

Grant Approval Memo



Grantee: Ketchikan Wellness Coalition
Request Amount: \$270,000.00
Project Title: Ketchikan Crisis Now
Grant Term: 7/1/2026 to 6/30/2028
Trust Staff: Samantha Potts

Staff Analysis:

- **What does this project do?**
Trust funds will support personnel, including the Crisis Now Director, Community Navigator, and partial Executive Director oversight. Funds support coordination of crisis response, outreach, training, and data collection and reporting in Ketchikan. Funds will also cover training related travel and supplies like outreach materials.
- **Who is receiving the funds?**
The Ketchikan Wellness Coalition (KWC) is a nonprofit organization located in Ketchikan. Since 2007, KWC's mission is to promote community wellness through assessment and action. Largely grant-funded and with the efforts of multiple volunteer Task Forces, KWC uses evidence-based practices to strengthen partnerships, support the efforts of service providers to bridge service gaps, and increase existing services in the community.
- **Why is staff recommending this project?**
The Crisis Now Director has been instrumental in crisis response coordination in Ketchikan. Through this work and local collaboration, the Mobile Integrated Healthcare Program (MIH) program was developed and implemented. In the 2024 one-year report, MIH enrolled 202 patients and delivered over 1,000 patient contacts, including 434 one-on-one appointments and 566 clinic visits. Local data (2025 December KWC Epidemiology Profile) and community assessments (KWC Data Advisory Group) have identified gaps in accessing and navigating care. Funding will support continued crisis coordination and expansion of community health navigation to help beneficiaries access mental health, substance use, and housing services. This project will also coordinate with state initiative – the Healthcare Information Exchange (HIE) and Community Information Exchange (CIE) – to improve information sharing and referrals across systems.
- **Will this be a multi-year project**
This is a two-year funding request to continue supporting crisis response coordination and to develop a community health navigation program to help beneficiaries access mental health, substance use, and housing services.

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Trust Five Year Funding History

<u>Fiscal Year</u>	<u>Project Title</u>	<u>Amount</u>	<u>Status</u>	<u>Final Expended</u>
2026	Ketchikan Reentry House	\$150,000	Active	Grant ends 12/31/2027
2026	Ketchikan Crisis Now Coordinator	\$124,500	Active	Grant ends 6/30/2026
2025	Ketchikan Crisis Now Coordinator	\$124,500	Closed	\$124,500
2024	Reentry Housing Project	\$50,000	Closed	\$50,000
2024	Ketchikan Crisis Now Community Director	\$125,500	Closed	\$125,500
2023	Reentry Housing	\$15,000	Closed	\$15,000
2022	Crisis Now Program Director	\$100,000	Closed	\$100,000

Comp Plan Identification

Area of Focus	Objective	Comments
Area of Focus 4: Substance Use Disorder Prevention	4.3 Improve treatment and recovery support services to promote wellness and reduce the impact of mental health and substance use disorders	

Trust Focus Area Connection

Budget Area	Strategy	Comments
Mental Health & Addiction Intervention	MHAI - Ensure Alaskans have access to comprehensive crisis services and supports	

Project Description (from grant application)

The Crisis Now Director position is strategically placed within the Ketchikan Wellness Coalition (KWC). KWC is the best fit for the position and project as the missions align greatly with the Alaska Mental Health Trust's strategic plan and dedication to prevention, early intervention, crisis response, treatment and recovery, and ongoing support. The project continues the work of the Crisis Now Director who has built a strong local and statewide network that has produced a new program, increased education and use of 988, brought new services to Ketchikan, and is working to improve current programs and services. The focus is to make coordinated and compassionate responses available to anyone anytime, by increasing access to care and referral pathways. Someone to Respond

A thriving outcome of this work is the City of Ketchikan's Mobile Integrated Healthcare (MIH) program. Through transformative partnerships, the Crisis Now Director and the Divisions Chief of the Ketchikan Fire Department researched, planned, and successfully implemented the MIH program.

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Main areas of focus to meet patient and community needs include follow-up care to prevent need for readmission and need for non-emergent use of emergency services. MIH and the Crisis Now Director are most proud of the relationships they have built with community partners and the trust they have established with clients/patients. Qualitative and quantitative data showed that Trust beneficiaries were better off because of this project and program. MIH was recognized with two awards, 2025 Innovation in Patient Safety & Quality Award: PeaceHealth Ketchikan Medical Center's Quality & Patient Safety and the City of Ketchikan Mobile Integrated Health (MIH) and Benjamin Watson Recognized as Alaska's "Community Star" on National Rural Health Day. MIH is a year old now and is ready to add a licensed social worker to the team. A local social worker is interested and the contract with the City of Ketchikan is awaiting approval. The need for a social worker is "as needed" to help the community paramedics with complex and sometime intensive services surrounding case management, medication compliance and medication/equipment delivery, chronic disease management, education, wound Care, high utilization, mental health, substance use, risk reduction, food insecurity, welfare checks, relocation assistance, labs, telehealth, and transportation assistance.

Somewhere to go

Building local capacity for crisis response is ongoing in Ketchikan to increase stabilization services. Community Connections, Resilient Youth and Community, Women in Safe Homes, and the Ketchikan Gateway Borough School District have taken measures to increase the ability to provide stabilization measures. PeaceHealth Ketchikan Medical Center (PHKMC) is working with the Crisis Now Director on meeting their Designated Evaluation and Stabilization (DES) requirements. Other partners in this work are, the DES/Designated Evaluation and Treatment (DET) Coordinator, Policy Advisor, and Health Program Manager of Alaska Department of Family and Community Services Office of the Commissioner. PHKMC is on phase 2 of a 3 phase Emergency Department renovation. In phase 3, the plan is to include 3-6 specially designed rooms for serving people with high acuity behavioral health needs. Rooms designed to look and feel unlike a traditional medical emergency department, offering a more appropriate environment that incorporates risk-reduction features—such as being ligature-free—while promoting a calm, therapeutic atmosphere.

Someone to call

Alaska Careline has been answering the calls and texts to 988 since launching in 2022. In 2024, Alaska Careline handled 97% of all contacts over the phone without transferring to 911 from Ketchikan and the surrounding area. Three percent were transferred to the Ketchikan PSAP with the caller's voluntary permission. Alaska Careline/988 has expanded their services to include aftercare, follow-up, and outreach specialists. The expansion of these services along with their core services will significantly strengthen the Ketchikan and Alaska's behavioral health continuum of care by improving access, coordination, and the continuity of crisis response and follow-up services. The Crisis Now Director is the liaison who builds community awareness and education by sharing Careline/988 services with the community through the Ketchikan Crisis Now social media and Ketchikan Wellness Coalition social media pages, news articles, meetings, trainings, and even radio interviews. Partnership between Ketchikan PSAP (dispatch) and Careline/988 has been slow, but the efforts continue with the sharing of SAMHSA 911/988 coordination webinars, the statewide 911 coordinator, the data and outcomes from 988. The Crisis Now Director will continue to monitor and advocate as appropriate for 988 legislation in Alaska.

Supplemental to Crisis Now and the Continuum of Care

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Through KWC's collaborative work around the community, we have been able to identify how the Crisis Now Director has the potential to address some key problem areas in the difficulty of navigating the systems in place for mental health, substance use, and housing challenges. The Crisis Now Director is currently working with the Ketchikan Indian Community Housing Department to implement Coordinated Entry in Ketchikan. Training with the Alaska Coalition on Housing and Homelessness State CE Manager was conducted December 2025 with 10 Ketchikan agencies present: True North Recovery, Salvation Army, Ketchikan Indian Community, Park Avenue Temporary Home (PATH shelter), KWC's -Reentry and Drug Prevention Coalition Directors, Hope Holders Peer Support, Mobile Integrated Healthcare, Southeast Senior Services, Grow Ketchikan, and the Office of Children's Services.

As we continue this vital work, the Crisis Now Director will further enhance Trust beneficiaries' ability to navigate the often-complex mental health and substance use systems, ensuring a more direct and supportive path to care. Building upon existing local resources like the KTN123 Wellness Guidebook and its online directory @ Ketchikan123, as well as the Youth Resource Guidebook, KWC plans to expand this initiative. This expansion will include the development and introduction of a community health navigation network within Ketchikan, using an interactive navigation website tailored specifically for our community. This process will also involve supportive training and education for community partners on best practices for community health navigation, reinforcing our commitment to fostering transformative partnerships.

The imperative for robust community health navigation is profoundly data-informed, highlighted by two recent, comprehensive community needs assessments. The 2025 Community Health Needs Assessment, completed in partnership with PeaceHealth Ketchikan Medical Center, identified critical barriers under its 'Care' pillar impacting how individuals experience care, including:

- The cost of healthcare, dental, and mental health services
- Availability of quality interpretation when needed
- Services that are not culturally responsive
- Facing stigma, racism, or discrimination when seeking care
- Location and accessibility of services, e.g., transportation, virtual options

Further reinforcing these findings, a community discussion hosted by PeaceHealth involving over 25 key partners prioritized the introduction of effective community health navigation system in Ketchikan as a supportive solution to many of these challenges. The integration of Healthcare Information Exchange (HIE) and Community Information Exchange (CIE) is a missing thread in the navigation of behavioral health systems. With partnerships across the state of Alaska, HIE and CIE have the ability strengthen the crisis continuum of care by enabling timely, coordinated, and informed decisions and responses in real time, essential for crises. The safe sharing of critical health information enables warm and timely transfers, closed-loop referrals, and more person-centered care that improves outcomes and data sharing, and reduces system strain.

Additionally, KWC's Epidemiology Profile, updated in December of 2025, presented compelling data illustrating the difficulties beneficiaries face in accessing and navigating behavioral health services. Through a logic model process, KWC's Data Advisory Group identified that building a robust system for community-based service navigation is a key step to address these identified needs, directly aligning with the Trust's call for data-informed investments to strengthen systems of care.

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Grantee Proposed Evaluation Measures (from grant application)

Ketchikan Wellness Coalition is committed to a data informed approach. Local, state, and national data helps us identify the gaps and provide efforts to meet the needs of the community. Outputs for the Crisis Now Director are both direct and indirect. Data from the MIH program will continue to show how individuals receive more appropriate care that diverts and prevents the need to use emergency services (EMS, police, and hospital emergency dept). The Crisis Now Director brings professional training to Ketchikan, facilitates Community Action Planning meetings, attends various meetings around town (task forces, school, healthcare advisory committee, city/borough governments) and the state to keep a pulse on gaps, strengths, needs, resources, changes etc.

The Crisis Now Director has increased awareness and educated the community about 988. Ketchikan community members are using 988, the 10-digit Alaska Careline number, and Ketchikan Care Crisis Line when in need. Ketchikan's local public safety answering point (PSAP/dispatch) are in the contemplation and preparation stages towards the action of transferring calls to Careline. With consistent effort, it is hopeful that data will reflect that appropriate calls are transferred to the backline of 988/Careline. MIH, EMS, AK State Troopers, and Police officers are not only sharing this number when responding to a call but using the service on-scene with the individual in need.

Data at KWC is collected by taskforce events, surveys, trainings, and more. Data is also collected and often shared from the hospital, MIH, EMS, police department, SEARHC, school district social work department, and other organizations. Qualitative data from Trust beneficiaries are shared on the City of Ketchikan's MIH website page, Crisis Now Newsletter, in meetings, surveys, and at town halls.

Proposed Project Performance Measures (developed by the Trust)

How much did you do?

Number (#) of trainings, webinars, conferences, and workshops during the grant reporting period.

How well did you do it?

- a. Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the reporting period. Be sure to address each of the following project activities:
 - i. Attend, facilitate and assist local leaders, providers, and community stakeholders in helping to operationalize the Crisis Now framework and adaptations needed for Ketchikan.
 - ii. Collect data pertinent to the operationalization of Crisis Now services in the region and report the findings to stakeholders.
 - iii. Continue efforts to develop and update the activities and outputs for the Ketchikan Crisis Now Strategic Plan.
 - iv. Continue to develop a stable and sustainable funding source for the Crisis Now system of care.
- b. Number (#) of social media, marketing, reports, or other media during the reporting period.

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- c. Number (#) of formal partnerships or agreements established during the reporting period. Please provide a list.

Is anyone better off?

Two examples of beneficiaries that demonstrate the impact of the project on their quality of life.

Sustainability (from grant application)

A significant stride towards this sustainability has been our successful partnership with the City of Ketchikan Fire Department, which has recognized the program's value by institutionalizing two full-time positions to staff the Mobile Integrated Healthcare (MIH) team. This commitment ensures the response component of our Crisis Now model is firmly established. Department of Health (DOH) also was a key funding support in year 1 of the MIH program as their funding and support were integral in the purchasing and build out of the MIH van. The continued success and expansion of the MIH program, and thus the broader Crisis Now model, are further being secured through active and deepened partnerships with the local public safety answering point (PSAP/dispatch), crucial for effective crisis diversion, and PeaceHealth Ketchikan Medical Center, ensuring seamless integration with clinical care pathways and stabilization services. Both PSAP and PeaceHealth do have continued work which should see completion within the next two years. Furthermore, PeaceHealth Ketchikan Medical Center has committed dedicated funds to support the crucial development of the community navigation program, which is an integral part of ensuring Trust beneficiaries can effectively access the right care and ongoing support. Complementing this, the Department of Health (DOH) currently funds and will continue to fund the Ketchikan123 resource guidebook, a cornerstone for community wellness and navigation support. KWC's role will continue to be to convene, coordinate, and leverage these committed partners and funding streams, building the robust, integrated system of care envisioned by the Trust. The Trust's catalytic investment provides the essential momentum to fully establish these foundational components, proving the model's efficacy and attracting diversified, long-term operational funding.

Who We Serve (from grant application)

The Crisis Now Coordinator position and project is Trust beneficiary centered. Mental illness, intellectual and developmental disabilities, substance use disorders, traumatic brain injuries, Alzheimer's disease and related dementia are common in three of our most vulnerable populations, the unhoused and elderly, and homebound. In the one-year report, MIH reported 202 patients enrolled in their program and has 1000 documented patient contacts (434 one on one appointments, 566 clinic visits). Alaska Careline (988) answered 133 calls from Ketchikan with 97% resolved on the phone. Another view is that 138 unduplicated individuals have been entered into the Alaska Homeless Management Information System (AKHMIS) for Ketchikan. With 23% chronic homelessness, 46% disabling conditions, and 49% with an Alaska Mental Health Trust condition, the need for improved crisis, support, and other services is essential so that all can live with dignity, purpose, independence, and community. The unhoused population includes 11% under the age of 18 years old. With low protective factors and being at risk for becoming lifelong beneficiaries of the Trust, robust prevention and early intervention services are necessary to make system changes and build a healthier community that protects and cares for all.

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Estimated Numbers of Beneficiaries Served Experiencing (from grant application)

Mental Illness:	1,000
Developmental Disabilities:	10
Alzheimer's Disease & Related Dementias:	20
Substance Abuse	1,000
Traumatic Brain Injuries:	100
Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries):	2,130
Number of people to be trained	400

Project Budget (from grant application)

Personnel Services Costs	\$218,675.99
Personnel Services Costs (Other Sources)	\$134,890.43
Personnel Services Narrative	<p>Personnel Costs for 2 years = \$218,675.99 Year One = 105,203.56 Program Director @ \$65,000 + Fringe \$12,086.80 = \$77,086.80 @ 100% = \$77,086.80 Community Navigator @ \$60,000 + Fringe \$11,554.30 = \$71,554.30 @ 25% = \$17,088.58 Executive Director @ \$95,000 + Fringe \$15,281.80 = \$110,281.80 @ 10% = \$11,028.18 Year Two = 113,472.43 Program Director @ \$70,000 + Fringe \$12,619.30 = \$82,619.30 @ 100% = \$82,619.30 Community Navigator @ \$65,000 + Fringe \$12,086.80 = \$77,086.80 @ 25% = \$19,271.70 Executive Director @ \$100,000 + Fringe \$15,814.30 = \$115,814.30 @ 10% = \$11,581.43</p> <p>**In Kind - \$134,890.43 An additional 10% of Executive Directors Salary @ yr 1 - \$11,028.18 and yr 2 - 11,581.43 = 22,609.61 and additional 75% of the community navigator's salary @ yr 1 - \$54,465.72 and yr 2 - \$57,815.10 total = \$112,280.82</p>
Travel Costs	\$8,048.00
Travel Costs (Other Sources)	\$0.00
Travel Costs Narrative	<p>Training Travel - \$4024 per year X 2 years = \$8,048 Airfare - \$800 X 2 = \$1600 Hotel - \$200 X 4 nights X 2 people = \$1600 Per Diem - \$60 X 5 days X 2 people = \$600</p>

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	<p>Transportation - \$100 round trip X 2 = \$200 Ferry - \$12 round trip X 2 = \$24</p> <p>Travel to the Improving Lives conference and other relevant conferences for education/learning/sharing for staff X2</p>
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Space or Facilities Costs	\$0.00
Space or Facilities Costs (Other Sources)	\$58,000.00
Space or Facilities Narrative	In-Kind: Department of Health covers \$58,000 of facility costs for the KTN123 position.

Supplies Costs	\$8,058.62
Supplies Costs (Other Sources)	\$8,058.62
Supplies Narrative	<p>Supplies Costs: \$4,029.31 per year X 2 = \$8,058.62</p> <p>Event Food = \$1,700</p> <ul style="list-style-type: none"> -12 meetings @ \$100 each = \$1,200 -2 town halls @ 250 each = \$500 <p>Materials/Supplies/Outreach = 2329.31</p> <ul style="list-style-type: none"> - \$2 per person serving 1065 people = \$2,130 - Advertising/Printing \$199.31

Other Costs	\$35,217.39
Other Costs (Other Sources)	\$0.00
Other Costs Narrative	Indirect Cost Rate is 15% of 2 years of Direct Costs totaling \$234,782.61 = \$35,217.39

Other Funding Sources (from grant application)

DOH Comprehensive Behavioral Health Prevention and Early Intervention - State of Alaska - Secured	\$58,000.00
Ketchikan Gateway Borough Community Grant - Secured	\$22,609.61
City of Ketchikan Community Grant - Secured	\$20,000.00
PeaceHealth Foundation - Community Navigator - Secured	\$20,000.00
DPH Comprehensive Opioid, Stimulant, and Substance Use Program Grant - State of Alaska - Secured	\$72,280.82
Total Leveraged Funds	\$192,890.43