Grant Approval Memo

Trust
Alaska Mental Health Trust Authority

Grantee:	Maniilaq Association
Request Amount:	$900,000.00
Project Title:	Maniilaq Association EMPATH Unit
Grant Term:	August 28, 2025, to August 31, 2027
Fund Source:	FY25 Mental Health and Addiction Intervention Focus Area: Crisis Continuum of Care (Page 5, Line 19)
Trust Staff:	Samantha Ponts

Requested Motion:

The Board of Trustees approve a $900,000 Mental Health and Addiction Intervention focus area allocation to the Maniilaq Association for the Maniilaq Association EMPATH Unit grant. These funds will come from the Crisis Continuum of Care line of the FY25 budget.

Staff Analysis:

- What does this project do?

  The Maniilaq Association EmPATH Unit project establishes an Emergency Psychiatric Assessment, Treatment and Healing unit at the Maniilaq Health Center in Kotzebue. This specialized unit will address the significant gap in behavioral health crisis care in Northwest Alaska by providing a dedicated, calming environment specifically designed for behavioral health crisis stabilization. Trust funds will specifically support: 1) comprehensive development of detailed policies, standardized procedures, and streamlined workflows; 2) enhancements to Electronic Health Record and billing systems; 3) creation of a robust training program for staff; 4) consulting costs for implementation of the EmPATH model. Additionally, Trust funds will offset initial costs for recruiting, onboarding, and training qualified staff needed to operationalize the unit.

- Who is receiving the funds?

  Maniilaq Association, a Tribal Health Organization serving the Northwest Arctic Borough of Alaska and The Native Village of Point Hope. The organization currently operates the Maniilaq Health Center (MHC) in Kotzebue and has a track record of receiving and managing federal and state grants to improve behavioral health crisis services in their region.

- Why is staff recommending this project?

  This project directly addresses a critical gap in the continuum of care for Trust beneficiaries experiencing behavioral health crises in Northwest Alaska. Currently, individuals experiencing behavioral health crises often receive insufficient treatment in emergency departments or are transported out of the region for stabilization. The EmPATH Unit will provide a more appropriate care setting within the community, reducing reliance on costly transportation, improving patient outcomes, and creating a model that could potentially be replicated in other remote rural Alaskan service areas. This project aligns with Trust priorities for the Crisis Continuum of Care and leverages additional funding from federal sources.

Maniilaq leadership and staff have already invested significant time and resources into this project. This includes many strategic site visits to EmPATH units in New Jersey, Minnesota, and Tennessee between February and March 2023, each involving multidisciplinary teams from Maniilaq to observe operations and engage with clinical leaders. A site visit to an EmPATH unit in California included participation from the Maniilaq President/CEO, VP of Health Services, Medical Director, and Administrator of Social Services.

- Will this be a multi-year project?

  Yes, this is a multi-year project with a timeline from August 22, 2025, to August 31, 2027. This project represents Phase 2 of the project, building on the planning and design work initiated in FY23 for a crisis stabilization center. This project follows a phased implementation approach:

  - Design phase through 2025
  - Prefabricated construction in Anchorage from late 2025 into early 2026
  - Oct 2026 Maniilaq Executive Leadership team and BHS staff up 13 key members will travel to meet with University of Kentucky's EmPATH team to discuss ongoing training partnerships, idea sharing, and clinical staff rotations.
  - Transportation and installation in Kotzebue in summer 2026
  - Staff recruitment and training from fall 2026 through winter 2027
    - Travel to the University of Kentucky for training and shadowing of clinical staff.
  - Systems modifications (EHR and billing) from winter 2026 to spring 2027
  - Training program implementation and completion between spring and summer 2027
  - Operational launch targeted for late summer 2027

Trust Five Year Funding History

Fiscal Year	Project Title	Amount	Status	Final Expended
FY23	Behavioral Health Crisis Stabilization Center	$200,000	Closed	$171,077

Comp Plan Identification

Area of Focus	Objective	Comments
Area of Focus 7: Services in the Least Restrictive Environment	7.2 Increase access to effective and flexible, person-centered, long-term services and supports in urban and rural areas to avoid institutional placement where inappropriate	

Grant Approval Memo

Trust
Alaska Mental Health Trust Authority

Project Description (from grant application)

This project addresses the most significant gap in Maniilaq's robust continuum of care for physical and behavioral health care: Better addressing the needs of individuals in behavioral health crisis. Currently, people experiencing behavioral health crisis may receive a combination of insufficient treatment of their behavioral health needs and/or over-reliance on services more appropriate to medical rather than behavioral health needs. Maniilaq Emergency Department (ED) providers and first responders report that existing resources are not able to fully stabilize people in severe crisis, including extreme alcohol intoxication, serious behavioral health episodes, or suicide ideation and attempts. The result is that some individuals are transported out of the region for stabilization, and sometimes return home with their needs not fully addressed. Both travel constraints as well as limited statewide availability of inpatient services for behavioral health episodes can lead to inefficient use of the ED and inpatient beds. Other people are discharged to the community once their medical needs are stabilized, but before their behavioral health needs that do not require hospitalization are addressed. An unknown number of individuals who need crisis services never even present to the Maniillaq Health Center (MHC) and remain in the community without professional support to reduce the symptoms of their crises.

Establishing an Emergency Psychiatric Assessment, Treatment and Healing (EmPATH) Unit at the Maniilaq Health Center in Kotzebue is the next in a series of projects undertaken by Maniilaq Association to better meet residents behavioral health care needs and integrate behavioral and physical health to make the best use of limited resources. EmPATH is a best-practice model where people experiencing a behavioral health crisis are assessed, treated, and observed in a physical space that is more appropriate to addressing behavioral health crisis than an ED. This model reduces overuse of ED resources by serving behavioral health crisis in a separate physical setting that emphasizes a calm and relaxing environment, rather than the often noisy, hectic, and stressful ED setting. Maniilaq's efforts over the past decade to transform behavioral health crisis care and the integration of behavioral and physical healthcare for their region received financial support from state and federal grants as well as internal resources. The Maniilaq Association Board of Directors actively supports the organization's efforts to improve behavioral health crisis services and receives regular updates, including findings from initial phases of work which identified community need and conceptualized a plan for a placed-based option for crisis stabilization. Maniilaq Health Center and Behavioral Health Department leadership collaborated throughout the process and identified an EmPATH Unit as the level of care that fits best within existing staffing, facility and funding constraints.

Trust funds will support the comprehensive development of detailed policies, standardized procedures, and streamlined workflows necessary for the effective integration and operation of the EmPATH Unit. Additionally, these funds will offset initial costs associated with recruiting, onboarding, and training qualified new staff required to operationalize and sustain the unit.

Funds will also support critical enhancements to the Electronic Health Record (EHR) and billing systems, ensuring accurate and efficient billing processes and facilitating the systematic extraction and analysis of patient-level outcome data. This includes any necessary software modifications, configuration, staff training, and implementation support.

Furthermore, Trust funds will facilitate the creation and implementation of a robust training program tailored specifically to the operational and clinical needs of the EmPATH Unit. This program will

include resources to cover travel expenses and registration fees associated with specialized training opportunities that are unavailable locally, thereby ensuring staff acquire essential expertise and competencies required for delivering high-quality care within Maniilaq Health Center's Emergency Department. This includes the delivery of a prefabricated facility that will serve as the Empath (anticipated in spring/early summer 2026).

Maniilaq is currently in the design phase for a prefabricated structure that will be built in Anchorage, transported to Kotzebue and attached to the existing MHC building. The project is currently in the design phase, which will continue through 2025. Prefabrication construction of the EmPATH Unit structure will occur in Anchorage from late 2025 into early 2026. In summer 2026, the prefabricated building will be transported and arrive in Kotzebue, followed immediately by installation and attachment to the existing Maniilaq Health Center (MHC) building throughout the summer and fall of 2026. Subsequent phases will focus on staff recruitment, onboarding, and training activities from fall 2026 through winter 2027. Simultaneously, modifications to the EHR and billing systems will be conducted from winter 2026 to spring 2027. The training program will be fully implemented and completed between spring and summer 2027, with the anticipated operational launch of the EmPATH Unit scheduled for late summer 2027.

The project primarily serves the Maniilaq Service Area (Northwest Arctic Borough of Alaska and The Native Village of Point Hope, AK). However it would also provide a model for implementation of the EmPATH unit approach in other remote rural Alaskan service areas.

Performance Measures (developed by the Trust)

How much did you do?

a) Number (#) of staff identified or hired by the end of the reporting period. Please list names, position titles, and hire dates.
b) Number (#) of evidence-informed trainings held for staff during the reporting period. Please list the training topics, dates, and attendees.
c) Key milestones reached in design, construction, and operational planning for the EmPATH unit. This may include design completion, procurement of equipment, policy development, and documentation of permits secured.

How well did you do it?

a) Provide a narrative describing progress made toward developing the clinical model of care for the EmPATH unit. This may include early planning efforts, initial drafts of workflows or staffing protocols, and steps taken to align with State standards. Describe anticipated timelines of next steps for finalizing the model.
b) Provide a brief narrative describing the workforce recruitment efforts made to hire key staff.
c) Describe efforts made to engage external stakeholders to support implementation.

Is anyone better off?

Grant Approval Memo

Trust
Alaska Mental Health Trust Authority

Provide a narrative summary of lessons learned, any course corrections made, and early indicators of increased system readiness to deliver crisis care.

Sustainability (from grant application)

The EmPATH Unit is an extension of Maniilaq Health Center's ED. MHC data indicates:
• That 84% of ED visits for adults with a primary behavioral health diagnosis have a commercial or government payer.
• And of those 84% of visits with a payer
- 66% have Medicaid
- 13% have commercial insurance
- 5% have Medicare or other government insurance.

As a Tribal Health Organization, Maniilaq Association is paid at the Indian Health Service outpatient per visit rate for each ED visit and can bill two encounter rates:
• one for physical health needs
• and one for behavioral health needs for patients with Medicaid or Medicare.

MHC also bills commercial insurance. The creation of the EmPATH Unit does not change the billable revenue streams for the hospital, however, it creates a better environment for providing meaningful behavioral health crisis stabilization services in our rural Tribal community. Trust funding will support staff time to ensure that any modifications to the EHR and/or billing processes can be made prior to the opening of the new unit. MHC is also exploring designation as a Designated Evaluation and Stabilization (DES) facility. Designation would potentially open up opportunities to receive funding from the State of Alaska to offset the cost of care for individuals who are involuntarily committed to the facility and do not have a payer.

Who We Serve (from grant application)

Beneficiaries experiencing behavioral health (behavioral health encompasses MH and SUD) crises are the focus of this project. Analysis of three years of Maniilaq Health Center (MHC) data reveals that an average of 672 ED visits each year have a primary or secondary behavioral health diagnosis (either mental illness or substance use disorder). These visits account for 19% of the ED's total visits each year. For adults with a primary behavioral health diagnosis, an average of 211 unique individuals account for 404 visits. Alcohol-related diagnoses account for 74-82% of primary diagnoses for individuals with behavioral health needs presenting to the ED. Anxiety disorder and panic disorder are the next most frequent primary diagnoses for adults presenting to the ED.

To a small extent, beneficiaries with Alzheimer's Disease or Related Dementias may also benefit from the EmPATH Unit. MHC data indicates that there are a small number of individuals who present to the ED with dementia-related diagnoses as secondary diagnosis. If medical needs can be stabilized in the ED, the EmPATH Unit may offer a more calming location for these individuals while follow-up care is coordinated.

Grant Approval Memo

Trust
Alaska Mental Health Trust Authority

Estimated Numbers of Beneficiaries Served Experiencing (from grant application)

Mental Illness:	47
Substance Abuse	164
Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries):	322
Number of people to be trained	10

Project Budget (from grant application)

Personnel Services Costs	$650,000.00
Personnel Services Costs (Other Sources)	$1,705,545.00
Personnel Services Narrative	Personnel services costs of $650,000 would support 15.0 new FTE positions out of 19.0 total staff. This funding covers salaries and benefits for direct service staff, including on-call therapists, advanced nurse practitioners, behavioral health clinicians, peer support specialists/mental health techs, and other clinical roles that require 24/7 coverage. The other portion of the personnel costs will be covered by Maniilaq and other sources.

Positions	Cost
Advanced Nurse Practitioner 2.0 FTE	$363,702
Registered Nurse 5.0 FTE	$797,346
Master's Level Clinician 3.0 FTE	$411,262
Substance Use Disorder Counselor 3.0 FTE	$268,580
Case Manager 1.0 FTE	$69,943
Peer Support Specialist/Mental Health Tech 5.0 FTE	$349,713
Direct Service Staff Subtotal	**$2,260,545**
Direct service overtime + on-call estimates	-
Bonuses at $5,000 per year per staff	$95,000
Direct Service Staff Total	**$2,355,545**

Travel Costs	$50,000.00
Travel Costs (Other Sources)	$0.00

Grant Approval Memo

Trust
Alaska Mental Health Trust Authority

Travel Costs Narrative	Maniilaq Executive Leadership and Behavioral Health Services (BHS) staff—up to 13 key members—will make two trips to meet with the University of Kentucky's EmPATH team. The first trip will focus on observing their model of care, exploring partnership opportunities, and discussing the potential for staff training and clinical rotations for both University of Kentucky staff and students in Kotzebue. The second trip will center on targeted training for Maniilaq's provider team, nurses, and clinicians, as well as clinical consultations to support successful implementation of the EmPATH model in our region. Travel costs will also support staff participation in community listening sessions across the region. These sessions are intended to build cultural awareness and ensure the development of the EmPATH Unit reflects the unique needs, values, and experiences of the region. As none of the communities in the Maniilaq service area are connected by road, all travel requires commercial air service.

Space or Facilities Costs	$0.00
Space or Facilities Costs (Other Sources)	$750,000.00
Space or Facilities Narrative	FY 2024 Community Project Funding/Congressionally Directed Spending (CPF/CDS) funds for Clinical Decision Unit Facility.

Other Costs	$200,000.00
Other Costs (Other Sources)	$0.00
Other Costs Narrative	Funding is requested to support consulting costs for the development, implementation, and refinement of Maniilaq Association's Behavioral Health Crisis Response and the Clinical Decision Unit (EmPATH unit). Previous work developing this approach has been supported by contractual work with Agnew Beck and individuals involved in the development of Alaska's behavioral health crisis response plan. A potential partner is the AIMS Center at the University of Washington to support implementation and training.

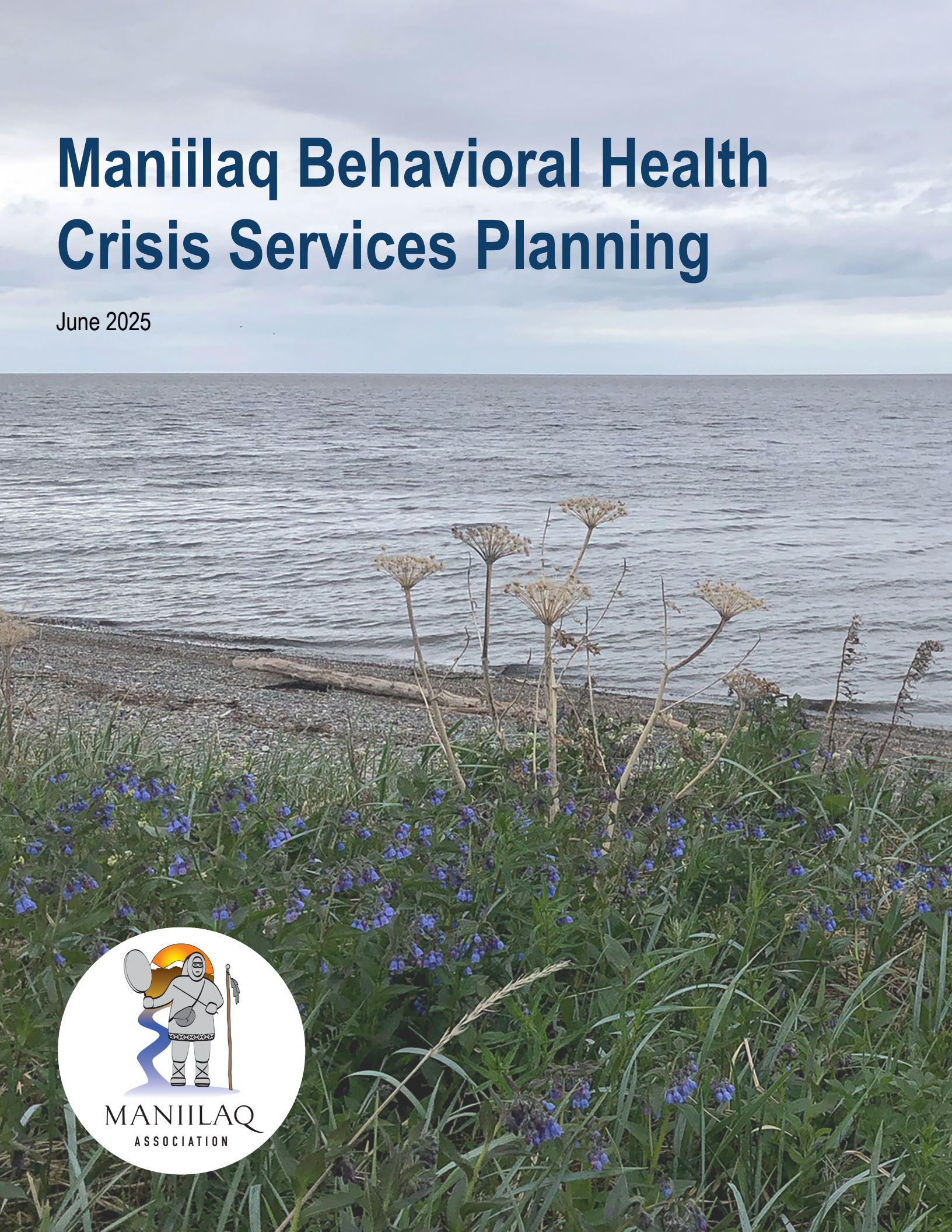
Other Funding Sources (from grant application)

U.S. Dept of HHS, Congressionally Directed Funding, FY 2024 secured	$750,000.00
Maniilaq Association	$1,705,545.00

Alaska Dept. of Family and Community Services	$90,000.00
Total Leveraged Funds	**$2,545,545.00**

Maniilaq Behavioral Health Crisis Services Planning

June 2025



MANIILAQ
ASSOCIATION

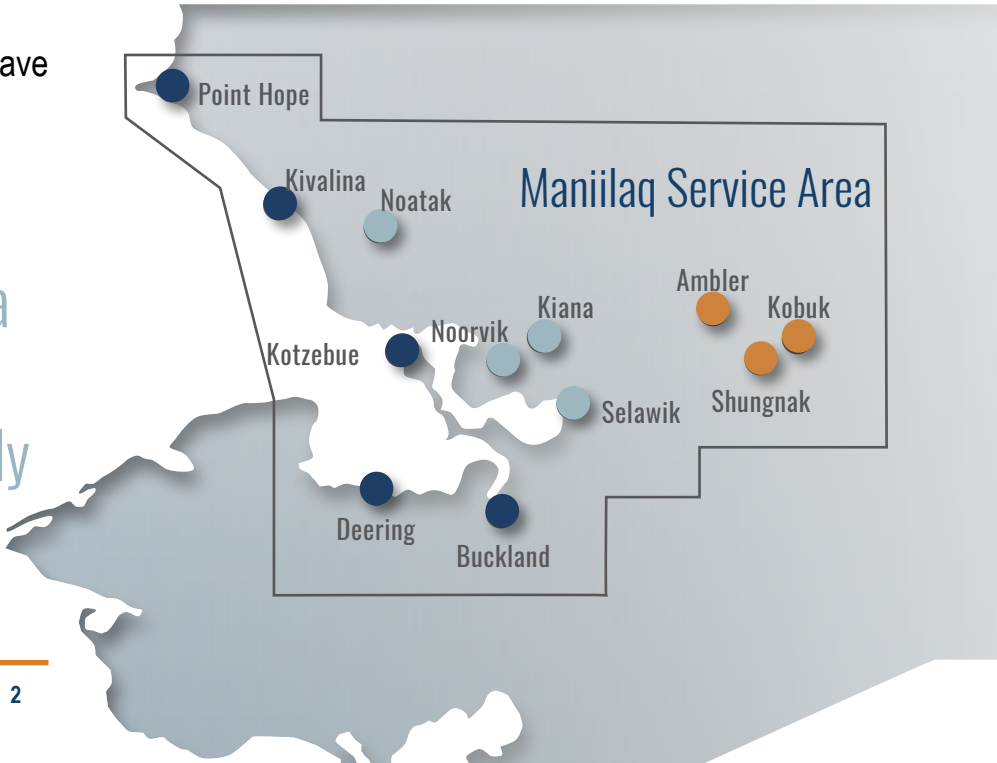
MANIILAQ OVERVIEW

Maniilaq Association is a 501(c)(3) Tribal Non-Profit organization who for over 30 years has been providing health, tribal, and social services to twelve villages in the Maniilaq service area (MSA). Kotzebue is the regional hub with a population of 3,287. The total population in our service area is 8,430 residents, approximately 81% are Alaska Native/American Indian.

The twelve villages in the MSA that are served by Maniilaq Association include Ambler, Buckland, Deering, Kiana, Kivalina, Kobuk, Kotzebue, Noorvik, Noatak, Point Hope, Selawik, and Shungnak. These villages are scattered throughout a land area of about 38,000 square miles or the size of the state of Indiana. As there is no road system connecting these communities, travel in the region must be accomplished by air, snow machine in the winter, or by boat during the summer. The lack of a road system makes residents heavily dependent on expensive air travel.

Between 2018-2020, 10 of the 12 villages in the Maniilaq service area were listed on the Denali Commission Distressed Community Report. This classification is due to high unemployment rates, consequently, poverty is a persistent problem. According to the U.S. Census Bureau, 23.7% of Maniilaq service area residents are living below the federal poverty level.
Given that, our villages in the region have small populations, small budgets, and relatively few employees to address hardships without outside assistance.

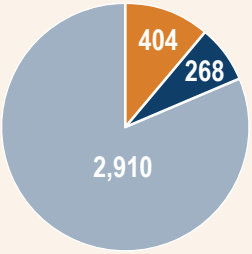
The Maniilaq service area encompasses 38,000 square miles. It is roughly the size of Indiana.



Project Overview and Need

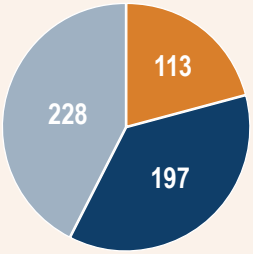
The most significant gap in Maniilaq's robust continuum of care for physical and behavioral health care is better addressing the needs of individuals in behavioral health crisis. Maniilaq emergency department (ED) providers and first responders report that existing resources are not able to fully stabilize people in severe crisis, including extreme alcohol intoxication, serious behavioral health episodes, or suicide ideation and attempts. The result is that some individuals are transported out of the region for stabilization, and sometimes return home with their needs not fully addressed. More are discharged to the community once their medical needs are stabilized, but before their behavioral health needs that do not require hospitalization are addressed. An unknown number of individuals who need crisis services never even present to the Maniillaq Health Center (MHC) and remain in the community without professional support to reduce the symptoms of their crises.

Adult Emergency Department Visits With and Without Behavioral Health Diagnosis



On average, 672 adult visits (19% of all visits) to the MHC ED have a primary or secondary behavioral health diagnosis associated.

Adult Inpatient Stays With and Without Behavioral Health Diagnosis



On average, 310 adult stays (57% of all stays) on the MHC inpatient unit have a primary or secondary behavioral health diagnosis associated.

On average, adults with a primary behavioral health diagnosis stay longer in the ED than those without a primary behavioral health diagnosis, but inpatient stays with a primary medical diagnosis are typically longer.[1]

Children and youth under 18 also present to MHC ED and stay on the inpatient unit. On average, children and youth with a behavioral health diagnosis account for nearly 40 visits to the MHC ED each year and 30 stays on the inpatient unit.[2] These young people, on average, stay longer than their counterparts without a primary behavioral health diagnosis.

[1, 2] MHC ED and Inpatient Data, April 1, 2021 – March 31, 2024

Primary BH Diagnosis **Secondary BH Diagnosis Only** **No BH Diagnosis**

This project contributes to statewide efforts led by the Alaska Mental Health Trust Authority, the Alaska Departments of Health, and Family and Community Services, Tribal Health Organizations, and community members and providers to transform behavioral health crisis care in Alaska.

EmPATH Unit Planning

The design of the EmPATH is aligned with the nationally recognized EmPATH Unit approach, and members of the Maniilaq Association's behavioral health leadership, hospital leadership and administration toured EmPATH Units around the country to learn about considerations for programming, staffing and facility design.

Exploration of a new approach to behavioral health crisis care for the region began in 2022 and adapted over time with input from the community, hospital leadership and national experts in behavioral health crisis care. The EmPATH approach is well suited to the Northwest Arctic because it expands upon existing physical and staffing infrastructure, connecting to Maniilaq Health Center's emergency department.

In addition to recliners for crisis stabilization, the unit will have two beds that can be used for individuals who need extended observation, who are awaiting out-of-regional treatment or who are undergoing a 72-hour evaluation assessing the need for further involuntary commitment.

Features of the EmPATH

Feature	EmPATH
Goals	Relieve pressure on the ED and inpatient unit in the near term by providing alternative space for stabilization of patients with behavioral health needs.

Population and Criteria	• Adults 18+
	• Voluntary
	• Involuntary:
	  • Notice of emergency detention
	  • 72-hour court-ordered evaluations
	• Must meet criteria for hospitalization for longer stay

Capacity	4 recliners, 2 beds
Average Stay	Recliner: 15 hours Bed: 3.1 days
Services	• Assessment and evaluation services • Crisis intervention • Group activity 2x daily • Discharge planning
Billing and Payment	• Medical: Codes vary based on services provide • Behavioral health: Short-term crisis intervention • Medicaid and Medicare clients paid at the IHS outpatient rate, two encounter rates possible (one each for medical and behavioral health encounter)
Regulation, Licensing, Accreditation	• Hospital regulations • Hospital license • Joint Commission accreditation • Designation as a Designated Evaluation and Stabilization (DES) facility
Facility	• 2,089 sq. ft. • New construction adjacent to ED
Staffing	24/7 coverage • Nurse and physician (shared with ED) • Behavioral health clinician • Peer support specialist or mental health tech
Approach	Physician-led
Timeline	Opening anticipated in fall 2027 or spring of 2028
Best-practice model	EmPATH Unit

A Safe Place for Help

SAMSHA's Model Definitions for Behavioral Health Emergency, Crisis, and Crisis-Related Services (2025) identified EmPATH Units as a program component of no- or low-barrier crisis stabilization settings aligned with the Crisis Now framework. EmPATH Units are uniquely suited for rural communities where patient volumes and staffing challenge the operation of standalone crisis stabilization programs.

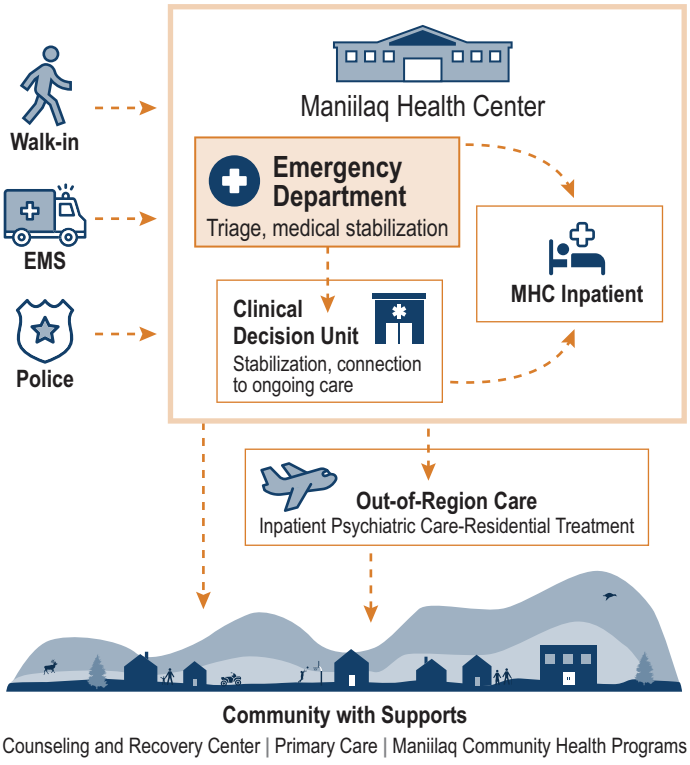
EmPATH

The Maniilaq EmPATH unit will provide an alternative location for individuals with behavioral health concerns to receive evaluation and stabilization services. Individuals will access the EmPATH unit by first presenting to the Maniilaq ED. The EmPATH unit will have four recliners and two beds and will be adjacent to and managed by the MHC ED.

Goals for the EmPATH unit include:

- Create a separate ED space specifically for behavioral health patients.
- Provide mental health and substance use crisis services, including withdrawal management.
- Reduce strain on ED and inpatient unit capacity by providing an alternative location for observation for patients with behavioral health needs.

Emergency Department as access point for behavioral health crisis care



Service Population

Maniilaq's EmPATH unit will serve adults (ages 18+) experiencing a behavioral health crisis. The center will accept individuals who are voluntary or under Notice of Emergency Detention (individuals court-ordered for a 72-hour evaluation), and those who are awaiting transportation or a bed at a residential or inpatient treatment facility outside of the region.

Demand

Maniilaq's EmPATH unit anticipates 404-672 episodes of care in unit recliners based on an average of three years of data from the MHC ED. The range includes individuals with a primary behavioral health diagnosis (404) or an upper limit based on the number of individuals currently seen with a primary behavioral health diagnosis or a secondary behavioral health diagnosis only (672). The beds are assumed to be used for the roughly 60% of individuals with a behavioral health diagnosis who are currently held on the inpatient unit under observation status.[1] The other 40% are assumed to be admitted to the inpatient unit from the ER or EmPATH unit as usual.

	Stays < 24 hours	Stays > 24 hours
Capacity	4 recliners	2 beds
Estimated Annual Crisis Episodes	404-672 episodes	67-184 episodes
Average Length of Stay	15 hours*	3.1 days**

* Based on ALOS from EmPATH operators.
** Based on ALOS for behavioral health patients on Maniilaq's inpatient unit.

Services

The EmPATH unit will operate 24/7/365 and will be accessed via screening, triage and stabilization of medical needs at the Maniilaq ED.

Service Components	Recliners	Beds
Individual assessment and psychiatric evaluation	X	X
Crisis treatment planning	X	X
Medication services	X	X
Nursing services	X	X
Stabilization of withdrawal symptoms	X	X
Crisis Psychotherapy	X	X
Peer Support Services	X	X
Group activities	X	X
Referral to appropriate level of treatment services	X	X
Length of stay	Up to 24 hours	ALOS of 3 days, assumption of payment for 2 days (48 hrs)

[1] An average of 113 episodes of care with a primary behavioral health diagnosis are seen on the inpatient unit. 59% of these episodes are for observation status. This percentage was applied to the number of individuals with a secondary diagnosis seen on the inpatient unit for a rough adjusted episode count inclusive of individuals with a primary or secondary behavioral health diagnosis. With two beds, there are a total of 730 possible bed days in EmPATH beds. 184 patients with an average length of stay of 3 days would utilize 553 of those bed days.

Operations and Billing

The Maniilaq EmPATH unit will bill Medicaid, Medicare, and commercial insurance for services provide. The EmPATH unit will be enrolled as a hospital outpatient and services will be delivered in compliance with applicable statutes and regulations. The facility will be licensed as part of the hospital and accredited by the Joint Commission.

	EmPATH
Medicaid Enrollment and Regulation	Hospital Outpatient
Facility Licensing	Hospital
Accreditation	Joint Commission
Designation	Designated Evaluation and Stabilization (DES)

The projected payer proportions are based on one year of data from Maniilaq's ED for patients with a primary behavioral health diagnosis.[1] Charges will be generated in accordance with existing ER and inpatient requirements. An outpatient hospital charge will incur for the emergency visit and if an individual is moved to a bed on the EmPATH unit, the hospital outpatient rate will be charged for up to an additional 48 hours.

Projected Payer Mix	EmPATH
Medicaid	65 percent
Medicare & Third Party	2 percent
Commercial	13 percent
Self-Pay/Beneficiary	20 percent

[1] April 1, 2023 — March 31, 2024

Based on current ED visits and inpatient observation stays for primary or secondary behavioral health reasons (672 and 184 episodes respectively) the EmPATH Unit is projected to operate at a loss. Billable revenue is anticipated to cover 54% of program expenses and in-hand grants will support 12% of expenses, leaving an operational funding gap of 34%. Maniilaq Behavioral Health staff believe that availability of an EmPATH Unit will increase the volume of behavioral health patients beyond current episodes. As program volume increases, the operational gap decreases, potentially as low as 1% of expenses.

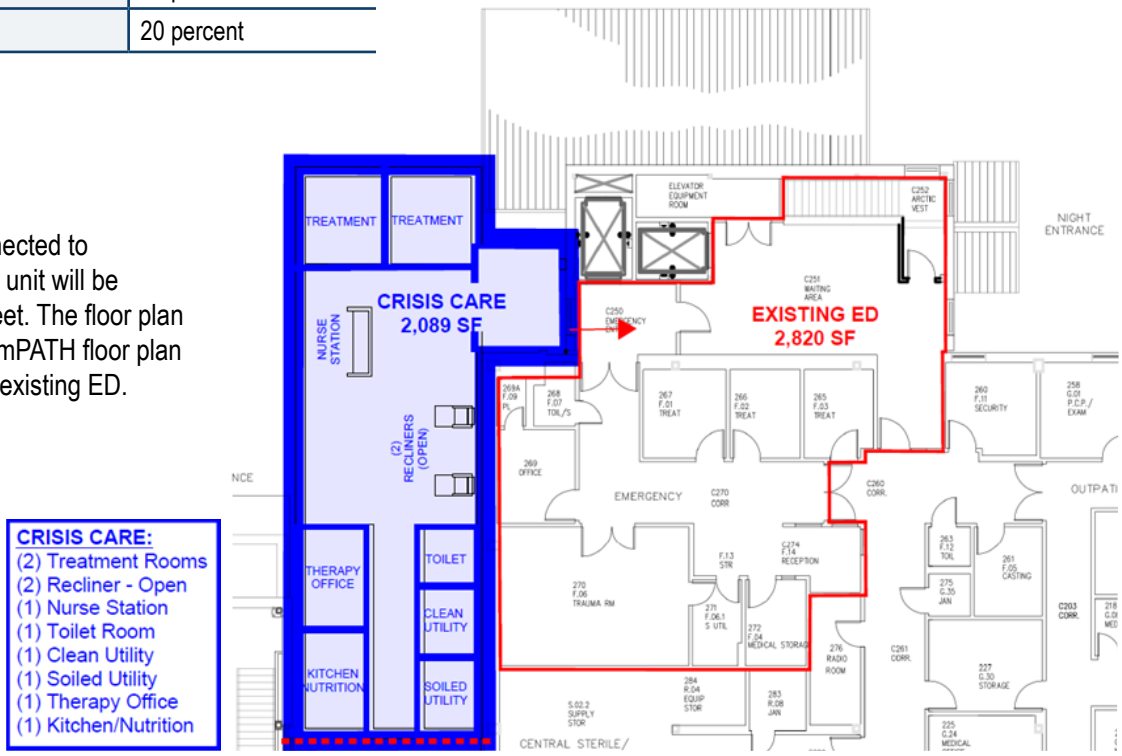
Projected Revenue and Expenses	
Billable Revenue	$2,004,537
Grant Revenue	$450,000
Program Expenses	$3,695,051
Operational Funding Gap	$1,240,514

Staffing

The staffing model includes 24/7 on-site nursing and peer support or mental health technicians with physician coverage from the ED. Mental health clinicians and psychiatric advanced nurse practitioners will be on-site or on-call 24/7. Additional staff include substance use disorder counselors and a case manager.

Facility

The EmPATH unit will be connected to the existing ED. The EmPATH unit will be approximately 2,089 square feet. The floor plan below depicts the proposed EmPATH floor plan and positioning relative to the existing ED.



Awarded Planning Funds

- $750,000 in FY 2024 Community Project Funding/ Congressionally Directed Spending for construction
- $90,000 grant from the Department of Family and Community Services to support training and staff development

Performance Metrics and Evaluation

Maniilaq Association plans to use the EmPATH unit as an opportunity to evaluate improvements over care as usual in the ED and to test the need for a separate facility designed specifically for behavioral health crisis. The following metrics will be considered to inform both an evaluation of implementation successes and to establish if the need for a separate facility exists.

Timeliness	Time from arrival to discharge (chairs, beds)
	Count of instances where individuals waited in the main ED awaiting a chair or in a chair awaiting a bed
Safety	Rate of self-directed violence with moderate to severe injury per 1000 visits
	Rate of other-directed violence with moderate to severe injury per 1000 visits
	Incidence of workplace violence with injury by total hours worked
Accessibility	Number of emergency contacts to Maniilaq Behavioral Health and contact disposition (stabilized over phone, brought to EmPATH)
	Number of episodes of care in a recliner
	Number of episodes of care in a bed
	Average length of stay for recliners and beds
Least Restrictive Setting	Percentage of visits resulting in discharge to community
	Percentage of involuntary arrivals transferred to voluntary status
	Number of instances where a sitter was used for a behavioral health patient prior to transfer to EmPATH
	Hours of sitter time in emergency department for behavioral health patients
	Number of 72-hour evaluations provided and disposition (remained in community, 30-day commitment)
Effectiveness	Percent of visits resulting in a return visit
	Percent of visits resulting in connection or reconnection to ongoing behavioral health services
Client/Family Centered	Likelihood to recommend
	Percentage of individuals with documented attempt to contact family/other supports
Partnership	Percentage of discharges in which the continuing care plan was transmitted to next level of care provider
	Percentage of discharges in which the continuing care plan was transmitted to the primary care provider
	Percentage of EmPATH and inpatient patients discharged to inpatient psychiatric care (voluntary and involuntary)
	Average days from discharge to outpatient appointment

Source: Adapted from Balfour, M. E., Tanner, K., Jurica, P. J., Rhoads, R., & Carson, C. A. (2016). Crisis Reliability Indicators Supporting Emergency Services (CRISES): a framework for developing performance measures for behavioral health crisis and psychiatric emergency programs. *Community Mental Health Journal*, 52(1), 1-9.