

Resource Management Committee Report

Memorandum



To: Larry Norene, Chair
Resource Management Committee

Date: August 5, 2015

From: Karol Collyer

Phone: 269-8658

Subject: August 5, 2015 – Resource Management Committee Meeting Summary

Board Consultations: The following action requiring full board of trustee concurrence occurred at the August 5, 2015, RMC meeting:

Item A – Negotiated Oil and Gas Lease – Doyon, Limited, MHT 9300097. The TLO is requesting that the Trust Authority board of trustees concur with the decision to negotiate an oil and gas lease for exploration and development with Doyon, Limited. The primary term of the lease will be ten years.

Anticipated Revenues/Benefits: 1) Revenue to the Trust includes an annual rental fee starting at \$3/acre/year and escalating to \$5/acre/year after the sixth lease year. Rental is a credit against the royalty due on production for that lease year; and 2) Any production that occurs will be subject to a 12.5 percent royalty.

Recommended Motion. “The Resource Management Committee recommends that the Trust Authority board of trustees concur with the negotiated lease of Trust land near Nenana with Doyon, Limited for the exploration and development of oil and gas resources.”

Board Approvals: The following action requiring full Trust Authority board approval occurred at the August 5 meeting:

Item 1 – FY17 Operating Budget. The TLO is requesting approval from the board of trustees of the FY17 Operating Budget.

Recommended Motion. “The Resource Management Committee recommends that the Trust Authority board of trustees approve the Trust Land Office Operating Budget for FY17 in the amount of \$4,397,500.”

cc: Board of Trustees
Jeff Jessee, CEO, Alaska Mental Health Trust Authority
Steve Williams, COO, Alaska Mental Health Trust Authority
John Morrison, Acting Executive Director, Trust Land Office

Planning Committee Report

To: Russ Webb, Chairman, Board of Trustees
From: Paula Easley, Planning Committee Chair
Michael Baldwin, Evaluation & Planning Officer
Date: 8/17/2015
Re: Planning Committee Report

MEMO

PROJECT DESCRIPTION

There has been one Planning Committee meeting since the last Board report in May 2015. The meeting occurred on August 6th, 2015. Trustees participating in the meeting were Paula Easley (Chair), Russ Webb, Mary Jane Michael, Laraine Derr, Larry Norene, and Carlton Smith. Trustee John McClellan was excused from the meeting.

A brief summary of the topics addressed are provided below:

- *Alaska Behavioral Health Systems Assessment – Update:* Trust contractor Heidi Wieland and Michael Baldwin updated trustees on the *Alaska Behavioral Health Systems Assessment* project. A final draft is being reviewed by steering committee members and key stakeholders. Some initial impressions about the findings were shared with the committee. The project highlights that the behavioral health systems is undergoing a tremendous period of change, and that gaps in the continuum of care and health care coverage contribute to a cycle of service crisis and crisis response which impacts beneficiaries. There is also a disconnection between regulations and practice that suggests an opportunity for improvement, especially in light of Medicaid reform and expansion. Potential implications, next steps for analysis, and recommendations for using results to jump start work on an updated Comprehensive Integrated Mental Health Program plan were also presented.
- *FY17 Budget Briefing:* The second session of the morning’s agenda was an overview of the FY17 budget and a prioritized list of new opportunities to consider while finalizing the FY17 Budget at the next Board meeting (August 26th & 27th, 2015). This discussion and information presented was based upon requests from Trustees at two Trustee work sessions that occurred on (June 30th & July 14th, 2015).
- *Program Related Investment – Potential Projects:* The third session of the morning focused on a refresher on the Trust’s Program Related Investment (PRI) program guidelines, and a presentation of five potential PRI projects for trustee consideration. As part of identifying the projects with the highest urgency or sensitive timeline, detailed information was presented on two projects. Trustees Michael, Norene and Smith volunteered to be on a workgroup with TAO and TLO staff to investigate viability of the projects. The committee will provide recommendations to trustees at the next board meeting.
- *Medicaid Reform and Expansion & Criminal Justice Reform – Workforce Capacity Issues:* A working lunch focused on discussing the potential workforce capacity issues related to Medicaid reform and expansion and criminal justice reform. Trust Staff and contractor presented relevant observations from the Trust’s *Alaska Behavioral Health Systems Assessment*, and the Trust Workforce Director provided an overview of key trends and potential areas of needed efforts. Trust staff received guidance from Trustees on

bringing back a plan for targeting workforce efforts on reform and expansion initiatives for consideration at the next board meeting.

- *Budget Briefing – Non Focus Area and Focus Area Budgets:* The budget briefings continued in the afternoon centered on reviewing the Non Focus Area and Focus Area budgets. Trust staff reviewed the Board approved FY16 and FY17 budget and provided relevant Focus Area updates. They also identified budget items that required programmatic updates and potential funding changes in FY17, items that could be used for possible reallocation in FY17, budget items for recommended for reallocation or new projects for FY16 or FY17.

One of the new projects discussed for FY16 was the Anchorage Housing and Homeless Services Coordinator. This project would embed the Trust's senior program officer within the Municipality of Anchorage Mayor's office to facilitate reducing Trust beneficiary homelessness in Anchorage. Trustees supported the concept and implementation, with areas of concern identified for staff consideration.

Finance Committee Report

	Item Type	Proposal	Organization	Page #	Proposed Motion
1	Trustee Ratification Request	Trustee Ratification Request	The Trust	131	Approve the Finance Committee's recommendation to ratify the Legislature's FY16 MHTAAR and MHT Admin budget amounts as appropriated during the Second Special Session (CCS HB 2001) and therefore increases previous FY16 Trustee authorizations by \$82,500.
2	Operating Budget - TLO	FY17 Operating Budget	Trust Land Office	133	Approve the Finance Committee's recommendation for the Trust Land Office operating budget for FY17 in the amount of \$4,397,500
3	Operating Budget - Trust	FY17 Operating Budget	The Trust	135	Approve the Finance Committee's recommendation for the FY17 Trust Authority MHT Admin funds budget of \$3,542,000.
4	Partnership	Haines Wellness Center	Southeast Alaska Independent Living Center (SAIL)	137	Approve the Finance Committee's recommendation for a \$75,000 FY16 partnership grant to Southeast Alaska Independent Living, Inc. for the SAIL in the Haines Wellness Center project.
5	Partnership	Domestic Violence Shelter Improvements Deferred Maintenance	Alaska Community Foundation	146	Approve the Finance Committee's recommendation for a \$100,000 FY16 partnership grant to Alaska Community Foundation for the Domestic Violence Shelter Improvement project.
6	Partnership	Bean's Cafe Administrative Office and the Children's Lunchbox Kitchen and Warehouse project	Bean's Café	153	Approve the Finance Committee's recommendation for a \$100,000 FY16 partnership grant to Bean's Cafe for the Bean's Cafe Administrative Office and the Children's Lunchbox Kitchen and Warehouse project.
7	Partnership	Diamond Willow Sober Living	Central Peninsula Hospital	164	Approve the Finance Committee's recommendation for a \$75,000 FY16 partnership grant to Central Peninsula Hospital for the Diamond Willow Sober Living project.
8	Partnership	Conflict Free Case Management; Person Centered Care Coordination	Alzheimer's Resouce of Alaska	176	Approve the Finance Committee's recommendation for a \$150,000 FY16 partnership grant to the Alzheimer's Resource of Alaska for Conflict Free Case Management; Person Centered Care Coordination.
9	MHTAAR Approval	General Relief Assisted Living Care Assessments	Alaska Department of Health and Social Services, Senior and Disability Services	181	Approve the Finance Committee's recommendation for a \$175,000 FY16 MHTAAR grant to Alaska Department of Health and Social Services, Senior and Disability Services for the General Relief Assisted Living Care Assessments project.
10	Focus Area Allocation	Holistic Defense Model	Alaska Legal Services Corporation	184	Approve the Finance Committee's recommendation for a \$67,500.00 FY16 Disability Justice Focus Area Allocation to the Alaska Legal Services Corporation for the Holistic Defense Model project.
Finance Report - Items Approved at the August 5, 2015 Finance Committee Meeting					(NO ACTION REQUIRED)
	Partnership	Two 15 Passenger Vans	Alaska Christian College		Approved a \$45,000 FY16 partnership grant to the Alaska Christian College to purchase two 15-passenger vans.

To: Mary Jane Michael, Interim Finance Committee Chair
From: Kevin Buckland, Chief Financial Officer
Date: August 5, 2015
Re: Trustee Ratification Request

MEMO

REQUESTED MOTION:

Recommend the full board of trustees ratify the Legislature's FY16 MHTAAR and MHT Admin budget amounts as appropriated during the Second Special Session (CCS HB 2001) and therefore increases previous FY16 Trustee authorizations by \$82,500.

BACKGROUND

At the time of the May full board meeting, FY16 cost of living allowances (COLA) codified in collective bargaining agreements for classified employees, or initially budgeted for exempt employees, were removed from the FY16 operating budget by the Legislature. The Legislature adjourned without funding these COLA increases or other items which House minority members cited as necessary in exchange for securing their votes to tap the Constitutional Budget Reserve, which was a prerequisite to fully fund the general fund budgets appropriated during the regular session.

During the Legislature's Second Special Session, negotiations resulted in the majority and the minority reaching an agreement to fund the FY16 COLA increments as well as other "must-haves." This motion requests Trustees ratify the MHTAAR and MHT Admin funded COLA increases ultimately approved by the Legislature.

The attached spreadsheet delineates the increased breakout to various agencies.

FY16 Budget Finalization / Ratification Request - August 2015

	Description	Previous Trustee Approvals	Approved by Legislature	Difference (Trustee Approval Requested)
		MHTAAR / MHT Admin	MHTAAR / MHT Admin	MHTAAR / MHT Admin
1	DOR Trust Authority Admin / Operating (Non-Focus Area Allocations // total budget - not increments)	\$ 3,418.2	\$ 3,468.2	\$ 50.0
2	DOC Health and Rehabilitation Services / Behavioral Health Care (Disability Justice)	502.2	506.9	4.7
3	DHSS Behavioral Health Administration Personal Services Increases (Housing)	230.1	235.1	5.0
4	DHSS Mental Health Board & Advisory Board on Alcoholism & Drug Abuse Personal Services Increases (Non-Focus Area Allocations)	458.9	465.5	6.6
5	DHSS Juvenile Justice Personal Services Increases (Disability Justice)	268.4	273.4	5.0
6	DHSS SDS Administration Personal Services Increases (Housing)	378.3	382.6	4.3
7	DHSS SDS Commission on Aging Personal Services Increases (Non-Focus Area Allocation)	116.8	119.1	2.3
8	DHSS SDS Governor's Council on Disabilities & Special Education Personal Services Increases (Non-Focus Area Allocation)	622.8	627.4	4.6
			FY16 TOTAL	\$ 82.5

(amounts in thousands)

Proposed Motions:

- The Finance Committee recommends that the full board of trustees ratifies the Legislature's FY16 MHTAAR and MHT Admin budget amounts as appropriated during the Second Special Session (CCS HB 2001) and therefore increases previous FY16 Trustee authorizations by \$82,500.



To: Mary Jane Michael, Interim Finance Committee Chair
From: Sarah Morrison
Date: 8/4/2015
Re: FY17 Operating Budget
Fiscal Year: 2016

Approval

Proposed Finance Motion:

“The Finance Committee recommends that the Trust Authority board of trustees approve the Trust Land Office operating budget for FY17 in the amount of \$4,397,500”

Background:

The Trust Land Office (TLO) seeks the recommendation of the Finance Committee for the FY17 operating budget. Please see Exhibit 1 for a breakout of the proposed line items.

Exhibit(s):

1. FY17 Trust Land Office Budget Proposal

	A	B	C	D	E
1	TRUST LAND OFFICE OPERATING BUDGET				
2	FY17 Proposal				
3					
4					
5	Expenditures	FY15 YTD 7-17-2015	FY16 Mgmt Plan	FY17 Proposal	16-17 %age
6	71000 Personal Services	2,408,426	2,705,100	2,783,800	2.91%
7	72000 Travel	87,882	143,700	143,000	-0.49%
8	73000 Services	1,058,638	1,417,100	1,414,700	-0.17%
9	74000 Supplies	53,106	56,000	56,000	0.00%
10	75000 Capital Outlay		-	-	0.00%
11	Total	3,608,052	4,321,900	4,397,500	1.75%
12					
13					
14	Revenue	FY15 YTD 6-30-15	FY16 Mgmt Plan	FY17 Proposal	16-17 %age
15	Principal	6,748,317	5,612,000	5,857,000	4.37%
16	Income	6,133,201	4,129,500	4,290,100	3.89%
17	Total	12,881,518	9,741,500	10,147,100	4.16%
18					
19					
20					
21	<i>FY17 TRUSTEE REQUEST:</i>				
22	<i>\$4,397,500</i>				
23					
24					
25					
26	Personal Services*				
27	FY17 Merit Increase	54,900			
28	FY17 Net Benefit Increase**	23,800			
29	FY17 COLA	-			
30	Total Increase	78,700			
31	*Request is rounded				
32	**Benefit increases caused by merit and COLA were slightly offset by decreases in the budgeted salaries for				
33	several PCNs.				
34					

To: Mary Jane Michael, Interim Finance Committee Chair
From: Jeff Jessee, Chief Executive Officer
Date: August 5, 2015
Re: FY 17 MHT Admin Operating Budget Request

MEMO

REQUESTED MOTION:

Recommend the full board of trustees approve the FY17 Trust Authority MHT Admin funds budget of \$3,542,000.

BACKGROUND

Staff have prepared an FY17 operating budget and requests the Finance Committee recommend the full board of trustees approve the MHT Admin funds as detailed in the attached document.

The budget does not include any provision for Cost of Living Allowances (COLA) for FY17, nor does it include any increase for health insurance costs under the expectation that no increase is likely to occur. If in the event the executive branch negotiates labor contracts and the same increase is extended to exempt staff and the Legislature agrees then Trustees will be requested to ratify the increases.

	A	B	D	F	G	H
1	MENTAL HEALTH TRUST AUTHORITY					
2	OPERATING BUDGET					
3						
4						
5	EXPENDITURES	FY15 Actual + Projected as of July 1 2015	FY16 Mgmt Plan	FY17 Proposal	16-17 %age	
6	71000 Personal Services	2,325,257	2,358,170	2,414,658	2.40%	
7	Personal Services	2,285,362	2,308,666	2,368,702		
8	cell phones	4,455	4,320	3,456		
9	Honorarium	35,439	45,184	42,500		
10	72000 Travel	81,072	145,000	115,000	-20.69%	
11	73000 Services	779,669	898,030	921,342	2.60%	
12	74000 Supplies	56,898	67,000	73,000	8.96%	
13	75000 Equipment	0	0	18,000		
14	Total	3,242,895	3,468,200	3,542,000	1.61%/2.13% *	
15						
16						
17	FUNDING SOURCE	FY15 Mgmt Plan	FY16 Mgmt Plan	FY17 Request		
18	MH Bill - admin	3,436,000	3,468,200	3,542,000		
25	<div style="border: 1px solid black; padding: 10px;"> <p>FY2017 Request to TRUSTEES:</p> <p style="font-size: 2em; color: red; text-decoration: underline;">\$3,542,000</p> </div>					
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To: Mary Jane Michael, Interim Finance Committee Chair
Date: July 26, 2015
Re: FY16 Partnership Request
Fiscal Year: 2016
Amount: \$75,000.00
Grantee: Southeast Alaska Independent Living (SAIL), Inc.
Project Title: SAIL in the Haines Wellness Center

MEMO

REQUESTED MOTION:

Recommend the full board of trustees approve a \$75,000 partnership grant to Southeast Alaska Independent Living, Inc. for the SAIL in the Haines Wellness Center project.

Assigned Program Officer: Amanda Lofgren

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

PROJECT DESCRIPTION

The proposed project will provide funds toward the build out of the SAIL office and consumer areas in the Haines Community Wellness Center. Consumer areas include a bathroom with a roll-in shower and a universal design kitchen that opens up into a conference/classroom for pre-employment and independent living skills training.

This project builds program space for SAIL's Haines Program as the current office conditions are insufficient. This project will improve consumer confidentiality by providing space to adequately serve needs, reduce costs, increase accessibility of services, expand programming, and enable the community to solve their own healthcare needs by developing an appropriate system and coordination of care for Trust beneficiaries.

The new space, designed in partnership between SAIL and Haines Assisted Living, with Borough and community support, is part of a new community healthcare center called the Wellness Center in downtown Haines. SAIL has signed a memorandum of understanding to occupy one of six offices in the building upon completion in 2015.

SAIL has two Independent Living Advocates employed in the Haines office, but due to the layout of the space, only one staff can meet with consumers at a time with respect to confidentiality (there is a lack of confidentiality because the walls have no sound proofing). Furthermore, the location of the current office is one of the most public locations in Haines, the Gateway Building on Main Street. There is very little anonymity and that deters some beneficiaries from seeking services. Unfortunately, until the development of the Wellness Center, this was SAIL's only option. The Gateway Building is the only somewhat accessible building with office space in Haines.

This project will allow for two private offices and a small waiting room. Services will be more accessible and confidential, the new ADA-designed office is located within a block of Main Street and includes off street parking. Other confidentiality upgrades, such as soundproof walls and doors will comfort current and attract new clients.

One of SAIL's core services, as mandated by the federal Rehabilitation Act, is Independent Living Skills Training. The Haines SAIL office has provided this service on a minimal 1:1 basis to beneficiaries, but SAIL has not had adequate space to offer group skills training such as, meal planning and cooking, budgeting, and pre-employment skills. SAIL is a grantee of the partnership between the Trust and the Department of Vocational Rehabilitation's new Pre-Employment Transition Services (PETS) project. PETS is a program which offers youth (16-22) with disabilities job exploration, work readiness training, and work-based learning experiences in the community. Currently there are nine students in Haines that are participating in the project. PETS has been met with great enthusiasm by the participants, school district, other social service agencies, and the business community at large. We anticipate the PETS project to continue for years to come. The proposed universal designed kitchen that will open into the conference/classroom will enhance the PETS project significantly by giving us an adequate space to hold the class.

This project also includes a designated public shower. SAIL works with the majority of the homeless population in Haines. There are two public showers in Haines: the swimming pool and laundry mat. Both have limited hours and are cost prohibitive for many consumers. Good personal hygiene is a key to successfully finding housing, employment, and getting connected with other services in the community.

With the move, SAIL will be able to increase collaboration among the other six offices in the complex, improving client referral and treatment. The space opens doors for expanded programming, with facilities to provide recipient support services on-site to beneficiaries.

EVALUATION CRITERIA

Specific performance measures include:

- Increase number of consumers served.
- Provision of independent living skills training.

SUSTAINABILITY

The Community Wellness Center comprises the ground floor of the Soboleff/McRae Veterans Village project. The 10,000-square-foot Wellness Center is home to SEARHC's new dental clinic and program space for other community based health providers. The building continues the HAL construction model, delivering 30% lower energy costs and 20% lower maintenance expense. The gross space of the Wellness Center has been completed at a cost of \$1.3 million, not counting the new dental clinic. It is estimated that another \$650,000 will complete the individual build-outs planned by the various other nonprofit providers. HAL has budgeted \$100,000 in pre-development expense to help tenants secure the funds to complete the project. As a nonprofit endeavor, the annual lease expense for each tenant is solely the actual cost of operations, including maintenance, facility management, utilities and insurance. This request to the Trust is to help complete the SAIL office space and SAIL consumer use areas including a universal design kitchen and accessible shower within the shell of the Wellness Center, estimated to cost

\$250,000. The estimated lease cost to SAIL is consistent with what we pay now in a far less desirable space.

Funds for the overall project came from the state of Alaska, private donations, community, and grants such as the Rasmuson Foundation's nearly \$500,000 last year. To date, the project costs are approximately \$7.1 million. Eleven apartments for low and moderate income veterans are completed and leased. The Wellness Center shell is complete.

WHO WE SERVE

This project will improve consumer confidentiality by providing space to adequately serve needs, reduce costs, increase accessibility of services, expand programming, and enable our community to solve our own healthcare needs by developing an appropriate system and coordination of care for Trust beneficiaries. This project will serve people from all beneficiary categories.

With the move, we will be able to increase collaboration among the other six offices in the complex, improving client referral and treatment. The space opens doors for expanded programming, with facilities to provide recipient support services on-site to beneficiaries.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Mental Illness:	14
Developmental Disabilities:	12
Alzheimer's Disease & Related Dementias:	7
Substance Abuse	3
Traumatic Brain Injuries:	9
Number of people to be trained	20

BUDGET

Personnel Services Costs	\$0.00
Personnel Services Costs (Other Sources)	\$60,000.00
Personnel Services Narrative:	<p>HAL Project Consulting Manager directs design team, oversees construction, secures funding.</p> <p>Personnel Services Funded by Other Organizations: HAL has committed approximately \$60,000 through February 2016 to complete the Wellness Center development activities.</p>

Space or Facilities Costs	\$75,000.00
Space or Facilities Costs (Other Sources)	\$175,000.00
Space or Facilities Narrative:	<p>Of the estimated SAIL facility cost of \$250,000 HAL will seek an additional \$175,000 from other development sources for the construction of the SAIL office, program space, roll-in shower and universal design kitchen. Universal kitchen: \$30,000; Roll-In Shower: \$15,000; HVAC/HRV: \$10,000; Office and Program Space (including all finishes): \$195,000.</p>

Total Amount to be Funded by the Trust	\$75,000.00
Total Amount Funded by Other Sources	\$100,000.00

Other Funding Sources	
Haines Assisted Living, Inc. SECURED	\$100,000.00
Total Leveraged Funds	\$100,000.00

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Anchorage, AK 99508
 Phone: (907) 269-7960
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Trust Capital Project Questionnaire

The Alaska Mental Health Trust Authority, along with our funding partners, Rasmuson Foundation, Denali Commission and the Mat-Su Health Foundation, participate in a program that promotes early and thorough planning for capital projects called the Pre-Development Program. It is administered by The Foraker Group.

This program has demonstrated the need for a thorough examination of the health and operations of a non-profit organization before undertaking a capital project. To assist The Trust in this assessment, all applicants seeking capital funds must complete the following questionnaire and be prepared to respond to questions regarding any of the areas covered.

If you would like more information about the Pre-Development Program and how to participate, please see The Foraker Group's website at <http://www.forakergroup.org/index.cfm/Shared-Services/Pre-Development>

Organization name: Southeast Alaska Independent Living, Inc. (SAIL)

Contact: Sierra Jimenez, Haines Program Director

Email: sjimenez@sailinc.org

Phone: (907) 766-3297 or (907) 419-5529

A. Organizational Issues

A1	What is your organization's core mission? How does this project fit into your core mission?	Response: SAIL's mission is to: Inspire Personal Independence. SAIL serves people of all ages and all disabilities. The current office conditions are insufficient in regards to accessibility and confidentiality. Unfortunately, until the Wellness Center is complete, our current space is the most accessible office space available in Haines. It is essential to our
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		mission to be located in a space that is accessible and welcoming to all.
A2	Please summarize the status of your organization’s strategic plan (i.e. in draft form; complete and being monitored annually, etc.) How is this project part of the plan?	<p>Response: SAIL has a complete strategic plan, developed with the assistance of Dennis McMillan from the Foraker Group. The SAIL board monitors progress on the plan quarterly.</p> <p>„Strategic Directions” in the approved plan include “Recognize and continue to build human capacity of SAIL (consumers, volunteers, board and staff) and “Secure office space that is inviting, accessible to those served and affordable for the organization.” Both items directly relate to this project.</p>
A3	Does this project fit into a community or regional plan or process? How?	<p>Response: This project is directly aligned with the Haines Borough Comprehensive Plan which states, “Sustain, promote, and selectively expand services and amenities for retirees and vulnerable Haines residents”. In addition to this broader community goal, the comprehensive plan specifically addresses employment services: “Achieve a strong, diversified local economy that provides employment and income for all citizens that desire to work while protecting the health of the environment and quality of life.” SAIL was a recent recipient of the State of Alaska Department of Vocational Rehabilitation’s Pre-Employment Transitional Services (PETS) grant. This project includes the build-out of the classroom/conference room where SAIL will offer our pre-employment and Independent Living Skills Training classes for Trust Beneficiaries.</p>
A4	How many months of operating reserves do you maintain?	Response: SAIL maintains 5-6 months of operating reserves.
A5	Have you explored opportunities for collaboration with other organizations on this project? If so, how?	<p>Response: The Wellness Center is collaborative in nature. SAIL will be one of six organization co-located in the building to better serve the community’s needs. Since inception of this project, the organizations involved have been working together to design the space to be efficient and user-friendly for our mutual clients/consumers. For example, currently 3 different organizations maintain community loan closets for durable medical equipment and assistive technology. We have agreed that we will share one large storage space that will be located at the Wellness Center and combine resources making this service easier and more accessible for the community.</p>

B. Program Issues

B1	What are your current services and how will the project enhance/expand your services?	<p>Response: SAIL’s core services are: Advocacy, Independent Living Skills Training, Peer Support, and De-Institutionalization. Within our core services, SAIL offers programs that support independent living including; benefits counseling, home assessments and modifications, assistive technology and durable medical loan closet, emergency financial assistance, and employment skills and support. This project will improve consumer confidentiality by providing space to adequately serve needs, reduce costs</p>
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		<p>increase accessibility of services, expand programming, and enable our community to solve our own healthcare needs by developing an appropriate system and coordination of care for Trust beneficiaries.</p> <p>Even though the Independent Living Skills is a core service, the Haines SAIL office has only been able to provide this service on a minimal 1:1 basis to Beneficiaries because we have not had the adequate space to offer group skills training such as, meal planning and cooking, budgeting, and pre-employment skills. This project will provide a universal designed kitchen that will open into the conference/classroom. This project includes a designated public shower. SAIL works with the majority of the homeless population in Haines. There are two public showers in Haines: The swimming pool and the laundry mat. Both have limited hours and are cost prohibitive for many of our consumers. Good personal hygiene is a key to successfully finding housing, employment and even getting connected with other services in the community.</p>
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C. Site Issues

C1	Has a site been identified for this project?	Response: Yes. The shell was completed during phase one of the construction of the Wellness Center.
C2	Were alternative sites fully evaluated?	Response: Yes. Previous to working with HAL, we explored many options for a suitable location for SAIL, but no accessible office spaces are available in Haines. In addition to accessibility requirements, there is also the concern of anonymity. Additionally, we have a need to expand our Independent Living and Employment Skills Training and need a space for group classes.
C3	Has the selected site been evaluated for appropriate size, access, utilities, and environmental constraints?	Response: SAIL has been working with HAL on the building design from the beginning, participating in discussions with architects and developers to ensure the design is tailor made for SAIL's unique needs and that the features and layout bring solutions to current and past facility issues.
C4	Has a site plan been completed?	Response: A site plan is complete and the building is two-thirds built.
C5	What is the status of site ownership?	Response: HAL owns the property the building is sitting on and has no debt or mortgage on the land nor the buildings on it. The group owns the surrounding land and three housing facilities and has a Memorandum of Understanding with SAIL, ensuring SAIL has a guaranteed space in the building.

D. Facility Issues

D1	Explain why you need a new, expanded, or remodeled facility.	<p>SAIL's current office space is not adequate. SAIL has two Independent Living Advocates employed in our Haines office, but due to the lay-out of the space, only one staff can meet with consumers at a time with respect to confidentiality. There is a lack of confidentiality because the walls have no sound proofing. Furthermore, the location of our current office is one of the most public locations in Haines, the Gateway Building on Main Street. There is very little anonymity and that deters some Beneficiaries from seeking our services. Unfortunately, until the development of the Wellness Center, this was SAIL's only option. The Gateway Building is the only somewhat accessible building with office space in the community of Haines. This project will allow for two private offices and a small waiting room. Services will be more accessible and confidential.</p> <p>One of SAIL's core services is Independent Living Skills Training. The Haines SAIL office has provided this service on a minimal 1:1 basis to Beneficiaries, but we have not had the adequate space to offer group skills training such as, meal planning and cooking, budgeting, and pre-employment skills. This project will provide a universal designed kitchen that will open into the conference/classroom. This project includes a designated public shower. SAIL works with the majority of the homeless population in Haines. There are two public showers in Haines: The swimming pool and the laundry mat. Both have limited hours and are cost prohibitive for many of our consumers. Good personal hygiene is a key to successfully finding housing, employment and even getting connected with other services in the community.</p> <p>With the move, we will be able to increase collaboration among the other six offices in the complex, improving client referral and treatment. The space opens doors for expanded programming, with facilities to provide recipient support services on-site to beneficiaries.</p>
D2	How much total square footage do you think you will need?	Response: 441sf Office. 657sf Kitchen/Classroom. 700sf Restrooms/Showers
D3	Has a construction cost estimate been prepared? Who prepared it?	Response: HAL, in collaboration with SAIL and the groups that will occupy the Wellness Center, worked with Juneau-based architects Jensen, Yorba, Lott and Dawson Construction to prepare construction cost estimates.

E. Financial Issues

E1	Is the full cost of the project identified?	Response: Yes. The overall Wellness Center cost is \$8.4 million. The specific cost of the SAIL project is \$250,000.
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E2	What funding has been identified for the capital project? Please provide amounts and sources.	Response: \$7.1 million has been secured for the overall \$8.4 million Wellness Center cost, and provides for the “shell” for SAIL to build within. The sources of those funds include the State of Alaska, Rasmuson Foundation, Haines Assisted Living, Haines community members and businesses, Alaska Veterans Advisory Council and American Legion. \$43,000 in matching funds is now available from the Rasmuson Foundation if a match is identified. A grant is under consideration with Weinberg Foundation for remaining funds.
E3	How will increased operating expenses be covered?	Response: SAIL expects costs in the new building to match current costs. The SAIL annual budget is maintained with an extremely diversified budget including federal, state, and municipality grants; private foundation funding; individual donors; special events; and fees for service.

F. Other information that helps explain your project:

	We appreciate this opportunity to apply for support to better serve Trust Beneficiaries and other individuals with special needs in the Haines Borough.
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To: Mary Jane Michael, Interim Finance Committee Chair
Date: July 26, 2015
Re: FY16 Partnership Request
Fiscal Year: 2016
Amount: \$100,000 FY16 / \$100,000 FY17 (future FY 17 request)
Grantee: Alaska Community Foundation
Project Title: Statewide Domestic Violence Shelter Improvements

MEMO

REQUESTED MOTION:

Recommend the full board of trustees approve a \$100,000 partnership grant to the Alaska Community Foundation for the Domestic Violence Shelter Improvement project.

Assigned Program Officer: Nancy Burke

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

PROJECT DESCRIPTION

Statewide Domestic Violence Shelter Improvements Initiative

According to the 2010 Alaska Victimization Survey, 59 percent of adult women in Alaska have experienced intimate partner violence, sexual violence, or both. Reported rape is more common in Alaska than any other state, according to 2012 FBI crime estimates; the per capita rate is about three times the national average. When faced with these statistics, domestic violence and sexual assault in our state can seem insurmountable. However, there are rays of hope. According to the Alaska [Council on Domestic Violence & Sexual Assault](#), in FY2013, 9,330 Alaskans were served by victim service programs, and 99,524 shelter nights were provided by victim service providers. There are many men and women in our state doing excellent work in this area, and our domestic violence shelters are at the front lines.

In the fall of 2014, the Alaska Community Foundation (ACF) had the unique opportunity to become involved in a project that directly helps domestic violence shelters across our state. ACF is serving as the fiscal sponsor for an over \$4 million project to address deferred maintenance needs for 17 domestic violence and sexual assault shelters in the state. Funding has been generously provided by the State of Alaska and a matching grant from Rasmuson Foundation, as well as other partners, including Wells Fargo and the Mat-Su Health Foundation. While these funders could issue a grant directly to each domestic violence shelter, shelter operators may lack the capacity to carry out planning, design and construction of capital improvements. In the role of the fiscal sponsor, ACF is accepting and distributing these funds, overseeing expenditures on contractors and processing checks, in partnership with the Foraker

Group's pre-development program. This relieves busy shelter staff from the administrative burden of managing the repairs and grant paperwork, allowing them to focus on important programmatic activities.

These are the 17 shelters that are a part of this project:

- [Abused Women's Aid in Crisis](#), Anchorage
- [Arctic Women in Crisis](#) Barrow
- [Tundra Women's Coalition](#), Bethel
- [Safe and Fear-Free Environment](#) , Dillingham
- [Emmonak Women's Shelter](#), Emmonak
- [Interior Alaska Center for Non-Violent Living](#) , Fairbanks
- [South Peninsula Haven House](#) , Homer
- [Aiding Women in Abuse & Rape](#) , Juneau
- [The LeeShore Center](#), Kenai/Soldotna
- [Women in Safe Homes](#) , Ketchikan
- [Kodiak Women's Resource and Crisis Center](#), Kodiak
- [Maniilaq Family Crisis Center](#), Kotzebue
- [Alaska Family Services](#), Palmer
- [Bering Sea Women's Group](#), Nome
- [Sitkans Against Family Violence](#), Sitka
- [Unalaskans Against Sexual Assault](#), Unalaska
- [Advocates for Victims of Violence](#) , Valdez

Management of the planning, design and construction of the shelter improvements is being spearheaded by the Foraker Group's Pre-Development Program. The Pre-Development program has a rich history of providing professional services to nonprofit, tribal and municipal organizations in developing or improving capital infrastructure. A steering committee made up of funders and stakeholders is guiding the steps forward in this project. Design and engineering is in progress and construction should begin in late summer 2015, with the majority of the activity taking place in 2016.

These shelters are heavily used and have diverse maintenance needs, some of them critically important. This project will help address a variety of health and safety issues such as repair of electrical wiring purchase of devices to remove bed bugs from fabric and mattresses, roof repair, window replacement, security camera installation and floor repair.

Steering committee members working to provide project guidance and secure funding:

- *Co-Chair*: Sammye Pokryfki, Rasmuson Foundation
- *Co-Chair*: Peggy Brown, Alaska Network on Domestic Violence & Sexual Assault (ANDVSA)
- Michelle DeWitt, Bethel Community Services Foundation
- Nancy Burke, Alaska Mental Health Trust Authority

- Sharon Scott, Mat-Su Health Foundation
- Candace Winkler, Alaska Community Foundation (to be replaced by incoming CEO)
- Chris Kowalczewski, Pre-Development Program, Foraker Group
- Dana Rogers, Wells Fargo
- Richard Irwin, Alaska Council on Domestic Violence and Sexual Assault

Attached to this proposal is a break out of the space that is used in the shelters to accommodate behavioral health needs. This request is for matching funds to assist in covering the portions of the programs that relate to Trust beneficiaries.

EVALUATION CRITERIA

The program will continue receiving services from the Pre-Development program in the form of project management to ensure the work is completed; this is coordinated through ACF. Evaluation of the program will take the form of a final report on the project activities, costs associated with the repairs needed at each location and a summary report. This information will be provided to the leadership at ACF and the funding partners of the Pre-Development program and steering committee members to help inform future funding for shelters across the state.

SUSTAINABILITY

Funding for Domestic Violence shelters in Alaska remains very thin and sustainability is an ongoing concern. This project will assist in preserving a number of shelters by prolonging use of the buildings or preventing health and safety hazards from disrepair. The Pre-Development program project managers and contractors will be able to communicate important information about the new equipment and systems being installed to the shelter operators in order to help them continue the regular routine maintenance of the buildings.

WHO WE SERVE

Individuals who stay at domestic violence shelters are community members in need of assistance to remain safe from violence in relationships. There is a need to protect the privacy of the families who stay at the shelter and as a result, reporting the exact numbers of people who experience conditions that qualify as Trust beneficiaries is challenging. The parents and families served by domestic violence shelters have experienced high levels of trauma, violence, and disruption to safe community living and are at higher risk of depression, post-traumatic stress disorders and other disabling conditions. In 2014, one domestic violence shelter reported to the Trust that fully 100% of the families served in their program reported as having chronic alcoholism, mental illness, brain injury and/or developmental disabilities.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Number of people served by shelters statewide	9,330
Number of bed nights provided statewide	99,524

BUDGET

Space or Facilities Costs	\$100,000
Space or Facilities Costs (Other Sources)	\$4,000,000
Space or Facilities Narrative:	Detailed project plans have been prepared through the Pre-Development program.

Total Amount to be Funded by the Trust	\$100,000 FY16 and future request of \$100.0 FY17
Total Amount Funded by Other Sources	\$4,040,000

Other Funding Sources	
State of Alaska Capital grant	\$2,000,000
Rasmuson Foundation matching grant	\$2,000,000
Mat-Su Health Foundation	\$15,000
Wells Fargo	\$25,000
Balance of funding: other funders:	\$760,000
Total Leveraged Funds	\$4,800,000.00

Location	Services Offered	Behavioral Health /Counseling Spaces	A	B	C	D	E
			Total SF	Counseling Space SF	% Counseling Space	Project Cost	Share of Cost
					B/A=C		C*D=E
Anchorage: AWAIC	DV shelter, transitional living, case management advocacy outreach & prevention: community education	2 Meeting rooms, counseling/intake offices	16,760	912	5%	\$ 284,646	\$ 15,489
Barrow: Arctic Women in Crisis	DV Shelter	Offices, Conference Rm.	10,368	1,246	12%	\$ 64,546	\$ 7,757
Bethel: TWC	DV Shelter, Advocacy: 24 Hr. Crisis line, support groups for Women and Alcohol and DV, community Outreach	Offices and conference room	15,000	1,866	12%	\$ 313,550	\$ 39,006
Dillingham: Safe & Fear-free Environment	DV shelter & emergency shelter for adults & youth	SISTR Room, offices, (Steam Building SF unknown)	8,750	1,662	19%	\$ 283,023	\$ 53,758
Emmonak: Emmonak Women's Shelter *	DV Shelter, Advocacy, Outreach Services	Offices	2,000	360	18%	\$ 327,373	\$ 58,927
Fairbanks:Interior Alaska Center for Non-Violent Living*	DV Shelter, Safety planning, crisis intervention, referrals & help with housing and public assistance, children's services, parenting classes, transitional housing, DART	Multiple offices and meeting spaces for service provision, counseling	51,002	3,027	6%	\$ 736,733	\$ 43,726
Homer: South Peninsula Haven House	DV Shelter, Advocacy, Child Advocacy, Crisis Line, Child Care programs, Intervention	Offices	5,426	912	17%	\$ 115,369	\$ 19,391
Juneau: AWARE (Aiding Women in Abuse and Rape Emergencies)	DV Shelter, Advocacy for women, Batterers accountability program for men; Safety planning, Support Groups, legal counseling, Children's counseling, Prevention programs, Rural Outreach, etc.	Offices, Children's counseling/playroom, meeting room	12,559	1,370	11%	\$ 492,910	\$ 53,769
Kenai: LeeShore Center:	DV Shelter, Advocacy, transitional living center, childcare assistance, Batterers Intervention program for men	Intake Office and meeting room	9,000	735	8%	\$ 328,146	\$ 26,799
Ketchikan: Women in Safe Homes (WISH)	DV Shelter, crisis intervention/crisis line, advocacy, safety planning, education and prevention, Family Services	Counseling offices	8,000	652	8%	\$ 176,401	\$ 14,377
Kodiak: Kodiak Women's Resource & Crisis Center	DV Shelter, crisis line, counseling, outreach and education, classes and programs	Counseling offices	4,358	688	16%	\$ 94,931	\$ 14,987
Kotzebue: Maniilaq Family Crisis	DV Shelter, Advocacy, Crisis Line	New building behind shelter to be used for meetings, counseling; needs heating system, security	1,565	343	22%	\$ 151,500	\$ 33,204
Mat-Su: Alaska Family Services	DV shelter, Substance Abuse, Outpatient Services, Crisis Line		5,010		0%	\$ 632,478	\$ -
Nome: Bering Sea Women's Group	DV Shelter, Advocacy	Offices	3,938	825	21%	\$ 113,835	\$ 23,848
Sitka: Sitkans Against Family Violence:	DV Shelter, Advocacy, prevention, safety planning, children's services, outreach,	Offices, Intake Room, meeting room	5,440	1,272	23%	\$ 602,243	\$ 140,818
Unalaska:Unalaskans Against Sexual Assault and Family Violence (USAFV) *	DV Shelter, advocacy, prevention and intervention, crisis line	Offices	1,825	556	30%	\$ 111,717	\$ 34,035
Valdez: Advocates for Victims of Violence	DV Shelter, Advocacy, safety planning,children's visitation supervision, youth services	Offices and meeting room	4,325	1,027	24%	\$ 399,843	\$ 94,945
TOTALS						\$ 5,229,241	\$ 674,836

ANDVSA Domestic Violence / Sexual Assault Programs in Alaska

ANCHORAGE

AWAIC- Abused Women's Aid in Crisis
 STAR- Standing Together Against Rape

KODIAK

KWRCC- Kodiak Women's Resource & Crisis Center

KOTZEBUE

MFCC- Maniilaq Family Crisis Center

BARROW

AWIC- Arctic Women in Crisis

NOME

BSWG- Bering Sea Women's Group

BETHEL

TWC- Tundra Women's Coalition

CORDOVA

CFRC- Cordova Family Resource Center

DILLINGHAM

SAFE- Safe and Fear-Free Environment

FAIRBANKS

IAC- Interior Alaska Center for
 Non-Violent Living

HOMER

SPHH- South Peninsula Haven House

JUNEAU

AWARE- Aiding Women in Abuse
 & Rape Emergencies

KENAI/SOLDOTNA

The LeeShore Center

KETCHIKAN

WISH- Women in Safe Homes

SEWARD

SCS- Seaview Community Services

SITKA

SAFV - Sitkans Against Family Violence

UNALASKA

USAFV- Unalaskans Against Sexual Assault
 & Family Violence

VALDEZ

AVV- Advocates for Victims of Violence



The State of Alaska encompasses 587, 878 square miles of land. It is 1,400 miles long and 2,700 miles wide, with over 47,000 miles of coastline. Less than 10% of the state has road service. U.S. Census Bureau 2010 population was 710,231.

For additional background documentation on this agenda item, please see the hand-out at this link:

<http://mhtrust.org/meeting/meeting-1417825177/>

To: Mary Jane Michael, Interim Finance Committee Chair
Date: July 26, 2015
Re: FY16 Partnership Request
Fiscal Year: 2016
Amount: \$100,000.00
Grantee: Bean's Cafe Inc.
Project Title: Bean's Cafe Administrative Office and the Children's
Lunchbox Kitchen and Warehouse project

MEMO

REQUESTED MOTION:

Recommend the full board of trustees approve a \$100,000 FY16 partnership grant to Bean's Cafe for the Bean's Cafe Administrative Office and the Children's Lunchbox Kitchen and Warehouse project.

Assigned Program Officer: Nancy Burke

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

PROJECT DESCRIPTION

By consolidating the Bean's Café administrative offices and the Children's Lunchbox main kitchen near the current Bean's Cafe location we will gain operational efficiency which allows for more effective delivery of services to clients. Each year Bean's Cafe provides safe day shelter and two meals per day 365 days per year with an average of 800 meals served per day. Bean's provides safe, warm day shelter and access to social service referrals, support groups, and assistance including providing mail, hygiene and personal items.

Access to food and adequate nutrition is a building block for everything. If a child isn't properly nourished, they can't learn. If an adult has nothing to eat, they can't work or focus on wellness including physical, psychological and substance abuse issues. The majority of the clients served through Bean's Cafe have multiple diagnoses which qualify them as Trust beneficiaries. Since 1979, Bean's Cafe has continued to expand operations and services to directly assist this population in Anchorage. Each year we see an increase in need at Bean's Cafe and Children's Lunchbox. This project is a well-planned next step for our programs and organization.

In 2012, the Bean's Cafe, Inc. administrative offices were moved, due to lack of space, from the Café site on 3rd Avenue to a leased space at 731 I Street. It is the desire of the board and management that the executive director and administrative staff be located in closer proximity to the Café and Children's Lunchbox main operation. This will allow for greater oversight, eliminate duplication, and foster cohesiveness of programs. The Children's Lunchbox program is currently housed in a leased space in

Muldoon that we will need to vacate. After moving this program numerous times, it is the goal to establish a permanent site for our main kitchen for this program.

We anticipate that this project will streamline our operations, reduce duplication, allow capacity for growth, and reduce expenses both for food and the facility. Bottom line, this expansion and associated cost savings will allow us to serve more Alaskans and Trust beneficiaries in need, helping them reach their full potential. By reducing our overhead and streamlining operations we will be able to deliver more meals and services to our clients.

EVALUATION CRITERIA

The success of this project will be measured by the completion of the building project. After completion of the building we will analyze our food, staffing and space expenses to make sure that we have reached our goal of cost savings and operational efficiencies outlined in this grant. As we move forward and launch the social enterprise program there will be many measurable outcomes including number of clients trained, placed in jobs, housing, and treatment.

SUSTAINABILITY

The building will provide space for adequate growth for programs and management for a projected 30 years. The board of directors feels that it is important for Bean's Cafe, Inc. to show support of the Fairview neighborhood and to be an anchor in the area by renovating the building and maintaining it properly. An ad hoc committee identified several different options for purchase and a suitable site was identified. The building is located at 1040 E. 4th Avenue, one block from Bean's Cafe and has a line of sight to the Cafe. After extensive inspections and cost analysis, the ad hoc site committee made a recommendation to the board to extend an offer to purchase the site. The Bean's Cafe, Inc. board of directors voted unanimously to approve the purchase and renovation of the building. In February we purchased the building using reserve funds at a cost of \$570,000.

The consolidation of two sites into one is anticipated to produce annual cost savings of over \$16,500 just in space and utility expenses. We also anticipate a reduction in our food expenses and a gain in staffing efficiencies. By stocking our warehouse space and not having to send staff and two vehicles on multiple shopping trips to purchase shelf stable items numerous times per week we anticipate roughly 10 hours of staff time weekly to be available for other tasks.

WHO WE SERVE

After discussion with staff and evaluation of client services surveys, we determined we serve approximately 500 clients per day at Bean's Cafe, 365 days per year. Many of our clients have multiple issues including a combination of mental illness and substance abuse. We also serve numerous people with TBI, developmental disabilities and Alzheimer's or related dementias. The purchase and renovation of new administrative and food storage space and Children's Lunchbox kitchen would allow us to increase our capacity and reduce our expenses by consolidating the number of facilities we operate. It would also help to reduce food expenses as we would have additional storage space. We plan to launch a social enterprise program in the new facility which would serve as a job training opportunity for these clients.

By reducing expenses and consolidating program sites we will streamline the organization so that we are better prepared to fulfill our core mission to feed the hungry with dignity, respect and without discrimination. This will position us for long-term financial stability and help build our capacity to meet unmet hunger needs. We also will serve as part of a system solution to eliminate hunger by serving as a system integrator through our partnerships with agencies including Catholic Social Services, Covenant House, Safe Harbor, ACMH, RurALCAP, Consumer Web, the VA and others. Trust beneficiaries will benefit from this because it will allow additional resources to be focused on referrals for needed services, fostering additional community partnerships to help transition people from homelessness to independence.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Mental Illness:	200
Developmental Disabilities:	50
Alzheimer’s Disease & Related Dementias:	35
Substance Abuse	200
Traumatic Brain Injuries:	15
Secondary Beneficiaries(family members or caregivers providing support to primary beneficiaries):	800
Non-Beneficiaries:	50

BUDGET

Space or Facilities Costs	\$100,000.00
Space or Facilities Costs (Other Sources)	\$1,800,000.00
Space or Facilities Narrative:	see project budget attached

Total Amount to be Funded by the Trust	\$100,000.00
Total Amount Funded by Other Sources	\$1,900,000.00
Other Funding Sources	
Rasmuson Foundation SECURED	\$492,300.00
Bean's Cafe Inc. allocated funds SECURED	\$570,000.00
Board and Staff Gifts SECURED	\$31,500.00
Hearst Foundation PENDING	\$100,000.00
Davis Constructors PENDING	\$100,000.00
Neeser Construction PENDING	\$100,000.00
Weinberg Foundation PENDING	\$100,000.00
BP PENDING	\$75,000.00
various funders and individual contributions	\$331,200.00
Total Leveraged Funds	\$1,900,000.00

3745 Community Park Loop
Suite #200
Anchorage, AK 99508
 Phone: (907) 269-7960
 Fax: (907) 269-7966



Trust Capital Project Questionnaire

The Alaska Mental Health Trust Authority, along with our funding partners, Rasmuson Foundation, Denali Commission and the Mat-Su Health Foundation, participate in a program that promotes early and thorough planning for capital projects called the Pre-Development Program. It is administered by The Foraker Group.

This program has demonstrated the need for a thorough examination of the health and operations of a non-profit organization before undertaking a capital project. To assist The Trust in this assessment, all applicants seeking capital funds must complete the following questionnaire and be prepared to respond to questions regarding any of the areas covered.

If you would like more information about the Pre-Development Program and how to participate, please see The Foraker Group's website at <http://www.forakergroup.org/index.cfm/Shared-Services/Pre-Development>

Organization name: Bean's Cafe, Inc.
 Contact: Lisa Sauder, Executive Director
 Email: lsauder@beanscafe.org
 Phone: 907-433-8611 or cell 907-350-3818

A. Organizational Issues

A1	What is your organization's core mission? How does this project fit into your core mission?	Response: Feed the hungry with dignity, respect and without discrimination. This project will help streamline our operations, allow for greater collaboration with partner agencies and serve more Alaskans.
A2	Please summarize the status of your organization's strategic plan (i.e. in draft form; complete and being monitored annually, etc.)	Response: We are in the process of updating our strategic plan. One session has been conducted with Laurie Wolf, CEO, Foraker Group as facilitator. Several subcommittee groups will work on finalization of the plan. This project is a major component of our current strategic plan. The need for a combined site to consolidate operations was identified several years

	How is this project part of the plan?	prior.
A3	Does this project fit into a community or regional plan or process? How?	Response: We are working closely with other community partners to help eliminate duplication in services and increase efficiencies. By expanding our capacity with this new building we will be part of a systems solution to eliminate hunger.
A4	How many months of operating reserves do you maintain?	Response: Nine months
A5	Have you explored opportunities for collaboration with other organizations on this project? If so, how?	Response: Yes! We are partnering with many other agencies who serve the hungry and homeless including Covenant House Alaska, Anchorage Coalition to End Homelessness, Catholic Social Services, Anchorage Community Mental Health and the VA. The collaborations vary by partner but for example with our expanded kitchen and consolidation of administrative services we will be positioned to provide additional nutritional resources to organizations such as Covenant House. We are in discussions now about how to best assist them in many ways—from navigating federal and state rules for Child Nutrition Programs to potentially running their entire nutrition program so they can focus on what they do best.

B. Program Issues

B1	What are your current services and how will the project enhance/expand your services?	Response: Currently we operate two programs—Bean’s Cafe and The Children’s Lunchbox. Bean’s Cafe operates 365 days per year providing warm, safe shelter, meals and referrals for services to homeless and at-risk adults in Anchorage. The Children’s Lunchbox provides meals to hungry kids in safe community settings. Our goal is to allow our partner agencies to focus on the programmatic side, allowing them to do what they do best while we provide the nutrition component so critical to growing bodies. We partner with the Anchorage School District and almost 20 non-profit organizations to accomplish this. The increased kitchen capacity will allow us to harness the power of volunteer groups we have been unable to utilize, help us grow our contracts for earned revenue opportunities to feed more children in more places. By reducing expenses and eliminating internal duplication we will operate more efficiently and be able to continue to meet the growing needs at both Bean’s Cafe and The Children’s Lunchbox in a sustainable, strategic manner.
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C. Site Issues

C1	Has a site been identified for this project?	Response: Yes
C2	Were alternative sites fully evaluated?	Response: After financial review and recommendations from the finance committee

		<p>it was determined that a purchase was prudent due to the reserves that had been set aside specifically for this purpose. An ad hoc site selection committee was then established. The committee was led by Michael A. Prozeralik, AIA, LEED® AP, President, Managing Principal, kpb architects and Carol Gore, President/CEO of Cook Inlet Housing Authority.</p> <p>The committee identified several different options for purchase. After building inspections and meetings with property owners and the assistance of commercial real estate broker Jeff Thon, a suitable site was identified. The building is located at 1040 E. 4th Avenue, one block from Bean's Cafe and has line of sight to the Cafe. After extensive inspections and cost analysis, the ad hoc site committee made a recommendation to the board to extend an offer to purchase the site. The Bean's Cafe, Inc. board of directors voted unanimously to approve the purchase and renovation of the building.</p> <p>The building will provide adequate space for growth of programs and management for a projected 30 years. The board of directors feels that it is important for Bean's Cafe, Inc. to show our support of the Fairview neighborhood and to be an anchor in the area by renovating the building and maintaining it properly.</p>
C3	Has the selected site been evaluated for appropriate size, access, utilities, and environmental constraints?	<p>Response: Yes, under the guidance of the ad hoc committee, a complete evaluation of the site was conducted prior to purchase including structural, mechanical, electrical and environmental/hazardous materials.</p>
C4	Has a site plan been completed?	<p>Response: yes</p>
C5	What is the status of site ownership?	<p>Response: Bean's Cafe, Inc. has purchased the building</p>

D. Facility Issues

D1	Explain why you need a new, expanded, or remodeled facility.	<p>Response: Half of all children enrolled in the Anchorage School District are considered at-risk of not having enough to eat at home. That's 24,000 children who go home unsure if they will have dinner that night. While many of these children have access to free or reduced-price meals through their school during the day, many children still go home to bare pantries, meager dinners, or even an empty apartment. The Children's Lunchbox addresses this basic need of our children in two ways—by providing before and after-school meals in safe community settings such as Boys & Girls Clubs, YMCAs, and Campfire sites and through our</p>
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		<p>weekend food program.</p> <p>In order to grow and expand our child nutrition program we must have a new kitchen facility that has adequate space for meal prep and storage for food and supplies. Each month we receive requests from partner agencies asking for us to expand our delivered meal service to their sites. Our weekend food program is currently serving only seven of the 17 Title I elementary schools in Anchorage. As the need for our program grows, we have to expand our facility to meet these needs. We are currently leasing a kitchen facility for The Children's Lunchbox inside the Muldoon Community Assembly Church. However, as The Children's Lunchbox program has flourished, we have outgrown the facility. There is not adequate storage for food and supplies forcing us to shop weekly for all items needed for meals. This increases our food, fuel and staff expenses and precludes us from utilizing co-op food purchasing with Food Bank of Alaska or other wholesale food providers. The very small size of the kitchen also doesn't allow space for us to utilize volunteer groups who are willing to assist with the food preparation, which would help reduce our staff expense and allow us to expand our current program without adding staff. A new kitchen and adequate food storage will provide significant cost savings and greater operational efficiencies as we continue to grow our child nutrition program.</p> <p>In 2012, The Bean's Cafe, Inc. administrative offices were moved from the Cafe site on 3rd Avenue due to lack of space to a leased space at 731 I Street. It is the desire of the board and management that the executive director and administrative staff be located in closer proximity to the cafe and The Children's Lunchbox main operation. This will allow for greater oversight, eliminate duplication and foster cohesiveness of programs. Through the leadership of our board and management, Bean's Cafe, Inc. has identified the need to consolidate operations of the administration office and The Children's Lunchbox main kitchen and program management into one site, preferably close to Bean's Cafe.</p>
D2	How much total square footage do you think you will need?	8500 sq feet, we are leaving approximately 900 sq feet unfinished to allow for potential lease space for partner agencies which could potentially include RurALCAP, Anchorage Coalition to End Homelessness.
D3	Has a construction cost estimate been prepared? Who prepared it?	Response: Yes, under the guidance of Michael Prozeralik, kpb architects and Carol Gore, CEO, Cook Inlet Housing.

E. Financial Issues

E1	Is the full cost of the project identified?	Response: Yes, \$1.9 million
E2	What funding has been	Response:



The Alaska Mental Health
Trust Authority

	identified for the capital project? Please provide amounts and sources.	\$570,000 from reserves to purchase building \$492,300 from Rasmuson Foundation (\$225,000 of which is a dollar-for-dollar matching grant opportunity) \$31,500 from board and staff gifts We will conduct a capital campaign with a goal of \$1.5 million, the remaining amount will be financed. We have created a capital campaign committee that includes board members, community leaders and partner agencies including Alison Kear from Covenant House of Alaska.
E3	How will increased operating expenses be covered?	Response: We anticipate a reduction in operating expenses due to consolidation of two sites into one.

F. Other information that helps explain your project:

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Itemized Project Budget

COSTS (Expenses)						
Item List each project component	UNIT COST	# UNITS	Item cost (quote or estimate)	funding secured	Other sources of funding - Name and list each source of revenue for each item.	Indicate whether revenue is pending, committed, or secured; whether cash or in-kind.
environmental study	\$ 8,744	1	\$ 8,744	\$ 8,744	cash reserves	secured, cash
inspections of building	\$ 22,000	1	\$ 22,000	\$ 22,000	in-kind	secured, in-kind
purchase of building	\$ 570,000	1	\$ 570,000	\$ 570,000	cash reserves	secured, cash
hazardous materials abatement	\$ 149,000	1	\$ 149,000	\$ 149,000	Rasmuson Foundation	secured
architectural as built drawings	\$ 4,918	1	\$ 4,918	\$ 4,918	cash reserves	secured, cash
demolition	\$ 118,300	1	\$ 118,300	\$ 118,300	Rasmuson Foundation	secured
architectural renovations	\$ 380,250	1	\$ 380,250			pending
electrical/mechanical renovations	\$ 380,250	1	\$ 380,250	\$ 225,000	Rasmuson Foundation	secured matching grant
kitchen build out	\$ 40,000	1	\$ 40,000			pending
furniture, equipment, fixtures	\$ 40,000	1	\$ 40,000	\$ 11,000	ConocoPhillips	part secured, part pending
contingency funds	\$ 187,125	1	\$ 187,125	\$ 31,500	board member donations	secured
			\$ -			
TOTALS			\$ 1,900,587	\$ 1,140,462		

PROJECTED COSTS SAVINGS									
SPACE									
CURRENT									
TCL rent and utilities	\$	2,550.00							
Admin rent and utilities	\$	2,270.00							
	\$	4,820.00							
PROJECTED									
\$500,000 mortgage @ 4.12%*	\$	2,445.00							
utilities	\$	1,000.00							
	\$	3,445.00							
<i>*Please note that this is a "worst case scenario" where the capital campaign does not reach the goal of \$1.5 million</i>									
monthly savings	\$	1,375.00							
annual savings			\$ 16,500.00						
FOOD									
CURRENT									
annual cost of shelf stable food	\$	300,000.00							
PROJECTED									
reduction of 10%	\$	270,000.00							
<i>savings will be realized by the utilization of co-op food buys thru Food Bank of Alaska, wholesale food brokers and donated shipping space</i>									
annual savings			\$30,000						
TOTAL ANNUAL SAVINGS			\$ 46,500						

For additional background documentation on this agenda item, please see the hand-out at this link:

<http://mhtrust.org/meeting/meeting-1417825177/>

To: Mary Jane Michael, Interim Finance Committee Chair
Date: July 26, 2015
Re: FY16 Partnership Request
Fiscal Year: 2016
Amount: \$75,000.00
Grantee: Central Peninsula General Hospital Inc.
Project Title: Diamond Willow Sober Living

MEMO

REQUESTED MOTION:

Recommend the full board of trustees approve a \$75,000 FY16 partnership grant to Central Peninsula Hospital for the Diamond Willow Sober Living project.

Assigned Program Officer: Nancy Burke

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

PROJECT DESCRIPTION

Proposed project provides transitional housing to transitional age youth with addiction and/or co-occurring mental health issues. Safe housing will allow youth to benefit from assistance for educational and vocational challenges while they develop life skills needed to allow them to become productive members of our community. Youth will also have access to therapy and case management services provided through our outpatient treatment programs.

Central Peninsula Hospital endeavors to remodel a facility to create 14-bed Transitional Living Center in the town of Soldotna, serving residents of the Kenai Peninsula and open to statewide referrals. This project will target young adults (18-26 years old) with serious emotional disturbance and substance abuse issues. Priority placement will be offered to pregnant or parenting youth and individuals with a history of intravenous drug use. While addictions are often the primary presenting problem, our clients also experience mood and anxiety disorders, post-traumatic stress disorder, domestic violence, and the effects of prenatal exposure to alcohol. Ideally, the program will provide housing for up to 14 individuals and their children. We will target equal numbers of men and women but hope for a facility with the flexibility to accept residents based on need versus gender. Residents will be asked to participate in the housing program for 18 months unless they become eligible for permanent housing in another setting.

The ultimate goal of this endeavor is to offer a full continuum of housing opportunities. For example someone might enter our system through the hospital due to complications from addiction, transfer to our residential facility, Serenity House, and as he/she stabilizes move into this transition housing facility. Once in the transitional facility, we can assist them in finding permanent solutions for housing. Stable housing is essential in early recovery and we believe this facility will allow us to assist our clients in returning to their place as functional citizen, radically decreasing relapse rates and the resulting criminal activity.

Adequate housing is critical to recovery success and both anecdotal and empirical evidence tells us that this is the greatest risk area for our clients. Reviews of Client Status Review (CSR) forms indicated that approximately 40% of the people we serve are in unsatisfactory living situations.

Experience has shown us that providing housing enhances success in achieving recovery. Clients, utilizing our existing transitional housing, have been given opportunities for self-sufficiency through reliable, safe housing and this resulted in 73% of these women achieving long-term recovery (6 months or longer).

Safe housing must come before any kind of self-actualization or growth. Providing services to clients in unsafe living environments are recipes for failure. Once housing is secure, we can focus on the development of skills needed for self-sufficiency. Providing daily in-home structure and access to supports and skills training will result in clients maintaining employment, meeting educational goals, maintaining household responsibilities, and learning money management. This project will ultimately be successful when clients are able to transfer these achievements with them from our facility to independent living. The beauty of this program is that it allows clients the opportunity to succeed in their home community and live in the least restrictive setting possible. Without these services, many of our clients will spend a lifetime revolving in and out of prisons and acute care psychiatric settings. Participants will receive services that align with established best practices of care specifically using the Transition to Independence Process (TIP) framework.

EVALUATION CRITERIA

Currently, we have the ability to offer transitional housing to nine women and no men. This project will add an additional 14 beds and allow participants to remain in safe housing for up to 18 months. Based on our current occupancy experiences, average occupancy is approximately six months (excluding individuals who do not complete orientation week) with waiting lists for space. We hope that additional beds will decrease pressure and allow participants to stay longer; however, using 6 months and 100% occupancy as a guide, we can expect to serve 28 individuals per year in this facility. Each participant will receive 2-4 months of service consistent with American Society of Addiction Medicine (ASAM) level 2.5 treatment and an individualized step-down process to ASAM level of care 1.5 and stabilization. Evaluative questions "how much" and "how well" will be addressed by tracking occupancy and treatment participation rates.

Ongoing participant evaluation, using the Client Status Review (CSR) Form and additional quality of life assessments, will allow us to evaluate the global impact of this project. We anticipate that participants will be better off through obtaining long-term sobriety, employment, completion of legal mandates, resolution of child custody, mental wellness, and quality of life improvements. Experience has shown us that providing housing enhances success in achieving recovery. Clients, utilizing our existing transitional housing, have been given opportunities for self-sufficiency through reliable, safe housing and this resulted in 73% of these women achieving long-term recovery (6 months or longer).

SUSTAINABILITY

This project requests Trust funding for capital development only and no operating grants are anticipated. Trust funding will be combined with funds already secured from the state of Alaska and funds sought from other entities. Sufficient grant funds are anticipated to complete initial construction and make the project move-in ready. Ongoing expenses are linked to operations including maintenance and repair, staffing support, and utilities. This funding will be generated from a combination of rental fees, improved participation rates in billable groups, and community member donated hours and funds.

In order for this project to be sustainable, each resident will be asked to pay up to \$200/mo in rental costs. We anticipate providing rent stipends for the first 60 days for each new tenant. Since every room will not generate rent monies every month, we actually hope that rental income simply covers one half of our operations costs. Our hope is that each unit generates \$1,200/year to meet financial expectation. The remainder of operations costs will be generated through billable services. Simply adding 22 new billable group therapy services per month will meet this gap. We currently offer group therapy two to three times per day, five days per week. Having clients closer to our outpatient clinic will boost attendance group therapy. We will also add Saturday services to meet this goal.

WHO WE SERVE

Individuals with chronic alcoholism or drug addictions are the predominant category of Trust beneficiaries to be served by this project. While all participants will meet this criterion for Trust representation, individuals experiencing addiction also meet criteria for other Trust focus areas including mental illness, traumatic brain injury (TBI), and developmental disabilities. Extrapolation from our current client base allows us to estimate percentages of participants likely qualify in each category: 100% addictions, 75% mental illness, 35% diagnosed traumatic brain injury, 15% diagnosed developmental disability including Fetal Alcohol Spectrum Disorder (FASD) (suspect undiagnosed rates much higher for TBI and FASD). Participants in this project will ultimately be better off because safe housing, education/vocational, and life skills training will help them become productive citizens. Without these supports they often fall into a revolving cycle of hospitalization and incarceration while living lives far below their potential.

Safety and security are basic human needs that must be met before any other targets of growth and advancement can be addressed. This project will provide safe housing as a starting place for all interventions. Providing high quality interventions to individuals in unsafe living situations is a recipe for failure because they cannot focus on implementing their new skills. Conversely, building a community specifically to address safe living skills gives ample opportunity to practice and refine new learning. From this platform of safety, participants will receive assistance with educational and vocational attainment. Obtaining meaningful work has a positive impact on self-esteem and is directly linked to positive client outcomes.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Mental Illness	21
Developmental Disabilities	5
Substance Abuse	28
Traumatic Brain Injuries	9
Number of people to be trained	6

BUDGET

Space or Facilities Costs	\$75,000.00
Space or Facilities Costs (Other Sources)	\$1,425,000.00
Space or Facilities Narrative:	This is a capital grant request. Detailed project plans have been prepared through the pre-development program offered through the Foraker Group. One million dollars has been secured in state funding and additional funding is pending at this time.

Total Amount to be Funded by the Trust	\$75,000.00
Total Amount Funded by Other Sources	\$1,500,000.00

Other Funding Sources	
State of Alaska-secured	\$1,000,000.00
Alaska Mental Health Trust Authority Grant-pending	\$75,000.00
Central Peninsula Health Foundation-pending	\$25,000.00
Central Peninsula Hospital-pending	\$195,000.00
Serenity in Action-secured	\$10,000.00
Rasmuson Foundation-Pending	\$195,000.00
Total Leveraged Funds	\$1,500,000.00

3745 Community Park Loop
Suite #200
Anchorage, AK 99508
 Phone: (907) 269-7960
 Fax: (907) 269-7966



Trust Capital Project Questionnaire

The Alaska Mental Health Trust Authority, along with our funding partners, Rasmuson Foundation, Denali Commission and the Mat-Su Health Foundation, participate in a program that promotes early and thorough planning for capital projects called the Pre-Development Program. It is administered by The Foraker Group.

This program has demonstrated the need for a thorough examination of the health and operations of a non-profit organization before undertaking a capital project. To assist The Trust in this assessment, all applicants seeking capital funds must complete the following questionnaire and be prepared to respond to questions regarding any of the areas covered.

If you would like more information about the Pre-Development Program and how to participate, please see The Foraker Group’s website at <http://www.forakergroup.org/index.cfm/Shared-Services/Pre-Development>

Organization name: **Central Peninsula Hospital**
 Contact: **Bruce Richards**
 Email: **brichards@cpqh.org**
 Phone: **(907) 714-4546**

A. Organizational Issues

A1	What is your organization's core mission? How does this project fit into your core mission?	<p>Central Peninsula Hospital’s (CPH) <u>core mission is to care for our community</u>. As a not-for-profit community hospital, our mission statement is: “<i>We are a community-initiated and community-nurtured organization dedicated to promoting wellness and providing high quality health care that ensures the confidence and loyalty of our customers.</i>”</p> <p>The proposed project is highly consistent with Central Peninsula Hospital’s (CPH) patient-centered care approach called the “Planetree Model”. This model actually philosophically borrows heavily from the patient-centered behavioral health literature. CPH’s focus on being patient-centric and enhancing community wellness makes this project an easy fit.</p>
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		<p>In 2007, The Institute of Social and Economic Research (ISER) was commissioned to research the extent of homelessness on the Kenai Peninsula. In the wake of that report, Love in The Name of Christ opened the Merit Inn as a family and youth homeless shelter. Their project was ultimately unsuccessful for a variety of reasons, including because it failed to provide for the vocational and educational needs of residents. <u>It closed in 2013 leaving over 90 people seeking housing.</u> In the wake of its closure, homelessness has again become a reality for many young people in our community. This project addresses this visible need.</p> <p>Our internal data also supports this project as consistent with CPH's core mission. Reviews of Client Status Review (CSR) forms indicate that approximately <u>40% of the people we serve in our chemical dependency program are in unsatisfactory living situations.</u> This led to a pilot project in 2011 for transitional housing and began conversation to obtain funding for a full scale, permanent facility. Lessons learned from the pilot project, in conjunction with the current grant opportunity, provide us with a rare opportunity to blend funding to develop a facility with a larger community impact.</p> <p>CPH has a <u>long history of similar community projects that focus on community rather than revenues.</u> Examples include our Safe Kids Program (ensures that kids have access to car seats and bicycle helmets), Healthy Lifestyles classes (teaches habits for healthy living), and specialized Rehabilitation classes (promotes people moving to avoid the consequences of sedentary lifestyles and chronic disease). We are also self-insured for healthcare, and offer many programs to promote wellness among our 800 employees and their families. The current project builds on our core mission by using the hospital's economic engine to give back to our community via well-managed, sustainable programs.</p>
<p>A2</p>	<p>Please summarize the status of your organization's strategic plan (i.e. in draft form; complete and being monitored annually, etc.) How is this project part of the plan?</p>	<p>CPH's current <u>strategic plan was completed in 2014.</u> It is reviewed annually and updated at least every four years by Board of Directors, drawing on input from many sources of data. The 2014 plan focuses on five goals:</p> <ol style="list-style-type: none"> 1. Quality 2. Patients and Community 3. Caregivers 4. Medical Campus 5. Financial <p>This project will teach our youth how to become healthy and productive members of our community. Teaching basic life skills needed to enter adulthood only strengthens our community. As such, this project improves the Quality (#1) of our Behavioral Health Department and is highly Patient- and Community-centric (#2). Furthermore, we have</p>

		<p>many clinicians and support staff who are deeply invested in helping their clients overcome significant obstacles in their young life. Giving our Caregivers (#3) more to work with in the form of basic housing galvanizes our partnership with our employees. CPH's "Employee Partnership" is something we monitor, formally measure, and attempt to strengthen every year. This project has strong staff support.</p>
<p>A3</p>	<p>Does this project fit into a community or regional plan or process? How?</p>	<p>Yes. This <u>project was advanced through a multi-agency community planning process</u>. The Division of Behavioral Health (DBH) encourages all Treatment and Recovery grantees to work together in building community action plans which accurately describe community needs, and then subsequently pull together local resources to address those needs. This group meets monthly and has created a community action plan to focus on the most critical areas of need in our community. Three major community goals have been advanced from this planning effort:</p> <ol style="list-style-type: none"> 1) develop continuum of care; 2) address gaps in services, and 3) improve care coordination with primary care providers. <p>This <u>project addresses the first two of these three priority areas</u>. Our continuum of care currently has a massive break; no services are available to meet the needs of individuals requiring long-term supportive settings. This makes it very difficult to address the chronic life patterns resulting from what is often multiple generations of addiction or chronic cognitive conditions. These challenges are often linked to prenatal exposure to alcohol, traumatic brain injury, or chronic instability from mental illness and addiction.</p> <p>In the absence of local long-term recovery supports, our residents often end up out of area at one of the longer term treatment centers, incarcerated for long periods, or with recurring treatment experiences at levels of care unable to match the severity of their disease.</p> <p>With this in awareness, <u>the planning team added issues of housing to the Community Action Plan specifically under the focus area for gaps in service</u>. The current service matrix also reflects CPH's current efforts to provide supported housing.</p>
<p>A4</p>	<p>How many months of operating reserves do you maintain?</p>	<p>CPH maintains a <u>minimum of three months</u> of operating revenues in house. At the end of each quarter, revenues above 90 days are transferred into a Plant Replacement and Expansion Fund (PREF). These funds are turned over to our local borough for oversight and used for capital needs. We expect to draw from the PREF to help support this project.</p> <p>CPH maintains a strong cash position. We are likely the only local agency with the core mission and economic stability capable of developing this project.</p>

<p>A5</p>	<p>Have you explored opportunities for collaboration with other organizations on this project? If so, how?</p>	<p><u>Yes. This project will require ongoing collaboration with the following organizations:</u></p> <ol style="list-style-type: none"> 1. <u>Serenity Alumni Association</u> - hope building via per mentorship 2. <u>Peninsula Community Health Services (PCHS)</u> - sliding fee medical care and specialty psychiatric services which are currently beyond our capacity 3. <u>Nakenu Family Services</u> - no cost physical and behavioral health care services to those who qualify for native benefits 4. <u>Vocational Rehabilitation, Kenai Peninsula School District, and Kenai Peninsula College</u> - each provide various levels of education programs and academic resources 5. <u>Cook Inlet Council on Addictions and Community Care Center</u>-behavioral health organizations that offer support in certain cases 6. <u>Food Bank, Love in the Name of Christ, Kenai Peninsula Foundation, CPH Foundation, Serenity Alumni, various faith communities</u> – access to food/clothing/material resources 7. <u>Adult/Juvenile Justice Services, Office of Children’s Services, and Alaska Safety Action Program (ASAP)</u> – multiple agencies that monitor our clients’ success 8. <u>Public Health, religious organizations, and Frontier Community Services</u> - routinely provide educational opportunities for our clients 9. <u>Project SEARCH</u> – independent agency that works out of CPH to teach job skills to youth with cognitive/behavioral challenges 10. <u>Alcohol Anonymous, Narcotics Anonymous and Celebrate Recovery</u> – anchor recovery efforts of our clients <p>Service models that divide care into silos have long proven ineffective. Our goal to avoid doing that to our clients. However, we know that truly creating sustainable behavioral change requires that one agency take primary responsibility for outcomes by providing needed services and then partnering as needed. The Multisystemic Care (MST) model (Henggeler et. al, 2009), promoted as a best practice, is based on the simple hypothesis that outcomes improve when one agency/clinician steps up to take the lead/final responsibility.</p> <p>While we provide many services in house (e.g., basic health care through our physician clinics, Transition to Independency Program (TIP) through our Behavioral Health Department, entry level jobs through our CPH Support Services Department, etc.), we cannot meet all needs. With our strong local collaborations, we are confident we can cover the full gamut of client support services.</p> <p>Finally, we are blessed to have a strong emerging partner in our Serenity House Alumni Association. The Alumni have encouraged us in our</p>

		<p>decision to expand clinic services and embark on this project. We log hundreds of volunteer hours each year and the Alumni have been eager to help with this application. They have assisted us in brainstorming facility design and programming needs. Their energy is also contagious.</p>
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B. Program Issues

B1	<p>What are your current services and how will the project enhance/expand your services?</p>	<p>CPH is a <u>full-service community hospital</u>, and the regional medical hub for over 50,000 Alaskans. Our addiction treatment services began with <u>Serenity House Treatment Center</u>. A residential addiction treatment center, it has an average monthly census of 10.5 and a maximum census 12. This represents individuals needing care in accord with the American Society of Addiction Medicine (ASAM) level of care III.5.</p> <p>While Serenity House shares the behavioral health focus with the proposed project, individuals in this facility have needs significantly higher than those targeted by the proposed project. When funded, this project will expand and replace our current, temporary transitional living facility. Clients in transitional living participate in our outpatient treatment programs. We offer outpatient addiction and co-occurring disorders treatment five days per week at our outpatient location. We are able to provide ASAM Level of Care II.5 and lower through outpatient services.</p> <p>The ultimate goal of this endeavor is to offer a full continuum of housing opportunities. For example, someone might enter our system through the hospital due to complications from addiction, transfer to our residential facility Serenity House, and as he/she stabilizes move into this transition housing facility. Once in the transitional facility, we can assist them in finding permanent solutions for housing. Stable housing is essential in early recovery and we believe this facility will allow us to assist our clients returning to their place as functional citizen, radically decreasing relapse rates and the resulting criminal activity.</p>
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C. Site Issues

C1	<p>Has a site been identified for this project?</p>	<p>Yes. <u>A site has been identified and evaluated through the pre-development program offered by the Foraker Group</u>. The proposed site is 362 Tyee Street in Soldotna.</p> <p>The identified site currently functions as a health club and medical office space. This site was elected due to location benefits and functionality of the existing structure. The existing structure allows ample space for a young active population to be able to be themselves. This avoids the potential complications that arise when there is insufficient room to burn off excess energy. The health club aspects of the property are ideal in this regard. Furthermore, the squash courts are heavily used by local physicians, helping our medical staff connect with this project.</p> <p>The overall location of the property also has many key advantages. It is in town near a residential area. Other structures in the neighborhood currently provide modern supported housing, including to individuals with</p>
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		chronic mental illness. This dramatically reduces potential “not in my back yard” (NIMBY) issues. Thus, we anticipate community acceptance of this project to be high. The location is also within walking distance from outpatient treatment resources, nearly adjacent to medical care, and close to many local employers and services.
C2	Were alternative sites fully evaluated?	Yes. <u>This project began with the intention of building a property to suit.</u> That idea was discarded due to incredibly high costs of construction imposed on a facility of this type. Multiple additional sites were evaluated; current sale listed private homes, apartment buildings, and multi-plexus. Most options were not ideal due to their distance from services, limited ability to house as many people as desired, potential NIMBY reactions, and/or issues of supervision and oversight of the population which would arise from the design of the property.
C3	Has the selected site been evaluated for appropriate size, access, utilities, and environmental constraints?	Yes. <u>We have a detailed site review and plans created through the pre-development program offered by Foraker Pre-Development Program.</u> This process was educational and extremely helpful.
C4	Has a site plan been completed?	<u>Yes. The site plan was completed by Foraker Pre-Development Program.</u>
C5	What is the status of site ownership?	The site is <u>privately owned and listed for sale.</u>

D. Facility Issues

D1	Explain why you need a new, expanded, or remodeled facility.	This project has been piloted in <u>two private homes</u> which were purchased to allow future expansion of the hospital campus. <u>These facilities are slated for demolition.</u> Nine women currently reside in two, three bedroom homes (the maximum allowed by community planning) and we have additional women waiting for space. No current options exist for men. Although our sample size is modest, our success rates for individuals receiving housing supports have far exceeded the rates of those without safe housing.
D2	How much total square footage do you think you will need?	The <u>building identified for the project is 11,062 square feet.</u> While this is larger than necessary, it allows for operational revenue by being able to rent out two racquetball/squash courts and provides ample room for project expansion in the future, if necessary.
D3	Has a construction cost estimate been prepared? Who prepared it?	Yes. <u>The construction costs estimate was prepared by Estimations as part of Foraker Pre-Development Program.</u>

E. Financial Issues

E1	Is the full cost of the project identified?	Yes. The cost to purchase and fully remodel the selected structure has been identified and broken into manageable phases. Phase I of this project addresses all health, safety, and code issues. It also adds a kitchen and makes minor adjustments necessary to occupy the house with 14 tenants. <u>Phase I is limited to a completion cost under \$1.5 M.</u>																								
E2	What funding has been identified for the capital project? Please provide amounts and sources.	<table border="1" data-bbox="678 682 1490 997"> <thead> <tr> <th>Funding Identified</th> <th>Amount</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>State DBH</td> <td>\$1,000,000</td> <td>Awarded; release when other funding is obtained</td> </tr> <tr> <td>The Trust</td> <td>\$75,000</td> <td>Pending</td> </tr> <tr> <td>CPH Foundation</td> <td>\$25,000</td> <td>Pending</td> </tr> <tr> <td>Serenity Alumni</td> <td>\$10,000</td> <td>Pending</td> </tr> <tr> <td>CPH</td> <td>\$195,000</td> <td>Pending</td> </tr> <tr> <td>Rasmuson</td> <td>\$195,000</td> <td>Submission underway</td> </tr> <tr> <td>TOTAL</td> <td>\$1,500,000</td> <td></td> </tr> </tbody> </table> <p>CPH was awarded a capital projects grant through the Transition to Independence project funding from DBH. <u>This grant totals \$1M.</u> Small amounts of additional funding (approximately \$5,000) have already been raised by the Serenity Alumni Association and employee donation for transitional housing and a second fundraiser is being planned. The Central Peninsula Health Foundation has expressed a willingness to support this project, and a significant portion of this amount has already been identified. CPH has also donated use of the two existing transitional homes, and is expected to fund a portion of the project out of the PREF. We are currently working on a submission to the Rasmuson Foundation.</p>	Funding Identified	Amount	Status	State DBH	\$1,000,000	Awarded; release when other funding is obtained	The Trust	\$75,000	Pending	CPH Foundation	\$25,000	Pending	Serenity Alumni	\$10,000	Pending	CPH	\$195,000	Pending	Rasmuson	\$195,000	Submission underway	TOTAL	\$1,500,000	
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E3	How will increased operating expenses be covered?	In order for this project to be sustainable, each resident will be asked to pay up to \$200/mo in rental costs. We anticipate providing rent stipends for the first 60 days for each new tenant. Since every room will not generate rent revenues every month, we project that our rental income will cover approximately half of our operations costs. The remainder of operational revenues will be generated through billable services. <u>Simply adding 22 new billable group therapy services per month will meet this gap.</u> We currently offer group therapy two to three times per day, five days per week. Our experience in our pilot project has demonstrated that having clients closer to our outpatient clinic will boost attendance group therapy. We will also add Saturday services to meet this goal. Finally, we expect better throughput in our residential treatment facility (Serenity House), allowing for improved revenues. This will become especially important if Medicaid Expansion occurs.																								



F. Other information that helps explain your project:

	<p>CPH is fortunate to have the economic stability, community support, and existing programs to support this project. We also consider it a privilege to operate in a state like Alaska. We appreciate the leadership of the Alaska Mental Health Trust Authority to help project ideas like this move to completion.</p>
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To: Mary Jane Michael, Interim Finance Committee Chair
Date: July 26, 2015
Re: FY16 Partnership Request
Fiscal Year: 2016
Amount: \$150,000.00
Grantee: Alzheimer's Resource of Alaska
Project Title: Conflict Free Case Management; Person Centered Care Coordination

MEMO

REQUESTED MOTION:

Recommend approval to the full board of trustees for a \$150,000 FY16 Partnership grant to the Alzheimer's Resource of Alaska for Conflict Free Case Management; Person Centered Care Coordination.

Assigned Program Officer: Amanda Lofgren

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

PROJECT DESCRIPTION

This project proposes to provide Conflict Free Case Management; Person Centered Care Coordination (PCCC), beginning September 1, 2015, statewide to Trust beneficiaries who receive services under the four existing Medicaid waiver programs:

1. Alaskans Living Independently
2. Adults with Physical and Developmental Disabilities
3. Intellectual and Developmental Disabilities
4. Children with Complex Medical Conditions

Due to changes in federal regulations that were effective March 2014, states are now required to ensure that organizations that provide care coordination also don't provide direct services. Currently, there are very few organizations making the decision to continue care coordination. Of particular concern is that over 80% of Waiver recipients on the Intellectual and Developmental Disabilities and Children with Complex Medical Conditions Waivers are currently receiving services in a "conflicted" agency and will have to transition. Alzheimer's Resource of Alaska intends to serve Trust beneficiaries with developmental disabilities and Alzheimer's disease and related dementia.

This project addresses the federal rule that requires all Home and Community Based Service recipients access to Person Centered Care Coordination. Center for Medicare and Medicaid Services (CMS) clarified that to achieve true person centered care coordination; agencies cannot provide direct services if they are also developing the plan of care with the individual.

The Division of Senior and Disabilities Services (SDS) has evaluated these new regulations with stakeholders and intends to fully implement them by July 1, 2016. We have been a part of this evaluation process and continue to work with the state and provider groups to implement these new regulations and SDS policy. These new regulations require that a PCCC agency cannot also provide direct services such as in-home respite and chore services, personal care assistance, adult day services, and the like. After several months of careful consideration, our board of directors decided on June 24, 2015, that we will expand our care coordination services to provide conflict free PCCC and therefore we will need to discontinue providing our in-home services. Our board's decision was based on how best to advance our mission long into the future and their belief that care coordination was slightly more aligned with our mission (and original purpose) to provide statewide education, support and service coordination. Our organization was founded 31 years ago for this purpose and as a not-for-profit organization.

At our inception and continuing over the years, Alzheimer's Resource of Alaska has responded to serving the unmet needs of Alaskans. This tradition also guided our board's decision. Today there are many in-home service providers throughout the state. To date, all of the agencies that have announced their decision have decided they will continue their in-home or other direct services and discontinue their care coordination services. Few, if any, agencies remain left to announce their decision indicating that a great unmet need is emerging. Several agencies have expressed a desire for Alzheimer's Resource of Alaska to explore providing conflict free PCCC in their communities including Mat-Su Senior Services, REACH (Juneau) and Hope Community Resources.

This regulatory change and the abdication of known agencies from care coordination services create a significant risk that there will be a shortage of care coordinators to meet the needs of the Trust's beneficiaries both now and in the future. The "Conflict Free Case Management System Design" report dated 2/18/15 and prepared by Agnew::Beck Consulting and HCBS Strategies indicated that of the 4,351 recipients of care coordination in Alaska's Medicaid Waiver Program some 2,533, or 58%, do not have conflict free care coordination. Alzheimer's Resource of Alaska is committed to meeting this significant unmet need.

Care Coordination assists eligible individuals to gain access to needed services in order to live safely in their home or community with quality of life. There is a vast array of services available to achieve this outcome. Some examples of the most frequently utilized services that are coordinated include:

- Habilitative (e.g., teaching life skills)
- Residential
- Supportive Employment
- Recreational (i.e., adult day services)
- In-home (i.e., respite and chore)
- Transportation
- Meals (healthy nutrition)
- Financial (e.g., finding funding sources)

After completing a comprehensive assessment that determines needs, goals, and outcomes, the care coordinator develops a person centered plan of care that incorporates the individual's needs and goals with the services and providers. Additionally, the care coordinator monitors the effective implementation and delivery of services that address the individual's needs and desires. Coordination of these services is required under the Medicaid Waiver Program and is needed by all individuals under other funding sources.

EVALUATION CRITERIA

Alzheimer's Resource of Alaska has provided care coordination services since 1996 and we are committed to providing quality care coordination throughout the state to ensure all Alaskans have access to home and community based services that will provide stability and independence. Effectiveness performance measures for this program include:

1. Number of Trust beneficiaries served: 150 in year 1
2. Number of individuals surveyed for satisfaction: Survey 100% of clients annually
3. Percent of respondents who agree they are satisfied with their care coordinator: > 80%
4. Percent of respondents who agree that our care coordination services contribute to their increased quality of life: > 80%

SUSTAINABILITY

Our goal is to continue this project after the Trust's funding ends at the end of FY17. We will seek state funding to cover our full cost of providing Conflict Free Case Management; Person Centered Care Coordination. We will also seek charitable contributions so that we can continue to meet the needs of Alaskans who have a loss of intellectual functioning (thinking, remembering, reasoning) so severe it interferes with daily life.

We are also currently working with the State's Office of Rate Review and provider groups to identify the cost of being a Conflict Free Case Management; PCCC agency. The Trusts' technical assistance contractor, Effective Health Design's initial report, estimates the model rate based on the cost per recipient is \$4,032 annually. This model rate exceeds the current Medicaid Waiver rate of \$3,274 by \$758. We will continue to work with the State to achieve a fair and equitable increase in the current rate to create sustainable PCCC services. In discussion with the Department of Health and Social Services, the most realistic date for implementing an interim rate increase will be 1/1/16. Therefore, in FY 16 this creates an approximate \$100,000 shortfall (\$758 times 250 clients times 0.5 for half the year). Additionally, this model rate is still less than our projected cost of \$4,632. This \$600 deficiency, times 250 clients, equals \$150,000. The Effective Health Design report also estimates \$4,800 of furniture and equipment cost per staff member; for the 10 staff members projected in this report this is approximately \$50,000. In aggregate, over the first two years, this represents \$500,000 in startup cost (\$300,000 in FY 16 and \$200,000 in FY 17).

WHO WE SERVE

We seek to provide PCCC services to all Alaskans that are approved for Medicaid Waiver, including Individuals with Developmental Disabilities (IDD), Adults with Physical and Developmental Disabilities

(APDD), Adults Living Independently (ALI), and Children with Complex Medical Conditions (CCMC). While these waivers focus on individuals with developmental disabilities and people with ADRD, and frail adults; this population may include individuals with secondary diagnosis of mental health, traumatic brain injury or alcoholism.

We will especially seek to provide PCCC services for people who have a loss of intellectual functioning (thinking, remembering, reasoning) so severe it interferes with daily life. We intend to serve 250 individuals in the first year (FY16) and of these we estimate that 150 will be Trust beneficiaries.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING	
Developmental Disabilities:	25
Alzheimer’s Disease & Related Dementias:	125

BUDGET	
Personnel Services Costs	\$125,000.00
Personnel Services Narrative:	Wages and employee benefits for 1.87 full time equivalent care coordinators to provide care planning, service coordination and ongoing monitoring of HCBS services for Trust beneficiaries budgeted for \$125,000 in FY 16.
Equipment Costs	\$25,000.00
Personnel Services Narrative:	Purchasing desks, computers for Fairbanks, Juneau and Mat-Su

Total Amount to be Funded by the Trust	\$150,000.00
Total Amount Funded by Other Sources	\$150,000.00
	Alzheimer's Resource of Alaska would like to partner with the Trust to fund these startup costs. We intend to fund 50% of this or \$250,000 from our own reserves. We respectfully request the Trust's support to fund the remaining \$250,000 (\$150,000 in FY 16 and \$100,000 in FY 17).

**Conflict-Free Case Management
System Design Report
can be found at this [link](#):**

http://mhtrust.org/mhtawp/wp-content/uploads/2014/12/CFCM_Report-FINAL.pdf

To: Mary Jane Michael, Interim Finance Committee Chair
Date: July 26, 2015
Re: FY16 Unobligated Funds - MHTAAR
Fiscal Year: 2016
Amount: \$175,000
Grantee: Alaska Department of Health and Social Services, Senior and Disabilities Services
Project Title: General Relief Assisted Living Care Assessments

MEMO

REQUESTED MOTION:

Recommend the full board of trustees approve a \$175,000 FY16 MHTAAR grant to Alaska Department of Health and Social Services, Senior and Disability Services for the General Relief Assisted Living Care Assessments project.

Assigned Program Officer: Nancy Burke/ Amanda Lofgren

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

PROJECT DESCRIPTION

This request is for one time systems enhancement funding for the General Relief Assisted Living Care (GR) program. The Department of Health and Social Services, Divisions of Senior and Disabilities Services and Behavioral Health have been working collaboratively to reform the entire GR program in coordination with major systems changes. DHSS has limited staff resources dedicated to reforming the GR program. Without funding to hire an outside contractor to conduct functional assessments and a housing preference survey, it will most likely take more than a year for staff to complete. It is imperative that these reform efforts align with the Alaska Housing Finance Corporation 811 grant that is starting September 2015 and the Department of Health and Social Services Home and Community Based Services Medicaid Reform (1915 (i)/(k) state plan options).

Program Overview:

The General Relief Assisted Living Care programs provide a safety net of assisted living home care for individuals who are not eligible for Medicaid Waiver services and cannot pay for this care in full on their own. It is a valuable service and fills a gap in the services system. Over the years, this program has also been used as a default supported housing program when services are unavailable in a community. This has led to increased program costs and people living in a level of care that is higher than necessary, often with little connection to the community.

The development of available housing units through the 811 project provides new opportunities to transition GR residents to supported housing units. Both Divisions believe that there are many people currently using the GR programs to pay for assisted living home care that could be living more independently and inclusively in the community through supported housing. The existing system identifies the assisted living home administrator or staff as the main point of contact to define a resident's service

needs, which has inherent conflict of interest as there is monetary loss associated with a person no longer needing or wanting assisted living home care.

To date, individuals receiving General Relief services have not ever received a functional assessment to identify their current needs and preferences for housing and services. Contracting out the assessments will be the most efficient way to complete them in a uniform manner. The entire population of residents using GR has not been assessed using the same tool across both programs. A baseline is critical to moving forward with identifying the preferences and service needs of this group.

The 811 project workgroup proposes using the DLA-20 and a modified housing preference survey used in Georgia to inform the GR programs. A short TBI screening is also being considered. The DLA-20 is a verified survey that identifies risk, ability to live independently, and service areas where support is needed. It is also an assessment that is being considered for future use with the 1915i. Since GR residents are one of the groups likely to be eligible for services provided through a future 1915i, it would have an added benefit of piloting this assessment tool prior to committing to its future use. GR program staff will attend the training for the DLA-20 assessment.

Completion of these assessments will have significant benefits on both GR programs. It will be a way for the programs to collaborate to ensure that residents served are utilizing the right level of care and accessing resources that support independence. People who would benefit from supported housing in the community can enjoy more self-sufficiency and inclusion. The GR programs can focus resources on residents that need assisted living home care instead of paying assisted living home rates for supported living services.

The General Relief program received a \$780,000 budget cut in FY16. As the Department continues forward with Medicaid reform activities, having quantitative data will be important to ensure that GR program recipients access more appropriate services in a more cost effective delivery model.

EVALUATION CRITERIA

How Much Did You Do:

- Up to 700 assessments, TBI screenings and housing preference surveys will be conducted with this grant.

How Well Did You Do:

- Assessments to be completed by 10/30/15.
- Using the assessment data, identify 60 people served by GR who can transfer to Permanent Supported Housing by 6/30/16.

Is Anyone Better Off:

- GR recipients will be able to enjoy greater independence if assessed as needing and wanting supported housing services.
- The GR programs will have a better understanding of the needs of the residents served to make future program improvements.

SUSTAINABILITY

Once the GR programs have a baseline of assessments, the new interdisciplinary team will identify an ongoing assessment process. An ongoing challenge for the GR program has been not having detailed information about residents served available.

There are several grantees that have the ability to conduct ongoing assessments and several options have been considered including the ADRC, ILCs, Senior In-Home and CMHCs. Once more is known about the GR population one or more of these grantees will be selected to conduct the ongoing assessments. We are not looking toward the grantees for the initial assessment because of the need to expedite the completion of this work. This will also give the Department time to explore initial and ongoing financial support from Medicaid admin funding to sustain these efforts.

ESTIMATED NUMBER OF BENEFICIARIES SERVED EXPERIENCING

Mental Illness	500
Developmental Disabilities:	50*
Alzheimer’s Disease & Related Dementias:	50*
Substance Abuse:	150*
Traumatic Brain Injuries:	unknown
Non-Beneficiaries:	unknown
Many people receiving GR can be described as fitting into more than one category. *Based on anecdotal information	

BUDGET

Contractual Costs	\$175,000
Contractual Costs Narrative:	Contract Estimate: \$210 per assessment bundle
Total Amount to be Funded by the Trust	\$175,000.00
Total Amount Funded by Other Sources	\$0

To: Mary Jane Michael, Interim Finance Committee Chair
Date: July 26, 2015
Re: FY16 Disability Justice Focus Area Allocation
Focus Area Line: FY16 Disability Justice Admin
Fiscal Year: 2016
Amount: \$67,500.00
Grantee: Alaska Legal Services Corporation
Project Title: Holistic Defense Model

MEMO

REQUESTED MOTION:

Approve a \$67,500.00 FY16 Disability Justice Focus Area Allocation to the Alaska Legal Services Corporation for the Holistic Defense Model project.

Assigned Trust Staff: Steve Williams

PROJECT DESCRIPTION

Summary

Trust beneficiaries are at an increased risk for contact and formal involvement with Alaska's criminal justice system. In fact, according to Hornby, Zeller Associates, on a snap short day, Trust beneficiaries make up 62% of the population incarcerated in Department of Corrections (DOC) facilities. In addition, Trust beneficiaries recidivate at twice the rate of other offenders.¹ Some of the factors increasing the risk for Trust beneficiary contact with the criminal justice system include lack of housing and employment as well as untreated mental health and substance abuse disorders. In order to reduce the prevalence of Trust beneficiaries in DOC and their criminal recidivism rates the individual Trust beneficiary situation must viewed assessed and addressed holistically.

Beginning in FY09, the Trust and the Alaska Public Defender Agency (PDA) have collaborated on a pilot project implementing an element of what is called the Holistic Defense model – a social services specialist in the Bethel Public defender's office. This position assists Trust beneficiaries with their legal cases by assessing their non-legal needs and connecting them to available services. Based the positive outcomes to date (criminal charges reduced/dismissed, family reunification, access to treatment services/supports, etc.), the Public Defender Agency and Alaska Legal Services Corp. (ALSC) are proposing to collaborate and expand the current initiative to implement the evidence based Holistic Defense model in Bethel.

¹ Hornby Zeller Associates, Inc., 'Trust Beneficiaries in Alaska's Department of Corrections', (2014)available at: <http://www.mhtrust.org/impact/library/>

The Holistic Defense model is an integrated and multidimensional approach that has a proven track record of improving client outcomes.² The model, pioneered by the Bronx Public Defenders, is designed to meet a client's legal, civil, and social support needs. The Bronx Public Defender has provided technical assistance in support of expanding the model to various jurisdictions across the country, including in Montana, Wisconsin, California, Nevada, Texas, Tennessee, Massachusetts, Maryland, and North Carolina. The Public Defender Agency and Alaska Legal Services Corporation are proposing to collaborate on a pilot program in Bethel to provide holistic defense designed to improve outcomes for trust beneficiaries, reduce recidivism, and reduce state spending. And because the Public Defender Agency and Alaska Legal Services Corporation are both statewide entities, there is a unique opportunity to provide holistic defense on a statewide level.

I. Holistic Defense: A Brief Overview

Holistic defense is defined by its “innovative, client-centered, and interdisciplinary approach” to public defense.³ Under this model, the work of a holistic defender becomes integrated and multidimensional. Not only does a holistic defense provide legal services, but the approach also focuses on circumstances leading up to the alleged offense. At its core, four “pillars” define holistic defense⁴:

1. Seamless access to services that meet clients’ legal and social support needs;
2. Dynamic, interdisciplinary communication;
3. Advocates with an interdisciplinary skill set;
4. A robust understanding of, and connection to, the community served.

In order for a defender’s office to be considered holistic, all four elements need to be incorporated.⁵ The aim is to provide more than just criminal defense representation. Comprehensive and effective social services that address mental health and social needs are also crucial to the model.⁶ By addressing more than just criminal legal issues, clients are better informed and more equipped to take ownership of their choices, and thus reducing their chances of contact with the criminal justice system.⁷

Holistic defense is an evidence-based practice that has great potential in terms of cost-benefits, which should be taken into account when discussing costs that arise when incorporating this system. Clients who are provided holistic defense services have improved quality of life outcomes in their home communities.⁸ States in the lower 48 have already started to utilize this defense, with great success.⁹

² Robin Steinberg, *Heeding Gideon’s Call In The Twenty-First Century: Holistic Defense And The New Public Defense Paradigm.*, 70 Wash. & Lee L. Rev. 961, 1007-1009 (2013).

³ The Bronx Defenders, ‘The Center for Holistic Defense’, (2015) available at: <http://www.bronxdefenders.org/holistic-defense/center-for-holistic-defense/>.

⁴ *Id.*

⁵ Robin Steinberg, *Heeding Gideon’s Call In The Twenty-First Century*; at 986.

⁶ Robin Steinberg, *Beyond Lawyering: How Holistic Representation Makes For Good Policy, Better Lawyers and More Satisfied Clients*, 30 N.Y.U. Rev. L. & Soc. Change 625, 630 (2006).

⁷ *Id.* at 6.

⁸ Robin Steinberg, *Heeding Gideon’s Call In The Twenty-First Century*; at 1007-1009.

⁹ For further reading about the states’ success stories, please see *Heeding Gideon’s Call In The Twenty-First Century*; at 1011.

Alaska now has the opportunity to adopt this model and improve outcomes that the current justice system is struggling to address.

II. A Holistic Defense in Alaska: An Approach to Reducing Recidivism

The Public Defender Agency and Alaska Legal Services Corporation are proposing to collaborate to pilot the Holistic Defense model in Bethel. The target population will be Trust beneficiaries not participating in the Bethel Therapeutic Court or other diversion projects and will be randomly selected from those clients assigned a public defender in the Bethel region.

The service provided to clients is differentiated from those provide in a therapeutic court setting by the broader approach to addressing client needs. Project participants criminal legal needs will be addressed by criminal attorney, a social worker will continue to assist with participants unmet social support needs, and a civil legal aid attorney will work with the team to address project participant's civil legal needs. All program services are designed to address participant obstacles to successful reintegration and thus participant recidivism will be reduced. The holistic defense team will not only pursue access to rehabilitative treatment, but also address other civil legal and social needs that may be impacting successful rehabilitation and community participation.

On the national level, there is widespread recognition that civil legal aid can play a critical role for people leaving jail and returning to society, translating into reduced recidivism and increased chances for reintegration into the community. Below are several examples that show the role of civil legal aid in reintegration efforts:

Potential employers, landlords, and licensing boards may not consider an individual with a criminal record even when there is no connection between the crime and the applicant's ability to perform the job. A civil lawyer can help people with criminal records through the requisite proceedings to overcome licensing and housing denials based on barrier crimes and place them on a sustainable, productive path toward reintegration. Individuals may also need civil legal assistance correcting inaccurate criminal records, such as a failure of the record to reflect that an arrest that did not lead to conviction, or that a felony was reduced to a misdemeanor.

Child support arrears for noncustodial parents often accumulate during incarceration, leaving newly released individuals with unrealistic payment obligations. Past due arrears can result in legal liabilities such as tax intercept, child support liens, and license suspensions. A civil lawyer can modify child support orders to help parents provide for their families and facilitate successful reentry.

Many individuals have difficulty obtaining medical and mental health services due to their inability to access to health coverage either through public benefits programs or because of denials of coverage or related travel requests that place them at risk of contact with the criminal justice system. A civil lawyer can help navigate these complex benefits processes and programs and ensure that individuals can access appropriate medical services that can make the critical difference between rehabilitation and incarceration.

Stable housing with appropriate supportive services is a key factor in preventing or ending homelessness and reducing recidivism. This is particularly true among those with mental health issues. A civil lawyer can help with improper evictions, requesting reasonable accommodations for those with mental health issues and help reentering people gain access to housing.

Civil legal aid can help address these and other barriers that keep people from successful long-term reintegration. Implementing a holistic defense model in Bethel is expected to save the state money, reduce recidivism; and improve individual outcomes. Bethel is the proposed site for the pilot project because the social services specialist within the Public Defender's office has been in place and demonstrated positive outcomes for several years, of limited local resource availability, and the expectation that the program would have a significant impact for clients in Bethel.

Specific civil legal needs that have been identified but that frequently go addressed in the Bethel region for Trust beneficiaries include, but are not limited to the following:

- Removing, Correcting or Mitigating Criminal Records and Credit History Obstacles to Employment and Housing;
- Modifying Child Support Orders;
- Helping in Eviction and Foreclosure Proceedings and Addressing Sub-Substandard Living Conditions and Housing Discrimination;
- Modifying Court-Ordered Fees and Fines;
- Accessing Health Care Coverage and Treatment;
- Addressing Legal needs Related to Unique Status as Alaska Native/American Indian: including Probate, Native Allotment issues, Indian Child Welfare Act Enforcement, Tribal Court Matters;
- Appealing Denials of Social Security Disability (SSDI) Applications;
- Accessing Disability Support Services such as Respite and In-Home Care;
- Addressing Exploitation of those with Disabilities;
- Appealing Denials of Public Assistance, SNAP (AKA Food Stamps) and LIHEAP Applications;
- Establishing Child Custody and Visitation Orders;
- Stopping Illegal Wage/Benefit Garnishment and other Illegal Debt-Collection Practices.

The focus will be on client needs for all aspects of the client's circumstances. In doing so, defense teams will be better equipped to handle a wide array of complex social, economic, legal, and psychological needs that almost every client presents. This would help to reduce recidivism rates because both the defense team and client would be able to identify, and appropriately address, potential issues that may have resulted in contacts with the criminal justice system.

III. Anticipated Results and Outcome Evaluation

The pilot project includes an outcome evaluation that will track outcomes for project participants and compare those outcomes to that of other public defender clients who do not participate in the project. The outcome evaluation will commence at the onset of implementation of the project and continue through the pilot period (SFY16 – 18).

Anticipated outcomes include: cost-savings to state and local communities due to avoided emergency shelter and services costs, economic benefits to state and communities that will result from an influx of additional federal benefits¹⁰, avoided incarceration, and other institutionalization costs, as well as improvement of client health and well-being.¹¹ Additionally, based on the experience of other holistic defense projects we anticipate other cost-savings to be achieved including avoided incarceration and other institutionalization costs.

IV. Project Annual Cost - \$494.4 (all sources)

Cost Category	Fund Sources			
	Trust	PDA	ALSC	Other
PDA – Special Services Specialist	\$138.8			
PDA - Attorney		\$174.6		
*ALSC - Attorney	\$90.0		\$20.0	
Bethel team training	\$15.0			
Evaluation	\$40.0			\$16.0
Total Costs	\$283.8	\$174.6	\$20.0	\$16.0

*Note: the ALSC attorney start date is during the 2nd quarter of FY16, therefore the anticipated costs for the project attorney prorated for SFY16 is \$67.5. The annualized cost starting in SFY17 will be \$90.0.

V. Implementation Plan (SFY16-18)

¹⁰ A 2012 report *An analysis of the Economic Impacts and Social Benefits of Assistance Provided by Alaska Legal Services* found that among others thing, ALSC achieved positive results for clients in 86 percent of cases and that every dollar invested in ALSC generated five dollars in economic benefits to clients, communities and to the state. Specifically, in one year, ALSC’s homeless prevention work saved \$640,000 in emergency shelter costs each year by helping low-income Alaskans successfully avoid the need for emergency shelter; and ALSC’s work to secure public benefits brought in \$5.9 million in federal benefits and other funds to the state. It is anticipated that providing these same services to the target population will produce similar results thus making the project cost-effective in and of itself.

¹¹ Civil legal aid services can positively impact individual and population health, "including "significant reduction in stress and improvement in health and wellbeing after receiving [legal] services" such as for housing, public and disability benefits, employment, and debt collection problems." Atkins, D., Mace Heller, S., DeBartolo, E., Sandel, M., *Medical-Legal Partnerships and Healthy Start: Integrating Civil Legal Aid Services into Public Health Advocacy*, Journal of Legal Medicine, 2014 Vol. 35, No. 1, pgs. 195-209.

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Anchorage, Alaska 99508
Phone: 907-269-7960
Fax: 907-269-7966*

The proposed timeline for the project is from SFY16-SFY18. The project will begin in the 2nd quarter of SFY16 following the hiring of a civil attorney in Bethel. Training will be conducted in the 2nd or 3rd quarter of SFY16; either through an onsite technical assistance grant with the Bronx Public Defenders or by sending the holistic defense team to the Bronx to receive training and observe the model in practice. Subsequent fiscal years will involve annual follow-up training and publication of an outcome study to measure the efficacy of the program.

FY16 Budget Approvals

To: Russ Webb, Chairman, Board of Trustees
Date: August 14, 2015
Re: FY16 July Small Project Approval
Fiscal Year: 2016
Amount: \$46,900.00
Grantee: Multiple Small Project Grantees (attached)
Project Title: FY16 July Small Projects

MEMO

REQUESTED MOTION:

Approve the recommended FY16 small projects from the July application period in the amount of \$46,900.00

PROJECT DESCRIPTION

The Trust, in accordance with its mission to improve the lives and circumstances of beneficiaries, awards one-time small project grants of up to \$10,000 to create innovative new program ideas, substantially improve and supplement existing activities, or significantly increase the quality of ongoing projects. The small project grants are available three times a year, July, November, and March.

For the July 2015 application period, the Trust received 10 applications totaling \$85,237. A review committee comprised of Trust staff, with input from the statutory advisory boards met on August 12th to review the applications and make recommendations to the full Board of Trustees.

Attached is a spreadsheet listing the review committee's recommendations to approve \$46,900 for 5 Small Project grants.

Attachment: Small Project PEC Recommendations, August 14, 2015

PEC recommends Trustees approve							
ID	Organization	Title	Brief Description	Request Amount	Location	PEC Recommendation	PEC Comments
6679	Native Village of Unalakleet	Elder's Nutrition Program Food Safety Compliance	The Native Village of Unalakleet wishes to purchase and install three commercial grade sinks in the kitchen of the Community Multi-Purpose Building. The kitchen is primarily utilized for the preparation of meals for the Elders Nutrition Program, including those Elders considered to be Trust beneficiaries. The program is not in compliance with State Department of Environmental Conservation regulations for food service operations, and has been advised of pending closure.	\$10,000.00	Unalakleet	Recommend approval, \$10,000.00	<i>This is a good opportunity to serve beneficiaries in a rural community and is targeted at people with ADRD .</i>
6681	SeaView Community Services	Fire System Upgrade	Funding for this project will improve fire protection and safety for Trust beneficiaries receiving services at SeaView Community Services main office building. A recent insurance loss-control inspection revealed deficiencies in the basement sprinkler system. During this project, the installation of a backflow preventer & flow switch to insure proper sprinkler operation will be completed. In addition, wiring to the existing 24/7 monitored alarm system will be installed so that the City fire station will be automatically alerted when sprinklers are activated.	\$6,900.00	Seward	Recommend approval, \$6,900.00	<i>This project helps protect the health and safety of Trust beneficiaries.</i>
6682	Central Peninsula Health Centers	The Natural Path	This is a collaboration between three community mental health centers - Peninsula Community Health Services (PCHS), Akeela Ketchikan's Gateway, and Dena'ina Wellness Center (DWC) - and the peer-run organization of Ionia. Trust Beneficiaries from Soldotna, Kenai and Ketchikan will learn basic peer support skills and how to secure ones health through diet, daily practices and developing a wholesome community culture. Together, participants will learn positive emotional behaviors essential for one's own recovery and supporting other's recovery; as well as alternative therapeutic ways to view behavioral illness.	\$10,000.00	Soldotna	Recommend approval, \$10,000.00	<i>This project is an innovative partnership between community mental health centers and a local peer run organization focused on improving the circumstances of Trust beneficiaries.</i>
6683	Homer Council On The Arts	The Art of Moving exercise program	The Art of Moving exercise program helps those with neurological symptoms to improve their flexibility, balance, and coordination. Individuals with traumatic brain injuries will be a major focus of this program. As proposed, the classes will meet once a week for 1.25 hours. Two sessions, both ten weeks long, starting in the fall of 2015 and a second segment in the spring of 2016, for a total of 20 classes.	\$10,000.00	Homer	Recommend approval, \$10,000.00	<i>This project is an innovative opportunity to collaborate with the the local arts community and bring therapeutic programming to individuals with traumatic brain injury.</i>
6686	Programs for Infants and Children, Inc.	Early Intervention parent/provider education materials	The project will create a series of videos providing an alternative mode to educate parents and providers about parent rights and responsibilities in regard to infants and toddler who experience a developmental delay enrolled in Early Intervention services. The videos will be available through the PIC website. PIC will contract with a consultant who will produce and post videos to PIC website. PIC will make the resource available to other programs, Governor's Council, and State of Alaska Infant Learning program to post on their websites.	\$10,000.00	Anchorage	Recommend approval, \$10,000.00	<i>Provides important education to the parents and providers of young Trust beneficiaries.</i>
Total recommended to be approved						\$46,900.00	
PEC recommends Trustees decline							
ID	Organization	Title	Brief Description	Request Amount	Location	PEC Recommendation	PEC Comments
6678	Fairbanks Resource Agency	Key Coalition of Alaska Sustainability Plan	The project for the Key Coalition of Alaska Sustainability Plan proposes to provide short-term sustainability support for the 2016 Key Campaign and the development of a long-term sustainability plan for the organization. In 2015, the primary source of funding for the Key Coalition's annual advocacy activities, including the 2016 Key Campaign during the legislative session, has been significantly reduced. The proposed project will assist in funding the 2016 Key Campaign expenses and will implement strategic fundraising activities by statewide Key Coalition chapters to provide for long-term fiscal sustainability.	\$10,000.00	Fairbanks	Recommend Decline	<i>This project does not fit within the Small Project guidelines. The Trust will connect with this group as part of our ongoing advocacy efforts.</i>
6680	Disability Law Center of Alaska	Prisoner Rights Handbook	Distribution of the Alaska Disability Law Center's handbook 'Prisoner Rights' will provide information to all inmates, sentenced and un-sentenced, across Alaska. This information includes topics such as; 1)how to ask for an ADA accommodation, 2)information regarding the grievance process, 3)how to ask for medical treatment for a disability, 4)how to ask for mental health treatment, and 5)how to get help.	\$5,697.00	Anchorage	Recommend Decline	<i>Forwarded to the Disability Justice Focus Area for additional review.</i>
6684	Beans Cafe Inc	Facilities Equipment Upgrades Kitchen	Our cafe kitchen provides roughly 800 meals per day, 365 days a year to the homeless, many of whom are Trust beneficiaries. At this time we are in need of two pieces of essential kitchen equipment and associated supplies to help us continue to meet our mission. Those items are 1. A gas grill and a charcoal grill, and 2. miscellaneous grilling supplies detailed in the grant narrative later in this application.	\$10,000.00	Anchorage	Recommend Decline	<i>Forwarded to Trust program team for additional programmatic review.</i>
6685	Solution Project	House Of Healing	We are beginning a new Peer-Operated Reentry Service Home called the House of Healing. We are reaching out to returning citizens to assist them in coming back into the community and aiding them in repairing their lives. These funds that are requested will go towards housing costs, food, and transportation for the participants for a 6 month period of time. We thank you for your assistance.	\$9,240.00	Anchorage	Recommend Decline	<i>Trust program staff will work with applicant on program development.</i>
6687	Benefe Equine Assisted Therapy Center	Autism Speaks, Equine Assisted Therapy Activities	Benefe Equine Assisted Therapy Center has been awarded \$5,000 from Autism Speaks to provide 60 lessons for those who have been diagnosed on the Autism Spectrum. The Autism Speaks grant provided ten children or young adults with six lessons. Each participant was to contribute \$300 and the grant was to pay \$500 towards the \$800 fee for each participant. Unfortunately, we have found that participants in this area are having a difficult time paying the \$300. We are seeking funding assistance for those Trust Beneficiaries who would like to have the therapeutic activity but are unable to pay the fee.	\$3,400.00	Anchorage	Recommend Decline	<i>This project focuses on ongoing operating costs which are not funded through small projects.</i>

To: Russ Webb, Chairman, Board of Trustees
Date: 8/17/2015
Re: Medicaid Expansion
Fiscal Year: 2016
Amount: \$1,590,700
Grantee: Department of Health and Social Services -Division of Public Assistance and Division of Health Care Services
Project Title: Medicaid Expansion Implementation Start-Up

MEMO

PROPOSED MOTION:

Approve a FY16 MHTAAR allocation from the budget reserve in the amount of \$1,590,700 for Medicaid expansion eligibility and claims support. In authorizing this project, the Board of Trustees finds that it will further the authority's purpose to ensure an integrated comprehensive mental health program and that the Department of Health and Social Services has submitted an adequate plan for project implementation, including both financial feasibility and project effectiveness, demonstrated that sufficient expertise is available to accomplish the objectives of the proposed program or project, has identified operating, maintenance, and other costs associated with the project, including those ancillary to the project, and future obligations associated with the project.

Assigned Trust Staff: Jeff Jessee, CEO

PROJECT DESCRIPTION

This request is seeking approval of FY16 MHTAAR allocation in the amount of \$1,590,700. This includes two separate Revised Program Legislative (RPL) requests:

1. Division of Public Assistance Enrollment and Eligibility for \$1,385.7 MHTARR to match federal dollars to support funding 19-23 temporary positions for the FY2016 initial months of expansion enrollment which is anticipated to start September 1, 2015.
2. Division of Health Care Services Claims Payment for \$205,000 MHTARR to match federal dollars to support Medical Assistance Administration positions for processing new claims.

These funds will match 50/50 federal receipts to assist with the administrative costs associated with the initial expansion of Medicaid in Alaska with an anticipated enrollment of 20,066 Alaskans including thousands of Trust beneficiaries.

Project Background

Currently, many low income beneficiaries do not qualify for Medicaid but also do not qualify for federal health insurance subsidies. Many of these beneficiaries will be covered under Medicaid expansion, specifically individuals between the ages of 17 and 65 without children. This will not only allow them greater access to behavioral health and other beneficiary status related services but to other basic health care services as well.

Expanding now will allow the state to take advantage of the increased federal match through the Patient Protection and Affordable Care Act. The match rate for newly eligible recipients is as follows (in calendar years):

- 2014-2016: 100 percent
- 2017: 95 percent
- 2018: 94 percent
- 2019: 93 percent
- 2020 and beyond: 90 percent

This timing is critical given that some programs that have provided funds for hospitals to care for indigent populations are being phased out over this same period of time. Without these funds, there will be fewer resources available for uninsured Trust beneficiaries and more demand will be placed on state general funded grants which cannot even meet the current level of need. In an environment where state general funds will be the lowest they have been in many years, Medicaid expansion and reform is critical to the welfare of many Trust beneficiaries.

The Department of Health and Social Services anticipates savings once Medicaid expansion is fully operational, but has requested these Trust funds to provide start up resources to get Medicaid expansion underway as quickly as possible.

To address the findings required under AS 37.14.045 please consider the following:

(1) the grant or contract awarded will further the authority's purpose to ensure an integrated comprehensive mental health program;

Expanded Medicaid will provide increased access to behavioral health and other health care services for many Trust beneficiaries by creating an additional payment mechanism for their services. Currently these costs are covered on a limited basis either through uncompensated care or through general fund grants provided to the behavioral health system through the Division of Behavioral Health. Access to care is limited in both circumstances and many beneficiaries go without adequate services as a result. Beneficiaries covered under expansion will have access to the same Essential Health Benefits current Medicaid recipients' access, including inpatient and outpatient facilities/services, nursing facilities, clinical services, pharmacy, dental, mental and behavior health services and other health care services. The new population eligible for coverage will include many beneficiaries with chronic substance abuse and mental health issues. Those who qualify will have access to mental health and substance use disorder services and are subject to parity requirements. There will be increased access to low cost pharmacy services, expanded services in rural regions and access to support services like transportation.

(2) the applicant has submitted an adequate plan for project implementation, including both financial feasibility and project effectiveness;

HB 148 Medical Assistance Coverage; Reform, a bill sponsored by the Governor includes fiscal notes for both the Public Assistance Field Services OMB component number 236 and Medical Assistance Administration OMB Component Number 242. Noted within these documents are references to the Departments annual report describing costs for mandatory and optional services. This report is developed annually by the Division of Health Care Services. Tasks and timelines have been developed by the DHSS and long term cost modeling indicates substantial savings to the state over time from better serving the expansion population. Finally, the Department is currently working on a Medicaid Redesign and Expansion Technical Assistance study which will include an evaluation and three year action plan for tracking the projects effectiveness.

In addition, Medicaid expansion will reduce the reliance on General Funds as payment for many services. This is important given the current fiscal condition of the state and will enhance the sustainability of services for Trust beneficiaries.

(3) the applicant has demonstrated that sufficient expertise is available to accomplish the objectives of the proposed program or project; and

The Department of Health and Social Services has operated the Medicaid program since 1972. The evolution of the program has included the previously successful expansion of Medicaid (fastest in the nation) for pregnant women and children through Children's Health Insurance Program Reauthorization Act known popularly as our Denali Kid Care program and offering home and community based waivers. The Department has received positive reinforcement for their effectiveness in management of the Alaska Medicaid program, demonstrated by the federal government bonus payments for enrollment practices (Children's Health Insurance Program Reauthorization Act-bonus). The Department staff and leadership team currently includes a depth of knowledge and experience in the Medicaid Program. This is demonstrated through their lengths of employment and engagement in this projects. The Department of Health and Social Services has a strong structure to support the objectives of both the Division of Public Assistance Enrollment and Eligibility and Division of Health Care Services Claims Payments projects.

Recent problems with both eligibility and payment systems appear to be getting better with over 90% of current claims being paid on time and progress on eligibility determinations underway.

(4) the applicant has identified operating, maintenance, and other costs associated with the project, including those ancillary to the project, and future obligations associated with the project.

Fiscal notes for HB148 Medical Assistance Coverage; Reform, a bill sponsored by the Governor includes fiscal notes for both the Public Assistance Field Services OMB component number 236 and Medical Assistance Administration OMB Component Number 242. These fiscal notes provide an overview of the detailed expenditures, associated regulations and pertinent analysis. The operating expenses, fund sources and positions are clearly identified in addition estimated supplemental costs, estimated capital costs are identified where necessary. The fiscal note also provides out-year expenses through FY2021.

To: Russ Webb, Chairman, Board of Trustees
Date: 8/14/2015
Re: Local Reentry Coalition Coordinators
Fiscal Year: 2016
Amount: \$400,000
Grantee: Authorized grantees
Project Title: Alaska Prisoner Reentry Initiative: Reentry Coalition
 Capacity Development

MEMO

PROPOSED MOTION:

Approve a FY16 authority grant allocation in the amount of \$400,000 for the purpose of the Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development.

Assigned Program Officer: Natasha Pineda

PROJECT DESCRIPTION

This request is seeking approval of FY16 Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development projects in the amount of \$400,000. The spreadsheet includes a detailed list of recommended funding levels by program.

FY2016 Alaska Prisoner Reentry Initiative: Reentry Coalition Capacity Development Funding Allocation		
Coalition Name	Fiscal Agent	FY16 Award
Anchorage Coalition for Prisoner Reentry	Anchorage Neighborhood Housing Services, Inc. dba Neighbor Works	\$100,000.00
Fairbanks Reentry Coalitions	Interior Alaska Center for Non-Violent Living	\$100,000.00
The Juneau Reentry Coalition	National Council on Alcoholism and Drug Dependence, Juneau Affiliate	\$100,000.00
Mat-Su Prisoner Reentry Coalition	Valley Charities, Inc.	\$100,000.00
Total FY16 Trustee Authorized:	\$500,000	
Total FY16 Allocation:	\$400,000	
Remaining Unobligated:	\$100,000	

This approval will begin the first year (FY16) of a planned two-year project (FY16-17) to support the hire of a local reentry coordinator in five communities with an established prisoner reentry coalition. There were a total of four communities with successful proposals including Anchorage, Fairbanks, Juneau and Mat-Su. The proposal evaluation committee included representatives from the

Department of Corrections and Trust staff. The first training for these coalition coordinators will take place October 20-22 in conjunction with the Alaska Prisoner Reentry Initiative (AK-PRI) statewide council meeting. Trust staff and the Department of Corrections team will continue to work closely on rolling out training materials, assessment tools and supporting these coalitions in their efforts.

Project Background

At the heart of *AK-PRI*, and one of the most important aspects of implementation of the prisoner reentry initiative, is the local capacity of any given community to effectively manage the needs of all returning citizens, including Trust beneficiaries, as they transition back into our communities. Within the initiative framework, this capacity lies with local prisoner reentry coalitions. Reentry Coalition membership generally represents a cross section of pertinent state and community based service organizations in a given community. The focus of these coalitions is to:

- (1) educate the community about the criminal justice system
- (2) identify local challenges facing returning citizens
- (3) identify local gaps in services and identify collaborative solutions to address identified gaps
- (4) be the local point of contact for DOC in the reentry planning and transition for returning citizens in the given community

To identify local challenges facing returning citizens, the local gaps in services, and collaborative solutions to address identified gaps, each coalition must complete a community assessment. The results of the assessment will assist each individual coalition to develop a comprehensive community reentry plan focusing on the assets, gaps, barriers, proposed solutions, case management strategy, and plans to follow evidenced-based practices for reentry services. The assessment will reveal pertinent information about the availability of necessary services and resources within the community, such as whether or not the community has available housing, if there is access to treatment in the community and how treatment needs are addressed and drive each coalition's planning for reentry services to support the returning citizen.