

AK LEGISLATURE FINANCE COMMITTEES FILES 2007-2008 3135 17



## Public School Funding Formula Overview

### Step 5. Correspondence Programs

Districts offering correspondence programs receive funding based on 80% of correspondence ADM.

Each correspondence student generates \$4,304.  
(Correspondence ADM) x .80 = Level of  
Correspondence Funding

A

9:23:29

### Step 5. Example: Nome City Schools

Multiply the Correspondence Student ADM by 80% and add to the Adjusted ADM to get Final District Adjusted ADM. (from Step 4)

~ Nome City Schools has 6 Correspondence Students ~

$$6 \times .80 = 4.80$$

$$1,547.53 + 4.80 = 1,552.33$$

(Shown on Column V, page 8)

B

9:23:51

### BASIC NEED Entitlement

Multiply the district adjusted ADM by the base student allocation = BASIC NEED

$$1,552.33 \times \$5,380 = \$8,351,535$$

(Shown on Column W, page 9)

C

9:24:08



# Public School Funding Formula Overview

## NOME: Summarized District Adjusted ADM & Basic Need

Projected ADM for Nome:	798.00 + 6 corresp. = 804.00
Step 1. Adjusted ADM for School Size:	965.08
Step 2. Apply the District Cost Factor:	x 1.312 1,272.94
Step 3. Apply the Special Needs Factor:	x 1.20 1,527.53
Step 4. Add Intensive Service Counts: (4.00 x 5 = 20)	+ 20.00 1,547.53
Step 5. Add Correspondence Student Counts: (6 x .80 = 4.80)	+ 4.80 1,552.33
= District Adjusted ADM	1,552.33
Multiply by \$5,380 the base student allocation	x 5,380
<b>BASIC NEED:</b>	<b>\$8,351,535</b>

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9:24:31

## Components of Basic Need (Who Pays?)

- ⇔ Required Local Contribution
- ⇔ Federal Impact Aid
- ⇔ State Aid

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9:25:20

## SB 174 Full & True Value/Local Effort Calculation

As a result of Senate Bill 174: (inserted in 2001)  
Beginning FY2002, half of the increased full & true value over 1999 (base year), is added to 1999 base year to determine the full & true value for the purposes of calculating Required Local Effort for education.  
*(If the full & true value did not increase over the 1999 base year, then the current full & true value stands and is multiplied by .004 mills to reach local effort.)*

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9:25:36



## Public School Funding Formula Overview

### Calculating Nome's Full and True Value

Nome's 2006 Full Value	252,725,500
Nome's 1999 Full Value	191,926,100
Full Value Increase Difference	60,799,400
Divided in Half	30,399,700
Half of the Increase is Added to 1999 Value	
191,926,100 + 30,399,700 =	222,325,800

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9:26:08

### Required Local Contribution Example: Nome City Schools

The Lesser or minimum of 4 mills of the education full & true value, but not to exceed 45% of the school districts prior year basic need.

.004 of Tax Base: (Education Full & True Value)

$$.004 \times \$222,325,800 = \$889,303$$

45% of Prior Year Basic Need:

$$.45 \times \$8,157,425 = \$3,670,841$$

(Shown on Column C, page 9)

B

9:36:31

### Title VIII Federal Impact Aid Payments

• Title VIII Federal Impact Aid Payments received from March 1 through the last day of February are used for calculations of state aid.

• The dates on the payment vouchers are used to indicate that a school district has received Title VIII Payments

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9:39:49



Public School Funding Formula Overview

**Title VIII Federal Impact Aid Payments**  
*Example: Nome City Schools*

Payments received by the Nome City Schools from March 1 through the end of February.

**\$86,382**  
*(amount eligible for Deduction)*

(Shown on Column D, page 9)

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**Impact Aid Percentage**

Required Local Contribution  
*divided by*  
 Budgeted Local Contribution

Budgeted Local Contribution, for the purposes of calculating the Impact Aid percentage is found in the Budgets submitted on July 15<sup>th</sup> of each year and may consist of:

- Appropriations
- Investment Earnings
- In-Kind Services
- “Other Local”

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**Title VIII Percentage**  
*Example: Nome City Schools*

Required Local: \$ 889,303 = 46.52%  
 Budgeted Local: \$1,911,850  
*(This percentage is only derived for City & Boroughs)*

(Shown on Column E, page 9)

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## Public School Funding Formula Overview

### Impact Aid Example: Nome City Schools

90% of the Impact Aid received by a school district is multiplied by the Impact Aid Percentage

Nome's Deductible Impact Aid Calculation:

$$\$85,947 \times 46.52\% \times 90\% = \$35,984$$

*Eligible Impact Aid x Title VIII % x 90% = Deductible Impact Aid*

(Shown on Column D, Column E, Column F, page 9)

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9:45:17

### STATE AID Nome City Schools

Nome's State Aid:

Basic Need	\$ 8,351,535
Less Required Local	(889,303)
Less Impact Aid	(35,984)
State Aid	\$ 7,426,248

(Shown on Column G, page 9)

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### Additional Funds Above Basic Need

- ⇨ Additional Local Contribution
- ⇨ Quality Schools Grant
- ⇨ Supplemental Funding Floor

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## Public School Funding Formula Overview

### Additional Local Contribution

*Example: Nome City Schools*

The greater of 2 mills of the tax base or 23% of the district's current year Basic Need can be contributed but not exceeded.

.002 of Full & True Value Tax Base:  
.002 x \$252,725,500 = \$505,451

23% of Basic Need:  
.23 x \$8,351,535 = \$1,920,853

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9:47:07

### Maximum Local Contribution

*Example: Nome City Schools*

Required Local Contribution plus Additional Local Contribution

Required Local Contribution:	\$ 889,303
Additional Local Contribution:	+\$1,920,853
Maximum Local Contribution:	\$2,810,156

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### Quality Schools Grant

AS 14.17.480 explains a district is eligible to receive a quality school funding grant not to exceed the district's Adjusted ADM multiplied by \$16.

*Example: Nome City Schools*  
1,552.33 x \$16 = \$24,837

( Column W, page 8 and Column I, page 9 )

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9:48:18



## Public School Funding Formula Overview

### Supplementary Funding Floor

- ⇨ What is "The Floor"?
- ⇨ How is it established?
- ⇨ How is it adjusted?

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### "The Floor"

By providing additional funds "The Floor" bridges the transition between the new funding formula implemented in 1999 and the old formula that was in place in 1998.

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### How "The Floor" was Established

"The Floor" was established in FY1999  
*FOR EXAMPLE:*  
Old Formula State Aid  
= \$1,100,000  
New Formula State Aid  
(Less) - \$1,000,000  
Supplementary Funding Floor  
(Result) = \$100,000

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# Public School Funding Formula Overview

## Nome's Transition to New Formula

- > Old Formula State Aid:  
FY 99 = \$5,206,292
- > New Formula State Aid:  
(Less) FY 99 = \$5,095,932
- > Supplementary Funding Floor:  
(Results) FY 99 = \$110,360

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9'49'39

## Adjustments to the "Floor"

- All Adjustments to "The Floor" are reductions!**  
Decreases to "The Floor" occur because of:
- 1) an increase in Basic Need
- OR
- 2) a decrease in ADM.

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9'49'52

## Supplementary Funding Floor - Adjustment

# 1

*EXAMPLE*

*Increase of Basic Need*

Floor Adjustment due to Increases in Basic Need began in FY2000  
*Example: Floor equals \$100,000*

FY2008 Basic Need	\$2,100,000
FY2007 Basic Need	\$2,050,000
FY2008 increase over FY2007	\$50,000
40% of the increase over prior year equals the amount the FY2008 floor is reduced	(\$20,000)
FY2007 Funding Floor	\$100,000
Revised funding floor for FY2008	\$80,000

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## Public School Funding Formula Overview

### Supplementary Funding Floor - Adjustment # 2

*EXAMPLE  
Decrease in ADM*

If the ADM falls below 95% of the FY1999 ADM, Then "The Floor" is reduced by the same percentage.

**Example: Floor equals \$100,000**

**If**

FY2007 ADM = 86% of FY1999 ADM

**Then**

$\$100,000 \times 86\% = \$86,000$

*& becomes the new Floor amount*

*"The Floor" has received a 14% reduction.*

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### Establishing Nome City School's Floor

FY 99 OLD FORMULA	= \$5,206,292
FY 99 NEW FORMULA	(\$5,095,932)
Nome's FUNDING FLOOR Established at = \$110,360	
FY 00 No Deduction	= \$110,360
FY01 FLOOR reduced due to increase in Basic Need.	(\$14,562)
FY 01 FLOOR BALANCE	= \$95,798
FY 02 FLOOR No reduction floor.	(0.00)
FY 02 FLOOR BALANCE	= \$95,798
FY 03 FLOOR reduced due to increase in Basic Need.	(73,206)
FY03 FLOOR BALANCE	\$22,592
FY 04 FLOOR reduced due to increase in Basic Need.	(49,268)
Difference exceeds FLOOR ~ Balance set to zero (0.00)	

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### Supplementary Funding Floor

**REMEMBER:**

⇒ The floor is reduced by 40% of the increase in Basic Need over the prior year.

OR

⇒ The floor is reduced if ADM decreases by more than 5%, initially, of the FY1999 ADM.

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## Public School Funding Formula Overview

### Components Of State Aid

#### A Permanent Funding Component of State Aid

Nome's Total State Aid equals:

Calculated State Aid	\$7,426,248
<u>plus</u> the Funding Floor	\$ 0
<u>plus</u> the Quality Schools Grant	\$ 24,837
<b>TOTAL STATE ENTITLEMENT</b>	<b>\$7,451,085</b>

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*Please Note:*

### Prorating the Public School Funding Formula

If insufficient funds are appropriated by the legislature to meet the total entitlement, then all components of the Public School Funding Formula Program will be reduced by the same percentage.

AS 14.17.400 (b)

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2/14/07

AK MENTAL  
HEALTH  
TRUST  
AUTHORITY

**SFIN**

**FILE**

## *Legislative Fiscal Analyst's Overview of the Governor's FY08 Request*

### **Comprehensive Integrated Mental Health Program**

The Alaska Mental Health Trust Authority (Authority) administers the Mental Health Trust established in perpetuity. The Authority has a fiduciary responsibility to enhance and protect the Trust and to provide leadership in advocacy, planning, implementation, and funding of a comprehensive integrated mental health program (CIMHP) to improve the lives and circumstances of its beneficiaries. **The Trust's beneficiaries include:**

- People with mental illness;
- People with developmental disabilities;
- People with chronic alcoholism;
- People with Alzheimer's disease and related disorders.

#### **The Trust**

The Mental Health Lands Trust Settlement reconstituted the trust established by the Alaska Mental Health Enabling Act of 1956 with trust land totaling approximately 930,000 acres. **The settlement required the state to:**

- provide a cash payment of \$200 million into a newly created mental health trust fund;
- establish a Trust Authority;
- return the principal of the trust fund to the Authority; and
- perpetually use the income of the trust to pay for trust administration costs and ensure improvements and continuation of the integrated, comprehensive mental health program.

**Chapter 6, SLA 1994** appropriated \$200 million to the mental health trust fund from the following sources:

Mental health trust income account	\$33,000.0
DNR mental health trust income in the general fund	\$11,700.0
Proceeds from sale of DNR land sale contract portfolio	\$25,000.0
Budget reserve fund	\$130,300.0

This appropriation was finalized after the superior court of the State of Alaska made its final determination that the state had satisfied its obligation to reconstitute the Mental Health Trust.

**Management of the Trust:** The Permanent Fund Corporation manages the trust principal, the Mental Health Trust Lands Office (Dept. of Natural Resources) manages the land, and the Mental Health Trust Authority (Dept. of Revenue) and its Board make recommendations for program funding.

A unique provision of the settlement grants the Authority the power to spend mental health trust income without legislative approval. This provision does not, however, remove the legislature from spending decisions. Most of the Trust's spending plan allocates substantial dollars to state agencies. State agencies require legislative authorization to expend the funds which necessitates the legislature's involvement.

#### **The Mental Health Budget**

**Separate Appropriation Bill:** AS 37.14.001 establishes the responsibilities and authority for management of the Mental Health Trust. The statute requires the Governor to submit a separate appropriation bill limited to appropriations for the state's integrated comprehensive mental health program. If appropriations in the bill submitted by the Governor or the bill approved by the legislature differ from those proposed by the Authority, the bills must be accompanied by a report explaining the reasons for the differences from the Trust's recommendations.

## *Legislative Fiscal Analyst's Overview of the Governor's FY08 Request*

The Mental Health Trust generates revenue from the investment earnings on the \$200 million trust, land sale/lease proceeds, and land use royalties. Mental Health Trust income, identified in the appropriation bill as MHTAAR or Mental Health Trust Authority Authorized Receipts, provides approximately \$10 million per year for CIMHP funded programs and mental health trust administrative costs. Other state funds and federal funding are typically included in the CIMHP. These might include general funds, AHFC Dividend funds, and Alcohol and Other Drug Abuse Treatment & Prevention Funds.

The Authority uses two approaches to request funding for the CIMHP.

1. The MHTAAR fund source is allocated by the Authority after reviewing projects with committed funds. The Authority considers requests approved by relevant beneficiary boards and departments, and then submits a list of projects and funding proposals to the Governor. MHTAAR funding is not based on prior year appropriations.
2. The allocation of state funding is similar to the process that applies to other state funds; state agency operating requests show adjustments to appropriations made the previous fiscal year and capital requests are typically independent of prior year appropriations.

**Mental Health Funding:** The Trust Authority sources of income for annual spending include:

- a percentage of net asset value of the Trust Fund Corpus (Principal);
- lapsed funds from the prior year;
- income from the Trust's account in the treasury; and
- income from rents, fees, purchase contract interest, and 15% of timber sales from the Trust Land Management.

The Trustees approved five focus areas for the FY08 budget cycle, with the goals affecting significant system changes in the areas of:

- Affordable, Appropriate Housing for Trust Beneficiaries;
- Bring the Kids Home;
- Justice for Persons with Disabilities;
- Trust Beneficiary Group Initiatives; and
- Workforce Development

The Trust spends a percentage of its total cash assets each year. The "payout" percentage in FY07 was 4.0% and remains unchanged in FY08.

### *Moving Forward, Alaska Comprehensive Integrated Mental Health Plan 2006-2011*

The Trust presented its *Moving Forward, Alaska Comprehensive Integrated Mental Health Plan for fiscal years 2006-2011*. *Moving Forward* focuses on the status of Trust beneficiaries in four result areas: health, safety, quality of life and economic security, and detailing plans for and providing services to Alaskans whose lives have been impacted by mental illness, alcoholism, developmental disabilities and dementias. Further the plan focuses on prevention of disabling conditions themselves. *Moving Forward* results from work between the Alaska Department of Health and Social Services, the Alaska Mental Health Trust Authority, and other state agencies, boards and commissions (AS 47.30.660).

**Legislative Fiscal Analyst's Overview of the Governor's FY08 Request**

**Statewide Total Appropriations for Mental Health Programs**

	FY03	FY04	FY05	FY06	FY07 Budget	AMHTA FY08 Request	FY08 Gov
State-Controlled	133,999.9	117,388.9	111,554.1	114,437.6	127,712.4	142,779.1	137,834.5
MH Trust	10,224.7	9,846.0	10,056.5	11,566.1	13,184.5	14,423.3	14,130.8
<b>Total Operating</b>	<b>144,224.6</b>	<b>127,234.9</b>	<b>121,610.6</b>	<b>126,003.7</b>	<b>140,896.9</b>	<b>157,202.4</b>	<b>151,965.3</b>
State-Controlled	1,300.0	3,785.3	3,300.0	9,049.2	12,200.0	17,900.0	13,600.0
MH Trust	3,313.0	3,352.1	4,080.0	3,100.0	2,650.0	2,500.0	2,300.0
<b>Total Capital</b>	<b>4,613.0</b>	<b>7,137.4</b>	<b>7,380.0</b>	<b>12,149.2</b>	<b>14,850.0</b>	<b>20,400.0</b>	<b>15,900.0</b>

167,865.3

**OPERATING**

The net increase in state-controlled operations from FY07 is approximately \$10.1 million (primarily due to retirement and health insurance increases). Significant changes occurred in the following allocations:

Department of Health and Social Services

Pioneer Homes	\$1,561.8
Services for Severely Emotionally Disturbed Youth	\$3,574.0
Alaska Psychiatric Institute	\$2,334.7
Adult Preventative Dental Medicaid Services	\$1,000.0

The Governor's Request does not include the entire Alaska Mental Health Trust Authority recommendation. The total operating budget was cut by \$5.2 million mainly in GF/Mental Health funds. Overall, according to the Trust Authority, recommendations were amended to include: no new programs; no expansion of existing programs; and the continuation of prior initiatives.

**CAPITAL**

The Governor's FY08 Capital Budget Request for Mental Health programs is \$4.5 million below the Alaska Mental Health Trust Authority's request (\$4.3 million GF/MH and \$200.0 MHTAAR). The Governor's capital expenditures *all funding sources* total \$15.9 million. This is an increase of nearly \$1.1 million from FY07. Below are some of the significant single projects:

MH Southcentral Foundation Eklutna Residential Psychiatric Treatment Center-Match for Bring the Kids Home (ED 16)	\$7.0 million
MH Cost Share Match for Bring the Kids Home (ED 99)	\$1.0 million
MH Deferred Maintenance and Americans with Disabilities Act Improvement Grants to Service Providers and for Trust Beneficiaries (ED 99)	\$2.0 million
AHFC Homeless Assistance Program: (ED99)	\$1.5 million
AHFC Beneficiary and Special Needs Housing (ED 99)	\$1.75 million

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# Fax

**To:** Rose Foley, Senate Finance      **From:** Jody Thomas

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**Fax:** 465-2187      **Pages (including cover):** 9

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**Phone:**      **Date:** 3/21/07

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**Re:** Housing Video Transcription      **CC:**

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**Urgent**       **For Review**       **Please Comment**       **Please Reply**

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• **Comments:**

NL07-044 - AMHTA - Housing Trust Video - 21Mar07

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ALASKA HOUSING TRUST VIDEO  
TRANSCRIPT

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NL07-044 - AMHTA - Housing Trust Video - 21Mar07

1           SPEAKER: Many people think that  
2 the homeless population is made up mostly of  
3 alcoholic single men who just don't want to work.  
4 But the reality is quite different. In Alaska,  
5 the average age of a homeless person is nine  
6 years old.

7           Alaska is one of the wealthiest  
8 states in the nation. Yet on any given night  
9 approximately 3500 Alaskans are homeless. People  
10 are at risk of homelessness when they have to  
11 choose between food, shelter, and other basic  
12 needs. All it takes is an unexpected medical  
13 bill to put someone on the street.

14           Alaskans want to help. In a recent  
15 statewide public opinion survey, 90 percent  
16 agreed that we have a responsibility to help  
17 people who need a place to live.

18           In Alaska there is a gap between  
19 what low-income people can afford for housing and  
20 what housing actually costs.

21           DAN FAUSKE: Average cost of a new  
22 home in Anchorage, for instance, is around  
23 \$329,000. That takes some income to support that  
24 kind of debt.

25           Even in the rental market, if

1 you're on disability or unable to work, for  
2 whatever reason, you're not going to be able to  
3 even afford rent.

4           SPEAKER: Who is homeless in  
            Page 2

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5 Alaska?

6 JEFF JESSEE: They're barely making  
7 it on the salary that they have, and it doesn't  
8 take much. A car repair, an emergency, a medical  
9 emergency, they often don't have health insurance  
10 either. Any sort of additional expense and they  
11 are pushed over the edge.

12 SPEAKER: The fact is about 45  
13 percent of Alaska's homeless are families with  
14 children.

15 TAWNYA: I lost my job. My mom  
16 passed away. I missed a lot of work. And it  
17 made it difficult. And so we ended up not being  
18 able to pay our bills. And so we ended up being  
19 homeless.

20 KUYA: I was employed, working. I'm  
21 a single parent with three kids. How everything  
22 came crashing down is when I got sick at work,  
23 and I didn't have any leave, and there was nobody  
24 there to help. It went from bad to worse. I  
25 lost my car. So then we didn't have

1 transportation. I had no idea how I was going to  
2 get my children to school.

3 SPEAKER: More than 3,000 school  
4 children who are homeless or inadequately housed  
5 at some time during the 2005-2006 school year.

6 BARB DEXTER: The average age of a  
7 homeless person is nine years old. And we

8 NL07-044 - AMHTA - Housing Trust Video - 21Mar07  
anticipate that even getting younger because the  
9 largest growing population are families with  
10 young children.

11 CAROL COMEAU: Homeless kids, if  
12 they're moving around a lot and they're not able  
13 to go back to the same school during the year,  
14 they don't do as well. Most of them are  
15 embarrassed about their situation. A lot of them  
16 don't like to talk about it, so they put some  
17 kind of protections around themselves.

18 TAWNIA: Us being in the shelter,  
19 actually, my youngest daughter has gotten -- we  
20 got her first report card; she got all F's. It  
21 was very stressful for her. A lot of sleepless  
22 nights. Didn't know what to do. Didn't want to  
23 do her homework. She regressed really bad.

24 BARB DEXTER: One of the things  
25 that you look at is that children who experience

1 homelessness are four times as likely to have  
2 learning disabilities, to have significant  
3 cognitive delays.

4 SPEAKER: Homeless children  
5 experience more mental health problems such as  
6 anxiety, depression, and withdrawal. Children  
7 without a home are also more likely to suffer  
8 from asthma, ear infections, stomach  
9 complications, and speech problems.

10 About 14 percent of Alaska's  
11 homeless are severely mentally ill.

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12 Nena was homeless and slept on  
13 couches at her friends' house and sometimes on  
14 the street.

15 NENA: My mother died and I went  
16 through a mental breakdown and I got sick and  
17 lost everything. Had to forfeit my condo and my  
18 car. I functioned normally. I just had auditory  
19 hallucinations.

20 JEFF JESSEE: We have so many  
21 people that have a mental illness or chronic  
22 substance abuse problem and they cycle in and out  
23 of the psychiatric hospital, in and out of jail  
24 for petty misdemeanors. If they are able to  
25 actually find a secure home and have the support

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1 services that they need, and realize that over  
2 time they could actually remain stable in the  
3 community, then that's a life-changing experience  
4 for them.

5 SPEAKER: Homelessness costs  
6 Alaska.

7 Hospitalization, incarceration, and  
8 mental-health treatment are just some of the  
9 costs a community must bear.

10 The Federal Government provides the  
11 lion's share of housing assistance, but it does  
12 not adequately focus on the problems faced by  
13 those who are on the brink of homelessness, or  
14 those who have already been forced out of their

15 NL07-044 - AMHTA - Housing Trust Video - 21Mar07  
homes.

16 How can we help?

17 A major step is the Alaska Housing  
18 Trust.

19 JEFF JESSEE: Well, the Housing  
20 Trust is a strategy that many states and other  
21 jurisdictions are using now to try to take our  
22 existing housing programs and target them more  
23 directly to people that are homeless or at risk  
24 of becoming homeless.

25 SPEAKER: In 2004, the Governor

1 created the Alaska Council on Homelessness to  
2 address the issue of homeless Alaskans and those  
3 struggling to stay in their homes.

4 The Council was composed of  
5 representatives of a number of state and federal  
6 agencies.

7 DAN FAUSKE: Within that group were  
8 eight Commissioners, the head of the Alaska  
9 Mental Health Trust Authority, HUD, and the  
10 Lieutenant Governor.

11 We met numerous times and gathered  
12 testimony and information from a variety of  
13 participants to gain as much knowledge about the  
14 subject of the homelessness throughout the state  
15 as we could. What we have arrived at was  
16 creating a housing trust to help support homeless  
17 issues and financing for homelessness.

18 SPEAKER: More than 30 states  
Page 6

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19 across the nation have created successful housing  
20 trust funds. Housing trust fund activities that  
21 reduce homelessness.

22 Some of those activities include  
23 the construction of new housing; the purchase of  
24 existing housing; the rehabilitation of existing  
25 housing; the purchase of land; the establishment

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1 of a community land trust; and the modification  
2 of housing to make it more accessible.

3 Housing trusts can also provide  
4 down payment and deposit assistance; rental  
5 assistance; tenant education; case management and  
6 counseling; financial counseling; and crisis  
7 intervention services.

8 The Housing Trust will use proven  
9 strategies like the program started in Seattle by  
10 the Bill and Melinda Gates Foundation that  
11 provided \$40 million to build 1500 units of  
12 service-enriched housing.

13 Strategies implemented through  
14 housing trusts in the Lower 48 have successfully  
15 addressed the issues faced by the homeless.  
16 They've also served the needs of those who work  
17 but are still at risk of homelessness.

18 It's time to make it work in  
19 Alaska.

20 By using innovation derived from  
21 successful pilot projects around the state and

22 NLO7-044 - AMHTA - Housing Trust video - 21Mar07  
23 the nation, the Alaska Housing Trust seeks to  
24 create long-term, affordable housing to reduce  
25 homelessness and to help those struggling to stay  
in their homes.

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1 The Alaska Housing Trust:  
2 Opportunity begins with a home.

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# The Trust

History of the Alaska Mental  
Health Trust Authority

# Territorial Days

- All mental disabilities lumped together.
- "Insane Person At Large" - A territorial crime.
- Federal marshals transport to Morningside in Oregon.

# Implications of Statehood

- Responsibility for providing mental health services would be transferred from the federal government to the new state.
- “New” state has no means of visible support.
- Federal government owns 98% of Alaska lands.

# Barriers to Statehood

- No way to continue payment for Morningside.
- Territorial mental health “program” unacceptable to Alaskans.
- Washington Post exposes “Siberia USA.”

# Alaska Mental Health Enabling Act of 1956

- Cash payment for construction of API and purchase of Harborview.
- Phased out operational support to wean Alaska off federal dole.
- 1,000,000 acres of land in trust to generate money to pay for ongoing expenses.
- State legislature appointed trustee.

# Early Land Trust Management

- Desirable Trust lands selected first.
- Legislature designates some trust land as state parks, forests, and wildlife preserves (over 350,00 acres).
- Legislature releases 50,000 acres to 5,000 individuals through homesteading, lotteries, and sales.
- Legislature allows local governments to select over 40,000 acres.

# A Change in the Climate

- Internal DNR memos raise concerns over trust land management.
- “Moms and pops” have problems with financing due to title issues.
- Local governments are on notice that the state has breached trust and they do not have clear title.
- Legislature realizes that land removed from trust has clouded title.

# Damage Control

- 1978 Legislature redesignates trust land as general state land.
- Mental health income account created to compensate trust for lost revenue.
- Legislature never makes any deposits.

# Litigation

- Weiss v. State filed as a class action in 1982 alleging breach of trust. Class broadly defined.
- Alaska Supreme Court rules in 1985 that trust must be reconstituted buy only 35% of original land remains.
- Court injunction freezes all activity on all trust land.

# Beneficiaries Defined

- mentally ill,
- chronically alcoholic
- Developmentally disabled
- Suffering from Alzheimer's and related dementias

# Settlement Attempts

- Specially appointed commission values trust land at \$2.2 billion.
- 1987, 1990, 1991 - major failed settlement attempts based on percentage of general fund revenues or land swaps.
- After the 1991 settlement attempt is rejected by Judge Green, "unholy alliance" of stakeholders gathers to craft final settlement package.

# 1994 - Settlement at Last!

- Designation of 995,502 acres to be managed by a special unit within DNR
  - 341,421 – subsurface estate
  - 104,286 – hydrocarbon interest
  - 549,795 – fee simple
- Appropriation of \$200 million to a trust fund to be managed by the Alaska Permanent Fund Corporation.

# 1994 - Settlement at Last!

- Creation of the Alaska Mental Health Trust Authority to act as trustee. Separate appropriations bill for mental health program.
- Comprehensive Integrated Mental Health Program Plan required.
- Four advisory boards make budget recommendations to Trust trustees.
- Commissioners (DNR, DOR, DHSS) designated as advisors to The Trust.

# Trust Mission Statement

- The Alaska Mental Health Trust Authority administers the Mental Health Trust established in perpetuity. It has a fiduciary responsibility to its beneficiaries to enhance and protect The Trust and to provide leadership in advocacy, planning, implementing and funding of a comprehensive integrated mental health program to improve the lives and circumstances of its beneficiaries.

# The Trust Authority Roles

- ~~Oversee~~ Manage Trust assets.
- Maintain Trust management framework.
- Safeguard Annual payout from principal (currently 4.00%).
- Maintain Budget reserve account.
- Inflation proof principal to preserve Trust for future generations.
- Spend trust income.
- Separate Mental Health budget bill - recommend to Governor and Legislature how the State of Alaska should spend general fund resources.

# The Trust Authority Roles: continued

- Develop the Comprehensive Integrated Mental Health Plan in conjunction with the Department of Health and Social Services.
- Collaborate with statutory partners in planning the Comprehensive Integrated Mental Health Program.
- Consider recommendations from advisory partners during the budget planning process.

## The budget process – a separate appropriation bill

- As required by statute The Trust forwards a proposed annual operating and capital budget by September 15<sup>th</sup>. Types of funds in the Mental Health Budget include:
  - GF/MH – general fund/mental health
  - MHTAAR – mental health trust authority authorized receipts
  - MH Admin – funds to run the Trust Authority
  - Federal funds
  - Alcohol tax receipts

# The Comprehensive Integrated Mental Health Plan

- The plan is the work of the Alaska Department of Health and Social Services, the Alaska Mental Health Trust Authority, and other state agencies, boards and commissions.
- Purpose: guide policy, program, and budget decisions to improve public services and lives of persons with disabilities.

## Beneficiaries by the Numbers:

- 8.5% of Alaskans age 18 and over have a Serious Mental Illness.
- An estimated one in 10 Alaskans over age 65, and nearly half of those 85 or older have Alzheimer's disease.
- Approximately 11,500 Alaskans have developmental disabilities.
- 15% of all Alaskans aged 18 to 25 are "heavy drinkers."

# Focus Area: Justice for Persons With Disabilities

- Up to 37% of persons in custody or under supervision of the Department of Corrections suffers from a mental illness, and 12% have major psychiatric disorders.
- This special program is funded in large part by the AMHTA, and is aimed specifically at getting mentally ill people out of the pattern of repeated petty crimes.

# Accomplishments Include:

- 1998 – Alaska's first Mental Health Court opens in Anchorage; the third in the country. It is a nationally recognized best practice model.
- 2002 – *Crisis Intervention Team* training is provided to officers in the Anchorage Police Dept. To date, 45 officers have been trained including Alaska Troopers, & officers in Fairbanks and at the University.
- 2004 – Alaska Statewide Judicial Conference curriculum focused on *Managing Cases involving Persons with Mental Disorders*.
- 2005 – Mental Health Court model expands to Palmer.
- 2006 – Alaska Court System pilots a project expediting comprehensive neuropsychological evaluations so court order bail and sentencing conditions are appropriate. A timely and accurate evaluation can also be the gateway to financial resources, treatment services, & health insurance.

# Focus Area: Affordable Appropriate Housing

- Approximately 14,000 people experience homelessness in Alaska at some time each year, including more than 3,000 Alaskan children.
- This focus area helps the state fund programs that increase the inventory of affordable housing and accomplish the recommendations to end homelessness..

# Housing Continued

- A University of Alaska study on chronic homelessness in Fairbanks found that more than \$40,000 per homeless person was spent in public intervention over a 20 month period:
  - A day at the Alaska Psychiatric Institute costs \$732
  - A day in detox costs \$270
  - A day in jail is \$111
  - By contrast, living in a supportive housing program costs about \$70 per day.

# Housing Trust

- The Alaska Housing Trust will support a range of programs and projects such as:
  - the construction of new housing
  - the purchase, rehabilitation, and repair of existing housing
  - the purchase of land
  - the provision of down payment and rental assistance
  - the provision of case management and counseling
  - the provision of crisis intervention services and financial counseling

# Focus Area: Bring the Kids Home

- Today nearly 700 Alaskan youth receive care at a Residential Psychiatric Treatment Center outside the State of Alaska.
- This initiative has been designed to reverse the trend of exporting young Alaskans with serious emotional disturbances.

# Bring the Kids Home Results

- In the last year and a half:
  - Alaskan in-state residential psychiatric treatment capacity has grown by 119 beds.
  - 22 group homes and outpatient services are being expanded to treat 230 youth per year.
  - Capital funding to increase capacity in 31 group homes and residential treatment psychiatric centers is being reviewed by the Denali Commission. Services for 187 additional youth per year are expected soon.

# Bring the Kids Home Results Continued

- Funding for Individualized services has been provided by the Trust.
- New staff, 6.0 FTEs, were hired to review all severely emotionally disturbed youth and place them in the lowest level of appropriate care in Alaska.

# Focus Area: Beneficiary Project Initiatives

- The Trust combines financial support with technical assistance options. Beneficial results include:
  - The creation of sustainable organizations controlled by the beneficiaries.
  - The creation of innovative programs to better serve the beneficiaries.

# Beneficiary Projects Continued

- Trust funds empower beneficiaries to develop grass-roots projects which emphasize:
  - Prevention
  - Education
  - Early intervention

The strategies participants find their own path to recovery and wellness.

# Workforce Development

- A trained workforce is critical to all Trust beneficiary services. The Trust is working in partnership with the University of Alaska, State of Alaska, service providers, professional organizations and the Alaska Native Tribal Consortium to develop strategies to prepare new workforce and to recruit and retain people in the workforce.

**SENATE BILL NO. 51**

**IN THE LEGISLATURE OF THE STATE OF ALASKA**

**TWENTY-FIFTH LEGISLATURE - FIRST SESSION**

**BY THE SENATE RULES COMMITTEE BY REQUEST OF THE GOVERNOR**

**Introduced: 1/19/07**

**Referred: Finance**

**A BILL**

**FOR AN ACT ENTITLED**

1 "An Act making appropriations for the operating and capital expenses of the state's  
2 integrated comprehensive mental health program; and providing for an effective date."

3 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 (SECTION 1 OF THIS ACT BEGINS ON PAGE 2)

\* Sec. 1. The following appropriation items are for operating expenditures from the general fund or other funds as set out in the fiscal year 2008 budget summary for the operating budget by funding source to the agencies named for the purposes expressed for the fiscal year beginning July 1, 2007 and ending June 30, 2008, unless otherwise indicated.

	Allocations	Appropriation Items	General Funds	Other Funds
	* * * * *	* * * * *		
	* * * * * Department of Administration	* * * * *		
	* * * * *	* * * * *		
11	<b>Legal and Advocacy Services</b>	<b>2,025,800</b>	<b>1,919,700</b>	<b>106,100</b>
12	Office of Public Advocacy	1,753,500		
13	Public Defender Agency	272,300		
	* * * * *	* * * * *		
	* * * * * Department of Corrections	* * * * *		
	* * * * *	* * * * *		
17	<b>Administration and Operations</b>	<b>617,000</b>	<b>571,000</b>	<b>46,000</b>
18	Offender Habilitation Programs	617,000		
19	<b>Inmate Health Care</b>	<b>6,452,700</b>	<b>6,217,700</b>	<b>235,000</b>
20	Inmate Health Care	6,452,700		
	* * * * *	* * * * *		
	* * * * * Department of Education and Early Development	* * * * *		
	* * * * *	* * * * *		
24	<b>Teaching and Learning Support</b>	<b>429,500</b>	<b>129,500</b>	<b>300,000</b>
25	Student and School Achievement	429,500		
26	<b>Alaska Postsecondary Education Commission</b>	<b>200,000</b>		<b>200,000</b>
27	Program Administration & Operations	200,000		
	* * * * *	* * * * *		
	* * * * * Department of Health and Social Services	* * * * *		
	* * * * *	* * * * *		
31	<b>Alaskan Pioneer Homes</b>	<b>14,121,000</b>	<b>14,121,000</b>	
32	Alaska Pioneer Homes Management	64,300		
33	Pioneer Homes	14,056,700		

1 Department of Health and Social Services (cont.)			Appropriation	General	Other
2			Items	Funds	Funds
3		Allocations			
4	<b>Behavioral Health</b>		<b>90,450,300</b>	<b>67,267,600</b>	<b>23,182,700</b>
5	Alcohol Safety Action Program (ASAP)	305,400			
6	Behavioral Health Medicaid Services	32,156,100			
7	Behavioral Health Grants	15,718,900			
8	Behavioral Health Administration	3,082,600			
9	Community Action Prevention & Intervention	958,100			
10	Grants				
11	Rural Services and Suicide Prevention	2,115,200			
12	Psychiatric Emergency Services	6,103,400			
13	Services to the Seriously Mentally Ill	9,199,300			
14	Designated Evaluation and Treatment	1,211,900			
15	Services for Severely Emotionally Disturbed	10,100,200			
16	Youth				
17	Alaska Psychiatric Institute	9,499,200			
18	<b>Children's Services</b>		<b>11,734,400</b>	<b>11,554,400</b>	<b>180,000</b>
19	Children's Medicaid Services	3,830,000			
20	Children's Services Management	69,900			
21	Front Line Social Workers	148,600			
22	Foster Care Augmented Rate	500,000			
23	Foster Care Special Need	747,900			
24	Residential Child Care	1,956,300			
25	Infant Learning Program Grants	4,481,700			
26	<b>Adult Preventative Dental Medicaid Sves</b>		<b>1,425,000</b>		<b>1,425,000</b>
27	Adult Preventative Dental Medicaid Sves	1,425,000			
28	<b>Juvenile Justice</b>		<b>400,700</b>	<b>400,700</b>	
29	McLaughlin Youth Center	170,900			
30	Fairbanks Youth Facility	105,900			
31	Bethel Youth Facility	57,500			
32	Probation Services	66,400			
33	<b>Public Health</b>		<b>236,900</b>	<b>230,600</b>	<b>6,300</b>

1	Department of Health and Social Services (cont.)				
2			Appropriation	General	Other
3		Allocations	Items	Funds	Funds
4	Certification and Licensing	158,600			
5	Community Health Grants	98,300			
6	<b>Senior and Disabilities Services</b>		<b>14,129,800</b>	<b>13,257,000</b>	<b>872,800</b>
7	Senior and Disabilities Services Administration	2,520,300			
8	Protection and Community Services	740,300			
9	Senior Community Based Grants	2,944,400			
10	Community Developmental Disabilities Grants	7,924,800			
11	<b>Departmental Support Services</b>		<b>1,800,600</b>	<b>1,750,600</b>	<b>50,000</b>
12	Office of Program Review	98,400			
13	Administrative Support Services	432,900			
14	Health Planning and Infrastructure	50,000			
15	Information Technology Services	869,300			
16	HSS State Facilities Rent	350,000			
17	<b>Boards and Commissions</b>		<b>1,561,500</b>	<b>643,900</b>	<b>917,600</b>
18	AK Mental Health & Alcohol & Drug Abuse	887,500			
19	Boards				
20	Commission on Aging	105,600			
21	Governor's Council on Disabilities and Special	436,000			
22	Education				
23	Suicide Prevention Council	132,400			
24		* * * * *	* * * * *		
25		* * * * * Department of Law	* * * * *		
26		* * * * *	* * * * *		
27	<b>Civil Division</b>		<b>87,400</b>	<b>87,400</b>	
28	Human Services and Child Protection	87,400			
29		* * * * *	* * * * *		
30		* * * * * Department of Natural Resources	* * * * *		
31		* * * * *	* * * * *		
32	<b>Resource Development</b>		<b>1,813,300</b>		<b>1,813,300</b>
33	Mental Health Trust Lands Administration	1,813,300			

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	Appropriation	General	Other
	Allocations	Funds	Funds
	* * * * *		
	* * * * * Department of Revenue * * * * *		
	* * * * *		
<b>Alaska Mental Health Trust Authority</b>	<b>2,365,900</b>		<b>2,365,900</b>
Mental Health Trust Operations	2,365,900		
	* * * * *		
	* * * * * University of Alaska * * * * *		
	* * * * *		
<b>University of Alaska</b>	<b>1,285,800</b>	<b>200,800</b>	<b>1,085,000</b>
Statewide Services	300,000		
Anchorage Campus	945,800		
Fairbanks Campus	40,000		
	* * * * *		
	* * * * * Alaska Court System * * * * *		
	* * * * *		
<b>Alaska Court System</b>	<b>827,700</b>	<b>589,900</b>	<b>237,800</b>
Budget requests from agencies of the Judicial Branch are transmitted as requested.			
Trial Courts	827,700		

\* Sec. 2. The following sets out the funding by agency for the appropriations made in Sec. 1 of this Act.

<b>Department of Administration</b>			
General Fund / Mental Health	1,919,700		
Mental Health Trust Authority Authorized	106,100		
Receipts			
*** Total Agency Funding ***	<b>\$2,025,800</b>		
<b>Department of Corrections</b>			
General Fund / Mental Health	6,788,700		
Mental Health Trust Authority Authorized	281,000		
Receipts			
*** Total Agency Funding ***	<b>\$7,069,700</b>		

1	<b>Department of Education and Early Development</b>	
2	General Fund / Mental Health	129,500
3	Mental Health Trust Authority Authorized	500,000
4	Receipts	
5	*** Total Agency Funding ***	\$629,500
6	<b>Department of Health and Social Services</b>	
7	General Fund / Mental Health	109,225,800
8	Mental Health Trust Authority Authorized	7,741,700
9	Receipts	
10	Alcohol & Other Drug Abuse Treatment &	18,892,700
11	Prevention Fund	
12	*** Total Agency Funding ***	\$135,860,200
13	<b>Department of Law</b>	
14	General Fund / Mental Health	87,400
15	*** Total Agency Funding ***	\$87,400
16	<b>Department of Natural Resources</b>	
17	Mental Health Trust Authority Authorized	1,813,300
18	Receipts	
19	*** Total Agency Funding ***	\$1,813,300
20	<b>Department of Revenue</b>	
21	Mental Health Trust Administration	2,365,900
22	*** Total Agency Funding ***	\$2,365,900
23	<b>University of Alaska</b>	
24	General Fund / Mental Health	200,800
25	Mental Health Trust Authority Authorized	1,085,000
26	Receipts	
27	*** Total Agency Funding ***	\$1,285,800
28	<b>Alaska Court System</b>	
29	General Fund / Mental Health	589,900
30	Mental Health Trust Authority Authorized	237,800
31	Receipts	
32	*** Total Agency Funding ***	\$827,700
33	***** Operating Total *****	\$151,965,300
34		

1 \* Sec. 3. The following appropriations are for capital projects and grants from the general fund or  
 2 other funds as set out in Section 4 of this Act by funding source to the agencies named for the  
 3 purposes expressed. They lapse under AS 37.25.020, unless otherwise noted.

	Appropriation	General	Other
	Allocations	Items	Funds
	* * * * *	* * * * *	
	* * * * * Department of Health and Social Services * * * * *		
	* * * * *	* * * * *	
10	MH Southcentral Foundation Eklutna Residential	7,000,000	7,000,000
11	Psychiatric Treatment Center - Match for Bring		
12	the Kids Home (ED 16)		
13	MH Cost Share Match for Bring the Kids	1,000,000	1,000,000
14	Home (ED 99)		
15	MH Treatment and Recovery Based Special	750,000	250,000
16	Needs Housing (ED 99)		500,000
17	MH Home Modification and Upgrades to Retain	250,000	250,000
18	Housing (ED 99)		
19	MH Deferred Maintenance and Americans with	2,000,000	2,000,000
20	Disabilities Act Improvement Grants to Service		
21	Providers and for Trust Beneficiaries (ED 99)		
22	MH Essential Program Equipment (ED 99)	350,000	350,000
23	* * * * *	* * * * *	
24	* * * * * Department of Natural Resources * * * * *		
25	* * * * *	* * * * *	
26	Mental Health Trust Land Development (ED	650,000	650,000
27	99)		
28	Mental Health Trust Land Facilities	350,000	350,000
29	Maintenance (ED 99)		
30	* * * * *	* * * * *	
31	* * * * * Department of Revenue * * * * *		
32	* * * * *	* * * * *	
33	Alaska Housing Finance Corporation		

1 Department of Revenue (cont.)

	Appropriation	General	Other
	Allocations	Funds	Funds
4 AHFC Homeless Assistance Program (ED 99)	1,500,000		1,500,000
5 AHFC Beneficiary and Special Needs Housing	1,750,000		1,750,000
6 (ED 99)			
7	* * * * *	* * * * *	
8	* * * * * Department of Transportation and Public Facilities	* * * * *	
9	* * * * *	* * * * *	
10 Coordinated Transportation and Vehicles (ED	300,000		300,000
11 99)			

12 \* Sec. 4. The following summarizes by agency the funding for appropriations made in section 3 of  
 13 this Act:

14 **Department of Health and Social Services**

15 General Fund / Mental Health	10,600,000	
16 Mental Health Trust Authority Authorized Receipts	500,000	
17 AHFC Dividend	250,000	
18 * * * Total Agency Funding * * *	<b>\$11,350,000</b>	

19 **Department of Natural Resources**

20 Mental Health Trust Authority Authorized Receipts	1,000,000	
21 * * * Total Agency Funding * * *	<b>\$1,000,000</b>	

22 **Department of Revenue**

23 Mental Health Trust Authority Authorized Receipts	500,000	
24 AHFC Dividend	2,750,000	
25 * * * Total Agency Funding * * *	<b>\$3,250,000</b>	

26 **Department of Transportation and Public Facilities**

27 Mental Health Trust Authority Authorized Receipts	300,000	
28 * * * Total Agency Funding * * *	<b>\$300,000</b>	

29 \* \* \* \* \* **Capital Total \* \* \* \* \*** **\$15,900,000**

30 \* Sec. 5. The following summarizes by fund source the funding for appropriations made in sections 1  
 31 and 3 of this Act.

32 General Fund / Mental Health	129,541,800
33 Mental Health Trust Authority Authorized Receipts	14,064,900

1	Mental Health Trust Administration	2,365,900
2	AHFC Dividend	3,000,000
3	Alcohol & Other Drug Abuse Treatment & Prevention Fund	18,892,700
4		
5	<b>*** Statewide Total ***</b>	<b>\$167,865,300</b>

6 (SECTION 6 OF THIS ACT BEGINS ON PAGE 10)

1 \* Sec. 6. PURPOSE. In accordance with AS 37.14.003 and 37.14.005, the appropriations  
2 made by this Act are for the state's integrated comprehensive mental health program.

3 \* Sec. 7. NONGENERAL FUND RECEIPTS. (a) Alaska Mental Health Trust Authority  
4 authorized receipts (AS 37.14.036) or administration receipts (AS 37.14.036) that exceed the  
5 amounts appropriated by this Act are appropriated conditioned upon compliance with the  
6 program review provisions of AS 37.07.080(h).

7 (b) If Alaska Mental Health Trust Authority authorized receipts (AS 37.14.036) or  
8 administration receipts (AS 37.14.036) fall short of the estimates appropriated in this Act, the  
9 affected appropriation is reduced by the amount of the shortfall in receipts.

10 \* Sec. 8. SALARY AND BENEFIT ADJUSTMENTS. (a) The appropriations made in sec.  
11 1 of this Act include amounts for salary and benefit adjustments for public officials, officers,  
12 and employees of the executive branch, Alaska Court System employees, employees of the  
13 legislature, and legislators and to implement the terms for the fiscal year ending June 30,  
14 2008, of the following collective bargaining agreements:

15 (1) Alaska Public Employees Association, for the Confidential Unit;

16 (2) Alaska Public Employees Association, for the Supervisory Unit;

17 (3) Alaska State Employees Association, for the General Government Unit;

18 (4) Marine Engineers Beneficial Association, representing licensed engineers  
19 employed by the Alaska marine highway system;

20 (5) Public Employees Local 71, for the Labor, Trades and Crafts Unit;

21 (6) Inlandboatmen's Union of the Pacific, representing the unlicensed marine  
22 unit;

23 (7) International Organization of Masters, Mates, and Pilots, for the Masters,  
24 Mates, and Pilots Unit;

25 (8) Public Safety Employees Association, representing regularly  
26 commissioned public safety officers;

27 (9) Alaska Correctional Officers Association, representing correctional  
28 officers;

29 (10) Alaska Vocational Technical Center Teachers' Association - National  
30 Education Association, representing employees of the Alaska Vocational Technical Center;

31 (11) Teachers' Education Association of Mt. Edgecumbe.

1 (b) The operating budget appropriations made to the University of Alaska in sec. 1 of  
2 this Act include amounts for salary and benefit adjustments for the fiscal year ending June 30,  
3 2008, for university employees who are not members of a collective bargaining unit and for  
4 implementing the monetary terms of the collective bargaining agreements including the terms  
5 of the agreement providing for the health benefit plan for university employees represented by  
6 the following entities:

- 7 (1) Alaska Higher Education Crafts and Trades Employees;
- 8 (2) Alaska Community Colleges' Federation of Teachers;
- 9 (3) United Academics;
- 10 (4) United Academics-Adjuncts.

11 (c) If a collective bargaining agreement listed in (a) or (b) of this section is not ratified  
12 by the membership of the respective collective bargaining unit, the appropriations made by  
13 this Act that are applicable to that collective bargaining unit's agreement are reduced  
14 proportionately by the amount for that collective bargaining agreement, and the corresponding  
15 funding source amounts are reduced accordingly.

16 (d) Appropriations made in sec. 1 of this Act for salary and benefit adjustments as  
17 described in (a) and (b) of this section are for the benefit of the state's integrated  
18 comprehensive mental health program only and do not necessarily affect every group of non-  
19 covered employees or every collective bargaining unit listed in (a) and (b) of this section.

20 \* Sec. 9. This Act takes effect July 1, 2007.

# *The* TRUST

The Alaska Mental Health  
Trust Authority

A Catalyst for Change  
and Improvement



SAFETY



INFRASTRUCTURE  
DEVELOPMENT



HEALTH



LIVE WITH  
DIGNITY



ECONOMIC  
SECURITY



WORKFORCE  
DEVELOPMENT

## The Alaska Mental Health Trust Authority

The Trust coordinates planning for a comprehensive mental health program, makes recommendations to fund the program and advocates for funding and policies that support the systems serving its beneficiaries. Trust beneficiaries include people with mental illness, developmental disabilities, chronic alcoholism and Alzheimer's disease and related disorders. Along with its partner advisory boards, the AMHTA works to help Alaskans understand:

### **Advisors**

Trustees work closely with four advocacy boards that represent Trust beneficiaries. They are the Advisory Board on Alcoholism and Drug Abuse, Alaska Commission on Aging, Alaska Mental Health Board, and Governor's Council on Disabilities and Special Education. The commissioners of health and social services, natural resources, revenue, and corrections are also important advisors to the Trustees.

### **Our beneficiaries are families, friends, and neighbors –**

They are Alaskans in our schools, churches and workplaces. They deserve the quality of care and level of service that will allow them to live as independently as possible. Healthy people are Alaska's most important natural resource.

### **Services make a difference –**

An individual who receives appropriate services can live a fuller, more dignified life. We have made great strides in understanding the challenges facing Trust beneficiaries and how to better help them. Adequate services allow beneficiaries to become more self-sufficient, improving the quality of life for them, their families and communities.

### **Investment produces dividends –**

Wisely investing resources today in early intervention and prevention helps people build healthy lives and decreases the prospect of more costly services in the future. Individuals, families, communities, and the state reap the dividends.

### **Background**

Prior to statehood, there were no services available in the Territory of Alaska for individuals who experienced mental illness or developmental disabilities. Instead, these individuals were sent by the federal government to live in an institution in Portland, Oregon. During Alaska's transition to a state, Congress passed the Alaska Mental Health Enabling Act of 1956 to help bring these individuals home. This act transferred the responsibility for providing mental health services from the federal government to the Territory of Alaska and ultimately the State of Alaska, by creating the Alaska Mental Health Trust. To fund The Trust, the state selected one million prime acres of land that would be managed to generate income that would pay for a comprehensive integrated mental health program.

Although the state legislature held a fiduciary responsibility to manage the land on behalf of Alaskans with disabilities, it did not do so. Instead, by 1982, only about 35 percent of the land remained in state ownership. The majority of the land had been transferred to individuals or municipalities, or designated by the legislature as forests, parks or wildlife areas.

In 1982, Vern Weiss filed a lawsuit on behalf of his son, who required mental health services that were not available in Alaska. Other beneficiary groups joined *Weiss v State of Alaska* in a class action suit. The case was ruled on in 1984 by the State Supreme Court, which ordered that the original trust be restored. Ten years later, in 1994, a final settlement reconstructed The Trust with 500,000 acres of original Trust land, 500,000 acres of replacement land and \$200 million. The settlement established an independent Board of Trustees appointed by the governor and confirmed by the legislature. Each year, the Trustees spend Trust income and recommend expenditures of state funds to pay for a comprehensive integrated mental health program for Trust beneficiaries.

### **For more information, call or check these websites**

Alaska Mental Health Trust Authority  
Advisory Board on Alcoholism and Drug Abuse  
Alaska Commission on Aging  
Alaska Mental Health Board  
Governor's Council on Disabilities and Special Education

907-269-7960 -- [www.mhtrust.org](http://www.mhtrust.org)  
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## ***Duties of The Trust***

***Enhance and protect The Trust.*** Trustees have a fiduciary obligation to ensure that The Trust's assets are managed in a way that will ensure future funds and maximize current income for services for beneficiaries. The Trust contracts with the Mental Health Trust Land Office within the Alaska Department of Natural Resources to manage its land and land assets such as timber, minerals, and coal, oil and gas development. The Trust contracts with the Alaska Permanent Fund Corporation and the Treasury Division, Alaska Department of Revenue to manage Trust cash assets. The Permanent Fund Corporation invests the principal, principal reserve and re-invests a portion of The Trust's income to offset the effects of inflation. The Treasury Division holds and manages on a medium term basis one half of the Principal Reserve and on a short term basis the revenue generated by the Trust Land Office and Trust income allocated by the Trustees to meet the spending policy as outlined in the Asset Management Policy Statement.

Income from The Trust's land and financial investments is used to pay for services described in the Comprehensive Integrated Mental Health Plan, to adjust the principal of The Trust for inflation, and to pay for the cost of managing The Trust's assets and The Trust.

***Provide leadership in advocacy, planning, implementing, and funding of a comprehensive integrated mental health program.*** The Trust provides leadership in many ways. Trustees consider recommendations for funding services to beneficiaries from Trust income, and in recommending the state's annual General Fund/Mental Health budget.

Trustees and staff work with the four advisory boards and partner state agencies in developing a comprehensive mental health program plan and to advocate on issues related to beneficiaries. The Trust works with agencies that administer funds and with service providers to assure that funds are spent in ways that assist consumers most effectively. The Trust also partners with other funding sources to ensure the most effective and efficient use of funds on behalf of those who use the services provided by the Comprehensive Integrated Mental Health Program.

## ***Comprehensive Integrated Mental Health Program***

The Department of Health and Social Services in conjunction with The Trust is responsible for writing a plan that describes the Comprehensive Integrated Mental Health Program. The program addresses

more than traditional mental health services. It also includes public programs and services for people who have mental illnesses, community mental health services, services for people with developmental disabilities, services that address alcoholism, and services for children, youth, adults, and seniors with mental disorders.

The service system includes an array of services, including 24-hour emergency services, screening and evaluation services for involuntary commitment, inpatient care, crisis stabilization, case management, daily structure and support, residential services, vocational services, outpatient screening, prevention and education services, and administrative costs of providing services.

***Coordinate with state agencies about programs that affect beneficiaries.*** The Trust coordinates with state agencies involved with programs affecting people who need services provided through the Comprehensive Integrated Mental Health Program.

***Review funding proposals prepared during the Budget Recommendation Proposal Process.*** The Trust, with the input of stakeholders, selects focus areas that will have broad and long-term impacts on the systems that serve beneficiaries. Workgroups of major stakeholders that include the four Trust advisory boards and state agencies develop strategic plans and funding proposals in each focus area for approval by The Trust at its annual budget meeting. The approved proposals, along with other Trust funding priorities form the basis for recommendations for funding of the comprehensive mental health program.

***Propose the budget for the state's Comprehensive Mental Health Program.*** The Trust recommends expenditures from the state's general fund to meet the operating and capital expenses of the Comprehensive Integrated Mental Health Program. The budget also includes the Trustees' recommendations about how to use funds from the Mental Health Trust Income Account for additional operating and capital expenses of the Comprehensive Integrated Mental Health Program. Finally, the budget includes expenditures The Trust intends to make as part of the state's Comprehensive Integrated Mental Health Program.

***Report to the legislature, governor, and the public.*** Each year, The Trust provides a written report of its activities during the previous fiscal year and informs the governor, legislature, and public about the status of the assets, earnings, and expenditures of The Trust.



alaska  
brain injury  
network

3745 Community Park Loop, Ste. 240  
Anchorage, Alaska 99508  
office: (907) 274-2824 fax: (907) 274-2824  
[www.alaska.braininjury.net](http://www.alaska.braininjury.net)

## **ABOUT US**

The Alaska Brain Injury Network (the Network) is a non-profit organization dedicated to Alaskans whose lives have been changed by brain injury.

Alaska Brain Injury Network, Inc Board of Directors consists of 18 members representing all regions of Alaska, and at least 50% are TBI survivors or family members.

The mission of the Network is "*To help identify, develop, implement, and sustain needed programs and resources that promote prevention and expand treatment and service delivery to Alaskans who experience traumatic brain injury and their families*"

## **TBI Incidence in Alaska**

In 2003 Alaska's Department of Health and Social Services reported 711 traumatic brain injury (TBI) cases to the Centers for Disease Control as a participant of the CDC's multi state Traumatic Brain Injury (TBI) Surveillance System. The source of these data were the Alaska Trauma Registry and the Alaska Bureau of Vital Statistics.

- The TBI Crude Rate for Alaska was 109.56 TBIs per 100,000 population in 2003.
- The TBI Fatality Rate for Alaska was 20.11 percent TBIs of the total number of TBIs in 2003.

For the purposes of this study, the CDC defined TBIs as follows:

### ***TBI Morbidity:***

- Fracture of the vault or base of the skull
- Other and unqualified and multiple fractures
- Intracranial injury, including concussion, contusion
- Injury to the optic chiasm, optic pathways; aneurysm
- Head injury, unspecified (beginning 10/1/97)
- Shaken Infant Syndrome

### ***TBI Mortality:***

- Open wound of the head Fracture of skull and facial bones
- Injury to optic nerve and pathways Intracranial injury Crushing injury of head
- Other and unspecified injuries of head
- Open wounds involving head with neck Fractures involving head with neck
- Crushing injuries involving head with neck Injuries of brain and cranial nerve with injuries of nerves and spinal cord at neck level
- Sequelae of injuries of head.

## **TBI Prevalence in Alaska**

In January of 2003, two estimates of TBI prevalence in Alaska were calculated through the efforts of the TBI Data Committee and the Center for Human Development. The first estimate of 12,875 people with TBI was based on national TBI prevalence, estimated by the CDC. The second estimate of

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*Alaska Brain Injury Network, Inc. helps identify, develop, implement, and sustain needed programs and resources that promote prevention and expand treatment and service delivery to Alaskans who experience TBI and their families.*

10,981 people with TBI was based on the incidence rate data collected from the Alaska Trauma Registry.

Realistically, the true prevalence may be somewhere between these two estimates. Therefore, an average of the two estimates, or 11,928 people with TBI, may be closer to the true prevalence of TBI in Alaska.

**Network Legislative issues – how you can help us serve brain injury beneficiaries.**

The Network will be advocating for:

- TBI Waiver or recommendations for the current system to incorporate those services accessed for a brain injury.
- An in-state long-term care facility – currently Alaskans at this level of need are sent outside.
- Service Navigator and Hotline - Early education and immediate rehabilitation are key components in a brain injury survivor's recovery. The brain injury information and referral service navigator works directly with the consumer from onset through rehabilitation and reintegration into work/school/life.

**Governor's Council on Disabilities and Special Education**  
***Creating Change that Improves the Lives of People with Disabilities***  
***And Students Receiving Special Education Services***

The more than 12,000 children and adults in Alaska with developmental disabilities are as varied as any group of people. They go to school or work... have families and friends... hopes and dreams... expectations and potential. These individuals and their families, like all of us, want to determine their own lifestyles and be valued, participating members of their communities.

Alaska is a better place than it used to be for people with developmental disabilities. We have more accessible, affordable housing, better transportation and family support systems. But we also have long waiting lists for available services. And in many communities, services aren't available at all.

Large gaps exist between adults with developmental disabilities and other adults in employment, education, income and other important standards of living. Many public buildings still aren't accessible. And lack of affordable health care is a major barrier to independent living.

For students with disabilities, getting an appropriate education is challenging. Education issues rank second in the number of complaints with the Disability Law Center. Successful transitions throughout the educational process are inconsistent statewide. Very few Alaskans with developmental disabilities receive any post-secondary education, which limits their employment options and opportunities for career advancement.

***Governor's Council on Disabilities and Special Education***

Alaskans with developmental disabilities use a variety of services throughout their lives. Effective management of any large, complex

system requires access to data, strategic planning and continuous quality improvement. The Council provides these systems with a constructive process that links the public with policymakers to ensure the thoughtful development of efficient and effective service delivery systems.

***Our major areas of focus:***

Self-Determination – Individuals and their families want more control over their own supports and services. They want to choose which services they receive and who provides them. They want control over funding through voucher systems. They want to learn and practice skills that enhance their abilities for self-determination.

Health and Safety Quality Assurance – As more people receive services, more attention needs to be given to assuring their health and safety. Resources need to be committed to recruiting and retaining high quality staff. Wait lists need to be eliminated. And we must give more attention to people with complex needs, as well as those in remote areas of the state.

***How we address these issues:***

The Council uses planning, evaluation, capacity building, and advocacy to create change. We analyze trends and study population characteristics. To influence attitudes we conduct public awareness campaigns. We strive to coordinate services through interagency working groups. We develop coalitions to bring about change through legislation and regulation. And we provide information that assists individuals and families in accessing services and advocating on their own behalf.

The Governor's Council on Disabilities and Special Education is an official advisor to the  
Alaska Mental Health Trust Authority on Trust beneficiary issues.  
For help in your community go to [www.hss.state.ak.us/qcdse](http://www.hss.state.ak.us/qcdse) or call 907-269-8990.

### ***The Alaska Mental Health Trust Authority***

The Trust coordinates planning for a comprehensive mental health program, makes recommendations to fund the program and advocates for funding and policies that support the systems serving its beneficiaries. Trust beneficiaries include people with mental illness, developmental disabilities, chronic alcoholism and Alzheimer's disease and related disorders. Along with its partner advisory boards, the AMHTA works to help Alaskans understand:

#### **Our beneficiaries are families, friends, and neighbors –**

They are Alaskans in our schools, churches and workplaces. They deserve the quality of care and level of service that will allow them to live as independently as possible. Healthy people are Alaska's most important natural resource.

#### **Services make a difference –**

An individual who receives appropriate services can live a fuller, more dignified life. We have made great strides in understanding the challenges facing Trust beneficiaries and how to better help them. Adequate services allow beneficiaries to become more self-sufficient, improving the quality of life for them, their families and communities.

#### **Investment produces dividends –**

Wisely investing resources today in early intervention and prevention helps people build healthy lives and decreases the prospect of more costly services in the future. Individuals, families, communities, and the state reap the dividends.

### ***Council Legislative Issues – how you can help us serve our beneficiaries***

- Advocate for public policies that:
  - promote consumer choice, flexibility and control
  - enable people with disabilities to go to work
  - promote health programs that meet the needs of people with disabilities
  - provide funds for educational services
  - improve statewide availability and accessibility of adequate transportation
  - increase the availability of accessible housing options
- Promote ways for people with disabilities and their families to communicate with policy makers
- Encourage policy makers to:
  - promote community participation by people with disabilities
  - increase the knowledge of people with disabilities regarding consumer rights and responsibilities, self-determination, self-advocacy and systems navigation
  - develop strategies to significantly increase career opportunities for people with disabilities
  - develop strategies to ensure the health and safety of people receiving supported living and other residential services

#### ***For more information, call or check those websites***

Alaska Mental Health Trust Authority  
Advisory Board on Alcoholism and Drug Abuse  
Alaska Commission on Aging  
Alaska Mental Health Board  
Governor's Council on Disabilities and Social Education

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**Alaska Commission on Aging**  
*Alaska's Seniors – a resource and a responsibility.*

Alaska is home to 40,155 people age 65 and older, and a total of 61,974 Alaskans are currently age 60 and older. Alaska's senior population is, proportionately, the second most rapidly growing senior population compared to the rest of the nation. We experienced more than a 50% increase in the 60 and older population from 1990 to 2000.

Alaska's rapidly growing senior population brings with it both challenges and benefits. The network of services for seniors will need to be strengthened and its capacity significantly expanded. Many of these services will need to be publicly funded, at least in part.

However, the new senior population will also create a wide range of economic and business opportunities. An influx of additional retirement and other income, along with medical payments, will create billions of dollars in economic impacts statewide.

### ***Alaska Commission on Aging***

The mission of the Alaska Commission on Aging is to ensure dignity and independence for Alaska's seniors and to assist them, through planning, advocacy and interagency coordination, to lead useful and meaningful lives. In 2004 the Legislature and Governor approved legislation that extends the Commission on Aging until June 30, 2008.

### ***What are the major challenges?***

Alaska's population, aged 65 and older, is expected to triple in just two decades, along with the number of persons affected by Alzheimer's disease and Related disorders (ADRD). While 80% of caregiving is provided at home by family members, it is essential that community networks include government, churches, nonprofit agencies, business and volunteer groups to create effective systems.

In addition, Alaska seniors are faced with challenging economic circumstances:

- Half of senior households live below HUD low-income levels for Alaska
- Seniors 85 and over are the poorest group, with approximately 40% living below HUD very-low-income guidelines
- Alaskans are twice as likely as seniors nationally to receive public assistance.

State and municipally-funded programs are an important part of the current economic resources of many senior households. However, they by no means constitute a "safety net" for seniors.

### ***How has the Commission addressed these challenges?***

Increased support and education are essential to reduce caregiver stress and delay placement in long-term care facilities. Support is provided through services such as respite, adult day, ADRD support and education. Providing education to family caregivers and in-home providers can help improve the quality of life for people with ADRD and assist them to remain at home longer.

The Commission also is advocating for:

- Assessment of the impact of changing eligibility criteria for Medicaid waiver services to include cognitive and functional impairment.
- Amending the Older Alaskans Waiver: add a category for companion services; add alternative Level of Care definitions to include not only skilled nursing but intermediate care facility levels of care.
- Expanding the Alzheimer's Demonstration Project model statewide.

The Alaska Commission on Aging is an official advisor to the  
Alaska Mental Health Trust Authority on Trust beneficiary issues.  
For help in your community go to [www.alaskaaging.org](http://www.alaskaaging.org) or call 907-465-3250.

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#### **Our beneficiaries are families, friends, and neighbors –**

They are Alaskans in our schools, churches and workplaces. They deserve the quality of care and level of service that will allow them to live as independently as possible. Healthy people are Alaska's most important natural resource.

#### **Services make a difference –**

An individual who receives appropriate services can live a fuller, more dignified life. We have made great strides in understanding the challenges facing Trust beneficiaries and how to better help them. Adequate services allow beneficiaries to become more self-sufficient, improving the quality of life for them, their families and communities.

#### **Investment produces dividends –**

Wisely investing resources today in early intervention and prevention helps people build healthy lives and decreases the prospect of more costly services in the future. Individuals, families, communities, and the state reap the dividends.

### ***Commission Legislative Issues – how you can help us serve our beneficiaries***

The Commission will be advocating for:

- Increased funding for the Senior Grant Program for direct services that includes Alzheimer's disease and related disorders (ARD) support services.
- Extending and or expanding the SeniorCare Program.
- Expanding the Adult Protective Services program by hiring more employees to meet current demand for services, conduct more outreach, and provide services in rural Alaska.
- The development of a long-range financial plan, and revenue solutions that consider several options, including Permanent Fund earnings and or a broad-based tax. We do not believe the fiscal gap should continue to be addressed entirely by budget reductions that would eliminate or severely reduce services and endanger the health and well-being of Alaskans.

***For more information on AMHTA or its advisory boards, call or check these websites***

Alaska Mental Health Trust Authority  
Advisory Board on Alcoholism and Drug Abuse  
Alaska Commission on Aging  
Alaska Mental Health Board  
Governor's Council on Disabilities and Special Education

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## Advisory Board on Alcoholism and Drug Abuse

### TREATMENT WORKS - RECOVERY HAPPENS

Alaska leads the nation in alcohol use disorders. In 1990 our rate of dependence and abuse with alcohol was 9.7% and 1.5% was listed as other drug dependent. Most crime in Alaska is alcohol related. But our children are the real victims of alcohol abuse. More than 80% of all reports of mistreatment against Alaska children involve substance abuse. Children in alcohol-abusing families are ten times more likely to be neglected than children in families with no alcohol problems.

But this isn't a hopeless situation. We can do better. With effective intervention and proper treatment, people suffering from alcohol or drug abuse can live productive lives. Their families can become stronger and their children can be safer.

#### ***Advisory Board on Alcoholism and Drug Abuse***

In partnership with the public, the ABADA plans and advocates for policies, programs and services that help Alaskans achieve healthy and productive lives, free from the devastating effects of the abuse of alcohol and other substances.

#### ***What are the major challenges?***

We need to help the public and policy makers understand that alcoholism is a disease that can be treated, given adequate resources. A recent study on Alaska treatment shows that 56% of outpatients and 42% of inpatients abstained from alcohol for a year after treatment. People who are unable to avoid relapse are showing progress with a combination of the drug naltrexone and treatment.

Not only does treatment work, it saves money. As stated in the 2005 McDowell report nearly

85-95% of Alaska's newly incarcerated inmates were actively abusing or dependent on a substance in the year before their incarceration. The Alaska Department of Corrections estimates that incarcerating an individual for one year costs the state \$40,840. By comparison, the Anchorage Felony Drug Court which requires treatment for offenders is estimated to cost just under \$17,000 per year per participant.

Currently, the ABADA is focusing its efforts to help develop and implement adequate funding and resources which will enhance prevention efforts and provide access to treatment through the Alcohol Tax fund established to supplement the existing system of care.

#### ***How will Reforming Mandated Treatment work?***

Through this comprehensive initiative Alaska is better positioned to fight crime, save lives and make our state a better place for children, families and businesses. An ADABA study shows that substance abuse, the vast majority from alcohol, cost our economy \$738 million in 2003. To reduce the enormous drain on our economy, it is critical that the state focuses on and funds a comprehensive continuum of care through the following:

- *Treatment* – focusing on parents at risk of abusing or neglecting children, criminals who have served time and are ready to re-enter the community, and improved services in Rural Alaska
- *Intervention* – including enhanced detox facilities and therapeutic courts to strongly and effectively address substance abuse problems
- *Prevention* – focusing on tougher enforcement of underage drinking laws and programs to discourage youth substance abuse

ABADA is an official advisor to the Alaska Mental Health Trust Authority on Trust beneficiary issues. For help in your community, go to [www.hss.state.ak.us/abada](http://www.hss.state.ak.us/abada) or call 907- 465-8920

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#### **Services make a difference –**

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### ***Advisory Board on Alcohol and Drug Abuse legislative issues – how you can help us serve our beneficiaries***

- *No Wrong Door* – We support a system in which individuals will be identified, assessed and treated no matter how they enter the realm of services.
- *Invest for Results* – We support revenue development and allocation that ensures adequate service delivery to support healthy families and communities.
- *Commit to Quality* – We support accountability in service delivery, including a reliance on positive outcomes as a measurement of success.
- *Regulatory Policies and Access* – We support public policies and regulations that reduce overall consumption of alcohol, tobacco and other drugs, thereby helping to eliminate the negative consequences of abuse in our communities.
- *Prevention and Intervention* – We work to foster community norms and standards that promote healthy lifestyles for all Alaskans.

#### ***For more information, call or check these websites***

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Alaska Mental Health Board

## Alaska Mental Health Board

### **TREATMENT WORKS – RECOVERY HAPPENS**

Mental or emotional disorders affect one in five Alaskans in a given year. Serious disorders that significantly affect ability to function in school, at work, as a family member, or in the community affect over 45,000 Alaskans each year. Chances are you or someone you know will be affected. Unfortunately, only about half of adults and about one-third of the children with serious mental illnesses receive help.

One of the major reasons so many do not get help is the stigma of mental illness. Many people don't know that if properly treated recovery happens and mental illness can be cured or managed. The Alaska Mental Health Board is dedicated to reducing stigma and encouraging people to seek help. *Recovery is a realistic goal and common outcome.*

#### **Alaska Mental Health Board**

A decade ago, the AMHB was a key element of the Alaska Mental Health Trust litigation settlement. The board is charged with developing strategic plans and evaluating mental health services. It also provides advocacy for clients of the state mental health program and for beneficiaries of the Alaska Mental Health Trust who experience mental illness.

#### **What are the major challenges?**

In addition to fighting the stigma of mental illness, the AMHB has identified the following issues where improved service is a priority:

- Alaska has inadequate community programs for young people; many are sent to costly out of state facilities.

- Too many Alaskans with serious mental illnesses are sent to jail as a result of their illness rather than to appropriate community treatment programs.
- Alaska must achieve "no wrong door" access to effective behavioral health services.
- Housing options for Alaskans with mental illnesses are limited.
- Alaskans in small or isolated communities have limited access to mental health services.

#### **How has the AMHB addressed these challenges?**

- The AMHB, state agencies, and other partners are developing the in-state continuum of care for Alaska's children.
- The AMHB and partners have developed programs to divert non-violent misdemeanor offenders from jail into more appropriate community treatment alternatives.
- The AMHB and partners initiated development of dual diagnosis capacity for all behavioral health care providers.
- The AMHB spearheaded development of system performance measures and quality assurance processes.
- Specialized state resources to develop innovative housing programs have been created in state government.
- The AMHB supports innovations as tele-psychiatry and on call emergency service teams to support rural services.

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For help in your community go to [www.hss.state.ak.us/amhb](http://www.hss.state.ak.us/amhb) or call 907-465-8920.