual commitment to maintain confidentiality and not use or disclose confidential information, except as permitted by law.

5. **Program-Related Communication.** Communications about the services being provided by ANJC and Council should be between the individuals set forth below and may occur in any medium that is mutually beneficial. Either Party may change its address for the services contact from time to time by providing notice.

Alaska Native Justice Center, Inc.

Attn: Christine Carter, Special Projects
Manager
3600 San Jeronimo Drive
Anchorage, Alaska 99508
Tel: (907) 793-3557
Email: ccarter@anjc.net

**State of Alaska, Governor's Council on
Disabilities and Special Education**

Attn: Lanny Mommsen, MPH, Research
Analyst III
550 W 7th Ave, Suite 1230
Anchorage, Alaska 99501
Tel: (907) 269-8992
Email: lanny.mommsen@alaska.gov

6. **Dispute Resolution.** In the event of a dispute or issue, ANJC's Director and Council's Research Analyst III, or their designees, will attempt to resolve the dispute or issue amicably. The Parties may elevate the dispute or issue to their respective supervisors, and finally ANJC's CEO and Council's Executive Director, or their designees.
7. **Notices.** All notices, payments, and other required communications ("Notices") will be to addresses as set forth above in this Agreement. All Notices will be given by (a) personal delivery or by electronic communication with a confirmation copy sent by mail, return receipt requested; (b) electronic mail; (c) registered or certified mail, return receipt requested; or (d) courier service. All Notices will be effective and deemed delivered if by (1) personal delivery, on the date of delivery; (2) electronic communication, on the next business day following transmittal; and (3) mail solely, on the next business day after actual receipt. ANJC or Council may change its address for Notices from time to time by notifying the other in accordance with this section.

Alaska Native Justice Center, Inc.

Attn: Lisa Rieger, Chief Legal Officer
3600 San Jeronimo Drive, Suite 410
Anchorage, Alaska 99508
Fax: 907-793-3423
Email: citclegaldl@citci.org

**State of Alaska, Governor's Council on
Disabilities and Special Education**

Attn: Kristin Vandagriff, Executive Director
550 W 7th Ave, Suite 1230
Anchorage, AK 99501
Fax: (907) 269-8995
Email: kristin.vandagriff@alaska.gov

8. Liability and Indemnity.

- a) ANJC will defend, indemnify, and hold Council harmless from any and all claims, lawsuits, or liability, including reasonable attorneys' fees for costs, arising from any wrongful or negligent acts, error, or omission of ANJC as a result of the ANJC provision of services under this Agreement.
- b) ANJC will not defend, indemnify, and hold Council harmless from claims, lawsuits, liability, or attorneys' fees and costs arising from wrongful or negligent acts, error, or omission solely of Council occurring during the course of or as a result of the provision of service under this Agreement.
- c) Where claims, lawsuits, or liability, including attorneys' fees and costs arise from wrongful or negligent acts of both ANJC and Council, ANJC will defend, indemnify, and hold Council harmless from only that portion of claims, lawsuits, or liability, including attorneys' fees and costs, which result from ANJC's wrongful or negligent acts occurring as a result of the ANJC provision of services under this Agreement.

9. Modification of Agreement. Modification of this Agreement will be made only by consent of the Parties. Such will be made with the same formalities as were followed in this Agreement and will include a written document setting forth the modification and be signed by the Parties.

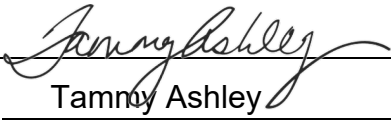
10. Termination. This Agreement may be terminated by: (a) mutual consent of the Parties; or (b) upon completion of all items prior to the scheduled end date of this Agreement.

11. Administrative Terms of Agreement. Construction of this Agreement will be construed without consideration of which Party drafted it, and the rule that contracts are construed most strongly against the drafting party does not apply.

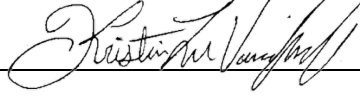
12. Effectiveness of Agreement. This Agreement is not effective until fully executed by both Parties.

13. **Signatures.** The undersigned individuals executing this Agreement represent and warrant they are fully authorized to do so and bind the respective Party for the purposes provided in the Agreement.

Alaska Native Justice Center, Inc.

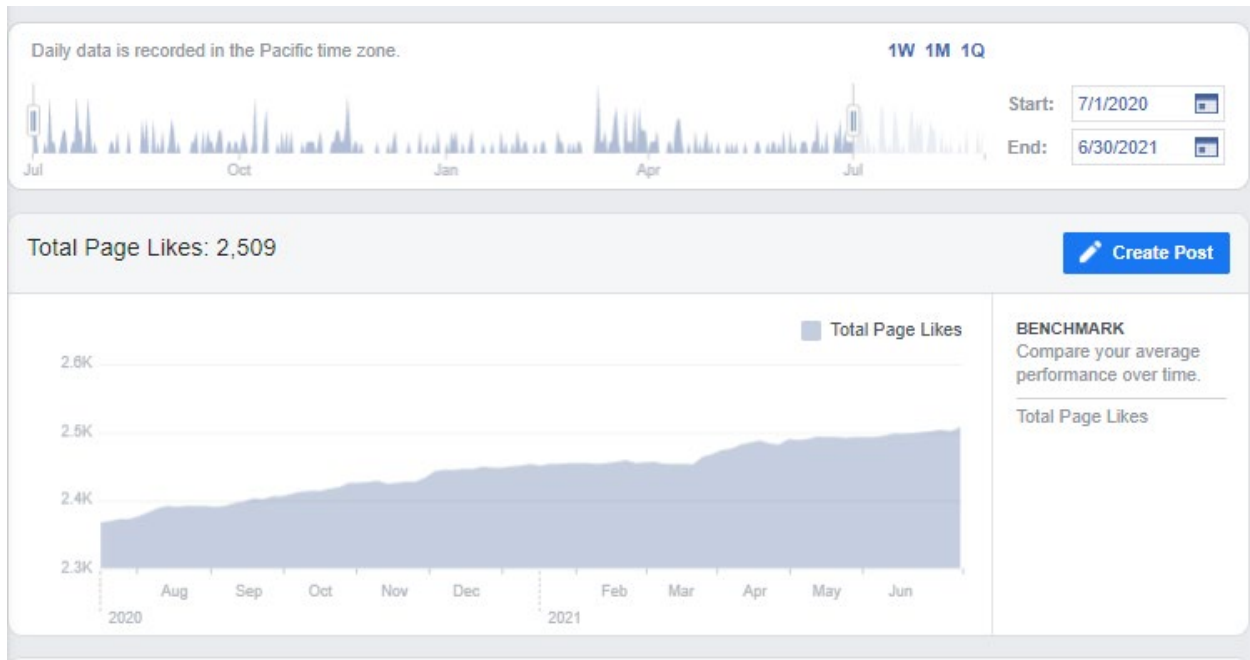
By: 
Name: Tammy Ashley
Title: Senior Director of Operations
Date: 6/21/2021

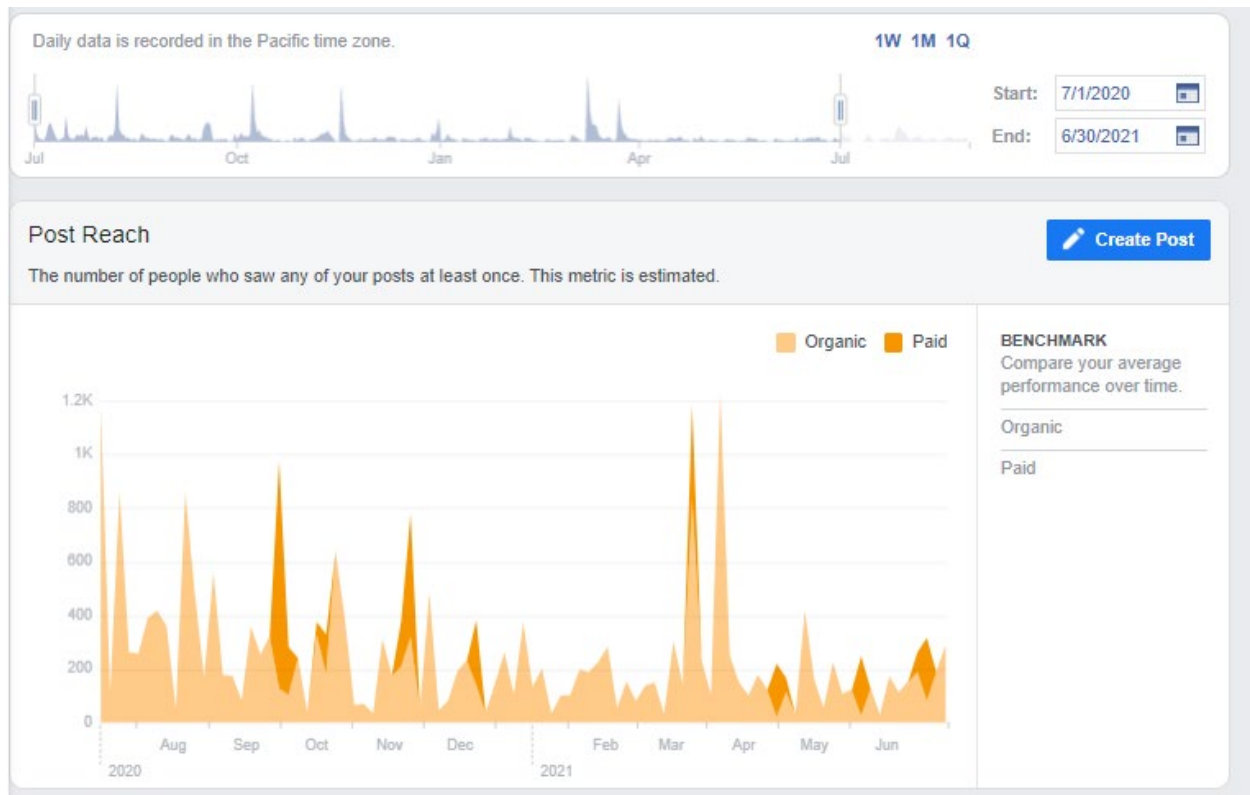
**State of Alaska, Governor's Council on
Disabilities and Special Education**

By: 
Name: Kristin Vandagriff
Title: Executive Director
Date: 5/7/21

July 1, 2020 – Page Likes: 2,368

June 30, 2021 – Page Likes: 2,508





PROJECT REPORT PART THREE: ADDITIONAL SUPPORTING DATA

ADDITIONAL SUPPORTING DATA

THIS IS YOUR OPPORTUNITY TO PROVIDE ANY ADDITIONAL SUPPORTING DATA THAT HELPS DEMONSTRATE THE OUTCOMES OF YOUR EFFORTS. ONLY INCLUDE QUANTITATIVE DATA THAT YOU HAVE NOT ALREADY PREVIOUSLY REPORTED IN YOUR EXECUTIVE SUMMARY OR PERFORMANCE MEASURES. QUANTITATIVE DATA MIGHT INCLUDE, BUT IS NOT LIMITED TO, NUMBERS AND PERCENTAGES, CSR/AKAIMS DATA (E.G., CHANGES IN DOMAINS OF FUNCTIONING), RESULTS FROM TRAINING EVALUATIONS (I.E., LIKERT RATING SCALES, PRE & POST TEST SCORES), OR PROGRAM EVALUATIONS.

NOTE: THIS SECTION HAS A 500 WORD LIMIT. PLEASE ONLY PROVIDE A NARRATIVE SUMMARY OF YOUR DATA. ON THE LAST PAGE OF THE REPORT YOU MAY ATTACH TABLES, CHARTS, OR SUPPORTING DOCUMENTS THAT HELP CLARIFY YOUR RESULTS AND OUTCOMES. PLEASE DO NOT ATTEMPT TO RECREATE TABLES OR COLUMNS IN THESE SECTIONS - ALL FORMATTING WILL BE LOST, AND YOUR WORD LIMIT WILL BE USED UP.

PLEASE ENTER A BRIEF SUMMARY OF THE DATA HERE. 500 word limit

Total Projects (July 1, 2020-June 30, 2021)

1. Staff support for research questions, survey formation, and data collection (Ongoing)
2. Planning and organizing Council meetings (3xyear),
3. Assist with Self Advocacy Summit (surveys, data, technical (Zoom and Facebook live) assistance)
4. Assist with ACL Grant (evaluation team, overall grant)
5. Consumer and Stakeholder Satisfaction Survey (November-December)
6. FASD workgroup staff (Ongoing)
7. Assist with Council legislative position papers, research, follow-up with legislators (Ongoing)
8. Assist with Council Annual Report (Yearly)
9. Disability Advisory Group (for Emergency Preparedness) (Ongoing- 2x Monthly) -RAIII is the facilitator/coordinator for the group
10. Inclusive Play Workgroup Committee (Ongoing)
11. Assist in FASD Awareness Day/month in Anchorage
12. Disability and Aging Coalition and Disability and Aging Summit (quarterly/yearly)

13. Reducing Recidivism committee
14. Various letters of support and public comment on behalf of the Council (Ongoing)
15. GCDSE social media and website management (Ongoing)
16. Home Accessibility / Enabling Technology (HA/ET) review committee (ongoing)
17. Anchorage Disabilities Abuse Collaborative (ADAC) with ANJC (Spring/Summer 2021)
18. GCDSE 2022-2026 5-year planning (2020-2021)
19. Full Lives Committee (ongoing)
20. Disability Pride Celebration Committee (Zoom/technical support, marketing, committee member) (planning ongoing - event July)
21. Mental Health Trust Comp plan - data subcommittee

Attachments:

- A. Airline - Letter of Concern on Universal Mask Policy
- B. MOU with Alaska Native Justice Center
- C. Social Media metrics
- D. Legislative Council Meeting debrief and evaluation support
- E. Disability and Aging Summit Survey
- F. Stakeholder Survey
- G. Example of PPR Survey

Project Title: Behavioral Health Mini-Grants for Trust Beneficiaries	
Grantee: Information Insights	
Fund: Authority Grant	
Geographic Area Served: Statewide	Project Category: Direct Service
Years Funded: FY99 to Present	
FY21 Grant Amount: \$795,000.00	
High Level Project Summary: <p>The Behavioral Health (BH) Mini-Grants program has been funded by the Trust since FY99, and is crucial for supporting Trust beneficiaries with funding that helps to improve their quality of life. The Mini-grants, awarded to individuals through community agencies, are used to purchase equipment, supplies, or services that are needed to improve or maintain a beneficiary's level of functioning and health. The BH Mini-grants are for beneficiaries with mental illness, substance related disorders, or traumatic brain injury.</p> <p>This project has an impact on improving the lives of beneficiaries as seen through Comp plan goal 4, objectives 4.2 and 4.3. Providing tangible support to Trust beneficiaries reduces the impact of mental health and substance misuse, as well as improves treatment services. Staff recommends continued funding of this grant project for FY24/25.</p>	

Project Title: Behavioral Health Mini-Grants for Trust Beneficiaries
Staff Project Analysis: <p>In FY21, the Behavioral Health Mini-grant program satisfied the established grant performance measures. Total funds awarded were \$787,909, and 471 grants were awarded on behalf of Trust beneficiaries.</p> <p>Examples of the FY21 Mini-grants include:</p> <ul style="list-style-type: none"> • Assisted a beneficiary transitioning from homelessness obtain a bed, mattress and other household items for her new permanent residence. • Assisted a beneficiary with a traumatic brain injury and spinal injury from a vehicle accident purchase an adjustable bedframe, mattress, and bedding. • Assisted a young beneficiary having difficulties in school in obtaining tutoring sessions. <p>The impacts of this program cannot be under-stated because the funding can tangibly support Trust beneficiaries at an individual and personal level. Over the years the Trust has heard directly from beneficiaries and families about the appreciation and need for the mini-grant program to help improve quality of life. This program is recommended for continued funding in FY24/25 because of the demonstrated positive impacts on Trust beneficiaries.</p>
Project Description: The Mini-grant program provides Trust beneficiaries with a broad range of equipment and services that are essential to directly improving their quality of life and increasing independent functioning. These can include, but should not be limited to, therapeutic devices, access to medical, vision and dental, and special health-care, and other supplies or services that might remove or reduce barriers to an individual's ability to function in the community and become as self-sufficient as possible.
Grantee Response - FY21 Grant Report Executive Summary: See attached
Number of beneficiaries reported served by this project in FY21: 471
Performance Measure 1: For each monthly funding cycle, provide the total dollar (\$) amount and percentage (%) of funded mini-grants by category (i.e., medical, dental, vision, education, equipment, and other) and geographic location (by Census area).
Grantee Response to Performance Measure 1: See attached
Performance Measure 2: For each monthly funding cycle, provide the total dollar (\$) amount and percentage (%) of unfunded mini-grant requests by category (i.e., medical, dental, vision, education, equipment, and other), reason for denial, and geographic location (by Census area).
Grantee Response to Performance Measure 2: See attached

FY21 Grants Approved 471 = \$787,909.18							
FY21 Grants Declined 257 = \$444,621.47							
Approval Rate =64%							
Total Grants Considered = 728, totaling \$1,232,530.65							
Approved grants by request type				Grants	% of Approved Requests	Funding	% of Approved Funding
			Dental	12	2.5%	\$28,831.00	3.6%
			Education	8	1.7%	\$8,703.70	1.1%
			Equipment/Supplies	67	14.2%	\$91,715.88	11.6%
			Hearing	1	<1%	\$2,500	<1%
			Home/Env Mods	143	30.3%	\$254,861.83	32.3%
			Medical	18	3.8%	\$39,812.88	5.0%
			Other	220	46.7%	\$360,902.89	45.8%
			PT/OT/ST	2	<1%	\$581	<1%
			Vision	0	0.0%	\$0	0.0%
Approved grants by region				Grants	% of Approved Requests	Funding	% of Approved Funding
			Anchorage	195	41.4%	\$334,027.90	42.4%
			Southcentral	135	28.6%	\$209,370.76	26.6%
			Southeast	87	18.5%	\$145,710.31	18.5%
			Northern/Interior	45	9.5%	\$81,028.08	10.3%
			Southwest	8	1.7%	\$15,272.13	1.9%
			Northwest	1	<1%	\$2,500	<1%
				471		\$787,909.18	
Approved grants by Population				Grants	% of Approved Requests	Funding	% of Approved Funding
			MI	328	69.90%	\$533,704.85	67.70%
			SA	132	28.00%	\$234,703.74	29.80%

			TBI	11	2.30%		\$19,500.59	2.40%
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Project Title: Mini-Grants for Beneficiaries with Developmental Disabilities	
Grantee: Information Insights	
Fund: Authority Grant	
Geographic Area Served: Statewide	Project Category: Direct Service
Years Funded: FY99 to Present	
FY21 Grant Amount: \$344,700	
High Level Project Summary: <p>The Developmental Disabilities (DD) Mini-Grant program has been funded by the Trust since FY99 and is a crucial program for supporting Trust beneficiaries with funding that helps to improve their quality of life. The Mini-grants are awarded to individuals through community agencies, who use the funds to purchase equipment, supplies and/or services that are needed to improve or maintain a beneficiary's level of independent functioning and overall health and wellbeing. The DD Mini-grants are for beneficiaries with developmental disabilities and/or young children enrolled in infant learning or early intervention services.</p> <p>Mini-grants help to fill the gaps by supporting the purchase of items and services that are not available through any other funding source yet will increase an individual's quality of life and independent functioning. This project directly relates to the Alaska Comprehensive Integrated Mental Health Plan goal 3 on economic and social well-being and has an impact on improving the lives of beneficiaries, as seen through objective 3.4, by providing timely access to basic needs and services. Staff recommends continued funding of this grant project for FY24/25.</p>	

Project Title: Mini-Grants for Beneficiaries with Developmental Disabilities
<p>Staff Project Analysis:</p> <p>In FY21, the Developmental Disabilities Mini-Grant program satisfied the established grant performance measures. Total funds awarded were \$344,077, and 240 grants were awarded on behalf of Trust beneficiaries.</p> <p>Examples of FY21 DD Mini-grants include:</p> <ul style="list-style-type: none"> • An eight-year-old boy from the Bethel region experiences autism and is non-verbal. With funds from the mini grant, he was able to obtain an iPad equipped with a speech generating application, Proloquo2go. Through Proloquo2go, he is now able to make his wants and needs known to his family and caregivers. • An 18-year-old Trust beneficiary from a small community in Southeast Alaska relies on supplemental oxygen up to 10 hours per night. This had been a barrier to taking outings to his family's cabin due to lack of electricity. Through the mini grant program, the beneficiary was able to obtain a portable battery for his oxygenator and is now able to safely participate in family trips to his cabin. <p>The impacts of this Mini-grant program cannot be under-stated because the funding can tangibly support Trust beneficiaries at an individual and personal level. Over the years the Trust has heard directly from beneficiaries and families about the appreciation and need for the mini-grant program to help improve quality of life and independent functioning. Trust staff strongly recommend continued Trust funding in FY24/25 because of the demonstrated positive impacts on Trust beneficiaries.</p>
<p>Project Description: The mini-grant program provides Trust beneficiaries with a broad range of equipment and services that are essential to directly improving their quality of life and increasing independent functioning. These can include, but should not be limited to, therapeutic devices, access to medical, vision and dental, and special health-care, and other supplies or services that might remove or reduce barriers to an individual's ability to function in the community and become as self-sufficient as possible.</p>
<p>Grantee Response - FY21 Grant Report Executive Summary: In FY21, 240 developmental disabilities mini-grants, totaling \$344,077, were approved. Additional documentation is attached to this report.</p>
<p>Number of beneficiaries experiencing a developmental disability reported served by this project in FY21: 240</p>
<p>Performance Measure 1: For each monthly funding cycle, provide the total dollar (\$) amount and percentage (%) of funded mini-grants by category (i.e., medical, dental, vision, hearing, therapy, home improvements/environmental modifications, and other) and geographic location (by Census area).</p>
<p>Grantee Response to Performance Measure 1: See attached</p>
<p>Performance Measure 2: For each monthly funding cycle, provide the total dollar (\$) amount and percentage (%) of unfunded mini-grant requests by category (i.e., medical, dental, vision, hearing, therapy, home improvements/environmental modifications, and other), reason for denial, and geographic location (by Census area).</p>

Grantee Response to Performance Measure 2: See attached
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FY21 Grants Approved 240 = \$344,077.42							
FY21 Grants Declined 67 = \$118,065.49							
Approval Rate =74.4% by funds, 78.1% by requests							
Total Grants Considered = 307, totaling \$462,142.91							
Approved grants by request type				Grants	% of Approved Requests	Funding	% of Approved Funding
			Medical	45	18.7%	\$70,300	20.4%
			Dental	15	6.2%	\$26,984	7.8%
			Vision	4	1.6%	\$3,475	1.0%
			Hearing	2	<1%	\$3,600	1.0%
		PT/OT/Speech Therapy		114	47.5%	\$153,460	44.6%
			Home/Env Mods	3	1.2%	\$5,513	1.6%
			Equip/Supplies	26	10.8%	\$34,855	10.1%
			Educational	11	4.5%	\$17,990	5.2%
			Other	20	8.3%	\$27,902	8.1%
Approved grants by region				Grants	% of Approved	Funding	% of Funds
			Anchorage	96	40.0%	\$139,249	40.9%
			Southcentral	77	32.0%	\$105,266	30.3%
			Southeast	38	15.8%	\$52,196	15.0%
			Northern/Interior	25	10.4%	\$37,987	11.0%
			Southwest	3	1.2%	\$6,878	2.0%
			Northwest	1	<1%	\$2,500	<1%

Project Title: Mini-grants for ADRD Beneficiaries	
Grantee: Alzheimer's Resource of Alaska	
Fund: Authority Grant	
Geographic Area Served: Statewide	Project Category: Direct Service
Years Funded: FY99 to Present	
FY21 Grant Amount: \$350,000.00	
<p>High Level Project Summary: The Alzheimer's Disease and Related Dementias (ADRD) Mini-Grant program has been funded by the Trust since FY2001 and is a crucial program for supporting Trust beneficiaries with funding that helps to improve their quality of life. Alzheimer's Resource of Alaska (ARA) administers the ADRD minigrant program for the Trust. The mini-grants are awarded directly to individuals, who will use the funds to purchase equipment, supplies, or services that are needed to help improve their overall quality of life, health, and level of independent functioning. The ADRD mini-grants are for beneficiaries with Alzheimer's disease and related dementias.</p> <p>Mini-grants help to fill the gaps with funds to purchase items and services that are not available through any other funding source, yet will increase an individual's quality of life, independent functioning and overall well-being. In FY21, the ADRD Mini-grants substantially met or exceeded Trust expectations against the performance measures outlined in the project grant agreement. The minigrant program continued operations during the COVID-19 pandemic. Many services were slow to start or supplies were back ordered during the pandemic. To support people through these delays ARA allowed people to use minigrants awarded in FY20 through December 2020. This impacted the demand for new Mini-grants, explaining the reduction in new minigrants awarded in FY21. Mini-grants are not likely to be self-sustaining in the immediate future because Medicaid and other revenue sources are inadequate to sustain this model of service. Trust staff believe this model of serving beneficiaries with mini-grants is being well delivered by Alzheimer's Resource of Alaska and is recommended for continued funding in FY24.</p> <p>This project directly relates to the Alaska Comprehensive Integrated Mental Health Plan goal 3 on economic and social well-being. This project has an impact on improving the lives of beneficiaries, as seen through objective 3.4, by providing timely access to basic needs and services.</p>	

Project Title: Mini-grants for ADRD Beneficiaries

Staff Project Analysis: The Alzheimer’s Disease and Related Dementias (ADRD) Mini-Grant program has been funded by the Trust since FY2001 and is a crucial program for supporting Trust beneficiaries with funding that helps to improve their quality of life. The Mini-grants are awarded directly to individuals, who will use the funds to purchase equipment, supplies, or services that are needed to help improve their overall quality of life, health and level of independent functioning. The ADRD minigrants are for beneficiaries with Alzheimer’s disease and related dementias.

Alzheimer’s Disease and Related Dementias predominately affect seniors. Alaska has seen rapid growth of the senior population both in the population cohort of “Baby Boomers” and in seniors over the age of 85. Alaska has one of the most rapidly aging populations with some of the more unique barriers to care when compared to other parts of the United States. Funding for aging services has been relatively stagnant at both the federal and state levels for non-waiver services. The State of Alaska has not yet implemented a waiver program for people who have ADRD yet no functional limitation. This is a significant gap in the system that can prematurely push people into a higher level of care than they need rather than remaining in their own home or in the care of a family member or friend. Many seniors have a fixed income that leaves little to no room in their budget to purchase additional services, supports or other items that improve their health and wellbeing. The ADRD Mini-grants allow for some of these gaps to be filled and to help beneficiaries improve the quality of their lives.

Alzheimer’s Resource of Alaska (ARA) administers the ADRD minigrant program for the Trust. In FY21, the ADRD Mini-Grant program substantially met or exceeded Trust expectations outlined in the grant agreement. Total funds awarded in FY21 were \$88,946.75 through 78 Mini-grants serving 65 individual beneficiaries, impacting 178 Trust beneficiaries experiencing Alzheimer’s Disease and related dementias. The Mini-grant program continued operations during the COVID-19 pandemic. Many services were slow to start, or supplies were back ordered during the pandemic. To support people through these delays ARA allowed people to use minigrants awarded in FY20 through December 2020. This impacted the demand for new minigrants, explaining the reduction in new minigrants awarded in FY21.

Examples of feedback received about the FY21 ADRD Mini-grants include:

“This is the 3rd or 4th Mini-grant I have applied for over the last 2 years and it is so helpful to Elders and families who don't have the financial means to purchase supplies they need. Especially in the rural villages.”

“This grant has been so beneficial to my spouse with Alzheimer's as well as myself. This grant has aided in his safety more than independence as he's further along with the disease. We are always so grateful and the staff is outstanding!”

“We are so pleased with our new shower stall. It has so much more room with plenty of grab bars and is wheelchair accessible if/when needed. Thank you!”

Trust staff strongly recommend continued Trust funding in FY24 for this valuable resource to support beneficiaries living as independently as possible in their communities and the demonstrated positive impacts on Trust beneficiaries.

Project Description: The Mini-grant program grants can include, but should not be limited to, therapeutic devices, access to medical, vision and dental, and special health-care, and other supplies or services that might remove or reduce barriers to an individual's ability to function in the community and/or remain in their own home or home community as long as possible. Assistance with basic living needs not covered by current grants, such as transportation, clothing and the like, will also be considered. These services will help Trust beneficiaries attain and maintain healthy and productive lifestyles. These items are determined to support beneficiaries in achieving stability and are key supports to gaining self-sufficiency.

Consumer Mini-grants are an important component of a system delivering individualized services that promote stability."

Grantee Response - FY21 Grant Report Executive Summary: Fiscal Year FY21 marks the 21st year of Alzheimer's Resource of Alaska's administration of the ADRD Mini-grant program. During the final half of FY21, sixty-five (65) Trust beneficiaries received grants for services and supplies that improved their quality of life, as well as enabling many to remain in their homes and communities safely for longer than might otherwise have been possible. In total, 178 beneficiaries were served under this grant for FY21. ARA is grateful for the Alaska Mental Health Trust Authority and its commitment to supporting the needs of Alaskans experiencing dementia.

In second half of FY21, 65 applicants presented 78 grant requests seeking funds to obtain an estimated \$88,946.75 in goods and services. The Mini-grant Evaluation Committee approved all 78 requests for \$88,946.75. The number of grants requested this year continues to be significantly lower than previous years. We attribute this to the continued impacts of the pandemic. Services and supports have been reduced or suspended throughout the State, and many people are choosing to stay safely at home with increased natural supports. The drop in services began in March 2020, as a result the Trust expanded FY20 spending through December 2020, allowing people additional time to apply for FY20 grants and not impacting their ability to apply for FY21 grant funds. We believe this has impacted the amount of grant requests received for FY21, as people were still spending down FY20 funds during this period. Carrying over funds also created a significant administrative burden. Supports such as respite and adult day services were sought out by clients but, due to workforce shortages and pandemic safety concerns, most were unable to secure these supports and as a result the funds could not be paid out.

Many people were able to rely on mini-grant funds to help lessen hardships caused by the pandemic. The Trust has continued the temporary expansion of eligible goods and services, to include non-food, non-personal care items as well as one-time bridge funding to cover essential life and safety needs. For example, this expansion of allowable items allowed people to purchase personal protective equipment and cleaning supplies for their home. The one-time bridge funding was used to cover utility bills or rent payments that were missed, allowing people to remain safely in their homes. Increased access to these supports through other pass-through federal funding sources greatly benefited Alaskans, including mini-grant beneficiaries.

While 2 mini-grants went unfunded this period, we are pleased to report there were no mini-grant denials during this period. One recipient withdrew their request upon locating other means of funding, and one recipient moved into Assisted Living, which eliminated their need for the requested item. We attribute the lack of denials to the amount of assistance and guidance provided to beneficiaries and their legal representatives. ARA's education program assistant, who is the primary

contact for mini-grant, is incredibly knowledgeable about the process and resources around the state. He spends ample time responding to applicants needs and guiding them successfully through the process.

Throughout the year, ARA promotes knowledge about the Mini-grant program to those in a position to benefit. We promote awareness about the ADRD Mini-grant at classes, trainings and outreach events. Additionally, ARA promotes the ADRD Mini-grant program through social media, our website, email-blasts and in its quarterly newsletter. We also counsel family caregivers about the availability of Mini-grants through classes and in consultations.

Number of beneficiaries experiencing mental illness reported served by this project in FY21: 0

Number of beneficiaries experiencing substance misuse reported served by this project in FY21: 0

Number of beneficiaries experiencing a developmental disability reported served by this project in FY21: 0

Number of beneficiaries experiencing Alzheimer's Disease or a related dementia reported served by this project in FY21: 225

Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY21: 0

Number of individual trained as reported for this project in FY21: 0

Performance Measure 1: 1. For each reporting period, provide the total dollar (\$) amount and percentage (%) of funded mini-grants by category (i.e., hearing, vision, dental, accessibility, medical, adaptive, supplies, and other) and geographic location (by Census area).

Grantee Response to Performance Measure 1: See Attached

Please see attached.

Performance Measure 2: 2. For each reporting period, provide the total dollar (\$) amount and percentage (%) of unfunded mini-grant requests by category (i.e., hearing, vision, dental, accessibility, medical, adaptive, supplies, and other), reason for denial, and geographic location (by Census area).

Grantee Response to Performance Measure 2: See Attached

Please see attached.

Performance Measure 3: 3. For the final status report, document the number (#) and percentage (%) of individuals who are satisfied with the mini grant application process, as well as with any assistance they received throughout the application process.

Grantee Response to Performance Measure 3:

ARA mailed satisfaction surveys to all applicants awarded mini-grants. While the returns remain relatively low (n=16), those who took the time to complete and return the survey expressed great satisfaction. Because of the ADRD mini-grant, 87% of recipients reported improved or maintained independence. 100% rated the mini-grant process as clear, easy to understand and follow. 100% rated ARA staff assistance as excellent and 100% said they would recommend ADRD mini-grants to others.

Among the specific comments received were the following:

"This is the 3rd or 4th mini-grant I have applied for over the last 2 years and it is so helpful to Elders and families who don't have the financial means to purchase supplies they need. Especially in the rural villages."

"This grant has been so beneficial to my spouse with Alzheimer's as well as myself. This grant has aided in his safety more than independence as he's further along with the disease. We are always so grateful and the staff is outstanding!"

"We are so pleased with our new shower stall. It has so much more room with plenty of grab bars and is wheelchair accessible if/when needed. Thank you!"

"The process was easy for an 83 year old man to follow and the staff I worked with felt like we were longtime friends even though we've never met face to face."

Performance Measure 1 – FY21 Q 3/4 Totals

Grants Awarded by Region			
Regions - Service Areas	# of Grants Awarded	Amount Awarded	Percentage
Region II - Fairbanks	2	\$1,906.62	2%
Region IV - Anchorage	45	\$51,337.03	58%
Region IX - Juneau	2	\$514.65	1%
Region IX - Southeast (Ketchikan)	3	\$7,500.00	9%
Region V - Cordova; Valdez; Kenai Peninsula	9	\$13,579.16	15%
Region V - Other (Willow, Talkeetna, etc.)	3	\$2,223.81	3%
Region V - Mat-Su (Wasilla, Palmer)	10	\$8,181.14	9%
Region VII - Kodiak Island, Dillingham	2	\$2,644.34	3%
Summary Functions:			
	76	\$87,886.75	100%

Grants Awarded by Category			
Item Category	# of Grants Awarded	Amount Awarded	Percentage
Accessibility	15	\$16,086.91	18%
Adaptive	23	\$16,814.06	19%
Dental - Dentures	1	\$2,500.00	3%
Dental - Preventative	0	\$0.00	0%
Dental - Restorative	1	\$482.91	1%
Hearing	0	\$0.00	0%
Medical	1	\$240.00	<1%
Other	15	\$31,360.00	36%
Supplies	20	\$20,402.87	23%
Vision	0	\$0.00	0%
Summary Functions:			
	76	\$87,886.75	100%

Performance Measure 2 –FY21 Q 3/4 Totals

Mini Grants Unfunded by Region		
Regions - Service Areas	Amount Requested	Percentage
Region IV	\$425.00	40%
Region V	\$635.00	60%
Summary Functions:		
	\$1060.00	100%

Mini Grants Unfunded by Reason		
Reason for Denial	Amount Requested	Percentage
Did not meet funding intent		
No dementia diagnosis		
Items covered by other sources	\$635.00	60%
Other	\$425.00	40%
Summary Functions:		
	\$1060.00	100%

Mini Grants Unfunded by Category		
Category	Amount Requested	Percentage
Accessibility		
Adaptive	\$425.00	40%
Dental		
Supplies	\$635.00	60%
Other		
Summary Functions:		
	\$1060.00	100%

Project Title: Anchorage Neighborhood Health Center Dental Grant	
Grantee: Anchorage Neighborhood Health Center	
Fund: Authority Grant	
Geographic Area Served: Anchorage Municipality	Project Category: Direct Service
Years Funded: FY09 to Present	
FY21 Grant Amount: \$140,000.00	
<p>High Level Project Summary:</p> <p>In partnership with the Trust, the Anchorage Neighborhood Health Center’s (ANHC) Dental Clinic continues to provide dental services to Trust beneficiaries referred by behavioral health providers/agencies in the Anchorage area. This grant allows beneficiaries who are low-income or otherwise disadvantaged to receive emergent, preventive, restorative, and prosthetic dental care. The Trust has funded the dental grant with the ANHC since FY2009. This grant provides essential dental services to Trust beneficiaries who would not otherwise have access. This crucial safety net dental program ensures beneficiary access to basic dental health care and improves quality of life.</p> <p>Trust staff recommends a final year of budgeted funding for this project in FY23 after which the program would be able to apply directly for funding from the Trust on an annual/as needed basis. This approach would allow ANHC to be more flexible with use of unspent funds that may otherwise lapse across a fiscal year and ensure optimal responsiveness to beneficiary/community need within the historical service parameters of this project. This project directly relates to the Alaska Comprehensive Integrated Mental Health Plan objective 2.1 access and receiving quality healthcare.</p>	

Project Title: Anchorage Neighborhood Health Center Dental Grant

Staff Project Analysis:

In FY21, the Anchorage Neighborhood Health Center (ANHC) dental program satisfied the established grant performance measures. According to the report, dental treatment and routine services during the project period were interrupted due to COVID-19.

The ANHC Dental Grant with funding provided by The Alaska Mental Health Trust Authority provided services to 25 mental health beneficiaries during the budget period. These 25 beneficiaries account for a total of 145 visits during the 2020-2021 fiscal year. The range of services funded supported restorative and preventative dental work for Trust beneficiaries who would not otherwise have had access to care for their dental needs during the project period. The services supported by the grant this fiscal year included, but not limited to emergency/comprehensive exams, cleaning/deep cleaning visits, Fluoride application, restorations, root canals, extractions, fixed prosthetics, removable prosthetics, and denture adjustments/relines/repairs, postoperative checks, consults, etc. This project continues to fill a critical safety net need for beneficiaries.

This project directly relates to the Alaska Comprehensive Integrated Mental Health Plan objective 2.1 access and receiving quality healthcare. Staff recommend continued funding in FY23.

Project Description: Anchorage Neighborhood Health Center (ANHC) will perform dental services for Trust beneficiaries that are referred by behavioral health treatment agencies as part of a demonstration project to better meet the needs of beneficiaries previously served under the mini-grant program from The Trust. The ANHC agrees to outreach to local behavioral health agencies to set up a system for referral of behavioral health beneficiaries to receive dental services either directly from ANHC or, if necessary, through referral by ANHC to appropriate specialist for dental services that ANHC is unable to perform. ANHC will work with The Trust over the life of the project to assess the project success and to refine the project process to best meet the needs of ANHC and Trust beneficiaries.

Outreach to local behavioral health providers to set up system, using vouchers, for referral of eligible Trust beneficiaries. The program will be focused at Trust beneficiaries being served by local behavioral health providers and who have need of dental treatment and who do not have any other source of resources to pay for dental treatment.

- ANHC will manage referrals, provide exams and treatment plans and work to prioritize services to Trust beneficiaries in an appropriate manner.
- ANHC will bill The Trust fund source at a rate of 85% of the schedule rate for services provided.
- ANHC will be able to refer Trust beneficiaries out for dental treatment that is not able to be provided within the agency and bill the Trust funds for the services provided.
- Grant tracking will be performed by the accounting department on a quarterly basis.
- ANHC will work with Trust staff to track the progress of the demonstration project and to make suggestions for refining the demonstration project process throughout the year so that

it may be replicated at other sites and to help determine the feasibility of expansion and continuing in future years.
Grantee Response - FY21 Grant Report Executive Summary: See attached.
Number of beneficiaries experiencing mental illness reported served by this project in FY21: 23
Number of beneficiaries experiencing substance misuse reported served by this project in FY21: 1
Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY21: 1
Performance Measure 1: At each reporting period, and summarized in the final report, describe outreach efforts to local behavioral health providers to set up a system, using vouchers, for referral of eligible Trust beneficiaries who have need of dental treatment and who do not have any other resources to pay for dental treatment. Include successes, and challenges/barriers to the implementation of the system.
Grantee Response to Performance Measure 1: See attached.
Performance Measure 2: At each reporting period, except where noted, provide project outcomes data that includes: <ul style="list-style-type: none"> a) Number of Trust beneficiaries served each quarter. (An unduplicated total will be provided with the final annual report.) b) The quantity and ANHC's prevailing rate for each dental service provided (i.e., number of comprehensive examinations and associated cost, number of cavity x-rays and associated cost, etc). c) Annual average dollar amount for dental services at ANHC's current fee schedule provided per Trust beneficiary at ANHC. d) Number and percentage of Trust beneficiaries referred to outside providers for dental services. e) The quantity and prevailing rate of each dental service provided (i.e., number of comprehensive examinations and associated cost, number of cavity x-rays and associated cost, etc) by providers outside of ANHC. f) Annual average dollar amount for dental services at the provider's prevailing rate provided per Trust beneficiary by providers outside of ANHC. g) Annually provide at least 1-2 brief stories describing how Trust beneficiaries are better off as a result of this program.
Grantee Response to Performance Measure 2: See attached.

FY 21 AUTHORITY GRANT FUNDING AGREEMENT
Project Title: Anchorage Neighborhood Health Center Dental Grant (FY21)

GRANTEE: Anchorage Neighborhood Health
ADDRESS: 4951 Business Park Blvd
Anchorage, AK 99503

Authority Grant Type: General Authority Grant
GIFTS ID: 2002.12
Performance: July 1st, 2020 through
June 30th, 2021

Anchorage Neighborhood Health Center Dental Grant
Term: 7-1-2020 to 6-30-2021
Final Narrative Report

Treatment: With grant funding provided by The Alaska Mental Health Trust Authority, the Anchorage Neighborhood Health Center provided dental services to 25 trust beneficiaries during the term 7/1/20 to 6/30/21. These 25 beneficiaries account for total of 145 visits during the 2020-2021 fiscal year. Of these beneficiaries, twenty were diagnosed with mental illness, three with substance abuse, one with traumatic brain injury, and one with developmental disability.

The services supported by the grant this fiscal year included, but not limited to: emergency/comprehensive exams, cleaning/deep cleaning visits, Fluoride application, restorations, root canals, extractions, fixed prosthetics, removable prosthetics, and denture adjustments/relines/repairs, postoperative checks, consults, etc.

Quantity and Prevailing rate for dental services: The total amount for dental services at ANHC's full fee schedule for this term was \$84,891.00 (reimbursed at 85% for total reimbursement of \$71,157.35). Dental services were provided to 25 beneficiaries during the term of this dental grant making the average dollar amount per beneficiary \$3,395.64 (reimbursed at 85% for total reimbursement of \$2,886.29).

Referral outside of ANHC: There were total of 9 outside referrals for specialty care that was made during the fiscal year 2020-2021.

Dental visits were reduced during the 2020-2021 fiscal year, due to COVID-19 restrictions and dental space modifications to create a safer patient care environment.

We appreciate our partnership with the Mental Health Trust Authority, and for the recognition of the profound need for oral health services in our community. We thank you for continuing to fund the Anchorage Neighborhood Health Dental Grant, which is much-needed and greatly appreciated.

1	M	Caucasian	Anxiety
2	F	Caucasian	Depression, Substance Abuse
3	F	Caucasian	Depression, PTSD, Anxiety
4	M	Caucasian	Depression, OCD, Developmental Disability
5	M	Caucasian	Depression, Anxiety, PTSD
6	M	Caucasian	TBI
7	F	Caucasian	Anxiety, Mood disorder
8	F	Alaska Native, Black, Caucasian	Mental Illness- Bipolar
9	F	Caucasian	Depression, Anxiety
10	F	Other Race	Anxiety
11	M	Caucasian	Depression, Anxiety, PTSD, Substance Abuse
12	F	Caucasian	Depression, PTSD
13	M	Black	Mental Illness
14	M	Caucasian	Anxiety
15	F	Caucasian	Mental Illness- Bipolar
16	M	Caucasian	Mental Illness
17	M	Caucasian	Depression, ADD
18	F	Caucasian	Anxiety
19	M	Caucasian	Mental Illness
20	M	Caucasian	Mental Illness
21	M	Caucasian, Black	Mental Illness
22	M	Caucasian	Mental Illness
23	M	Caucasian	Substance Abuse
24	F	Black	Depression, Anxiety
25	F	Caucasian	Anxiety

Project Title: Interior Community Health Center Dental Grant (FY21)	
Grantee: Interior Community Health Center	
Fund: Authority Grant	
Geographic Area Served: Fairbanks North Star Borough	Project Category: Direct Service
Years Funded: FY09 to Present	
FY21 Grant Amount: \$100,000.00	
<p>High Level Project Summary:</p> <p>In partnership with the Trust the Interior Community Health Center Dental Clinic provides dental services to Trust beneficiaries referred by behavioral health providers/agencies in the Fairbanks area. This grant allows beneficiaries who are low-income or otherwise disadvantaged to receive emergent, preventive, restorative, and prosthetic dental care. The Trust has funded the dental grant with the Interior Community Health Center since FY2009. This grant provides essential dental services to Trust beneficiaries who would not otherwise have access. This crucial safety net dental program ensures beneficiary access to basic dental health care and improves quality of life.</p> <p>Trust staff recommends a final year of budgeted funding for this project in FY23 after which the program would be able to apply directly for funding from the Trust on an annual/as needed basis. This approach would allow ICHC to be more flexible with use of unspent funds that may otherwise lapse across a fiscal year and ensure optimal responsiveness to beneficiary/community need within the historical service parameters of this project. This project directly relates to the Alaska Comprehensive Integrated Mental Health Plan objective 2.1 access and receiving quality healthcare.</p>	

Project Title: Interior Community Health Center Dental Grant (FY21)

Staff Project Analysis:

In FY21, the Interior Community Health Center satisfied the established grant performance measures. Dental services were provided to 52 Trust beneficiaries with an average cost of dental services provided by ICHC per beneficiary of \$944. Six of the 52 beneficiaries (12%) were referred to outside providers for specialized services for an average cost of outside provider services at \$1290 per beneficiary. The range of services funded supported restorative and preventative dental work for Trust beneficiaries who would not otherwise have had access to care for their dental needs during the project period.

Patient testimonials are included in the report and represent a sample of beneficiaries who have benefited from the project who may otherwise not have received critically needed dental services this year. This project continues to fill a critical safety net need for beneficiaries.

This project directly relates to the Alaska Comprehensive Integrated Mental Health Plan objective 2.1 access and receiving quality healthcare.

Project Description: Interior Community Health Center (ICHC) will perform dental services for Trust beneficiaries that are referred by behavioral health treatment agencies as part of a demonstration project to better meet the needs of beneficiaries previously served under the mini-grant program from The Trust. The ICHC agrees to outreach to local behavioral health agencies to set up a system for referral of behavioral health beneficiaries to receive dental services either directly from ICHC or, if necessary, through referral by ICHC to appropriate specialist for dental services that is ICHC unable to perform. ICHC will work with The Trust over the life of the project to assess the project success and to refine the project process to best meet the needs of ICHC and Trust beneficiaries.

Outreach to local behavioral health providers to set up system, using vouchers, for referral of eligible Trust beneficiaries. The program will be focused at Trust beneficiaries being served by local behavioral health providers and who have need of dental treatment and who do not have any other source of resources to pay for dental treatment.

- ICHC will manage referrals, provide exams and treatment plans and work to prioritize services to Trust beneficiaries in an appropriate manner.
- ICHC will bill The Trust fund source at a rate of 85% of the schedule rate for services provided.
- ICHC will be able to refer Trust beneficiaries out for dental treatment that is not able to be provided within the agency and bill the Trust funds for the services provided.
- Grant tracking will be performed by the accounting department on a quarterly basis.
- ICHC will work with Trust staff to track the progress of the demonstration project and to make suggestions for refining the demonstration project process throughout the year so that it may be replicated at other sites and to help determine the feasibility of expansion and continuing in future years.

Grantee Response - FY21 Grant Report Executive Summary: See attachments
Number of beneficiaries experiencing mental illness reported served by this project in FY21: 52
Performance Measure 1: At each reporting period, and summarized in the final report, describe outreach efforts to local behavioral health providers to set up a system, using vouchers, for referral of eligible Trust beneficiaries who have need of dental treatment and who do not have any other resources to pay for dental treatment. Include successes, and challenges/barriers to the implementation of the system.
Grantee Response to Performance Measure 1: To increase visibility and public awareness of the services offered by ICHC, we have applied a multichannel engagement strategy. We have distributed materials (e.g. brochures and flyers) about ICHC's spectrum of primary care services, including dental. ICHC has also participated in public relation activities. For example, we have worked closely with various local organizations to share information to prospective patients on how to access our services. We have also participated in community-wide events to raise awareness of ICHC's services, and to empower more individuals to utilize the existing resources that we provide (e.g. Schedule of Discounts). We also consistently feature public broadcasting (radio) and print media (newspaper) to remind residents that our services - Medical, Dental, Integrated Behavioral Health - are available to everyone in the community.
Performance Measure 2: At each reporting period, and summarized in the final report, provide project outcomes data that includes: <ul style="list-style-type: none"> a) Number of Trust beneficiaries served (unduplicated) b) The quantity and cost of each dental service provided (i.e., number of comprehensive examinations and associated cost, number of cavity x-rays and associated cost, etc). c) Average cost of dental services provided per Trust beneficiary at ICHC. d) Number and percentage of Trust beneficiaries referred to outside providers for dental services. e) The quantity and cost of each dental service provided (i.e., number of comprehensive examinations and associated cost, number of cavity x-rays and associated cost, etc) by providers outside of ICHC. f) Average cost of dental services provided per Trust beneficiary by providers outside of ICHC. g) 1-2 brief stories describing how Trust beneficiaries are better off as a result of this program.
Grantee Response to Performance Measure 2: a-f): See attached <p>During the first quarter, Interior Community Health Center (ICHC) is highlighting a patient that started treatment in March of 2019. At the time treatment began, the patient had several teeth in various stages of decay. Over the last year and a half, ICHC providers performed multiple examinations, restorations, and periodontal maintenance. On September 30, phase one treatment (elimination of dental disease) was completed.</p> <p>During the second quarter, Interior Community Health Center (ICHC) is highlighting a patient that first started treatment at the dental clinic in September 2017. The patient is a Medicaid beneficiary. In the past, the patient was not able to complete her treatment because she would run out of Medicaid funds before her needs were met. The patient returned to ICHC for a comprehensive exam in September 2020. She was living at the local domestic violence shelter with her three children and had no financial means to pay for dental care, even with ICHC's sliding scale. In October 2020, the patient became a grant recipient.</p>

With the help of the grant, this patient was able to continue care after her insurance benefits ran out. Between October 1st and December 31st, 2020, the patient was seen for seven restorative appointments at ICHC. As of January 2021, the patient has completed all of her restorative care. For this patient, grant funds were instrumental in meeting her treatment needs.

During the third quarter, Interior Community Health Center (ICHC) is highlighting a patient that started treatment with us in 2014. When we first saw this patient, he needed a great amount of work, including extractions, periodontal treatment, and many restorations. The patient has been able to complete phase 1 of treatment (elimination of dental disease) with the help of the grant. He has maintained his good oral health with regular maintenance and check-ups for some time. During his routine exam in January, the patient was found to have new caries. He quickly scheduled his appointments to get them restored, and once again completed phase 1 of treatment. For this patient, the grant has been instrumental in staying disease free. He is grateful for his ability to come in regularly and address problems as they arise.

During the fourth quarter, Interior Community Health Center (ICHC) is highlighting a patient that started treatment with us in 2013. This patient presented with some challenges to maintaining her oral health. She has systemic conditions that make her very prone to caries and severe anxiety that limits her tolerance to treatment. The patient benefits from shorter appointments with N2O and more frequent evaluations to monitor for new caries. The grant has allowed this patient to keep up her oral health. In the last quarter, she has had five restorative appts and is close to completing phase 1 of treatment.

**Final Report FY21
Summary of Grant Year**

Number of Patients Served in FY21: 52

<u>ADA Code</u>	<u>Dental Services Provided in FY20</u>	<u>Quantity</u>	<u>Amount Per Unit</u>	<u>\$ Total</u>
D0120	Periodic Exam 3+	23	\$72.25	\$1,629.01
D0140	Limited Oral Evaluation	10	\$106.25	\$1,034.54
D0150	Comprehensive Oral Evaluation	2	\$127.50	\$169.25
D0210	Intraoral-FMX	1	\$181.05	\$181.05
D0220	Intraoral- Periapical- First Film	10	\$41.65	\$416.50
D0230	Intraoral-Periapical-Each Add'l	1	\$0.00	\$34.85
D0270	Bitewing-1 Film	7	\$40.80	\$532.10
D0274	Bitewings- 4 Films	12	\$90.10	\$935.30
D1110	Prophylaxis- Adult	14	\$125.80	\$1,761.20
D1206	Topical Fluoride Varnish	4	\$57.80	\$231.20
D1354	Interim Carries Arrestin Medication	4	\$114.75	\$459.00
D2140	Amalgam-1 Surface prim/perm	3	\$199.75	\$310.93
D2150	Amalgam- 2 Surface prim/perm	2	\$255.00	\$510.00
D2160	Amalgam - 3 Surface prim/perm	3	\$309.40	\$849.92
D2330	Resin Composite- 1 Surface, Anterior	6	\$234.60	\$1,410.46
D2331	Resin Composite- 2 Surface, Anterior	9	\$281.35	\$1,600.49
D2332	Resin Composite-3 Surface, Anterior	5	\$345.95	\$1,729.75
D2335	Resin Composite-4+ Surface, Anterior	5	\$429.25	\$1,100.93
D2391	Resin Composite- 1 Surface, Posterior	14	\$253.30	\$2,722.92
D2392	Resin Composite- 2 Surface, Posterior	15	\$323.85	\$3,134.71
D2393	Resin Composite- 3 Surface, Posterior	7	\$398.65	\$2,105.94
D2394	Resin Composite-4+ Surface Posterior	4	\$463.25	\$681.97
D2751	Crown-Porcelain Fused Base Metal	1	\$1,461.97	\$930.85
D2920	Recement Crown	1	\$160.25	\$160.25
D2954	Prefab Post&Core	1	\$454.75	\$454.75
D4342	Perio Scale&Root pln 1-3 per quad	9	\$266.90	\$2,135.39
D4910	Periodontal Maintenance	18	\$186.15	\$2,423.82
D5110	Complete Denture- Maxillary	2	\$1,932.35	\$4,584.99
D5120	Complete Denture- Mandibular	2	\$2,483.65	\$4,592.64
D5214	Mandibular Partial Denture-Metal	1	\$2,495.60	\$2,495.60
D5422	Adjust Partial Denture Mandibular	1	\$127.50	\$34.95
D5520	Replace Teeth-Complete Denture	2	\$266.05	\$532.10
D5650	Add Tooth to Existing Partial Denture	1	\$326.40	\$46.85
D5731	Reline Complete Mand Denture Chairside	1	\$520.20	\$520.20
D7140	Extract, Erupted Tooth/ Exposed Root	5	\$266.05	\$1,314.47
D9230	Nitrous Oxide/Analgesia	18	\$115.60	\$2,271.01
D9944	Occlusal Guard-Hard Full Arch	4	\$731.00	\$2,924.00
MIPASTE	MIPASTE	2	\$13.60	\$27.20

Sub Total: \$48,991.09

Average Cost of Dental Services Provided per Trust Beneficiary at ICHC:

\$943.92

Specialist Referrals

Number of Beneficiaries referred to Outside Providers: 6
Percentage of Beneficiaries referred to Outside Providers: 9%

<u>ADA Code</u>	<u>Dental Services Provided in FY20</u>	<u>Quantity</u>	<u>Amount Per Unit</u>	<u>\$ Total</u>
D0140	Limited Oral Eval	1	\$120.00	\$120.00
D0330	Panoramic Film	1	\$180.00	\$180.00
D3310	Endo Therapy, Anterior	1	\$135.00	\$135.00
D3320	Endo Therapy, Bicuspid	2	\$1,455.00	\$1,832.00
D3330	Endo Therapy, Molar	1	\$1,500.00	\$1,500.00
D3330	Endo Therapy, Molar	3	\$1,750.00	\$3,974.80
	Sub Total:		\$7,741.80	

Average Cost of Dental Services Provided by an Outside Provider Per Trust Beneficiary:

\$1,290.30

Total Balance Due:

\$56,732.89

Interior Community Health Center has implemented various outreach processes as well as internal tracking measures to ensure that the project performance measures of the grant are being met.

All prices are per unit and are listed as 85% of Interior Community Health Center's fee. These charges are not net of third party insurance payments that were paid in the past grant year.

Please submit inquiries to Sherry Jacobs, Dental Billing Specialist, at 907-458-1504.

****This is not a bill. This is a summary of the grant year.**

Project Title: Deferred Maintenance - Capital (FY21)	
Grantee: DHSS Finance and Management Services	
Fund: MHTAAR	
Geographic Area Served: Statewide	Project Category: Capital - Construction
Years Funded: FY16 to Present	
FY21 Grant Amount: \$250,000.00	
<p>High Level Project Summary: The Deferred Maintenance grant supports non-profit agencies providing services to Trust beneficiaries. The Department of Health and Social Services (DHSS) issues a competitive RFP to help agencies with projects for deferred maintenance, renovation, American Disabilities Act (ADA) compliance and repair of existing structures that house services, activities and programs for Trust beneficiaries. It is identified under capital requests as a non-focus area allocation in the Trust budget and has a system level impact for agencies that serve Trust beneficiaries. The funding for these projects allows agencies to concentrate their efforts and already scarce resources on direct services.</p> <p>DHSS requested and was granted the option to defer the FY21 solicitation for the Deferred Maintenance grants due to extreme delays in completing projects from the prior fiscal year due to COVID. One new project was approved in FY21 and 11 projects approved in prior fiscal years were completed. Construction, exterior maintenance, and remodeling projects experienced increased costs and delayed contractor availability impacting the timelines to complete projects. There are few funding sources to assist programs with deferred maintenance. Requests for funds consistently exceed the amount of annual funding. It would be preferred for agencies that own facilities to include deferred maintenance as part of their routine budgeting and financial planning rather than use grant funds. It may be beneficial for the Trust to talk with partners to identify an alternative or complementary program to assist agencies with planning for facility needs. The Joint Advisory Boards and Trust staff recommend continued funding and advocacy for GF/MH in FY24.</p> <p>Deferred Maintenance grants supports Goal 9 of Strengthening the System: Alaska's Comprehensive Integrated Mental Health Program Plan.</p>	

Project Title: Deferred Maintenance - Capital (FY21)

Staff Project Analysis: The Trust supports this capital funding to enable DHSS to issue grants for deferred maintenance to organizations serving trust beneficiaries. Organizations that have received awards view this grant source as a critical resource. The number of requests consistently outpaces the funds available. Funds are granted through a competitive process by DHSS, Finance and Management Services. It is identified under capital requests as a non-focus area allocation in the Trust budget and has a system level impact for agencies that serve Trust beneficiaries. The funding for these projects allows agencies to concentrate their efforts and already scarce resources on direct services.

DHSS requested and was granted the option to defer the FY21 solicitation for the Deferred Maintenance grants due to extreme delays in completing projects from the prior fiscal year due to COVID. Construction, exterior maintenance, and remodeling projects experienced increased costs and delayed contractor availability impacting the timelines to complete projects. Projects include ramps and accessible bathrooms to ensure the physical space of an agency is accessible as well as projects that improve the physical environment to prevent mold growth or water damage such as a new roof. This project allows for agencies to make necessary safety upgrades by installing fire suppression systems. Other examples include creating private office space to enhance confidentiality of services and wiring upgrades to modernize phone and computer systems used by an agency.

There are few grant funding sources to assist programs with deferred maintenance. Requests for funds consistently exceed the amount of annual funding. The funding provided for these projects make lasting improvements to the facilities used by Trust beneficiaries and are combined with other funds as most of the projects' total costs exceed the maximum grant award. It would be preferred for agencies that own facilities to include deferred maintenance as part of their routine budgeting and financial planning rather than use grant funds. It may be beneficial for the Trust to talk with partners to identify an alternative or complementary program to assist agencies with planning for facility needs. The Joint Advisory Boards and Trust staff recommend continued funding and advocacy for GF/MH in FY24.

Essential Program Equipment grants support Goal 9 of Strengthening the System: Alaska's Comprehensive Integrated Mental Health Program Plan.

Project Description: The goal of this program is to provide capital grant funds for deferred maintenance, renovation, ADA compliance and repair of existing structures that house services, activities and programs for Trust beneficiaries.

These capital funds are for program renovations and repairs and for American Disabilities Act improvements of facilities for Trust beneficiaries only. Funds may be used to address health and safety concerns as well as remodeling and improvements to sprinkler, heating and ventilation systems in service provider facilities. These concerns are all related to health and safety issues, as well as overcrowding in the course of service delivery. All funds are awarded through a statewide competitive process.

Grantee Response - FY21 Grant Report Executive Summary: The primary goal of this program is to reduce the deferred maintenance and accessibility needs of eligible agencies in Alaska who provide services to Trust beneficiaries. This program provides the funds for deferred maintenance, renovation, and ADA compliant improvement projects to existing structures, allowing agencies to concentrate efforts and their already scarce resources on providing services for their client populations. Providing

funds for the repair and maintenance of these facilities is a good investment in the health and well-being of Trust beneficiaries.

Number of deferred maintenance projects impacting beneficiaries: 11

Performance Measure 1: List projects receiving award by: agency, community, dollar amount, purpose, those with improvements, & program type(s) benefitting.

Grantee Response to Performance Measure 1:

On January 2020 the Deferred Maintenance and Accessibility Improvement solicitation was completed. We had 33 applicants for this program, and we were able to award 11 grants. Funds available for this program were \$470,000, the total amount awarded per agency was limited to \$50,000. Limiting the amount per agency allows for more eligible agencies throughout Alaska receive these valuable funds.

Akeela, Inc. \$50,000

Anchorage Community Mental Health Services, Inc. \$25,395.14

Center for Community, Inc. \$21,531

Fairbanks Resource Agency \$50,000

Gastineau Human Services \$50,000

Juneau Youth Services \$47,612

Maniilaq Association \$47,177.86

North Star Council on Aging, Inc. \$50,000

Rural Alaska Community Action Program, Inc. \$50,000

SeaView Community Services \$50,000

Volunteers of America Alaska \$28,284

The FY21 funds in the amount \$500,000 of have not been solicited at this time. By request of the our Section Chief Amy Burke and Marian Sweet, Policy Analyst we used \$43,288.67 to fund a REACH, Inc. project. This was executed on 11/2020 leaving a balance of \$456,711.33.

	Deferred Maintenance	Awarded	Projects	
1	C05-525-18002 Kodiak Area Native Association	50,000.00	Completed 6/30/20	Repair sidewalks, ramp and parking lot
2	C05-525-18003 Southeast Alaska Independent Living	31,307.00	Completed 4/30/19	Ketchikan - wall extension to create confidential office space
3	C05-525-18004 SeaView Community Services	50,000.00	Completed 1/31/20	Upgrade/repair access control system
4	C05-525-18005 Senior Citizens of Kodiak	50,000.00	Completed 2/27/20	Replace kithcen floor
5	C05-525-18006 Catholic Community Service	50,000.00	Completed 5/12/20	Replace/repair sewage pumps, flooring, and foundation
6	C05-525-18010 ACCA	50,000.00	Completed 6/30/20	Electrical upgrades, bathroom accessibility and window upgrades
7	C05-525-18011 Rural Alaska Community Action	45,600.00	Completed 10/21/19	Improvement to facility, flooring, bathroom renovation and accessiblity to building
8	C05-525-18012 Bean's Café	47,166.00	Completed 2/5/20	Roof repairs
9	C05-525-18013 Salvation Army Serendipity	37,974.00	Completed 6/27/19	Replace parking lighting and exterior paint
		412,047.00		

On January 2020 the FY20 Deferred Maintenance and Accessibility Improvement Request for Proposal was completed.

There were a total of 33 applicants and only 11 projects were fully or partially funded.

Available funding was \$470,000

1	C12-023-20014	SeaView Community Services	50,000.00	Award issued 4/16/20	Aluminum frame and fabric material for awning, roof repairs
2	C12-023-20015	Rural Alaska Community Action Program	50,000.00	Award issued 4/28/20	EPDM Roof repair and replacing decking
3	C12-023-20016	Center for Community, Inc.	21,531.00	Award issued 5/5/20	Office doors, frames and door hardware, and electrical door-opener arms.
4	C12-023-20017	Manilaq Association	47,177.86	Award issued 4/16/20	Floor project, HRV Project, and divider wall project
5	C12-023-20018	North Star Council on Aging, Inc.	50,000.00	Award issued 4/23/20	Restroom renovation
6	C12-023-20019	Akeela, Inc.	50,000.00	Award issued 4/16/20	Roof repairs, kitchen counter replacement, sink and faucet replacement and entry stairs and ramp repairs
7	C12-023-20020	Fairbanks Resource Agency	50,000.00	Award issued 4/20/20	Replacement and repair of electrical wiring for computer and telephone systems.
8	C12-023-20021	Gastineau Human Services	50,000.00	Award issued 4/23/20	Interior doors replacement, floor underlayment repairs, kitchen sink and replacement
9	C12-023-20022	Juneau Youth Services	47,612.00	Completed 12/16/2020	Install new fire alarm panel and components
10	C12-023-20023	Volunteers of America Alaska	28,284.00	Completed 10/27/2020	Window treatment and ductwork, slip hazards/gutters and fire suppression system
11	C12-023-20025	Anchorage Community Mental Health Servi	25,395.14	Award issued 5/20/20	Installation of new sidewalks and demolition and installation of the ADA compliant stairways
		470,000.00			

FY21 Funding has not been solicited as of 9/17/2021. An RSA was issued to REACH, Inc. in the amount of \$43,288.67 for a deferred maintenance project leaving a balance of \$456,711.33 available.

We anticipate to solicit FY21 funds and FY22 funds early spring.

Total Expended 882,047.00

Project Title: Coordinated Transportation - Capital	
Grantee: Department of Transportation and Public Facilities	
Fund: MHTAAR	
Geographic Area Served: Statewide	Project Category: Capital - Equipment
Years Funded: FY98 to Present	
FY21 Grant Amount: \$300,000.00	
High Level Project Summary: <p>The Trust has partnered with the State of Alaska Department of Transportation and Public Facilities since 1998 to support coordinated transportation systems serving Trust beneficiaries around Alaska. Communities across the state often struggle to provide safe and convenient accessible transportation for Trust beneficiaries which impacts quality of daily life and the ability to engage fully in the community.</p> <p>In FY21, this grant program met Trust expectations against the performance measures outlined in the project grant agreement. Historically, Trust funding for this program has been augmented by matching GF/MH funds, which in FY21 totaled \$1,000,000. Trust staff recommend this grant program, with the supporting GF/MH funding should continue in FY24/25 as an important resource for Trust beneficiaries.</p> <p>This transportation program supports Goal 3 of Strengthening the System: Alaska’s Comprehensive Integrated Mental Health Program Plan, Economic and Social Well-being.</p>	

<p>Project Title: Coordinated Transportation - Capital</p>
<p>Staff Project Analysis:</p> <p>In FY21, the Coordinated Transportation project administered by the Department of Transportation and Public Facilities awarded 12 grants to 9 communities totaling \$679,749. This grant continues to provide key transportation assistance for beneficiary-serving organizations around the state and is recommended for funding in FY24/25.</p> <p>One notable concern with the project going forward is the availability of continued GF/MH funding. If the GF/MH support is discontinued, the Trust's \$300,000 would be the only state funding for this program resulting in reduction of transportation services as well as uncertainty about the sustainability of the program in the future. Trust staff will continue to monitor the situation and if needed, will adjust funding recommendations.</p>
<p>Project Description: The Alaska Department of Transportation and Public Facilities (AKDOT&PF) Community Transit Office awards Trust funds through a competitive application process to non-profit and Tribal entities throughout Alaska for operating assistance, purchase of services, and capital project that enable and enhance the mobility of Trust beneficiaries.</p> <p>This grant is for operating and capital funds to plan for, operate, and coordinate mobility and human services transportation systems in local communities by pooling available resources for coordinated transportation programs for Trust beneficiaries.</p> <p>It is understood that DOT/PF utilizes 10% of the MHTAAR funding for this project to provide for staffing to manage the process for disseminating these and other human services transportation funds. It also includes the required overhead amount assessed by DOT/PF (ICAP) on all contracts they manage.</p>
<p>Grantee Response - FY21 Grant Report Executive Summary: The Alaska Department of Transportation & Public Facilities (DOT&PF) Community Transit Office (ACT) awards Alaska Mental Health Trust funds through a competitive application process to non-profit agencies and tribes throughout Alaska for operating assistance, purchase of services and capital projects that enhance/enable the mobility of Trust Beneficiaries.</p> <p>This proposal is for funds to plan for and coordinate mobility and human services transportation systems in local communities by pooling available resources, i.e. for coordinated transportation. Other options may include developing taxi voucher programs, taxi accessibility projects, convertible ambulances, boats, snowmobile carts. Uncoordinated mobility services and transportation systems are not cost-effective and create additional barriers for Trust beneficiaries (e.g. accessibility and eligibility restrictions or limited hours of services).</p> <p>This proposal allows for these funds to be used to purchase or replace accessible vehicles owned by consumer-run and other provider nonprofit corporations for non-coordinated uses where coordination is not feasible. Operating assistance, taxi voucher and vehicles are used to transport Trust Beneficiaries to things such as services, community activities or work; vehicles are also be used to transport staff to consumer homes, and other beneficiary-related transportation. There are approximately thirteen Alaskan communities that have public transportation, and though it provides great benefits to all residents, it can still be limited. Including public transportation communities,</p>

there are approximately twenty five Alaskan communities with Coordinated Transportation Plans, and although providers work to develop and maintain coordinated transportation systems, these systems do not always meet the needs of Trust Beneficiaries. Through the use of AMHT funds for transit related projects in communities that may or may not have public transit, these projects improve/increase the mobility options and services for Trust Beneficiaries.

It is understood that DOT&PF utilizes 10% of the MHTAAR funding for this project to provide for staffing to manage the process for disseminating these and other human services transportation funds. It also includes the required overhead amount assessed by DOT&PF (ICAP).

Alaska Mental Health Trust Annual Report for SFY2021

The \$300,000 MHTAAR funding provided to the Alaska Department of Transportation and Public Facilities (AKDOT&PF) Community Transit Office (ACT) is used to provide funding to agencies across the state. ACT awards Alaska Mental Health Trust grant funds through an annual competitive application process to non-profit agencies and tribes throughout Alaska for operating assistance, purchase of services and capital projects that enhance/enable the mobility of Trust Beneficiaries. SFY2021 projects were awarded in the following communities:

Craig
Haines
Homer
Juneau
Klawock
Ketchikan
Seward
Soldotna
Valdez

Attached are the funding allocations for SFY2021 from ACT. The ACT Office continues to allocate and spend older funding first for all of its grants, in order to fully expend the oldest funding sources in a timely manner and utilize the funding available for the greatest benefit. We look forward to your feedback and any suggestions for any changes we can make in the future.

Thank you for the opportunity to continue helping residents lead full lives in their community.

Number of beneficiaries reported served by this project in FY21: 3,076

Performance Measure 1: Provide number of overall Trust beneficiaries vs. non-beneficiaries served by project/community.

- 1) Continue to use and update (as possible) an estimated percentage of Trust beneficiaries (based upon review of past DOT grantee reports). Report the methodology in DOT/PF status reports to the Trust so the methodology may be improved periodically and be applied in subsequent years to establish a consistent baseline of data.
- 2) Apply the above estimation of Trust beneficiary ridership percentage to the total number of unduplicated riders and number of rides to provide an estimate number of unduplicated Trust beneficiary riders and rides.

Grantee Response to Performance Measure 1:

During SFY2021 all ACT subrecipients were required to submit an annual report with ridership data, including the number of Trust beneficiary riders. From the data we received, approximately 3,076 rides were for Trust beneficiaries from a total of 58,366 human service rides. This means that approximately 5.27% of all rides are provided for Trust beneficiaries.

Trust beneficiaries are not limited to using only human service agencies for transportation; they are also using the public transit systems in their communities. While the majority of public transit agencies do not receive AMHT funding directly, we can estimate the number of Trust beneficiaries using public transit by applying the percentage found above to the ridership data provided by our public transit subrecipients as well.

Overall the total number of rides provided, based on data received from all subrecipients, was 853,416 for both public transit and human service. If we apply the 5.27% to the total number of rides, then approximately 44,975 rides were provided for Trust beneficiaries across the State.

Please note, due to COVID 19 there has been a significant decrease in ridership. We anticipate ridership to increase in the next fiscal year.

Performance Measure 2: Provide a full description of funding sources and amounts related to Human Services and coordinated transportation, to include Trust MHTAAR as well as non-MHTAAR sources, such as state general funds, federal FTA funding and any other related funding sources.

Grantee Response to Performance Measure 2:

The ACT Office received and allocated funding from the following sources, encompassing both new and unused older funding for use during SFY2021 that are related to public transit, human services and coordinated transportation for the State of Alaska:

FTA 5310 Enhanced Mobility for Seniors and Individuals with Disabilities - \$339,211

FTA 5311 Public Transit formula funding - \$8,148,038

Alaska Mental Health Trust general funds - \$678,849

Performance Measure 3: Provide a list of names and number of communities receiving planning dollars describe the funding sources and amounts as well as the intent of the funding.

Grantee Response to Performance Measure 3:

Three vehicles have been received by the following AMHT subrecipients:

- Southeast Alaska Independent Living (SAIL), Juneau - \$57,436
- Southeast Alaska Independent Living (SAIL), Ketchikan - \$114,872

The following continue to receive funding for purchase of services:

- Southeast Alaska Independent Living (SAIL), Juneau - \$97,821
- Southeast Alaska Independent Living (SAIL), Ketchikan - \$60,486
- Independent Living Center (ILC), Homer - \$50,000
- Independent Living Center (ILC), Seward - \$25,000
- Independent Living Center (ILC), Soldotna - \$90,000
- Haines Borough on behalf of (CCS) - \$36,900
- Center for Community - \$59,245

The following continue to receive funding for operations:

- Catholic Community Service (CCS), Craig - \$26,250
- Native Village of Unalakleet - \$20,596
- City of Valdez, Valdez - \$41,143

SFY2021 Awards	AMHT 2016	AMHT 2017	AMHT 2018		AMHT 2019		AMHT 2020
	HGRNT00003	HGRNT00051	HGRNT00087		HGRNT00102		HGRNT00122
	6/30/2020	6/30/2021	6/30/2022		6/30/2021		6/30/2024
	Rural & MOA	Rural & MOA	Rural & MOA		Rural & MOA		Rural
	T08NON	T08NON	5	10	5	10	5
	\$8,579	\$87,606.00	\$0.00	\$360,130	\$127,692	\$870,000	\$270,000
HUMAN SERVICE							
Anchorage Neighborhood Health Center						\$125,000	
Center for Community - POS							
ILC - Homer - POS				\$10,106	\$16,004	\$23,890	
ILC - Seward - POS				\$25,000			
ILC - Soldotna - POS				\$90,000			
CCS - Craig/Klawock - Operating	\$8,579	\$15,046					
CCS - Hoonah							
Haines Borough - POS							
Municipality of Anchorage Public Transportation		\$55,976		\$69,024			
Nome Community Center							
SAIL Juneau - POS				\$100,000			
SAIL Juneau - Capital		\$16,584			\$101,929		
SAIL Ketchikan - POS				\$66,000			
Upper Tanana Development Corporation							
Valdez Community Center						\$44,644	
Total Capital							
Total Awarded	\$8,579	\$87,606	\$0	\$360,130	\$117,933	\$193,534	\$0
	\$0	\$0	\$0	\$0	\$9,759	\$676,466	\$270,000