Anchorage Community Mental Health Services and Alaska Mental Health Trust Authority (The Trust) Supported Housing Program FAQ
January 10, 2013

1. What is the History behind The Trust?

Prior to statehood in 1959, there were few mental health services available in the territory of Alaska for individuals who experienced mental illness or developmental disabilities. At the time, mental illness was considered a crime. People with any sort of mental disability who were unable to care for themselves or who could not be cared for by a family member or guardian were charged and convicted as "an insane person at large." Those convicted of this crime were sent by the federal government to live in Morningside Hospital, a private institution in Portland, Oregon, sometimes for the remainder of their lives. By 1942, more than 2,000 people from Alaska, including very young children, were residing there. (Note: volunteer researches have created a blog about Morningside Hospital to share information about the hospital, the people who went there, and the remarkable story of the determined individuals who pushed Congress to change the way Alaska territorial citizens received mental health services.)

During Alaska's transition to a state, Congress passed the Alaska Mental Health Enabling Act of 1956 to 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 to help pay for a Comprehensive Integrated Mental Health Program in Alaska.

Though the Alaska Legislature held a fiduciary responsibility to manage the land on behalf of Alaskans with mental disabilities, it did not do so. Instead, by 1982, only about 35 percent of the trust 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 and 500,000 acres of replacement land, plus $200 million in cash. As part of the settlement, The Trust's cash assets are managed under a contract with the Alaska Permanent Fund Corporation, and the land and non-cash assets are managed under a contract with the Trust Land Office within the Department of Natural Resources.

The settlement also established an independent Board of Trustees, which is appointed by the governor and confirmed by the Legislature. Each year Trustees spend Trust income and recommend expenditures of state funds to pay for a comprehensive mental health program for Trust beneficiaries.

2. Who is the Trust?

The Alaska Mental Health Trust Authority is a state corporation that administers the Alaska Mental Health Trust, a perpetual trust managed on behalf of Trust beneficiaries. The Trust operates much like a private foundation, using its resources to ensure that Alaska has a comprehensive integrated mental health program to serve Trust beneficiaries.

The goal is to serve as a catalyst for change and improvement in Alaska's mental health continuum of care. To accomplish this, The Trust funds projects and activities that promote long-term system change, including capacity building, demonstration projects, funding partnerships, rural-project technical assistance, and other activities that will improve the lives and circumstances of Trust beneficiaries.

We frequently shorten our name to simply "The Trust." We capitalize both words to indicate that this is the only organization of its kind in Alaska dedicated to assisting those who experience mental illness, developmental disabilities, chronic alcoholism, and Alzheimer's disease and related dementia. The Trust is also an appropriate name because of the trust placed in our Board of Trustees to manage the assets of the corporation on behalf of Trust beneficiaries.

Vision and Mission

The Alaska Mental Health Trust Authority administers the Mental Health Trust to improve the lives of beneficiaries. Trustees have a fiduciary responsibility to protect and enhance trust assets in perpetuity for the beneficiaries. The Trust provides leadership in advocacy, planning, implementing and funding of a Comprehensive Integrated Mental Health Program and acts as a catalyst for change.

Trust Duties

- Enhance and protect The Trust.
- Provide leadership in advocacy, planning, implementing, and funding of a Comprehensive Integrated Mental Health Program.
- Propose a budget for Alaska's Comprehensive Integrated Mental Health Program.
- Coordinate with state agencies about programs and services that affect beneficiaries.
- Report to the Legislature, the governor and the public about The Trust's activities.

3. Who are the beneficiaries of The Trust?

a. People with mental illness
b. People with developmental disabilities
c. People with chronic alcoholism and other substance related disorders
d. People with Alzheimer's disease and related dementia

More specific descriptions of The Trust beneficiaries can be found at:
http://www.mhtrust.org/index.cfm/About-Us/Trust-Beneficiaries

4. Who are people with 'mental illness'?

1. Examples of diagnosis based on the Alaska Statutory definition (AS 47.30.056(d):
    i. Schizophrenia
    ii. Delusional (paranoid) disorder
    iii. Mood disorders
    iv. Anxiety disorders
    v. Somatoform disorders
    vi. Organic mental disorders
    vii. Personality disorders
    viii. Dissociative disorders
    ix. Other psychotic or severe and persistent mental disorders manifested by behavioral changes and symptoms of comparable severity to those manifested by persons with mental disorders listed in this subsection
    x. Persons who have been diagnosed by a licensed psychologist, psychiatrist, or physician licensed to practice medicine in the state and, as a result of the diagnosis, have been determined to have a disorder manifested by behaviors or symptoms suggesting risk of developing a mental disorder listed in this subsection.

5. What does it mean to be mentally ill?

Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life.

Mental illnesses can affect persons of any age, race, religion, or income. Mental illnesses are not the result of personal weakness, lack of character or poor upbringing. Mental illnesses are treatable. Most people diagnosed with a serious mental illness experience relief from their symptoms with treatment. People with mental illnesses are

not more likely to be violent than people in the general public. This is a common misconception. People who having severe symptoms may become agitated in behavior; however, trained staff are typically able to assist the person in de-escalating and returning to a more calm state. The experience of having very severe psychiatric symptoms is often times very frightening to the person experiencing them.

In addition to medication treatment, psychosocial treatment such as cognitive behavioral therapy, interpersonal therapy, peer support groups and other community services can also be components of treatment and assist with recovery. The availability of transportation, adequate food, attention to diet and exercise, sleep, friends and meaningful paid or volunteer activities contribute to overall health and wellness, including mental illness recovery.

Here are some important facts about mental illness and recovery:

- Mental illnesses are serious medical illnesses. They cannot be overcome through "will power" and are not related to a person's "character" or intelligence. Mental illness falls along a continuum of severity. Even though mental illness is widespread in the population, the main burden of illness is concentrated in a much smaller proportion-about 6 percent, or 1 in 17 Americans-who live with a serious mental illness. The National Institute of Mental Health reports that one in four adults-approximately 57.7 million Americans-experience a mental health disorder in a given year
- The U.S. Surgeon General reports that 10 percent of children and adolescents in the United States suffer from serious emotional and mental disorders that cause significant functional impairment in their day-to-day lives at home, in school and with peers.
- The World Health Organization has reported that four of the 10 leading causes of disability in the US and other developed countries are mental disorders. By 2020, Major Depressive illness will be the leading cause of disability in the world for women and children.
- Mental illness usually strike individuals in the prime of their lives, often during adolescence and young adulthood. All ages are susceptible, but the young and the old are especially vulnerable.
- Without treatment the consequences of mental illness for the individual and society are staggering: unnecessary disability, unemployment, substance abuse, homelessness, inappropriate incarceration, suicide and wasted lives; The economic cost of untreated mental illness is more than 100 billion dollars each year in the United States.
- The best treatments for serious mental illnesses today are highly effective; between 70 and 90 percent of individuals have significant reduction of symptoms and improved quality of life with a combination of pharmacological and psychosocial treatments and supports.
- With appropriate effective services tailored to their needs, most people who live with serious mental illnesses can significantly reduce the impact of their illness and find a

satisfying measure of achievement and independence. A key concept is to develop expertise in developing strategies to manage the illness process.
- Early identification and treatment is of vital importance; By ensuring access to the treatment and recovery supports that are proven effective, recovery is accelerated and the further harm related to the course of illness is minimized.
- Stigma erodes societal confidence that mental disorders are real, treatable health conditions. We have allowed stigma and a now unwarranted sense of hopelessness to erect attitudinal, structural and financial barriers to effective treatment and recovery. It is time to take these barriers down.

(From the National Alliance on Mental Illness)

6. What does it mean have "Serious Mentally Illness"?

Serious mental illness is a billing and diagnostic term defined as having at some time in the past year a diagnosable mental, behavioral, or emotional disorder that met the criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV) (American Psychiatric Association [APA], 1994), that resulted in functional impairment that substantially interfered with or limited one or more major life activities.

Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD) and borderline personality disorder.

7. Why is The Trust interested in Housing?

The Problem

Conclusive statistics from around the state of Alaska have determined that many Alaskans of all ages have no place to call home. The statewide housing shortage disproportionately affects Trust beneficiaries. The high incidence of homelessness among beneficiaries can be linked to challenges associated with disabling conditions, lack of opportunity for economic advancement, lack of supportive living situations and lack of services required for special needs.

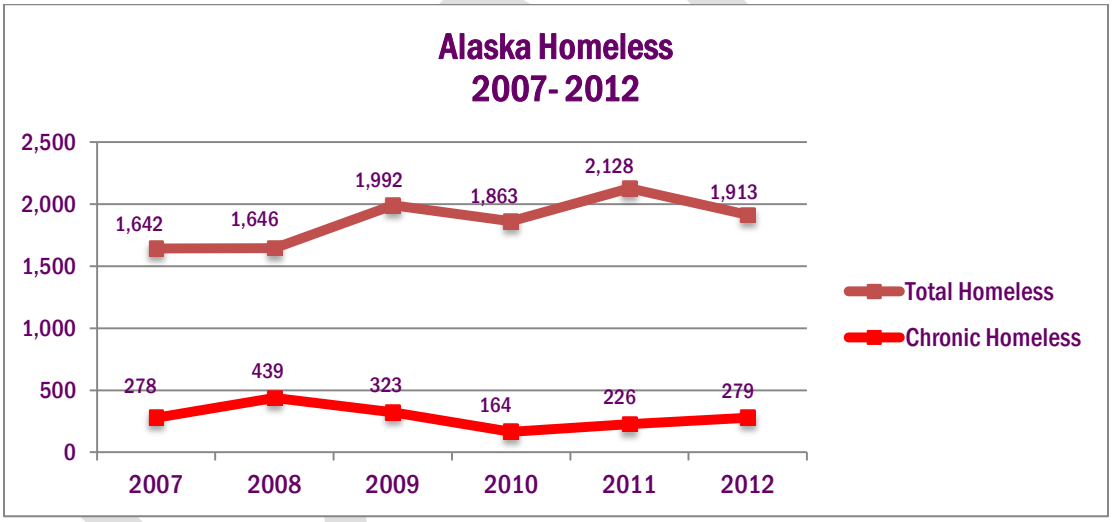
The Goal

The Trust has established a funding initiative and policy focused initiative: the Safe, Affordable Appropriate Housing Focus Area. The focus area work concentrates on increasing the availability of housing options best suited to the needs of Trust beneficiaries that will improve or sustain their quality of life. The goals and strategies of the Affordable Housing Focus area can be found online at www.mhtrust.org/focus areas/Affordable Appropriate Housing.

8. Is there a community need for supported housing?

In keeping with the Anchorage 10 Year Plan on Homelessness (2005) and Mayor Sullivan's Homeless Leadership Team (2009), additional units continue to be added to our supported housing stock to address the increases in homelessness and to reduce the demand on our shelter systems. Anchorage has seen a marked reduction in deaths due to cold weather exposure since the addition of supported housing units in the community.

Although the Anchorage 10 Year Plan on Homelessness called for 500 new units of affordable housing in Anchorage, there is some thought that Anchorage needs additional special needs housing units on top of the general needs. The Municipality of Anchorage Health Department has estimated the number of people who require supportive services in order to remain in housing around 200. This estimate was based on a review of people who were utilizing emergency levels of services – TB Clinic, detox/sleep-off center, API and hospital emergency rooms at the time of planning for the first large scale supported housing program, Karluk Manor, a 46 unit housing program designed to address the needs of people with multiple health, mental health and substance use conditions.



Refining our knowledge of the need

In September 2011, Anchorage participated in a national campaign (100,000 Homes Campaign) to assess the needs of people residing in camps who have disabilities and to develop mechanisms to housing these people. The assessment, conducted by the Anchorage Homeless Coalition and led by Anchorage Community Mental Health Services, is a clinical tool that was developed to identify people with multiple indicators of risk of death on the street: major medical condition plus a mental health condition and addictions. Research and practice demonstrate that people who have these three conditions are much more vulnerable to dying on the streets.

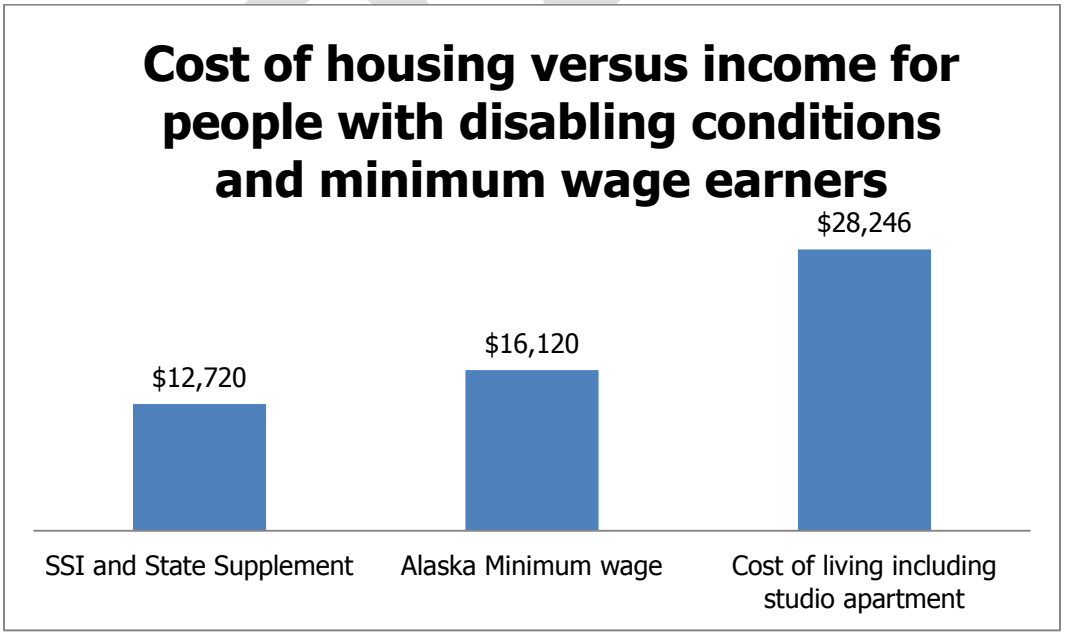
Data from the vulnerability assessment revealed that the population of people in camps is a population of many people with disabilities who are not able to maintain housing and traditional supportive services on a "walk in" clinic basis and whom our social service system is failing. More supportive services need to be arranged for this population and they need to happen on the site where the person is living. This concept of combining housing *first* was developed by Seattle, WA (Downtown Emergency Services Center) and New York, NY (Pathways to Housing).

The following represents some findings from the vulnerability index:

- 355 people surveyed who were living in the shelter or camps
- 161 people were determined "vulnerable" and had the 3 major health/mental health/substance use conditions that indicated likely early death on the street.
- 130 people surveyed stated they have or were observed having signs of a mental illness.
- 97 people reported a brain injury

Understanding the economic challenges

Homelessness and having a disability place people at an economic disadvantage. Without subsidized housing in Anchorage, it is very hard to maintain a stable residence. With very few housing units available in Anchorage (currently there is less than a 3% vacancy rate) people with additional challenges are not the ones that landlords will generally rent a unit.



Note: SSI is a program under Social Security for people who have a disability

Anchorage has experienced increases in the development of new hotel units with the construction of the Dena'ina Center. These new hotel units have produced an

environment where many smaller hotel owners have decided to sell their properties and several of these properties are being converted to affordable housing.

9. Who is ACMHS?

Anchorage Community Mental Health Services, Inc. (ACMHS) has been the largest community mental health provider in the state of Alaska since 1974. The ACMHS mission is to promote recovery and wellness by providing consumer-driven behavioral health care services to the people of Anchorage and surrounding area. Consumer driven means consumers are choosing their own healthcare and the path to the road to recovery.

ACMHS serves children who are severely emotionally disturbed, adults with serious mental illness and individuals with who have Alzheimer's disease or related dementia. Every day there are stories of children and adults getting better and overcoming the impact of mental illness on their lives. Regrettably there is no cure for Alzheimer's disease, so Day Break Adult Day Services (the day care center for senior with Alzheimer's or dementia) strives for members to remain at home and have the highest quality of life possible. But for everyone else recovery is possible.

In addition to providing direct care supports for individuals of any age, ACMHS staff and volunteers join with the individuals who choose our programs to advocate for fair and equitable treatment. The stigma about mental illness and addiction is real and the road to recovery is more challenging due to general misperceptions and prejudices. ACMHS Board of Directors, staff, volunteers and consumers are committed to ending the stigma and celebrating the contributions of all Anchorage area residents.

10. How is housing a part of ACMHS?

Housing and engagement services began at ACMHS in the mid-1980s with the acquisition of foreclosed property through Alaska State Housing Authority (now AHFC) with advocacy from the State Division of Mental Health and Developmental Disabilities (now the Division of Behavioral Health) on behalf of their grantees – service providers like ACMHS – to be used to house individuals with mental illness and developmental disabilities.

ACMHS received its first US Department of Housing and Urban Development (HUD). grant in 1993. Since 1993, ACMHS has received grants from HUD. Additional funders include State of Alaska and the Alaska Housing Finance Corporation and United Way of Anchorage for housing, homeless, and outreach services. We provide services to the mentally ill in Anchorage through a variety of programs. Outreach to camps and shelters works to engage individuals, assess behavioral health needs, assist in accessing services and transitioning individuals to safe, affordable and accommodating housing.

ACMHS currently has extensive "Scattered site" housing for consumers through apartment rental in the community but not with staff and resources located in the same building. ACMHS currently has over 200 of these units being supported by case managers who have to drive to each location. The proposed project allows ACMHS to have staff available 24 hours a day at one location.

11. Housing Basics

- Assisted Living Facilities – state licensed facilities providing supervision or assistance with daily living, coordination of health services, rehabilitation, symptom management monitoring of residents to help ensure their health, safety, and well being of people with disabilities.
- Supported Housing provides in home supports necessary to meet individually identified needs. This can range from a person checking on someone daily to having around the clock companions.
- Transitional Housing is intended to bridge individuals from homelessness to permanent housing with subsidies for less than 24 months. The US Department of Housing and Urban Development (HUD) may provide supportive services for childcare, job training, and home furnishings as well as rental subsidies
- Permanent Housing is defined by the US Department of Housing and Urban Development (HUD) as long-term housing with supportive services for homeless persons with disabilities. This type of supportive housing enables special needs populations to live as independently as possible in a permanent setting.

12. How does ACMHS manage medications for the mentally ill?

- ACMHS employs prescribers who treat consumers on an individual basis to assess, diagnose, and if appropriate, prescribe medications to treat symptoms.
- Consumers (or their representatives) are given information and make informed decisions on the medication regime that they and their prescriber determine is right for them.
- Clinician and Case management level staffs work with consumers to support them and determine effectiveness of their treatment and report back to their prescriber.
- ACMHS does not require mandatory medication compliance. Consumers have the final decision as whether to take the medication or not.

13. What is 'housing first?'

- Housing first is a model of supported housing that promotes permanent housing as the first step to support and assist vulnerable individuals.

- Tenancy in 'housing first' is not connected to use of supportive services, although social service providers may provide robust services that are readily available and offered frequently throughout the day through **assertive engagement**.
- The 'housing first harm reduction model' for substance use addresses the harm caused by elevated substance use while not forcing elimination of the use completely or making it a condition of continued safe housing. On site resources for reduction are available and offered daily.
- 'Housing first' pairs housing with **intensive case management and on-site support** services. In some circumstances, if participants leave the housing temporarily, case management services are still available.

14. What makes a 'housing first program' successful?

- Housing first is a **voluntary** program and builds on a philosophy that the opportunity to secure safe housing is a right that all of us enjoy rather than a condition of participating in a social service program or treatment.
- **Screening of residents** is an important component of successful community housing.
- Tenants **pay rent and hold leases** just as in any housing arrangement. All rights and responsibilities of the lease are upheld by tenants.
- Tenants are encouraged and actively engaged by staff to work on areas of their life that have been neglected or require more assistance. **Daily discussion and assertive engagement** normally occurs.
- Tenants are able to leave the building as they need or desire. Many residents take advantage of community resources for daily activities and even vocational assistance leading to employment for some. There is a central desk monitoring the comings and goings of the housing.
- **House rules, visitor policies** and methods such as **safe living plans** (voluntarily agreed upon by tenant and landlord) are used to maintain the safety and order of the facility.

15. What is a Program Related Investment?

The term "program-related investment" (PRI) was first coined in the Tax Reform Act of 1969. As currently defined in the tax code, a PRI is any investment by a foundation that meets three tests: 1) its primary purpose is to further the tax exempt purposes of the foundation; 2) the production of income or property is not a significant purpose (meaning that a prudent investor seeking a market return would not enter into the transaction); and 3) it is not used to lobby or support lobbying. Unlike a grant, PRIs are expected to be repaid.

As encouragement for foundations to use their assets for philanthropic purpose, the tax code counts the entire amount of a PRI as a qualifying distribution in the year in which

it is made (essentially the same treatment afforded grants). These tax provisions have allowed foundations to creatively use their assets in situations where grant making is either inappropriate or insufficient.

Grants generally can be made only to nonprofit organizations. However, a for-profit entity that conducts business which advances an exempt purpose, such as building affordable housing or stimulating economic activity in underserved markets, could receive a PRI. Also, when nonprofits are involved in projects that require substantial financial resources, they are frequently able to raise greater sums through loans than otherwise available as grants. PRIs are most frequently loans, but they also include loan guarantees, linked deposits and equity investments.

Not surprisingly, housing and community development organizations have received far more PRIs than any other type of nonprofit organization. They are often used to close gaps between sources and uses, or to reduce debt service costs so that overall expenses at least equal projected revenues.

For more information:

1. Program Related Investments: More complicated than grants, but worth considering By Robert Jaquay. National Housing Institute www.nhi.org)
2. Program Related Investments: A Technical Manual for Foundations, Christine I. Baxter (1997), Wiley and Sons publisher.

16. Historical Timeline for the proposed project

ACMHS and The Trust began discussing a new project to further the goals of adding supported housing units to the continuum in 2011. The Long House as well as other locations were discussed. The Long House was considered due to it being for sale and both entities being acutely aware of the need in Anchorage for safe, affordable and accommodating housing for persons impacted by behavioral health issues. One of the keys to recovery from mental illness is having safe, affordable and accommodating housing. The initial visit in June 2011 revealed the property to be in good repair and close to bus lines and other community supports including churches, recreational facilities and potential employers (travel/hospitality industry; restaurants; transportation).

The Trust has been assisting several other organizations in developing new housing for Trust beneficiaries: RurAL CAP, Tanana Chief's Conference, Sitka Counseling and Prevention Services, Kenai Peninsula Housing Initiatives, Valley Residential Services (Mat-Su) and Fairbanks Community Behavioral Services. Through this work, we have identified a timing challenge for our partners. Grant funding is normally a two plus year process particularly to support a projects that provide supportive services and that are of a larger size. The Trust began to explore options it could devise to address the

issue of providing transitional funding for non-profits to use to develop/obtain properties that could be used to benefit Trust beneficiaries.

In August 2011, the Alaska Mental Health Trust Authority requested the assistance of the Trust Land Office (TLO) in doing due diligence. The due diligence was focused at determining the condition of The Long House by means of a site assessment, obtaining a zoning review and obtaining an appraisal.

In the mean time, The Trust and ACMHS continued discussions through the remainder of 2011. ACMHS and The Trust understood this was a novel approach for both. Trust staff began research and discussions with other foundations and partners to determine if The Trust would develop a PRI program.

While these discussions continued, the winter of 2012 became a very challenging winter for our homeless population. The shelters in Anchorage made a commitment to open the doors to all homeless people each night when the temperature went below 40 degrees to prevent the large number of deaths due to exposure that Anchorage saw over the 2008-2010 years. Additionally, there was record snowfall and cold conditions that expedited planning for the housing program.

In the early months of 2012, people with mental illnesses and those with medical conditions who were in the very crowded shelters became a challenge for the shelter providers. Overcrowding can lead to disorientation and agitation for people with mental illness and ongoing medical conditions. Shelters were expressing concern about safety and a humane way to assist people with mental illnesses in the shelter system. At one time, an anecdotal report was made that up to 12 people were sleeping in the arctic entry way of the shelter each night in an attempt to find a more quiet and safe environment for those who struggled with integration into the main sleeping areas of the shelter. More housing was needed then and continues a need today.

An inquiry and legislative capital request were submitted by the Trust and ACMHS in an attempt to address this need in a timely manner. The grant would have allowed the project to move forward in the summer of 2012 with the intent of housing people in the winter of 2012-2013. Subsequent attempts to alert other Anchorage representatives were made. ACMHS and The Trust also attended community council meetings in March 2012 in an attempt to educate the community about the need and efforts to secure housing at the Long House Hotel. Neighborhood representatives and community council attendees were unsupportive and ultimately, this request was not taken up by Anchorage legislators due to other priorities and concern about the project.

Discussions have since continued between The Trust and ACMHS on how to move forward with a program to house people with mental illness in our community. In October 2012, the Trust completed the first phase of due diligence on the proposed

property and was satisfied that the result of this review was positive and provided grounds to continue to attempt to purchase this facility.

The ACMHS Board of Directors approved moving forward with negotiating a definitive agreement about this proposed project at the November 2012 meeting pending approval by the Alaska Mental Health Trust Authority's Trustees.

17. Why look in the Turnagain/Spenard area?

The Trust and ACMHS have conducted a review of the Anchorage area using the following criteria that are needed programmatically. The project will need to continue in another location if this one is not available so work continued on developing the program and identifying resources. The following factors have been considered about the current proposed property:

- A property that is for sale was identified.
- Proximity to social services or on a bus line that allows access to other needed services. Response – this location is on two bus lines that run both across town to the Dimond Center (route 7) and Providence Hospital and downtown to the Transit Center (route 36). Bus #36 provides access to Anchorage Community Mental Health Services' Folker location and the Tudor site where the Consumer Directed Services and Wellness Innovation Center are located. Both of these bus lines also provide access to the Social Security Administration offices, Public Assistance and other offices located in the downtown area.
- Proximity to shopping and basic necessities - Bus 36 provides direct access to the Carr's Center located at Benson and Minnesota. In this general area, there is also a new Walgreens being developed, several cafes, bookstores, gym and potential employment opportunities with Carr's being one of the top supported employers in the state.
- Housing in a community that is safe. Spenard and Turnagain neighborhoods are safe, lighted communities and offer green space and bike trails/walkways for the residents to exercise. With the exception of one recent notable violent crime in an adjacent market rental apartment building, this area is very safe.
- Housing that is like others in the community. This location is adjacent to several other apartment buildings and providing a neighborhood of similar housing for the residents.
- Housing layout that is safe – housing programs with supportive services work best in buildings that have long hallways exiting onto a central hallway that provides for easy monitoring of the facility. The facility should also be conducive to easy monitoring of the external grounds – no high bushes surrounding the windows or walkways and plenty of locations for monitors.
- Rooms with amenities for residents – single bedroom or efficiency rooms are commonly used. A smaller space is many times preferred so residents can easily keep up on cleaning and chores, but still has a place to call home. A gathering and social place is needed to promote socialization and positive interactions around

activities and meetings for tenants. A common area with a television is desired for social activities. A group meeting room is a positive feature in order to hold meetings and to have space to conduct activities. The current property has 7 office locations in the main building which will serve as common areas for tenants.

- A willing and patient owner. Given public concern about the projects to date and the long timeline for grant based programs, the owner is an important component to developing a funding strategy.

18. What is the Trust/ACMHS process, goals and future timeline*:

The Trust has been developing concepts on how to utilize tools that other foundations across the country use in terms of Program Related Investments. Staff and Trustees have participated in trainings around this topic through the Philanthropy Northwest network. There are many models of use for PRIs, including two that are actively under consideration:

- A "holding entity" model where the Trust may acquire a desired property in order to hold this for a programmatic use by a partner. The Trust can then include the property in a process of distributing funding for programs (i.e. through a Request for Proposal (RFP) process tied to housing programs or other social service programs such as Alaska Psychiatric Institute – discharge planning). This is a unique approach to developing a program with a specific site in the planning process.

- The Trust may also develop a loan program – low interest rates to assist non-profit partners in achieving goals that are not available through traditional lending channels. Supported housing for Trust beneficiaries is a good example for this type of finance because the resident rental income is quite low given the poor economic status of the population. Therefore, traditional banking institutions have a hard time participating in the financing of these populations and we see fewer housing organizations able to sponsor programs for these very low income Trust beneficiaries.

  The Trust has discussed utilizing one of these two mechanisms to assist in development of more housing for beneficiaries that are at or below 50% of area median income. (Those on the income-rental chart above that have incomes between $12-15,000 annually). In these two scenarios, the principle utilized by the Program Related Investment must be repaid into the Trust. Ultimately, ACMHS will apply for funding from housing and private foundations to own the facility. The Trust assistance will help bridge the financing so the project can move forward.

  These two mechanisms for assisting with the purchase of the Long House Hotel were discussed by Trustees at the Resource Management Committee meeting on Jan 3, 2013 and then again at a Trustee retreat on January 4, 2013. The discussion focused on how the processes might work in terms of making the loan and/or acquisition of a property. Since these are new concepts, much is to be

learned about the procedures necessary. No decisions were made; however, staff was directed to put a proposal together for Trustee review at the next board meeting January 30, 2013. The Trust Finance Committee will review the proposal and make a recommendation to the full Board of Trustees if acceptable.

Once The Trust has established a process and the ultimate configuration of assistance to ACMHS and is able to answer more detailed questions, the plan is to do community forums and education including community outreach, meeting with local churches, contacting businesses in the area and continuing updates to the Spenard and Turnagain Community Councils on a monthly basis.

Dennis McMillian of the Foraker Group has offered to host community meetings if needed.

The Project Manager and point person for ACMHS will be John Sperbeck.

Mr. Sperbeck's planning includes the development of an advisory council consisting of stakeholders which will include community and consumer participation.

Mr. Sperbeck will publish project progress through the ACMHS website. Any questions submitted will be answered and posted on the website.

The development of a definitive agreement between The Trust and ACMHS is expected to be completed by August – September 2013. Pending the development of a successful definitive agreement, purchase and rehabilitation are projected for October/November 2013.

ACMHS will begin seeking funding to support this venture in February 2013.

The grand opening is projected for May 2014.

** Please note this timeline is an estimate. Many variables exist and may alter the tentative schedule.*

19. How will this project be funded?

a. Capital: ACMHS will apply for grants to purchase and rehabilitate the facility. Potential funders include AHFC, The Trust, The State of Alaska, private foundations and donations.
b. Program: Supported housing will be paid for through grants from US HUD, State grants and AHFC. In addition, some services are reimbursable by Medicaid.

20. What are the keys to successful treatment and recovery?

a. Access to Services

b. Individualized assessment and development of treatment/service goals addressing medical, psychiatric and living needs. Living needs include housing, food, clothing and medical care. Other areas include working, volunteering or going to school or training as well as social/recreational needs.
c. Accessing safe, affordable and accommodating housing
d. Community integration – being involved/engaged in the community in such activities as church, self-help recovery programs, going to school, volunteering and/or being employed.
e. Support when needed such as medical/psychiatric/social supports.

21. Who will live at The Long House?

- Persons living at The Long House will be primarily persons recovering from mental illness. Some may have history of a co-occurring substance use disorder.
- All potential residents will be screened and assessed for safety of themselves and others, need for housing, motivation, and a willingness to improve individual life areas.
- Tenants will be voluntary only, not under court or correctional order.
- Previously homeless individuals with mental illness who coming out area shelters.
- People exiting API who need supported housing.
- Peer counselors in recovery who may already be in the workforce and have not been able to locate affordable housing.
- Entry level human service staff who have difficulty finding affordable housing

22. Where will people have been living prior to coming to the Long House?

Individual situations will vary, but some examples are below.

- Homeless Shelters
- Transitional Housing
- Assisted Living Facilities

23. What are "Federal Fair Housing" regulations?

The Federal Fair Housing Act of 1968, amended in 1988, protects individuals with disabilities from discrimination including selling, renting, or to deny a dwelling to a buyer or renter because of the disability of that individual, an individual associated with the buyer or renter, or an individual who intends to live in the residence. Other covered activities include, for example, financing, zoning practices, new construction design, and advertising. (*from www.ada.gov*)

24. Will this be permanent or transitional Housing?

Because residents will not be limited to 24 months, this project will be considered permanent housing. It will be the person's home for as long as they are complying with the rules of the housing, being a good tenant and desire to live in the location.

25. How long would residents live at the Long House?

Lengths of residency will vary based on the individual needs and wants.

26. How is supported housing different than an "Assisted Living Facility"?

Assisted Living is a higher level of care than support housing. An assessment is conducted to determine the right level of care for every person in the behavioral health system and when there is a need for the person to live in a setting with monitoring and direct staff oversight, Assisted Living is used. Supported housing is focused on helping a person live independently in the community with an emphasis on daily activities and pursuits as determined by the person. Work, volunteer activities, participation in ACMHS classes and group meetings might be some of the things people will pursue in supported housing. The residents of the supported housing program will hold leases for their apartments and will be held to all the privileges and responsibilities of such a lease.

27. Will the project require a zoning change to the property?

The property is currently zoned R-O, Residential-Office, regulated by Municipal Code (AMC) 21.40.130. In the event that the Long House Hotel is not the location, The Trust and Anchorage Community Mental Health Services will site the project in a location that allows for permanent housing in a multi-family setting.

28. Will there be a public hearing on the project?

Because the zoning on the property will remain the same, there are no requirements for public comment in the Municipality's processes. The proposed project is permanent supported housing.

Public Hearing for The Alaska Mental Health Trust: **The Trust will hold a Board meeting on January 30, 2013 in Juneau. During this time, The Trust has set aside a 30 minute hearing period for public comment starting at 12:30 pm** on the proposed housing program and location. The public will be able to teleconference in to this meeting with the call in information available on the Trust's website.

29. What specific on-site services will ACMHS be providing The Long House residents?

Assistance with activities of daily living skill areas, to include but not limited to self-care (bathing and personal hygiene; doing laundry; planning and shopping for food, preparing meals), house cleaning, education, vocational training, working, and social skill development. In addition, staff will be monitoring who enters and leaves in order to insure building security as well as residents' safety. When appropriate, staff will accompany residents in the community.

30. What staff will be placed at The Long House?

Each resident will have a case manager. Many will have a psychiatrist and therapist. Case managers assist with linkage to needed services and do daily living skill training described in the preceding paragraph. The number of staff will fluctuate based on the need and the hour ranging from two – ten. A minimum of two staff people will be on site at all times supported by on call back up. These two staff members will be monitoring the entrance, exit and immediate grounds. One person will be stationed at the front desk and one will be roaming the property to ensure safety and to respond to resident needs.

31. Will on-site Case Management oversee medical/counseling appointments, filling of medication prescriptions, and/or taking of medication to ensure the tenant is receiving proper medical care?

Case managers will assist residents in obtaining medications and keeping appointments. Case managers are not involved in administration of medication as this takes a licensed medical professional. Case managers and other staff may remind/prompt residents to take medications.

32. How will residents be supervised?

Residents will have private rooms. Entering and leaving the buildings will be monitored either by staff, remotely monitored camera, or both. Residents will have staff on site who know them and have a relationship with them. These staff members will be able to ask questions and respond to assist the residents if needed.

33. Will there be common areas at The Long House?

Yes. There is an open reception area in the main building and several open office spaces that will be utilized for common area social activities and meeting rooms.

34. Will housekeeping be provided?

No. Cleaning an individual's living space is a basic life skill that ACMHS's staff regularly works with consumers to improve. However, there may be opportunity for residents to become employed to assist with upkeep of the main areas of the facility and to assist with laundry for the housing program.

35. How will resident's basic needs be met?

Residents will be linked with community supports. This may include Social Security Administration, Public Assistance, Vocational Rehabilitation, Anchorage Neighborhood Health Center, Food Bank of Alaska, etc. This is part of case management. The goal is to help the resident to be self sufficient.

36. How much will residents use public transportation or will ACMHS provide supplemental transportation?

The site was selected due to proximity to public transportation. Some residents will use People Mover. ACMHS will also have on site transport to assist consumers to appointments, etc. when needed.

37. After the property is transferred to ACMHS, how will the Trust be involved?

The definitive agreement is still being negotiated and terms will be outlined in this agreement. The Trust has maintained involvement with the 2 prior projects developed in Anchorage and Fairbanks and has provided ongoing technical assistance and close communication with the programs. The Trust will seek to have a formal evaluation of the program through the University of Alaska's Institute for Circumpolar Health Studies like the other 2 programs of this size.

38. How will ACMHS make sure the residents are good neighbors?

ACMHS will have an expectation of all residents and staff that we are all good neighbors. This means people are safe and we take care of our neighborhood. We help our neighbors. We keep our neighborhood neat and clean. We treat everyone with respect. If we need help, we ask. If someone else needs help, we help.

In addition, ACMHS intends to have an ongoing advisory group, including neighbors to ensure a civil and constructive dialogue about The Long House, its operation, and impact on the neighborhood and vice-versa. ACMHS will provide the neighbors with a phone number where they can reach a staff member at any time.

39. What about the size? Is this too large?

The Trust, Anchorage Homeless Coalition and other partners have worked extensively with our colleagues in Seattle and Duluth, MN on the right size for a project. Anchorage has numerous units of housing that are mixed into the community market rentals and many smaller 8 and 12-plex developments. We do not have the larger size housing programs like Evans House in Seattle and the New San Marco in Duluth (each 75 units per program- an industry standard 'outside'). Housing partners have agreed that 75 is too large for the population size of this state for the time being. In the future Anchorage may move up to 75 units as we develop more experience with the existing programs.

There are currently 2 programs operating as supported housing for slightly different populations, however, using the same housing pro forma and program design elements:

- Karluk Manor in Anchorage – 46 units of supported housing
- Tanana Chiefs Conference in Fairbanks – the Fairbanks Housing First Project – 47 units of housing first co-located with a 52 unit hotel providing rooms for people traveling to Fairbanks for medical services and the general community.

The Trust has worked with these two programs to plan, finance and implement the programs used on site. The Trust and Alaska Housing Finance Corporation are conducting a formal evaluation through the UAA Institute for Circumpolar Health Studies to replicate the evaluation conducted on the Seattle program (published in the Journal of the American Medical Assn in April 2009.

Two other communities are planning similar projects – Juneau and Nome.