# Grant Approval Memo

Trust
Alaska Mental Health Trust Authority

**Grantee:** Alzheimer's Disease Resource Agency of Alaska
**Request Amount:** $188,000.00
**Project Title:** ADRD Rural Outreach and Prevention
**Grant Term:** 9/1/2026 to 8/31/2027
**Trust Staff:** Kelda Barstad

**Staff Analysis:**

- What does this project do?
  Trust funds will support continued implementation of the Alzheimer's Disease and Related Dementias (ADRD) Rural Outreach and Prevention program. Funding supports one full-time Rural Outreach and Prevention Specialist to provide in-person education, memory screenings, caregiver support, Dementia Live training, and risk-reduction outreach in rural communities across Alaska.

- Who is receiving the funds?
  Alzheimer's Resource Alaska (ARA) is a statewide dementia support organization and has a mission to support Alaskans affected by Alzheimer's disease, related dementias and other disabilities to ensure quality of life. They offer care navigation, educational programs and webinars, support groups, memory screenings, individual coaching for people with Alzheimer's disease and related dementia (ADRD). ARA administers the ADRD minigrants for the Trust and operates a Medicaid care coordination program through an affiliate organization. They also offer dementia awareness and outreach to the broader community as well as dementia training for professionals. ARA offers several services online that are available to all of Alaska with offices located in Anchorage, MatSu, Fairbanks, and Glennallen.

- Why is staff recommending this project?
  Alaska's rapidly growing senior population increases demand for dementia awareness, early detection, and caregiver support—especially in rural regions that lack ADRD-specific outreach. This project builds local partnerships, improves early identification of concerns, strengthens referral pathways, and reduces crisis risk for rural beneficiaries and families. Objectives include increasing awareness of ADRD, improving access to services, identifying service gaps, supporting community connectedness with the public and community-based organizations, and improving the quality of life for Alaskans with ADRD and their caregivers.

- Will this be a multi-year project?
  Yes. This represents the second year of a project expected to continue for 3-5 years, based on performance, with each year of subsequent funding requiring board of trustee approval.

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**Trust Five Year Funding History**

| Fiscal Year | Project Title | Amount | Status | Final Expended |
|---|---|---|---|---|
| 2027 | Mini-grants for ADRD Beneficiaries | $500,000 | Pending | Grant starts 7/1/26 |
| 2026 | Mini-grants for ADRD Beneficiaries | $400,000 | Active | Grant ends 6/30/26 |
| 2026 | ADRD Rural Outreach and Prevention | $175,000 | Active | Grant ends 6/30/26 |
| 2026 | Living Better with Dementia | $136,085 | Active | Grant ends 2/28/27 |
| 2025 | Mini-grants for ADRD Beneficiaries | $400,000 | Closed | $400,000 |
| 2024 | Mini-grants for ADRD Beneficiaries | $400,000 | Closed | $365,678 |
| 2024 | Alzheimer's Resource of Alaska Mat-Su Modernization and Sustainability | $75,000 | Closed | $60,000 |
| 2023 | Mini-grants for ADRD Beneficiaries | $400,000 | Closed | $400,000 |
| 2023 | Executive Search Support | $30,000 | Closed | $30,000 |
| 2022 | Mini-grants for ADRD Beneficiaries | $350,000 | Closed | $297,736 |

| Comp Plan - Area of Focus | Strategic Priority Area |
|---|---|
| Area of Focus 2: Healthcare | Priority 1: Prevention & Early Intervention |

**Project Description (from grant application)**

Alzheimer's disease and related dementias (ADRD) are among the fastest-growing health issues facing Alaska. As Alaska's population ages, the need for early outreach, prevention/risk reduction education, memory screening, caregiver support, and connection to services continues to grow. In 2025, Alaska had 162,175 residents age 60 and older, representing 21.9% of the state population, and the 60+ population has increased 78% since 2010. Alaska's 65+ population more than doubled between 2010 and 2025, and the 85+ population is projected to nearly quadruple by 2050. This is especially important because approximately one in three people age 85 and older will experience ADRD.

Updated Alaska projections estimate that 18,617 Alaskans are living with ADRD in 2025, increasing to 23,115 by 2030 and 26,995 by 2035. This growth will place increasing pressure on families, rural providers, senior centers, tribal organizations, health clinics, ADRCs, and the broader system of home and community-based services. In 2024, 25,000 Alaska caregivers provided 39 million hours of unpaid ADRD care, valued at $887 million. Without earlier education and connection to support, rural Alaskans with ADRD and their caregivers are at greater risk of delayed diagnosis, social isolation, caregiver burnout, avoidable crises, and premature need for higher levels of care.

To address the lack of ADRD outreach and prevention/risk reduction services statewide, Alzheimer's Resource Alaska (ARA) developed its ADRD Outreach and Prevention program. FY27 Trust funding will continue one full-time Rural Outreach and Prevention Specialist dedicated to serving areas of Alaska outside the Municipality of Anchorage and the Mat-Su Valley. The project focuses on Alaskans experiencing ADRD, individuals at risk of ADRD, family caregivers, rural service providers, and community partners who support Trust beneficiaries.

The Rural Outreach and Prevention Specialist will build and strengthen partnerships with rural senior centers, tribal organizations, Tribal and non-Tribal health entities, health clinics, ADRCs, community

health workers, civic and faith-based organizations, and other local partners. Activities will include community outreach events, health fairs, educational presentations, risk-reduction education, memory screenings, caregiver support, and warm referrals to ARA and other appropriate services. The position also serves as a bridge between ARA's education and care coordination services, helping rural families and partners understand what resources are available and how to access them.

Outreach will emphasize the importance of early detection, memory/cognitive screening, and modifiable risk factors for ADRD. ARA will connect individuals to appropriate resources, including education, care coordination, mini grants, caregiver supports, health care providers, ADRCs, and prevention/risk reduction resources such as the State of Alaska's Fresh Start programs for hypertension, tobacco cessation, diabetes prevention, weight loss, and physical activity.

In FY27, ARA will also add Dementia Live as a new grant-funded outreach and training resource. Dementia Live is an immersive, experiential dementia training that helps caregivers, providers, and community members better understand the sensory, cognitive, communication, and emotional challenges experienced by people living with dementia. ARA will implement Dementia Live in rural communities to increase empathy, reduce stigma, strengthen person-centered care, and help communities become more dementia-capable.

Expected outcomes include increased awareness of ADRD and risk reduction strategies, earlier connection to memory screening and support services, improved caregiver confidence, stronger local referral pathways, identification of rural service gaps, and increased rural community capacity to support people living with ADRD. The project aligns with the Trust's Strategic Plan by advancing Prevention & Early Intervention, Ongoing Support and Wellbeing, data-informed investment, and transformative partnerships.

**Grantee Proposed Evaluation Measures (from grant application)**

ARA will measure project success using the same Results-Based Accountability framework used in the FY26 Trust grant: How much did we do? How well did we do it? Is anyone better off? FY27 measures will continue the existing structure while adding Dementia Live as a new grant-funded outreach and training resource. The evaluation approach supports the Trust's core commitment to Make Data-Informed Investments by using outreach, referral, screening, Dementia Live, and participant outcome data to identify gaps, demonstrate return on investment, and guide future rural ADRD outreach.

How much did you do?
During FY27, ARA proposes to:

- Establish or strengthen at least two additional rural community partnerships, such as senior centers, tribal organizations, health clinics, ADRCs, or other local partners.
- Attend or coordinate four to six rural outreach events, including two to three events in each partner community.
- Deliver four to six educational presentations focused on ADRD awareness, risk reduction, early detection, memory screening, caregiver support, and available services.
- Reach 150 individuals annually through outreach and education activities.
- Facilitate referrals to ARA, ADRCs, health care providers, caregiver supports, care coordination, mini grants, risk reduction programs, or other appropriate services.

- Conduct/encourage memory screenings in collaboration with local partners.
- Provide Dementia Live experiences for 48 people in rural communities, including caregivers, providers, and community members.
- Create, update, and/or distribute culturally responsive outreach materials in print, digital, and community presentation formats.

How well did you do it?
ARA will measure quality and effectiveness by collecting participant and partner feedback. FY27 targets include:

- Collect participant feedback from at least 75% of risk reduction education, outreach, or Dementia Live sessions.
- Achieve at least 80% participant satisfaction with the information, event, or risk reduction/educational session.
- Track whether participants report that the information was useful, understandable, and relevant to their needs.
- Document partner feedback when applicable on whether outreach activities were accessible, culturally responsive, and helpful to the community.
- Maintain complete records of outreach activities, participant demographics when available, partner organizations, referral outcomes, community feedback, successes, challenges, and lessons learned.
- Submit 100% of required Trust reports on time with accurate program and financial data.

Is anyone better off?
ARA will measure whether rural outreach improves knowledge, confidence, empathy, and connection to services. FY27 targets include:

- At least 80% of participants will report increased knowledge after participating in an outreach event, educational session, or Dementia Live experience.
- Participants will be asked whether they feel more confident in what to do next for themselves, a loved one, or someone they serve.
- Participants will be asked whether the program or service improved their quality of life or their loved one's quality of life.
- Dementia Live participants will be asked whether the experience increased their understanding of ADRD and their empathy for people living with dementia.
- ARA will track the number of people utilizing services from outside Anchorage and Mat Su (rural Alaska) connecting to ARA services including memory screenings, Dementia Live, resource specialist, care navigator, caregiver education, mini grants, and other appropriate supports.
- ARA will collect at least five statements from rural community members, caregivers, beneficiaries, or partner organizations describing the impact of the outreach and prevention work.

This evaluation approach also supports Foster Transformative Partnerships by measuring whether local partnerships increase rural access to dementia information, early support, and ongoing connection to services. ARA's SFY25 statewide reach demonstrates its ability to collect and use meaningful data: ARA served 1,824 people, delivered 16,708 service engagements and 12,181 service hours, served 73 communities, and engaged 673 partners and health care providers.

**Proposed Project Performance Measures (developed by the Trust)**

How much did you do?

a. Number (#) of rural communities identified as "high-needs" based on the ADRD prevalence rate. Provide the following for each identified community:
   -Name of the community
   -Prevalence rate of ADRD within the community.
b. Number (#) of rural community partnerships (e.g., senior centers, tribal organizations, health clinics) established or strengthened during the reporting period. Be sure to include the name of each community partnership established or strengthened.
c. Number (#) of community outreach events attended or coordinated during the grant reporting period. For each community, provide a list of outreach events (including the date and location) attended or coordinated during the reporting period.
d. Number (#) of educational presentations given during the grant reporting period. Provide a list of presentations, including the title/topic of the presentation, the date of the presentation, primary audience, location, and number (#) of individuals in attendance.
e. Number (#) of individuals reached through education and outreach activities during the grant reporting period.

How well did you do it?

a. Provide a narrative describing the timeline, activities, successes, challenges, and lessons learned during the grant reporting period. Provide a website link or electronic copies of culturally competent collateral materials created or curated for families, professionals, and communities during grant reporting period.
b. Number (#) and percentage (%) of participants who were satisfied with the information learned during a community event or educational session.

Is anyone better off?

a. Number (#) and percentage (%) of participants who reported increasing their knowledge as a result of their participation in a community event or educational session.
b. Number (#) of memory screenings conducted in collaboration with local partners during the grant reporting period.
c. Number (#) of individuals referred to Alzheimer's Resource of Alaska or other appropriate services during the grant reporting period.
d. Two statements from rural community members describing their experience with ADRD Outreach and Prevention staff and the impact the programming has had on their community.

**Sustainability (from grant application)**

Trust funding is essential to continue the Rural Outreach and Prevention Specialist position in FY27. At this time, ARA does not have another dedicated funding source that would fully sustain this position

after the Trust grant period ends. However, the need for rural ADRD outreach will continue to grow as Alaska's population ages and the number of Alaskans living with ADRD increases. Sustained outreach is needed to help rural families recognize concerns earlier, understand risk reduction strategies, access memory screening and education, and connect to supports before a crisis occurs.

The project is designed to create lasting value by building rural partnerships, strengthening referral pathways, increasing community knowledge, and improving earlier connection to services for Trust beneficiaries with ADRD and caregivers. This aligns closely with the Trust's priorities of Prevention & Early Intervention and Ongoing Support and Wellbeing, as well as the core commitment to Foster Transformative Partnerships.

During FY27, ARA will build sustainable community capacity through rural partnerships, referral tools, culturally responsive outreach materials, Dementia Live implementation, and data collection that demonstrates the return on investment of early outreach and prevention. Once staff are trained and equipped to use Dementia Live, ARA will be able to continue using it as an outreach and education tool with caregivers, providers, and community partners, extending the value of the Trust's investment beyond a single grant year.
ARA will continue seeking diversified funding through foundations, healthcare and community partnerships, philanthropic support, and public funding opportunities. ARA will also use project data to demonstrate the return on investment of rural ADRD outreach, including increased knowledge, referrals, memory screenings, caregiver confidence, and community partner capacity. This is important because Alaska's long-term care costs are among the highest in the nation; in 2024, the median annual cost of nursing home care in Alaska was $364,453. Community-based outreach and connection to services can help families access support earlier and may help delay or prevent more costly care settings.

Given the rural nature of this work and the time required to build trust, establish partnerships, implement outreach, and measure meaningful outcomes, ARA would also like the Trust to consider supporting this project through a three-year funding approach moving forward, with the understanding that ARA would continue to reapply annually and provide required progress, fiscal, and outcome reporting each year. A multi-year approach would allow the project to move beyond start-up and relationship-building into deeper implementation, stronger community partnerships, and more useful data on the long-term impact and return on investment of rural ADRD outreach and prevention.

**Who We Serve (from grant application)**

ARA does not track co-occurring Trust beneficiary categories among clients served with ADRD, such as chronic alcoholism or substance use disorders, developmental disabilities, mental illness, or traumatic brain injury. However, we know from our direct service experience that many individuals and families served by ARA are impacted by more than one condition or support need. People living with ADRD may also experience behavioral health conditions, substance use disorders, traumatic brain injury, developmental disabilities, or other complex health and social needs. In addition, caregivers may also be Trust beneficiaries themselves. While ADRD is the primary beneficiary category tracked for this project, the outreach, education, screening, and referral activities are designed to connect individuals and families to the most appropriate supports based on their full range of needs.

**Estimated Numbers of Beneficiaries Served Experiencing (from grant application)**

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| Alzheimer's Disease & Related Dementias: | 50 |
| Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries): | 150 |
| Number of people to be trained | 75 |

**Project Budget (from grant application)**

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| Personnel Services Costs | $106,322.00 |
| Personnel Services Costs (Other Sources) | $100,000.00 |
| Personnel Services Narrative | Rural Outreach Specialist 1 FTE, $79,745; Outreach Director 0.25 FTE $26,577. Other personnel costs are covered by the SOA BOLD grant for Provider Outreach Specialist who works in coordination with the Rural Outreach Specialist. |

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| Travel Costs | $23,000.00 |
| Travel Costs (Other Sources) | $3,000.00 |
| Travel Costs Narrative | Travel funds will support rural travel necessary to build partnerships and deliver outreach, risk reduction education, promote memory screenings, Dementia Live experiences, and other presentations in communities outside of Anchorage and the Mat-Su Valley. Travel will include two or three advance visits to establish or strengthen partnerships and six implementation trips to attend or coordinate outreach events and provide education to Trust beneficiaries with ADRD, caregivers, providers, and community members. Some trips will require outreach director, education director or CEO to travel with Rural Outreach Specialist for additional support.<br><br>Budget detail:<br><br>Airfare: $9,600<br>12 round-trip airline tickets x $800 average per ticket. Airfare to rural Alaska commonly ranges from approximately $600 to $1,000 round trip depending on destination, timing, weather-related availability, and limited flight options. This line includes travel for the Rural Outreach and Prevention Specialist and, when needed, the Outreach Director or CEO for partnership development, support, or community engagement.<br><br>Ferry travel: $400<br>4 round-trip ferry tickets x $100 per round trip for communities where ferry travel is the most appropriate or cost-effective option. |

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| | Lodging: $7,500<br>30 hotel nights x $250 per night. Lodging is needed for advance partnership visits and implementation trips. Rural lodging is often limited and can be more expensive than urban lodging.<br><br>Meals and incidental expenses/per diem: $4,290<br>30 travel days x $143 per day. This estimate is based on the federal M&IE rate for Alaska "other" locations. Actual reimbursement may be adjusted based on ARA policy, destination, length of trip, and first/last day travel rules.<br><br>Ground transportation/mileage: $1,210<br>Approximately 750 miles x $0.725 per mile for travel in personal vehicles to rural communities on the road system = $543.75. The remaining $666.25 will support taxis, shuttles, rental vehicles, parking, fuel, or other ground transportation needed during rural travel.<br><br>Travel to rural Alaska is often expensive and unpredictable due to weather, flight delays, ferry schedules, and limited lodging availability. In some cases, longer stays may be necessary to complete planned outreach activities and return safely. To maximize the value of travel funds, ARA will focus on hub communities when possible and coordinate travel with existing community events, health fairs, partner meetings, and regional gatherings. If travel costs exceed the amount requested from the Trust, ARA will supplement project travel with Alaska Airlines mileage tickets when possible and unrestricted individual or corporate donor funds designated to support rural outreach. |

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| Supplies Costs | $15,000.00 |
| Supplies Costs (Other Sources) | $15,000.00 |
| Supplies Narrative | Culturally relevant printed materials and promotional items for Rural Outreach Specialist to distribute. Note that collateral materials developed can also be accessible through ARA's website, emails and social media. Additional supplies will be covered by other partners and ARA general funding from individuals and corporations. |

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| Equipment Costs | $10,000.00 |
| Equipment Costs (Other Sources) | $0.00 |
| Equipment Narrative | Two Dementia Live kits for 8 participants per session, with 2-year subscription--$7,000<br>software licensing for Apricot Social Solutions (database for outreach tracking), Microsoft 365, etc.--$700 |

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| | Mini Mobile Starlink hardware and one year subscription to allow for connectivity in rural communities--$2,300 |

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| Other Costs | $33,678.00 |
| Other Costs (Other Sources) | $1,500.00 |
| Other Costs Narrative | Training and certifications for Rural Outreach Specialist and Outreach Director--$5,000; additional training will be funded by ARA general funds/donations or scholarships for training 18% admin expense--$28,678. |

**Other Funding Sources (from grant application)**

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| SOA BOLD DEPP funding for Provider Outreach Specialist--secured | $100,000.00 |
| Conoco Phillips, general program funding for outreach and risk reduction--secured | $5,000.00 |
| ARA general funds--secured from individual and corporate donations | $4,500.00 |
| **Total Leveraged Funds** | **$109,500.00** |