

## MEMO

**To:** Verné Boerner, Chair - Program and Planning Committee, Chair  
**Through:** Mike Abbott, Chief Executive Officer  
**From:** Steve Williams, Chief Operating Officer  
**Date:** July 16, 2021  
**Re:** FY20 Closed Grant Report for Trustees

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This memo serves as a preface to assist the reader in understanding the grant information included in this report.

### **FY20 Closed Grant Report**

The report was generated to provide additional information about Trust funded projects as the Trust finalizes its amended FY23 budget. The report is organized into sections related to Trust focus and priority areas, but also includes a section examining on non-focus area grants. Each grant included in the report contains information about the grant's purpose, outcome results, and an individual staff analysis with a FY23 budget recommendation. For each grant the following are included:

1. A high-level project summary with general information about the grant.
2. A detailed project analysis completed by Trust program staff.
3. The project description from the grant agreement.
4. An executive summary, beneficiary numbers, and responses to performance measures as submitted by the grantee.
5. Any applicable attachments submitted by the grantee as part of the reporting process.

### **FY20 Closed Grant Selection Criteria**

The criteria used for selecting the grants in this report were:

- a. Only FY20 closed grant projects (Authority Grants and MHTAAR grants)
- b. Only FY20 closed grants over \$100,000 (including grants awarded from an unallocated bucket in a Non-Focus Area or Focus Area line item; i.e. Partnerships or Beneficiary Employment and Engagement program grants)
- c. Only FY20 closed grant projects recommended for continued funding in the FY23 budget. (NOTE: If the FY23 recommendation is below the \$100,000 threshold, for example, a project is ramping down, the grant is not included in this report)

There were 36 grants that met the criteria and are included in the report.

## **Trust Grant-Making in General**

Annually the board of trustees approves a budget that includes expenditures from the Trust Settlement Income Account for the awarding of grants and contracts to ensure an integrated comprehensive mental health program for the state and to improve the lives of Trust beneficiaries<sup>1</sup>. In some cases, the approved funding is allocated to a specific organization (i.e. the Department of Health and Social Services or Alzheimer’s Resource Agency) and in other cases the funding is approved, but not to a specific organization. These “unallocated buckets” of approved funding (i.e. Partnership funds) are approved and awarded to grantees throughout the fiscal year. Depending on the dollar amount of the grant, they are approved by the board of trustees, the program and planning committee or the chief executive officer.

On average the Trust annually awards over \$20M in individual grants, as outlined in our recent [FY20 Grant Investment report](#). These grant awards can range from \$2,500 for a conference sponsorship to over \$500,000 for a program or service that supports Trust beneficiaries. The types of grants the Trust awards include:

- Capacity Building
- Capital - Equipment
- Capital - Construction
- Conference/Sponsorships
- Data Planning
- Direct Service
- Outreach
- Workforce Development/Training

In addition, for each grant award there is a signed grant agreement between the Trust and the grantee organization. The grant agreement includes:

- General Agreement as to the purpose of the grant
- Project Description
- Project Performance Measures
- Budget Agreement
- Payment Provisions
- Reporting Requirements

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<sup>1</sup> Alaskans who experience mental illness, developmental disabilities, substance use disorders, Alzheimer’s disease and related dementia, and traumatic brain injuries.

## **Project Performance Measures**

Individual grant project performance measures are established for every grant and included in the grant agreement. Generally, performance measures are developed by Trust staff with the grant recipient. This ensures the necessary beneficiary data is reported given the scope and type of grant award and that the data is within the grantee's capacity to track. As a starting point, the Trust uses the Results Based Accountability (RBA) framework<sup>2</sup> when developing performance measures. This framework is based on three core questions (1) How much did we do? (2) How well did we do it?, and (3) Is anyone better off? This framework is applicable for the majority of Trust grants, but not all (i.e. capital grants).

Using the RBA framework as the foundation, additional factors are considered when developing and establishing performance measures, such as the grant award amount and the grantee's capacity to collect, analyze and report data. In summary, the RBA framework grounds the development and establishment of grant performance measures, but there are other factors that are considered for each grant award.

## **Project Performance Measure Data**

Project performance measure data is generated and submitted to the Trust by the grantee as outlined in the individual grant agreements. The information can and does vary depending on the grant type, the data required as well as the individual grantee's data collection infrastructure, staff capacity, and ability to analyze and interpret the data. As a result, there is performance data reporting variability across grantees and individual grants cannot and should not be compared to one another.

When a grant report is submitted, Trust staff review the report against the performance measures outlined in the grant agreement. If there are questions or if there is missing information the assigned Trust staff to the grant, reaches out to the grantee to discuss the identified question or issue. This communication accomplishes three key things. First, it develops or strengthens the Trust/grantee partnership. Second, it provides an opportunity for Trust staff to understand the context and any potential unidentified capacity issues that may have contributed to the question or issue. Finally, it provides the opportunity to assist the grantee in understanding the Trust data needs and possibility to clarify or resubmit information in the report. In the end, this generally results in better data on the project and a greater understanding of beneficiary impact.

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<sup>2</sup> Mark Friedman

## **Staff Analysis**

The Trust is a highly engaged grant making organization, meaning Trust staff often are connecting and working with the grantee from the point of approval through to the close of the grant award. Thus, the submitted grant report itself is one element that Trust staff considers when performing their analysis of a grant project. Other elements include grantee/Trust communication over the grant period; identified factors outside the grantee's control that may have positively or negatively impacted grant performance (i.e. staff turnover, state regulatory or funding changes; changes in leadership priorities, etc.); confidence in grantee leadership; and historical grantee performance. These elements may or may not be included in a grant report, but when applicable are considered and included by Trust staff in their final analysis of the grant.

## **Summary**

We hope this information helps to frame the context and understanding of the information that is included in the grant reports that follow. In addition, we hope that the information will assist trustees in understanding the identified Trust FY23 budget recommendations and the related projects. Trust staff looks forward to answering any questions trustees may have, and engaging in a dialogue about the report.

Projects: Beneficiary Employment and Engagement Focus Area, includes select attachments

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<b>Project Title:</b> Peer Support Workforce	
<b>Grantee:</b> Division of Behavioral Health, DHSS	
<b>Fund:</b> Authority Grant in FY20, MHTAAR in FY21 and beyond	
<b>Geographic Area Served:</b> Statewide	<b>Project Category:</b> Capacity Building
<b>Years Funded:</b> FY20 to Present	
<b>FY20 Grant Amount:</b> \$125,000.00	
<b>High Level Project Summary:</b>	
<p><b>FY20 Project Summary:</b> Peer support specialists (PSS), individuals with lived experience, represent a growing and important component of the behavioral health workforce. DHSS Division of Behavioral Health (DBH) program staff were responsible for convening a PSS advisory committee to work with community partners to develop a comprehensive certification program for PSS. A contractor was selected through a request for proposal process, and responsible as the certification body for all future PSS certifications. The PSS advisory committee submitted their plans to the contractor for final approval and implementation.</p> <p>Besides these duties, DBH also awarded several contracts to community providers to develop PSS training modules, who delivered the PSS curriculum to direct care staff around the state. The purpose of this training is to equip behavioral health PSS in the community to carry out the treatment care and support within agency providers for clients in need.</p> <p>Trust staff recommends full funding for FY23 to continue to build capacity of the PSS workforce given the Trust's work to enhance the continuum of behavioral health care, and more specifically, advance the Crisis Now initiative. This project aligns with Comp Plan goals 2, Healthcare, and 9, Workforce.</p>	

**Project Title:** Peer Support Workforce

**Staff Project Analysis:**

The DBH staff began a multi-year PSS advisory committee process that produced a pathway for peer staff to obtain certification at multiple levels of expertise and experience. This process and outcome is important to the Trust, because the PSS workforce is a critical component for partner agencies to deliver services to beneficiaries. PSS are an important part of the Medicaid expansion workforce, and are able to provide billable services under the 1115 waiver for mental health and substance use care and treatment.

The healthcare work of PSS is well documented for producing positive outcomes, so this step in professionalizing the position is vital for the behavioral healthcare system in delivering community based services. DBH has put in place the infrastructure for training PSS, development of a PSS training manual, and PSS website that is housed with the contractor.

Equipping and expanding the PSS workforce is strategic within the Comprehensive integrated Mental Health Plan for Goals 2 and 9. The PSS workforce will advance Objective 2.1 by increasing access to quality healthcare services. Peers have lived experience and can meet Trust beneficiaries where they are at and help validate them as important individuals. This is an important step in building the therapeutic alliance, which will help keep beneficiaries in a community based setting. PSS will also advance Objectives 9.1 and 9.2, which focus on increasing workforce capacity by building up a new position, and by creating an overall more competent workforce. For these reasons, the Trust program staff recommend continued funding of this initiative in FY23.

**Project Description:** The need to develop a Behavioral Health Peer Support Worker Certification for Alaska has been identified for a number of years. The Center for Medicare and Medicaid Services (CMS) has strongly encouraged States to develop a certification in conjunction with adding Peer Support Services to their Medicaid plan. Provider agencies have promoted the development of a certification to provide greater assurance of the capabilities and qualifications of their peer support staff. Peer support workers have advocated for a certification to acknowledge the training and experience they possess. Of particular importance is the fact that the 1115 Medicaid Waiver now calls for the certification of peer support workers for participation in those particular services. The Division and the Trust have made a concerted effort over the last 15 months to lay the groundwork for a Peer Support Worker Certification through an extensive stakeholder process including peers, peer support workers, agency providers, State staff, and others interested in the topic. The result was a detailed set of recommendations on a framework for the certification as well as other recommendations of promoting a recovery orientation in the public behavioral health system.

Central to the recommendations was funding for an independent Certification Body to do the work of actually creating the certification. The intention is for DBH to issue a solicitation for an entity to take the recommendations of stakeholders, develop policies and procedures, develop an application process and systems to manage related information, make decisions on applications, issue certifications and track renewals.

Additionally, the stakeholder recommendations call for the development of a training program for new Peer Support Workers which would be one of the requirements for individuals to achieve certification. A final framework for a curriculum will be issued based on the stakeholder

recommendations with the expectations that multiple entities can apply for approval to provide the training. Funding will be needed to support the development of these trainings as well as to defray the cost of training for prospective peer support workers.

Finally, to support the launching of the Certification and Training Program, the intention is to hold a Peer Support Conference at the end of FY20 to gather current peer support workers, prospective peer support workers, agency providers, and State staff to review the new Certification and Training Program and promote the further integration of peers into the workforce.

**Certification Staff:** One staff (plus supervisory support) to facilitate the work of an advisory committee convened to define the specific certification requirements and process. This staff member will facilitate meetings of the advisory committee and will act as a contact for other organizations. Following Year Zero activities and program implementation, this staff member will transition to ongoing tasks associated with peer support certification. Specific tasks of the certification board staff include:

- Convene advisory committee, including peer representation
- Create application forms for provisional and full certification
- Create certificate forms
- Create manual and other materials to promote and provide information about the certification program
- Create database to include applicants, status, and certified professionals in Microsoft Access/Excel or similar software
- Coordinate website content creation and maintenance

**Travel (Advisory Committee):** Travel costs for the 3-5 member advisory committee with statewide representation. The committee will meet every month for 9 months to one year to complete all necessary tasks. While the committee will take advantage of IT resources to meet by phone, some in-person meetings will be necessary. The estimated travel budget is based on travel for 3 committee members travelling to Anchorage, with the remaining members assumed to be local.

**Travel (Certification staff):** Outreach and communication efforts of the certification staff will require some in-state travel to engage with organizations and facilitate integration of peer support professionals into clinical practice. Additional recommendation for certification staff member to attend at least one national training specific to peer support certification.

**IT and Materials:** Technology hardware and software. Website development. Printed materials including certificate forms, manual, and other resources.

**Training Curriculum Development:** Stipends will be available for up to 7 training “entities” to develop a curriculum (based on recommended framework) for approval by the certification body.

**Conference:** Development of a conference to assist with the launch of the new certification program, providing information on the requirements and process to become certified as well as education/training and professional development. Costs include conference planning, space rental, material costs.



<p><b>Grantee Response - FY20 Grant Report Executive Summary:</b> The Peer Support Workforce activities were successful in many respects in FY20. The Division of Behavioral Health contracted with the Alaska Commission on Behavioral Health Certification (ACBHC) to develop the Peer Support Certification. For the Training Curriculum, seven stipends were awarded to seven different training entities to develop training curricula according to pre-established guidelines. The Peer Support Conference, regrettably, planned for May 2020, although planned and ready to go, had to be cancelled with the onset of Covid in March.</p> <p>There were a variety of hurdles along the way with these different activities. The contracting process for the Certification Body took much longer than anticipated. Due to the delay in the approval of the state budget, the funds were not in place to begin the contracting process until the 2nd Quarter. The contracting itself took a number of months before we were able to solicit and ultimately the contract was not fully executed with the ACBHC until March. Once executed however, immediate progress was made. DBH staff and staff from ACBHC began to meet weekly on the project. An 8 member Advisory Board to the Commission was established to create recommendations for the Certification. There was an open solicitation for Advisory Board members and selected members were a majority of peers with lived experience (most working in the field), CEOs of behavioral agencies, and one DBH staff. It was a solid beginning with work, as expected, spilling over to FY21.</p>
<p><b>Number of individual trained as reported for this project in FY20:</b> 0 (curriculum development project)</p>
<p><b>Performance Measure 1:</b> Peer worker certification organization RFP released by 10/15/2019.</p>
<p><b>Grantee Response to Performance Measure 1:</b> Peer worker certification organization RFP was released 1/17/20. Delays with the State budget and the contracting process contributed to the delayed release.</p>
<p><b>Performance Measure 2:</b> Contract/grant awarded by 12/15/2019.</p>
<p><b>Grantee Response to Performance Measure 2:</b> The contract was awarded to the Alaska Commission on Behavioral Health Certification on 3/30/20. This was consistent with the same timeframe of delay as the release of the RFP addressed above.</p>
<p><b>Performance Measure 3:</b> Training curriculum standards developed by 12/1/2019.</p>
<p><b>Grantee Response to Performance Measure 3:</b> The training curriculum standards were developed by 12/1/2019. There are now Division of Behavioral Health Guidelines for necessary elements of the Introduction to Peer Support curriculum. Seven applicants received stipends to develop trainings in accordance with the guidelines. Of the seven curricula subsequently submitted, five were reviewed and given approval by DBH. Two were returned for requested improvements. Of the five training entities with approved curricula, we are aware of two who have begun to train.</p>
<p><b>Performance Measure 4:</b> Pathway to certification process defined by 5/30/2020.</p>
<p><b>Grantee Response to Performance Measure 4:</b> The pathway to the certification process was defined by 5/30/2020.</p>
<p><b>Performance Measure 5:</b> Peer worker certification available to peer workforce by 6/30/2020.</p>
<p><b>Grantee Response to Performance Measure 5:</b> We were unable to hit the 6/30/20 target for releasing the Peer Worker Certification and project that this will require an additional 6 months to complete. The contract with the ACBHC was not fully executed until 3/30/20. The first meeting of the ACBHC Peer Certification Advisory Board was held 5/14/20 and the Advisory Board believes it will need the balance of the calendar year to compile all recommendations, received approval from the Commissioners, and then have all elements ready to launch.</p>

# Standard Agreement Form for Professional Services

The parties' contract comprises this Standard Agreement Form, as well as its referenced Articles and their associated Appendices

1. Agency Contract Number 0620-081	2. Contract Title Peer Support Certification Body		
3. Vendor Number AAD85214	4. IRIS CT Number	5. Alaska Business License Number 1049371	

**This contract is between the State of Alaska,**

6. Department of Health & Social Services	Division Division of Behavioral Health (DBH)	hereafter the State, and
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7. Contractor Alaska Commission for Behavioral Health Certification (ACBHC) <span style="float: right;">hereafter the contractor</span>
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Mailing Address	Street or P.O. Box	City	State	ZIP+4
PO Box 220109		Anchorage	AK	99522-0109

8.

**ARTICLE 1. Appendices:** Appendices referred to in this contract and attached to it are considered part of it.

**ARTICLE 2. Performance of Service:**

2.1 Appendix A governs the performance of services under this contract.  
 2.2 Appendix B sets forth the liability and insurance provisions of this contract.  
 2.3 Appendix C sets forth the services to be performed by the contractor.  
 2.4 Appendix D sets forth the provision for payment

**ARTICLE 3. Period of Performance:** The period of performance for this contract begins **March 4, 2020**, and ends **June 30, 2020**, with two (2) available annual renewal options, to be exercised at the sole discretion of the State.

**ARTICLE 4. Considerations:**

4.1 In full consideration of the contractor's performance under this contract, the State shall pay the contractor a sum not to exceed **\$ 45,000.00** in accordance with the provisions of Appendix D.

9. Department of Health & Social Services	Attention: Division of Finance & Management Services
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Mailing Address PO Box 110650, Juneau, Alaska 99811-0650	Attention: Grants & Contracts Support Team
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<b>10. CONTRACTOR</b>		12. <b>CERTIFICATION:</b> I certify that the facts herein and on supporting documents are correct, that this voucher constitutes a legal charge against funds and appropriations cited, that sufficient funds are encumbered to pay this obligation, or that there is a sufficient balance in the appropriation cited to cover this obligation. I am aware that to knowingly make or allow false entries or alternations on a public record, or knowingly destroy, mutilate, suppress, conceal, remove or otherwise impair the verity, legibility or availability of a public record constitutes tampering with public records punishable under AS 11.56.815-.820. Other disciplinary action may be taken up to and including dismissal.
Name of Firm <i>ALASKA COMMISSION FOR Behavioral Health Certification (ACBHC)</i>		
Signature of Authorized Representative <i>Courtney Donovan</i>	Date 3/5/2020	
Typed or Printed Name of Authorized Representative Courtney Donovan, PhD		
Title Chairman, ACBHC		
<b>11. CONTRACTING AGENCY</b>		Signature of Head of Contracting Agency or Designee <i>[Signature]</i>
Department/Division Health & Social Services / DBH	Date 3/30/20	Date 3/30/2020
Signature of Project Director <i>[Signature]</i> <i>Jim McLaughlin, Program Director</i>		Typed or Printed Name Gennifer Moreau
Typed or Printed Name of Project Director James McLaughlin		Title Division Director
Title Project Director		

**NOTICE: This contract has no effect until signed by the head of contracting agency or designee.**

## Appendix A General Provisions

### Article 1. Definitions.

- 1.1 In this contract and appendices, "Project Director" or "Agency Head" or "Procurement Officer" means the person who signs this contract on behalf of the Requesting Agency and includes a successor or authorized representative.
- 1.2 "State Contracting Agency" means the department for which this contract is to be performed and for which the Commissioner or Authorized Designee acted in signing this contract.

### Article 2. Inspections and Reports.

- 2.1 The department may inspect, in the manner and at reasonable times it considers appropriate, all the contractor's facilities and activities under this contract.
- 2.2 The contractor shall make progress and other reports in the manner and at the times the department reasonably requires.

### Article 3. Disputes.

- 3.1 If the contractor has a claim arising in connection with the contract that it cannot resolve with the State by mutual agreement, it shall pursue the claim, if at all, in accordance with the provisions of AS 36.30.620 – 632.

### Article 4. Equal Employment Opportunity.

- 4.1 The contractor may not discriminate against any employee or applicant for employment because of race, religion, color, national origin, or because of age, disability, sex, marital status, changes in marital status, pregnancy or parenthood when the reasonable demands of the position(s) do not require distinction on the basis of age, disability, sex, marital status, changes in marital status, pregnancy, or parenthood. The contractor shall take affirmative action to insure that the applicants are considered for employment and that employees are treated during employment without unlawful regard to their race, color, religion, national origin, ancestry, disability, age, sex, marital status, changes in marital status, pregnancy or parenthood. This action must include, but need not be limited to, the following: employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training including apprenticeship. The contractor shall post in conspicuous places, available to employees and applicants for employment, notices setting out the provisions of this paragraph.
- 4.2 The contractor shall state, in all solicitations or advertisements for employees to work on State of Alaska contract jobs, that it is an equal opportunity employer and that all qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, age, disability, sex, marital status, changes in marital status, pregnancy or parenthood.
- 4.3 The contractor shall send to each labor union or representative of workers with which the contractor has a collective bargaining agreement or other contract or understanding a notice advising the labor union or workers' compensation representative of the contractor's commitments under this article and post copies of the notice in conspicuous places available to all employees and applicants for employment.
- 4.4 The contractor shall include the provisions of this article in every contract, and shall require the inclusion of these provisions in every contract entered into by any of its subcontractors, so that those provisions will be binding upon each subcontractor. For the purpose of including those provisions in any contract or subcontract, as required by this contract, "contractor" and "subcontractor" may be changed to reflect appropriately the name or designation of the parties of the contract or subcontract.
- 4.5 The contractor shall cooperate fully with State efforts which seek to deal with the problem of unlawful discrimination, and with all other State efforts to guarantee fair employment practices under this contract, and promptly comply with all requests and directions from the State Commission for Human Rights or any of its officers or agents relating to prevention of discriminatory employment practices.
- 4.6 Full cooperation in paragraph 4.5 includes, but is not limited to, being a witness in any proceeding involving questions of unlawful discrimination if that is requested by any official or agency of the State of Alaska; permitting employees of the contractor to be witnesses or complainants in any proceeding involving questions of unlawful discrimination, if that is requested by any official or agency of the State of Alaska; participating in meetings; submitting periodic reports on the equal employment aspects of present and future employment; assisting inspection of the contractor's facilities; and promptly complying with all State directives considered essential by any office or agency of the State of Alaska to insure compliance with all federal and State laws, regulations, and policies pertaining to the prevention of discriminatory employment practices.
- 4.7 Failure to perform under this article constitutes a material breach of contract.

**Article 5. Termination.**

The Project Director, by written notice, may terminate this contract, in whole or in part, when it is in the best interest of the State. In the absence of a breach of contract by the contractor, the State is liable only for payment in accordance with the payment provisions of this contract for services rendered before the effective date of termination.

**Article 6. No Assignment or Delegation.**

The contractor may not assign or delegate this contract, or any part of it, or any right to any of the money to be paid under it, except with the written consent of the Project Director and the Agency Head.

**Article 7. No Additional Work or Material.**

No claim for additional services, not specifically provided in this contract, performed or furnished by the contractor, will be allowed, nor may the contractor do any work or furnish any material not covered by the contract unless the work or material is ordered in writing by the Project Director and approved by the Agency Head.

**Article 8. Independent Contractor.**

The contractor and any agents and employees of the contractor act in an independent capacity and are not officers or employees or agents of the State in the performance of this contract.

**Article 9. Payment of Taxes.**

As a condition of performance of this contract, the contractor shall pay all federal, State, and local taxes incurred by the contractor and shall require their payment by any Subcontractor or any other persons in the performance of this contract. Satisfactory performance of this paragraph is a condition precedent to payment by the State under this contract.

**Article 10. Ownership of Documents.**

All designs, drawings, specifications, notes, artwork, and other work developed in the performance of this agreement are produced for hire and remain the sole property of the State of Alaska and may be used by the State for any other purpose without additional compensation to the contractor. The contractor agrees not to assert any rights and not to establish any claim under the design patent or copyright laws. Nevertheless, if the contractor does mark such documents with a statement suggesting they are trademarked, copyrighted, or otherwise protected against the State's unencumbered use or distribution, the contractor agrees that this paragraph supersedes any such statement and renders it void. The contractor, for a period of three years after final payment under this contract, agrees to furnish and provide access to all retained materials at the request of the Project Director. Unless otherwise directed by the Project Director, the contractor may retain copies of all the materials.

**Article 11. Governing Law; Forum Selection.**

This contract is governed by the laws of the State of Alaska. To the extent not otherwise governed by Article 3 of this Appendix, any claim concerning this contract shall be brought only in the Superior Court of the State of Alaska and not elsewhere.

**Article 12. Conflicting Provisions.**

Unless specifically amended and approved by the Department of Law, the terms of this contract supersede any provisions the contractor may seek to add. The contractor may not add additional or different terms to this contract; AS 45.02.207(b)(1). The contractor specifically acknowledges and agrees that, among other things, provisions in any documents it seeks to append hereto that purport to (1) waive the State of Alaska's sovereign immunity, (2) impose indemnification obligations on the State of Alaska, or (3) limit liability of the contractor for acts of contractor negligence, are expressly superseded by this contract and are void.

**Article 13. Officials Not to Benefit.**

Contractor must comply with all applicable federal or State laws regulating ethical conduct of public officers and employees.

**Article 14. Covenant Against Contingent Fees.**

The contractor warrants that no person or agency has been employed or retained to solicit or secure this contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee except employees or agencies maintained by the contractor for the purpose of securing business. For the breach or violation of this warranty, the State may terminate this contract without liability or in its discretion deduct from the contract price or consideration the full amount of the commission, percentage, brokerage or contingent fee.

**Article 15. Compliance.**

In the performance of this contract, the contractor must comply with all applicable federal, state, and borough regulations, codes, and laws, and be liable for all required insurance, licenses, permits and bonds.

**Article 16. Force Majeure.**

The parties to this contract are not liable for the consequences of any failure to perform, or default in performing, any of their obligations under this Agreement, if that failure or default is caused by any unforeseeable Force Majeure, beyond the control of, and without the fault or negligence of, the respective party. For the purposes of this Agreement, Force Majeure will mean war (whether declared or not); revolution; invasion; insurrection; riot; civil commotion; sabotage; military or usurped power; lightning; explosion; fire; storm; drought; flood; earthquake; epidemic; quarantine; strikes; acts or restraints of governmental authorities affecting the project or directly or indirectly prohibiting or restricting the furnishing or use of materials or labor required; inability to secure materials, machinery, equipment or labor because of priority, allocation or other regulations of any governmental authorities.

## Appendix B<sup>2</sup> Indemnity and Insurance

### Article 1. Indemnification

The Contractor shall indemnify, hold harmless, and defend the contracting agency from and against any claim of, or liability for error, omission or negligent act of the Contractor under this agreement. The Contractor shall not be required to indemnify the contracting agency for a claim of, or liability for, the independent negligence of the contracting agency. If there is a claim of, or liability for, the joint negligent error or omission of the Contractor and the independent negligence of the Contracting agency, the indemnification and hold harmless obligation shall be apportioned on a comparative fault basis. "Contractor" and "Contracting agency", as used within this and the following article, include the employees, agents and other contractors who are directly responsible, respectively, to each. The term "independent negligence" is negligence other than in the Contracting agency's selection, administration, monitoring, or controlling of the Contractor and in approving or accepting the Contractor's work.

### Article 2. Insurance

Without limiting contractor's indemnification, it is agreed that contractor shall purchase at its own expense and maintain in force at all times during the performance of services under this agreement the following policies of insurance. Where specific limits are shown, it is understood that they shall be the minimum acceptable limits. If the contractor's policy contains higher limits, the state shall be entitled to coverage to the extent of such higher limits. Certificates of Insurance must be furnished to the contracting officer prior to beginning work and must provide for a notice of cancellation, non-renewal, or material change of conditions in accordance with policy provisions. Failure to furnish satisfactory evidence of insurance or lapse of the policy is a material breach of this contract and shall be grounds for termination of the contractor's services. All insurance policies shall comply with and be issued by insurers licensed to transact the business of insurance under AS 21.

**2.1 Workers' Compensation Insurance:** The Contractor shall provide and maintain, for all employees engaged in work under this contract, coverage as required by AS 23.30.045, and; where applicable, any other statutory obligations including but not limited to Federal U.S.L. & H. and Jones Act requirements. The policy must waive subrogation against the State.

**2.2 Commercial General Liability Insurance:** covering all business premises and operations used by the Contractor in the performance of services under this agreement with minimum coverage limits of \$300,000 combined single limit per claim.

**2.3 Commercial Automobile Liability Insurance:** covering all vehicles used by the Contractor in the performance of services under this agreement with minimum coverage limits of \$300,000 combined single limit per claim.

**2.4 Professional Liability Insurance:** covering all errors, omissions or negligent acts in the performance of professional services under this agreement. Limits required per the following schedule:

Contract Amount	Minimum Required Limits
Under \$100,000	\$300,000 per Claim / Annual Aggregate
\$100,000-\$499,999	\$500,000 per Claim / Annual Aggregate
\$500,000-\$999,999	\$1,000,000 per Claim / Annual Aggregate
\$1,000,000 or over	Refer to Risk Management

## Appendix C Description of Services

*Should there be a conflict among documents, the following order of precedence shall govern the resolution of conflicts:  
First, this contract document, Second, the RFP, Third, the proposal.*

### **Scope of Work**

The Alaska Department of Health and Social Services, Division of Behavioral Health, requires services of a contractor to support the creation and maintenance of a Certification Program for Alaska Behavioral Health Peer Support Specialists. The Certification will enable those with a lived experience of a mental health or substance use challenge to utilize their experience and training in helping others with similar issues. The Certification Body, in this initial year, is expected to create the infrastructure for Certification including the development of policy and procedure, creation of an application process, building a database, and informing the public in order to allow for initial applications from peers in FY21.

### **Deliverables**

In accordance with the Scope of Work above, the contractor will complete the following deliverables:

#### **Project Kickoff / Timeline Development:**

- a. The contractor will meet with DBH Staff to line out an anticipated timeline for work on the deliverables identified below. The services of this contract are closely tied to funding requirements that must be met; the Project Manager will work with the contractor to identify and manage (ongoing) an acceptable schedule.

#### **1) Creation and maintenance of Advisory Group**

- a. Advisory group (of 5 or more individuals) will be formed
- b. Advisory group should provide input on all aspects of the Certification process.
- c. Majority of the advisory group (3 or more individuals) should be Behavioral Health peers in recovery from a substance use or mental health challenge or an immediate family member of an individual with a substance use or mental health challenge.
- d. Should include one representative from the Division of Behavioral Health
- e. Should include one or more Community Behavioral Health Center services organization representatives
- f. Advisory group must meet at a minimum quarterly. The contractor will work with the DBH Project Manager to determine the appropriate meeting frequency and schedule; the state anticipates increased frequency during the first year. This meeting must occur in person, in one location, at least once annually.
- g. Contractor is responsible for the cost of any required Advisory Group related travel.

#### **2) Policy and Procedures for Certifying Peer Support Specialists**

(Anticipated to be completed within 6 months of contract execution)

Policy and Procedures must address the following:

- a. Eligibility Requirements
  - i. For Provisional Certification
    - Description of what is required in the application
  - ii. Training requirement (developed in conjunction with DBH)
  - iii. Timeframe to meet training requirements in the sequence of the application process (to be coordinated with DBH)
  - iv. Hours of employment required

- Eligible employment sites
- How employment hours are to be documented
- v. Hours of supervision required
  - Eligible supervisory staff
  - How supervisory hours are to be documented
- b. Grandfathering – policy allowing for certification based on previous education and experience.
- c. Reciprocity - what other Peer Certifications (i.e. national or from other states) would be accepted in lieu of Alaska experience and training.
- d. Certification Renewal – how long a certification would last and how to renew.
- e. Continuing Education – continuing education requirements for renewal
- f. Appeals – process for review of Certification Body’s decision around applications and
- g. Complaints and Sanctions
  - i. How complaints from the public are addressed
  - ii. Process for Suspension of Certification
  - iii. Process for Reinstatement
- h. Inactive status
  - i. Reactivation
- i. Fees - for Provisional Certification, Full Certification and Renewals

### 3) Production of Peer Certification Manual

(Anticipated to be completed within 7 months of contract execution)

- a. Definition of a Peer Support Specialist (in conjunction with DBH)
- b. Simple Guide to Application Process (clearly describe steps in the process including a visual graphic)
- c. Creation of a matrix showing different levels of certification, requirements, training, CEUs etc.
- d. Application fee (Provisional, Full Certification, Renewal)
- e. Application (and Renewal) Process and Forms
- f. Information about training (in coordination with DBH)
- g. Requirements for Certification
- h. Grandfathering and Reciprocity
- i. Information about other policies and procedures

### 4) Creation and Maintenance of Database

(Anticipated to be completed within 7 months of contract execution)

- a. To track applicants, status, and certified peer support specialists, renewal dates with an Excel, Access, or similar database system.

### 5) Create and Maintain related website

(Anticipated to be completed within 7 months of contract execution)

- a. Provide link to Peer Certification Manual
- b. Information on Training availability
- c. Include a Frequently Asked Questions section

### 6) Public Education re the Availability of the Peer Certification

(Anticipated to be completed within 8 months of contract execution)

- a. Correspondence to stakeholder groups (peers, providers), announcement on website



- b. Presentations at local and statewide behavioral health and peer conferences or other opportunities to promote the Certification – anticipated to be a minimum of 3 travel trips annually
- c. Announcement of Formal Launch of Peer Certification Program

**7) Ongoing Maintenance of Peer Certification Program**

(ongoing)

- a. Continued processing of applications – the State’s expectation is that the Certification Body would have the ability to make determinations on applications every two months during the first 12 months of accepting applications.
- b. Continued meetings with Advisory Group – Quarterly face-to-face meetings

**8) Travel**

(ongoing)

- a. Travel may be required in performance of the services of this contract. All travel arrangements, booking and travel costs are the responsibility of the contractor. Travel costs are included in the flat billing rate identified in Appendix D, no travel expenses are billable to the State.

**Project Title:** Micro Enterprise Funds

**Grantee:** UAA-Center for Human Development

**Fund:** MHTAAR

**Geographic Area Served:** Statewide

**Project Category:** Direct Service

**Years Funded:** FY04 to Present

**FY20 Grant Amount:** \$150,000.00

**High Level Project Summary:**

The Micro Enterprise project is a long-standing multi-agency partnership providing individual beneficiary grant funds and technical support for beneficiaries to achieve self-employment. Trust beneficiaries apply for and are awarded funding to start their own businesses and receive ongoing business/self-employment coaching to sustain and grow their businesses. Microenterprise grants strive to increase access to self-employment opportunities for persons with disabilities who are Trust beneficiaries. Grant funds may be used for costs associated with starting a new business, expanding a current business or acquiring an existing business. The business must meet the definition of a microenterprise, which is a business with total capital needs of not more than \$35,000 and has fewer than five employees. Allowable costs include but are not limited to: business license, insurance, permits, inventory, raw materials to make a product, equipment, supplies, rent or lease for space to offer a service or product, utilities, furnishings, marketing activities, transportation costs not related to vehicle purchases, accounting services, and training/support services.

Key partners include the UAA Center for Human Development (fund administrator), the Governor's Council on Disabilities and Special Education, Department of Labor & Workforce Development/Division of Vocational Rehabilitation, the UAA Small Business Development Center, Senior and Disabilities Services, Tribal Vocational Rehabilitation, and others. The collaborative work of multiple agencies and individuals in support of the micro enterprise work demonstrates positive outcomes and provides an innovative and successful strategy to financially empower and engage beneficiaries. In FY20 the Micro Enterprise program met expectations by directly supporting beneficiaries through access to self-employment opportunities.

Trust staff recommend continued funding for FY23 to ensure ongoing beneficiary access to funds and related supports. This project aligns with Comp Plan Goal 3 related to beneficiary economic and social well-being.

**Project Title:** Micro Enterprise Funds

**Staff Project Analysis:**

The project continues to be a core strategy of the Trust's Beneficiary Employment and Engagement focus area. FY20 marked a shift of MHTAAR project funding directly to UAA Center for Human Development (in previous years the Governor's Council on Disabilities and Special Education served as the fiscal agent for this project). The grantee and partner agencies are recognized statewide for their knowledge and accessibility and maintain a high level of engagement with Trust staff and statutory advisory boards to ensure the strategy is engaging and effectively provides direct financial support to beneficiaries seeking to start or expand their own small business. Experiences of previous microenterprise beneficiaries during FY20 related to COVID-19 highlighted the need for some beneficiary small businesses to receive more outreach and support due to economic impacts of the pandemic. This need was assessed with some modifications made to the program during FY21 to be continued and potentially enhanced during FY22.

Multiple outreach events were conducted by the grantee and partners for program promotion to increase the number of beneficiary applicants requesting funds. Funds are allocated for a contractual business consultant to provide 1:1 support for beneficiaries as requested, program administration funding for UAA Center for Human Development staff, and Access Alaska for ultimate distribution of beneficiary microenterprise awards. During FY20 a total of sixteen awards were granted from eight communities, totaling \$82,662.58 to beneficiaries. The awards ranged from \$500 to \$10,000 per entrepreneur. Of the 20 applications received during FY20, four applications were not forwarded to the committee for review due to incomplete submissions. Support and assistance were provided to all 16 grant recipients. Of that number 100% were satisfied with the services received or felt the quality of services were above and beyond their expectations. Support and self-employment coaching services were provided to approximately 52 previous grant recipients of which 42 or approximately 80% had maintained their business for one or more years.

Using unique, unduplicated recipients, FY20 awarded beneficiary groups were represented as follows:

- Mental illness – 11
- Developmental Disabilities – 2
- Chronic alcoholism or drug addiction – 3
- Alzheimer's disease and related disorders – 0
- Traumatic brain injuries – 0

Eight communities served by beneficiaries receiving Micro Enterprise funds included: Anchorage, Fairbanks, North Pole, Juneau, Wasilla, Delta Junction, Kenai, Sterling

The project will continue to be closely monitored by Trust staff to assess beneficiary feedback and the impact of increased funding beginning this year as Alaska's economy and employment opportunities shift during COVID-19 recovery. Based on FY20 and FY21 data, policies and procedures have been updated to ensure consistency and transparency on eligibility standards and review processes.

This project is recommended for continued FY23 funding as budgeted. This project aligns with Comp Plan Goal 3 related to beneficiary economic and social well-being.

**Project Description:** Small business ownership is the direction in which Alaska's economy is moving. Prior to COVID-19, self-employed people own 68 percent of all businesses in the state. However, individuals with disabilities are seldom provided with the option to own their own businesses. As a result of the Trust funding for the Economic Development Alliance, a mechanism to train and support individuals with disabilities to own their businesses is in place.

The development of individual micro-enterprises is an integral part of the Self Determination movement. The concept of 'employment' must be challenged by individuals who experience multiple and severe disabilities for whom the idea or possibility of holding a 'regular' job is often out of reach. This should not deny a person from earning income. Through micro-enterprise development, it is possible for people to have income that offsets costs usually borne by public funds. More importantly, for the individual, earning money gives a person a sense of worth and value.

These funds will be primarily used for Trust beneficiaries to start their own businesses and receive ongoing business/self-employment coaching to sustain and grow their businesses. In addition, the CHD will use these funds to leverage funds from individual entrepreneurs, families and State agencies such as the Department of Community and Economic Development and the Division of Vocational Rehabilitation.

The need for targeted additional support (i.e. peer support, substance abuse, mental health, unforeseen business expenses, additional training or other brief intervention) has been identified for some past Microenterprise beneficiaries in order to successfully maintain self-employment and wellness. A portion of FY20 Microenterprise project funds will be designated to identify and provide supports and referrals to other services as needed for identified beneficiaries. Program evaluation design will be modified to measure effectiveness of additional supports and services received.

Availability of these additional supports and services will be on a first come, first served basis, with supports prioritized as follows:

- Mental health or substance use counseling or rehabilitation services
- Unforeseen business expenses critical to sustaining a viable business
- Continuing Education (conferences or trainings related to business needs)

**Grantee Response - FY20 Grant Report Executive Summary:** The total amount of funding available for the Micro Enterprise Program in FY 2020 was \$150,000 (\$125,000 MHTAA; \$25,000 GF). The financial process was different this year in that the funds came directly to the University of Alaska, Anchorage - Center for Human Development rather than historically being passed through the Governor's Council on Disabilities and Special Education. A portion of the funds were allocated for the Microenterprise Grant Business Consultant (Nina Rawson) to continue to provide short-term business coaching and long-term follow up supports to entrepreneurs. A portion of the funds went to Access Alaska to process and distribute grant awards via check per CHD instructions, a portion stayed with UAA-CHD for administration and oversight of the program, with the rest applied to the grant funds to be given to approved grant recipients.

During FY20 a total of sixteen awards were granted, totaling \$82,662.58 to beneficiaries. The awards ranged from \$500 to \$10,000 per entrepreneur. Of the 20 applications received during FY20, four applications were not forwarded to the committee for review because they were submitted incomplete.

A review committee consisting of members from the Alaska Division of Vocational Rehabilitation, Cook Inlet Tribal Vocational Rehabilitation, the Center for Human Development, the Governor's Council on Disabilities and Special Education, the Alaska Mental Health Trust Authority, and a Small Business Development Center representative met to review funding requests for two different application periods: September 2019 and January 2020. Overall project management was again provided by Larrisa Cummings, Microenterprise Fund Administrator, at the UAA Center for Human Development. Applicants were notified of the status of their application via email within one week of the review as to whether their request was granted in full, partially, pending further information requested or denied which included a basis for denial.

In an effort, to increase the different groups of beneficiaries and regional grantee diversity of who apply for the grant program, the Center for Human Development held several program outreach presentation events, including: Fall 2019 – National Certificate of Employment Services (NCES); October 2019 – AK Federation for the Blind statewide conference, January 2020 - Center for the Blind & Visually Impaired, Transition Age Workshop the October 2019 - Empowerment Through Employment Conference. These presentations walk attendees through the steps needed to apply as well as the resources available to them throughout the process. CHD provides ongoing webinar presentations to further increase awareness in rural and remote regions. CHD continues to utilize the Microenterprise rack card brochure to distribute frequently at trainings, conferences, and site visits to service agencies. CHD continues to advise agencies and the general public of the application deadlines via listserv emails, social media posts, and posting updated information to the Microenterprise website. CHD and Nina Rawson continue to reach out to agencies to promote the ME Grant. These strategies are expected to increase community awareness to this grant opportunity for Trust beneficiaries.

**Number of beneficiaries experiencing mental illness reported served by this project in FY20: 11**

**Number of beneficiaries experiencing substance misuse reported served by this project in FY20: 3**

**Number of beneficiaries experiencing a developmental disability reported served by this project in FY20: 2**

**Number of individuals trained as reported for this project in FY20: 74**

**Performance Measure 1:** Provide a detailed programmatic budget that highlights the sources of funding for this project, as well as how program funds are expended.

**Grantee Response to Performance Measure 1:**

Portions of the funds were allocated for contracting with a business consultant to provide short-term supports for the application process, and long-term business coaching supports to grant recipients. Nina Rawson has filled this role as the project's Business Consultant for FY20

A portion of the grant funds went to Access Alaska to process and distribute grant awards per CHD instructions, and a portion stayed with CHD for administering the program. During FY20 a total of \$82,662.58 was awarded to 16 Micro Enterprise Grant Awardees in amounts of \$500 to \$10,000 being awarded per entrepreneur.

See attached program report and budget for details.

**Performance Measure 2:** Number and type of businesses established, including amount granted and demographic information (i.e., beneficiary status, geographic location).

**Grantee Response to Performance Measure 2:**

Sixteen businesses were funded during FY20, from eight Alaska communities. See details below.

20-001 Anchorage: Cleaning and hauling trash out of vacant apartments. Primarily working with Property Managers  
Grant Award: \$987.93

20-002 Kenai: Carpentry and excavation services  
Grant Award: \$10,000.00

20-003 North Pole: Hair Salon business  
Grant Award: \$9,876.66

20-004 Wasilla: Jewelry design and production  
Grant Award: \$4,808.88

20-005 North Pole: Hair Salon  
Grant Award: \$7,121.98

20-006 Wasilla: Handyman property renovation and remodel services  
Grant Award: \$5,812.92

20-007 Anchorage: Leather goods, engraved leather art (checkbooks, belts etc.)  
Grant Award: \$ 8,873.64

20-008 Delta Junction: Virtual School Counseling Consultant Services  
Grant Award: \$ 5,365.45

20-009 Sterling: Artist – painting and custom made cards  
Grant Award: \$1,976.43

20-010 Fairbanks: Commercial cleaning and janitorial services  
Grant Award: \$7,634.96

20-011 Juneau: Hair braiding services  
Grant Award: \$ 500.00

20-012 Wasilla: Writer and publisher of children's books  
Grant Award: \$ 3,400.00

20-013 Fairbanks: Creating and selling baked goods  
Grant Award: \$ 6,286.94

20-014 Fairbanks: Breeding chickens, eggs, chicken care for other owners  
Grant Award: \$ 5,298.05

20-015 Juneau: Alaskan artwork and décor  
Grant Award: \$ 5,782.65

20-016 Anchorage: Health and wellness events coordination

Grant Award: \$ 500.00

\*\*\*\*\*

Total funds awarded FY20: \$82,662.58

**Performance Measure 3:** Number of individuals who received business/self-employment coaching services, including outcomes of those services (i.e., number maintaining businesses for at least 1 year, number growing their businesses).

**Grantee Response to Performance Measure 3:**

All Micro Enterprise grant applicants are assisted by Larrisa Cummings (UAA Center for Human Development) or the contracted Business Consultant, Nina Rawson. Nina provides application assistance including support with writing business plans and producing the required financial statements. In addition, Nina reaches out to prior grant recipients on a regular basis, checking in with them to see how they are doing and if she can offer any assistance or support.

During FY20 support and self-employment coaching services were provided to approximately 52 previous grant recipients of which 34 or 65% had maintained their business for one or more years.

**Performance Measure 4:** Number and percentage of individuals receiving assistance who are satisfied with the quality and usefulness of services received (target 80%).

**Grantee Response to Performance Measure 4:**

Support and assistance were provided to all 16 grant recipients. Of that number 100% were satisfied with the services received or felt the quality of services were above and beyond their expectations.

**Performance Measure 5:** Amount of resources leveraged from other sources, by type.

**Grantee Response to Performance Measure 5:**

Total funds leveraged by grant recipients for FY20 (match funds): \$134,126.19

**Performance Measure 6:**

- a) Identify additional appropriate supports and services to further support beneficiaries requiring additional or ongoing supports to maintain self-employment and wellness, as described in the project description.
- b) Number and percentage of beneficiaries receiving non-business supports who report increased capacity to maintain self-employment and increased wellness.

**Grantee Response to Performance Measure 6:**

- a) Identify beneficiaries who may need additional supports and services: None identified
- b) Number receiving supports who reported increased capacity to maintain self-employment and increased wellness: None.

All FY20 funds went to new recipients, and all funds were expended.

**Microenterprise Grant  
UAA Center for Human Development  
Larrisa Cummings Project Director  
FY20 Project Report  
July 1, 2019 – June 30, 2020**

**Project Overview & Activities:**

The University of Alaska, Anchorage Center for Human Development (CHD) provides assistance to applicants, processes applications, coordinates review committee meetings, notifies applicants of awards, and provides long-term business coaching supports to entrepreneurs.

**Performance Measure #1:** Portions of the funds were allocated for contracting with a business consultant to provide short-term supports for the application process, and long-term business coaching supports to grant recipients. Nina Rawson has filled this role as the project's Business Consultant for FY20

A portion of the grant funds went to Access Alaska to process and distribute grant awards per CHD instructions, and a portion stayed with CHD for administering the program. During FY20 a total of **\$82,662.58** was awarded to Micro Enterprise Grant Awardees in amounts of \$500 to \$10,000 being awarded per entrepreneur.

**Outreach:**

- CHD Provided Outreach statewide both in person and via distance reaching a total of 74 people in FY20.
  - September 2019 – National Certificate of Employment Services (NCES);
  - October 2019 – AK Federation for the Blind statewide conference,
  - January 2020 - Center for the Blind & Visually Impaired, Transition Age Workshop
  - October 2019 - Empowerment Through Employment Conference

**Applications:**

Two application periods were held in FY20 with one deadline in the fall (Sept 2019) and one in the winter (Jan 2020).

**Performance Measure #2:** A total of 20 applications were received. Four applications were not forwarded to the committee for review because they were received incomplete. A total of sixteen awards were granted. Grant applicants received assistance by myself or our contracted Business Consultant, Nina Rawson, upon request. **A total of 16 awards were granted.** Following is a brief summary of the FY20 grant recipients:



**20-001 Anchorage:**

Grant Award: \$987.93

Cleaning and hauling trash out of vacant apartments. Primarily working with Property Managers.

**20-002 Kenai:**

Grant Award: \$10,000.00

Carpentry and excavation services.

**20-003 North Pole:**

Grant Award: \$9,876.66

Hair Salon business.

**20-004 Wasilla:**

Grant Award: \$4,808.88

Jewelry design and production.

**20-005 North Pole:**

Grant Award: \$7,121.98

Hair Salon.

**20-006 Wasilla:**

Grant Award: \$5,812.92

Handyman property renovation and remodel services.

**20-007 Anchorage:**

Grant Award: \$ 8,873.64

Creating leather goods, engraving artwork in leather (checkbooks, belts etc.)

**20-008 Delta Junction:**

Grant Award: \$ 5,365.45

Virtual School Counseling Consultant Services

**20-009 Sterling:**

Grant Award: \$1,976.43

Artist – painting and custom made cards

**20-010 Fairbanks:**

Grant Award: \$7,634.96

Cleaning and janitorial services to commercial buildings.

**20-011 Juneau:**

Grant Award: \$ 500.00

Hair braiding services

**20-012 Wasilla:**

Grant Award: \$ 3,400.00

Writer and publisher of children's books

**20-013 Fairbanks:**

Grant Award: \$ 6,286.94  
Creating and selling baked goods

**20-014 Fairbanks:**

Grant Award: \$ 5,298.05  
Breeding chickens, selling eggs, vacation minding for other chicken coops owners.

**20-015 Juneau:**

Grant Award: \$ 5,782.65  
Alaskan artwork and décor.

**20-016 Anchorage:**

Grant Award: \$ 500.00  
Coordinating health and wellness type social events and providing transportation for clients.

\*\*\*\*\*

**Total funds awarded FY20: \$82,662.58**

**Performance Measure #3:** All Micro Enterprise grant applicants are assisted by myself or our contracted Business Consultant. Nina provides application assistance including support with writing business plans and producing the required financial statements. In addition, Nina reaches out to prior grant recipients on a regular basis, checking in with them to see how they are doing and if she can offer any assistance or support.

During FY20 support and self-employment coaching services were provided to approximately **52 previous Micro Enterprise grant recipients of which 34 or 65% had maintained their business for one or more years.**

**Performance Measure #4:** Number and percentage of individuals who received business coaching services, who were satisfied.

Support and assistance were provided to all 16 grant recipients. Of that number 100% were satisfied with her services or felt the quality of her services were above and beyond their expectations.

**Performance Measure #5:** Amount of resources leveraged from other sources.

Total funds leveraged by grant recipients for FY20 (match funds): \$134,126.19

**Performance Measure #6:**

- a) Identify beneficiaries who may need additional supports and services: None identified this year.

- b) Number receiving supports who reported increased capacity to maintain self-employment and increased wellness: None.

All funds this year went to new recipients, and all funds were expended.

**Beneficiary Groups Represented:**

Using unique, unduplicated recipients, the Alaska Mental Health Trust beneficiary groups represented for FY20 are as follows:

- Mental Illness – 11
- Developmental Disabilities - 2
- Chronic alcoholism and other substance related disorders - 3
- Alzheimer’s disease and related disorders – 0
- Traumatic brain injuries – 0

Two applicants claimed multiple beneficiary groups. Both applicants were in the Mental Illness/Developmental Disability beneficiary group.

Eight communities served by beneficiaries receiving Micro Enterprise funds for FY20 included: Fairbanks, North Pole, Delta Junction, Kenai, Sterling, Anchorage, Juneau, and Wasilla.



# AMHTA Microenterprise Grant

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2020 Survey of FY18, FY19 & FY20 Grant Recipients

Prepared by:

Lucy Cordwell

UAA Center for Human Development

Research and Evaluation

September 2020



UAA Center for  
Human Development  
UNIVERSITY of ALASKA ANCHORAGE

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## **Introduction**

The Microenterprise Grant Program (ME Grant) is an opportunity for Alaskan's with disabilities who qualify as Alaska Mental Health Trust beneficiaries and own their own business or are looking to start their own business. Individuals can apply to receive funds, up to \$10,000 in a lifetime, which can be used to start, expand, and/or support their business. There are three opportunities each year for individuals to apply. Applications for more than \$1,000 must include a business plan with financial projections. Applications are subject to thorough review by a qualified board.

Each year, as part of the project reporting and grantee tracking, a survey is conducted of ME Grant recipients. The survey is distributed to all ME Grant recipients from the last three fiscal years. The survey asks questions about the grantees' businesses and use of ME Grant funds, as well as general quality of life questions regarding self-employment. This year, questions related to the impact of COVID-19 were added to the survey.

## **Methodology**

Individuals who received the ME Grant in fiscal years 18, 19, and/or 20 were included in the survey; that is anyone receiving a grant between July 1, 2017 and June 30, 2020 (Table 1). A total of 43 individuals qualified for the survey. The survey followed the same format as the FY14 – FY17 surveys, which included some minor changes to questions used prior to FY20 and some new questions added in FY20 (See Appendix A for a sample of the survey).

The survey was distributed using Qualtrics, an online survey tool, to eligible ME Grant recipients using recipients' email addresses and a unique survey link. Responses were tracked in Qualtrics by email address and those who did not complete the survey were sent two follow up reminder emails and up to three telephone calls. The survey was open for approximately one month, from August 4th, 2020 through August 31st, 2020.

The University of Alaska Anchorage Institutional Review Board approved the survey questions and protocol. All individuals completing the survey provided informed consent. In cases where individuals were under the age of 18 or had a legal guardian,

their guardian was asked to read and provide informed consent and the individual provided informed assent to participate in the survey.

Table 1 – *Eligible Survey Participants and Response Rate*

<b>Year received ME Grant</b>	<b>Number of participants (n)</b>
FY18 Recipients	13
FY19 Recipients	16
FY20 Recipients	16
<b>Received multiple ME Grants</b>	<b>n</b>
FY18 & FY19	1
FY19 & FY20	1
<b>Total Survey Respondents</b>	<b>n</b>
Included in survey	43
Unreachable <sup>a</sup>	1
Completed survey	17
Response rate	40%

<sup>a</sup> Indicates the email bounced and the phone was disconnected

### **ME Grant Survey Results**

A total of 17 individuals completed the survey. Individuals from each fiscal year completed the survey with the majority of participation from FY20 (Table 2). A total of 6 males and 11 females completed the survey. The individuals completing the survey represented a variety of award amounts, with the largest category being \$9,001 to \$10,000. The business sectors represented were mostly Arts & Crafts followed by Service, which is typical of ME Grant applicants. Other business sectors represented included Food, Farming & Gardening, and Tourism. Of those completing the survey, three (18%) were not currently open for business.



Table 2 – Demographics Associated with Completed Survey Responses

<b>Fiscal Year</b>	<b><i>n</i></b>	<b>%</b>
FY18	3	18%
FY19	6	35%
FY20	7	41%
Multiple years	1	6%
<b>Gender <sup>a</sup></b>	<b><i>n</i></b>	<b>%</b>
Male	6	35%
Female	11	65%
<b>Award Amount <sup>b</sup></b>	<b><i>n</i></b>	<b>%</b>
\$1,000 or less	2	12%
\$1,001 to \$3,000	1	6%
\$3,001 to \$5,000	4	24%
\$5,001 to \$7,000	4	24%
\$7,001 to \$9,000	1	6%
\$9,001 to \$10,000	5	29%
<b>Business Sector</b>	<b><i>n</i></b>	<b>%</b>
Arts & Crafts	9	53%
Service	4	24%
Food	2	12%
Farm & Garden	1	6%
Tourism	1	6%
<b>Still Open for Business</b>	<b><i>n</i></b>	<b>%</b>
Yes	14	82%
No	3	18%

<sup>a</sup> Gender was reported by grant administrator

<sup>b</sup> For individuals receiving multiple awards, award amount is the sum of all awards.

## **Business Basics**

The questions focused on business basics asked about a current business license, marketing techniques, supports or services that would be beneficial, bookkeeping, and receipt of other funds (Table 3). Thirteen individuals (76%) reported having a current business license. Of the four participants without a business license (24%), two had closed down and two were currently open for business. One participant with a business currently closed still held a business license. Grant recipients reported using a variety of methods to market their business and the majority of individuals were using word-of-mouth (94%). The second most seen method of advertising was using Facebook (88%). Respondents were asked if there were additional supports or services from which they would benefit, with most participants selecting they would benefit from marketing assistance (50%), learning about sales strategies (50%), and with tax assistance (43%). Over half (4/7) that reported they would benefit from marketing assistance also reported they would benefit from sales strategies. A majority of respondents have a bookkeeping system in place for their business (65%). When asked to explain the bookkeeping system, eight individuals reported using a computer program (e.g., excel, quick books) and one had assistance from a Case Manager. Two respondents reported receiving additional funds to support their business (13%), with both receiving this support from vocational rehabilitation.

Table 3 – *Business Basics*

<b>Current business license</b>	<b><i>n</i></b>	<b>%</b>
Yes	13	76%
No	4	24%
<b>Marketing Techniques <sup>a</sup></b>	<b><i>n</i></b>	<b>%</b>
Word-of-Mouth	16	94%
Facebook	15	88%
Business Website	6	35%
Signs	3	18%
Internet ads	3	18%
Instagram	3	18%
Flyers on bulletin boards	2	12%
Twitter	2	12%
Newspaper ads	1	6%
Phone book	1	6%
Other <sup>b</sup>	5	29%
<b>Support or service that would be beneficial <sup>c</sup></b>	<b><i>n</i></b>	<b>%</b>
Marketing assistance	7	50%
Sales strategies	7	50%
Tax assistance	6	43%
Bookkeeping	5	36%
Payroll	2	14%
Other <sup>d</sup>	3	21%
<b>Bookkeeping System</b>	<b><i>n</i></b>	<b>%</b>
Yes	11	65%
No	6	35%
<b>Receipt of Other Funds</b>	<b><i>n</i></b>	<b>%</b>
Yes	2	13%
No	14	88%

<sup>a</sup> Respondents could select more than one marketing technique. Therefore, the percentages are reported as the percent of all respondents who reported using that method, where N=17.

<sup>b</sup> Those that selected “other” described using the following marketing techniques: Etsy, being mentioned in local article, funding, and book events.

<sup>c</sup> Respondents could select more than one support or service they would benefit from. Therefore, the percentages are reported as the percent of all respondents who reported using that method, where N=14.

<sup>d</sup> Those that selected “other” described other support or service they would benefit from: building a website, website design, social media training, and continued mental health support.

## Impact of COVID-19

New questions were added to the survey this year related to the impact of COVID-19 (Table 4). These focused on how the participants' business had, or had not, been affected. Fifteen participants reported that their business had been impacted by COVID-19 (88%). These participants explained that there was no tourism, that public events were canceled, that other companies they bought or sold from had closed down, and that people were only purchasing necessities. Two respondents reported their mental health had been affected making it hard to focus. Other participants shared that they had experienced shipping delays, had to temporarily shut due to state mandates, and that the cost of personal protective equipment (PPE) had drastically increased. One participant worried that they could not guarantee their customers or staff safety. Another participant suffered from long-term ill health, therefore, could no longer sell products at markets and risk exposure to COVID-19. Two participants had reported their business had not been impacted by COVID-19 (12%). One of these participants explained this was because their work was already mainly performed virtually and the other was still in the process of setting up their business.

Table 4 – *Has your business been impacted by COVID-19?*

<b>Business impacted by COVID-19</b>	<b><i>n</i></b>	<b>%</b>
Yes	15	88%
No	2	12%

## COVID-19 small business relief funds

Participants were asked whether they had applied for COVID-19 small business relief funds (Table 5). The majority of respondents had not applied (69%), followed by applying for a Small Business Administration (SBA) Economic Injury Disaster Loan (EIDL) (19%).

Table 5 – COVID-19 small business relief funds

<b>Applied for COVID-19 small business relief funds <sup>a</sup></b>	<b><i>n</i></b>	<b>%</b>
Did not apply	11	69%
SBA EIDL	3	19%
AK CARES Grant Program	2	13%
Local Relief Fund	1	6%
Other <sup>b</sup>	1	6%
<b>Why have you not applied <sup>c</sup></b>	<b><i>n</i></b>	<b>%</b>
Did not know about relief funds	5	50%
Was not eligible	3	30%
Was not interested in applying	2	20
Did not need to apply	1	10%
Business had already closed	1	10%
Other <sup>d</sup>	2	20%

<sup>a</sup> Respondents could select more than one relief fund. Therefore, the percentages are reported as the percent of all respondents who reported using that method, where N=16.

<sup>b</sup> The participant who selected “other” had been awarded an artist grant.

<sup>c</sup> Question only asked to those who had not applied for COVID-19 small business relief funds.

Participants could select multiple responses. Therefore, percentages are reported as the percent of all respondents who had answered this question, where N=10.

<sup>d</sup> Those that selected “other” described the reasons they had not applied: having no business this year and needing support to complete the application forms.

## Business Income and Finances

Individuals were asked to answer questions about their business income and finances, including whether they had paid federal taxes on business income; if the business owed money to others; and whether they paid themselves from business income, how much, and whether it matched their expectations (Table 6). It is important to highlight that the majority of respondents do not owe money for their business (82%) and nearly half were able to pay themselves from their business income (47%). The amount paid in owner's draw varied greatly and ranged from \$200 to \$10,000 (Table 7).

Table 6 – *Business Income and Finances*

<b>Filed Federal Taxes for Business</b>	<b><i>n</i></b>	<b>%</b>
Yes	8	47%
No	9	53%
<b>Does Business Owes Others</b>	<b><i>n</i></b>	<b>%</b>
Yes	3	18%
No	14	82%
<b>Paid Self from Business Income</b>	<b><i>n</i></b>	<b>%</b>
Yes	8	47%
No	9	53%
<b>Amount Paid Match Expectations</b>	<b><i>n</i></b>	<b>%</b>
Yes	5	63%
No	3	38%
<b>Amount of Owner's Draw <sup>a</sup></b>	<b><i>n</i></b>	<b>%</b>
\$1,000 or less	2	40%
\$1,001 to \$10,000	3	60%
\$10,000 and above	0	0%

<sup>a</sup> Question only asked to those who had paid themselves. Therefore, percentages are reported as the percent of all respondents who answered this question, where N=5.

Table 7 – *Draw Descriptive Statistics*

<b>Mean (M)</b>	<b>Standard Deviation (SD)</b>	<b>Median</b>	<b>Range</b>
\$5,224.61	\$4,399.13	\$7000.00	\$200 to \$10,000

## Business Training or Assistance

Under half of the respondents attended trainings or workshops related to their business and 18% received assistance from someone like a business counselor (Table 8). When asked to explain the type of training they attended respondents described online courses, in person classes, monthly presentations, and annual conferences that assisted with business skills specific to their product or service, such as menu planning. For the few people who reported receiving one-on-one business counseling services they mentioned assistance from the Small Business Administration, receiving private coaching, and support from vocational rehabilitation.

Table 8 – *Business Training and Assistance*

<b>Attended Business Training or Workshop</b>	<b><i>n</i></b>	<b>%</b>
Yes	6	35%
No	11	65%
<b>Assistance from Business Counselor or Professional</b>	<b><i>n</i></b>	<b>%</b>
Yes	3	18%
No	14	82%
<b>Utilization of Business Resources <sup>a</sup></b>	<b><i>n</i></b>	<b>%</b>
Small Business Development Center (SBDC)	6	60%
Made in Alaska website	4	40%
Small Business Administration Website	1	10%
Alaska SBDC COVID-19 Resource Center	1	10%
Other <sup>b</sup>	4	40%

<sup>a</sup> Respondents could select more than one business resource. Therefore, the percentages are reported as the percent of all respondents who had accessed resources, N=10.

<sup>b</sup> Of those that selected “other”, respondents clarified that they were using Paycheck Protection Program loan, the Grown in Alaska website, vocational rehabilitation, and Anchorage Community Mental Health Services.

## **Business Satisfaction**

Grantees were asked to rate their satisfaction with their business and to respond to two open-ended questions regarding something good that happened in their business in the past year and concerns about their business. When asked, “How satisfied are you with your business?” the majority of respondents (88%) rated their satisfaction a three or higher on a scale from zero, not at all satisfied, to five, highly satisfied (M=3.938, SD=1.063).

Several themes emerged among responses to the question, “What were the best things that happened for your business during the past year?” including acquiring new business contracts, successfully learning how to run a business, being able to purchase or upgrade equipment, meeting new people, their dreams coming true, and having positive customer feedback. Four individuals mentioned their best successes were related to adding or expanding contracts, and three participants specifically stated the ME Grant was one of the best things that had happen to them. Three respondents mentioned the success they had found attending events, one published their first novel, and one had their entire 2019 season fully booked.

When asked about concerns for their business, individuals’ responses ranged from general day-to-day concerns to more specific issues regarding the economy or the individuals own health. Of the sixteen participants who answered this question, ten directly mentioned COVID-19, or the direct impacts of COVID-19, as a concern. These concerns included there being no tourism, canceled events, and other businesses they traded with closing down. Other participants shared that COVID-19 increased financial worries and affected their mental health. One participant had to close their business because they could no longer guarantee customer or staff safety. Another participant, who is immunocompromised, is currently unable to sell products in person. Concerns not linked to COVID-19 included being unsure how to successfully advertise, worrying whether their products would sell, and being concerned about their work-life balance. One participant wrote that they needed to develop both a website and an accounting system.



## ME Grant Satisfaction

Over half of the individuals responding to the survey mentioned using the ME Grant money to purchase equipment and tools for their business (Table 9). Individuals also used the money for overhead costs, business and office supplies, marketing, and raw materials.

Table 9 – *Uses of My Grant Funds*

<b>How spent ME Grant</b>	<b><i>n</i></b>	<b>%</b>
Equipment & Tools	12	71%
Raw Materials	7	41%
Business and Office Supplies	3	18%
Overhead (e.g., utilities, rent, insurance)	2	12%
Marketing (e.g., website, printing)	2	12%
Training	1	6%

The use of ME Grant funds was derived from open-ended responses. Some individuals mentioned more than one use for the funds. Therefore, the reported percentages are reported as the percent of all respondents that mentioned the specific use of funds, where N=17.

All individuals reported they would not have been able to complete their business goals without the help of the microenterprise grant (Table 10). When asked to explain, nine respondents said they would not have had the finances to complete their goals without the microenterprise grant. Other participants explained what they spent the grant on, including expanding their business, purchasing start up tools, and fixing their vehicle to be able to run their business. One participant wrote it would have taken them longer to achieve their goals and another stated they had been trying unsuccessfully for a year to start their business until the ME Grant allowed them to achieve this.

Table 10 – *Ability to complete business goal without the ME Grant*

<b>Ability to complete goal without the ME Grant</b>	<b><i>n</i></b>	<b>%</b>
Yes	0	0%
No	17	100%

## Quality of Life

Regarding quality of life, grant recipients were asked to rate changes to various aspects of quality of life since becoming self-employed (Table 11) and to rate how satisfied they were with their self-employment experience. Individuals were also asked to elaborate in an open-ended response on how their quality of life had been affected after receiving the grant.

Respondents reported an improvement in most aspects of quality of life. Improvement was indicated by a mean greater than three on a scale from zero, worse, to five, improved. The quality of life items reported as most improved were “personal sense of self-worth” (M=4.176, SD=0.883) and “ability to make your own decisions” (M=4.176, SD=0.951). The least reported changes were related to “social life” (M=2.765, SD=1.678) and “feelings of anxiety” (M=2.938, SD=1.063). It is likely COVID-19 was responsible for the social life rating and running a business could lead to increased anxiety. The majority of respondents rated their satisfaction with self-employment a three or higher (82%) on a scale from zero, not at all satisfied, to five, highly satisfied (M=4.000, SD=1.173). One participant whose business had temporarily closed due to COVID-19 stated that the ratings provided represented how they felt when their business was open.

Table 11 – *Improvement in Quality of Life*

<b>Aspects of Quality of Life</b>	<b><i>n</i></b>	<b><i>Mean</i></b>	<b><i>Standard Deviation</i></b>
Personal sense of self-worth	17	4.176	0.883
Ability to make your own decisions	17	4.176	0.951
Independence	17	4.059	0.748
Enjoyment of daily life	17	3.882	1.111
Energy level	17	3.647	1.115
Feelings of anxiety	16	2.938	1.063
Social life	17	2.765	1.678

Rated on a scale of 0 to 5, where zero is equivalent to “Worse” and five is equivalent to “Improved.”

Thirteen participants responded to the question “How has receiving the grant affected your quality of life?” Twelve of the thirteen wrote positive comments about the opportunity and its impact on their business and life. For example, as a result of the ME grant individuals had:

- Increased self-confidence, “Wow! I have never felt so free and in control. I feel possibilities are endless and doable. I am very self-confident!!!”
- Increased social life, “It has allowed me to get out more, meet/make new friends, and helped me feel good when people like my products and work”
- Increased hope for future, “Total turnaround of self-confidence and hope in myself for the future and believing that someone actually cares. There are many out there like myself who have no voice or a helping hand to develop their special talents and knowledge of obtaining a microenterprise grant. So, my day to day living has drastically changed in a positive way. The knowledge that there are grants available to someone like me who has a mental disability has been nothing but a positive experience and has affected my life in a positive way.

While the majority of individuals made positive comments as highlighted above, one participant explained that running a business had been a difficult experience. This participant wrote “Honestly it's been really hard. The one vendor not sending me the product caused my health to spiral downwards. When I sold the [product] more casually there was no pressure to perform but once I had the grant money I felt like I needed to make it work in a bigger way. People are so mean when it comes to money. I still feel in the long run I can make it work but I just have to go back to basics...and make a plan. But that plan is going to have to take into consideration all the changes happening on the planet.”

## Business Accommodations

Grantees were asked a series of questions around business accommodations as they relate to their schedule, disability, and work environment (Table 12). The majority of the respondents (94%) indicated that owning their own business allows them to set their own schedule and that being able to set their own schedule is helpful in accommodating one's disability. When asked to explain how setting one's own schedule accommodates one's disability many respondents mentioned it was helpful to have flexibility and control over their schedule:

- “I can set my own hours and don't need to be physically put together in order to work. Creating my own hours allows the flexibility to manage my disability and be able to work”
- “If I am not feeling well [and] unable to work, depending on the task I can either reschedule or have someone cover it for me. Being flexible makes it possible for care of my disabilities which helps me better overall”
- “Due to my disability, there are a lot of times where I am debilitated and can't function. So, this has been an amazing opportunity to go forward and strive for growth working with my disability instead of trying to make it work with me.”
- “Could schedule around doctors' appointments, could work at night, could do what I wanted as long as it worked for the customer”
- “My disability is very unstable and unpredictable. I can work on my [business] when I am able and wherever I need to. My work can be completely flexible around doctors' appointments and other necessary services for my health. I can also take breaks from it when needed for my mental health”

When asked, “How comfortable are you in your work environment at your business?” all respondents rated their comfort a three or higher (100%) on a scale from zero, not at all comfortable, to five, highly comfortable (M=4.188, SD=0.911). A majority of participants reported it was easier to commute to work (77%) since starting their business. The number of hours worked each week was varied, with a quarter working 1 to 10 hours (25%), 11 to 20 hours (25%), 21 to 30 hours (25%), and 40 or more hours (25%). No participants reported working 0 hours or 31 to 40 hours per week.

Table 12 – *Business Accommodations*

<b>Ability to Set Your Own Schedule</b>	<b><i>n</i></b>	<b>%</b>
Yes	16	94%
No	1	6%
<b>Setting Schedule Assists in Accommodating Disability</b>	<b><i>n</i></b>	<b>%</b>
Yes	16	100%
No	0	0%
<b>Easier to Commute to Work</b>	<b><i>n</i></b>	<b>%</b>
Yes	10	77%
No	3	23%
<b>Hours Worked on Business Per Week</b>	<b><i>n</i></b>	<b>%</b>
0 hours	0	0%
1 to 10 hours	4	25%
11 to 20 hours	4	25%
21 to 30 hours	4	25%
31 to 40 hours	0	0%
40+ hours	4	25%

## Public Benefits

Individuals were asked to respond to a series of questions around public benefits and their plan for use of public benefits in the future (Table 13). More than half of the respondents received benefits before applying for the ME Grant (56%) and less than half were currently receiving benefits at the time of the survey (47%). Most grantees that received benefits would prefer to maintain their benefits while operating their business (63%). No individuals reported having a PASS plan in place, instead they had either thought about it (25%), did not have one (38%), or did not know what one was (38%).

Table 13 – *Public Benefits*

<b>Receiving SSI or SSDI Before</b>	<b><i>n</i></b>	<b>%</b>
Yes	9	56%
No	7	44%
<b>Currently Receiving SSI or SSDI</b>	<b><i>n</i></b>	<b>%</b>
Yes	8	47%
No	9	53%
<b>Transition Off of Benefits <sup>a</sup></b>	<b><i>n</i></b>	<b>%</b>
Yes, I want to transition off All benefits	1	13%
Yes, I want to transition off Some benefits	2	25%
No, I want to operate my business such that I maintain my benefits	5	63%
<b>Have a Pass Plan <sup>a</sup></b>	<b><i>n</i></b>	<b>%</b>
Yes	0	0%
No	3	38%
I've thought about it	2	25%
I don't know what a PASS Plan is	3	38%

<sup>a</sup> Asked only of those currently receiving benefits

## Additional Comments

Participants were asked if there was anything else they wished to share. One participant commented that they “Could use more tools and education.” The other respondents (11 out of a total of 12 comments) wrote of how positive their experience of owning a business had been or how grateful the respondent was to have received the grant. These comments also often elaborated on how their mental health was affected, such as:

*Full time work was bringing me down, dangerously. I am now feeling able when I own my time again and can allow myself good and bad days.*

Another participant wrote of how their independence had improved, stating:

*Thank you for your award. It has provided a piece of independence that I needed in order to deliver my business services.*

Finally, one respondent advised that the ME Grant should be advertised to Anchorage Community and Mental Health Services (ACMHS) clients and shared how important this grant had been for them, writing:

*I am the first client at ACMHS who has ever received a microenterprise grant... If I did not have the support from [an acquaintance outside of ACMHS] I wouldn't have seen or gotten this grant... There are people just like me who have absolutely no idea that these grants are available to help them achieve a better life, not just financially but mentally. Having independence, having your dignity, being respected are things that we all want and need. Unfortunately, a lot of us are not given that opportunity. If I could share some insight on how this grant has affected my life I would say that mentally it has given me hope, it has given me a sense of self. That is worth more than money could ever give. It has helped me stay sober, it has helped me gain confidence and believe in myself. Knowing that there are people that actually cared for someone they never knew, which in return, taught me to give back to others who are less fortunate. There is no quick fix to life, but if we can give guidance where guidance is lacking I believe we can help change others' lives for the better. Thank you for your support and all you do to help change lives.*

## Appendix A – ME Grant Survey 2020

### Introduction

As a recipient of the Alaska Mental Health Trust Microenterprise Grant (ME grant), you are being asked to take part in a survey. The goal of this survey is to understand how the ME grant has assisted your business, to find out how your business is doing, and to understand how being self-employed has affected your quality of life.

This survey will take about 30 minutes to complete. The survey link provided in your email is unique to you. You can leave the survey and return at a later time using that link. This survey closes August 31st, 2020.

Answer the question below and click on the NEXT button to start the survey. *Note: If you have a legal guardian or are under the age of 18, you will need your legal guardian or parent present to continue with consent/assent.*

Q1 Please select one of the following to start the survey.

- I am over 18 and I do not have a legal guardian.
- I am over 18 and I have a legal guardian.
- I am under 18.

*Go to Q2 if selected = I am over 18 and I do not have a legal guardian.*

*Skip to Q3 if selected = I am over 18 and I have a legal guardian.*

*Skip to Q3 if selected = I am under 18.*

### **Q2 ME Grant Survey: General Consent**

This survey is for the microenterprise grant (ME grant). We are asking you to participate because you received a ME grant between July 1, 2017 and June 30, 2020. Your responses will help us plan for future grants.

**Is this voluntary?** Your participation in this survey is voluntary. You do not have to respond to this survey. You can choose to skip questions that you do not want to answer. You have the right to change your mind and leave the survey at any time. Participating in this survey will not impact your ability to apply for the ME Grant in the future.

**Is this confidential?** The link is unique to you and your responses. Your response will be de-identified with a code. The code and name will be stored separately from your responses. We ask ME grant recipients to complete the survey annually for 3 years. This helps to understand how your business and business needs change over



time. Findings from this survey will be reported to the Governor's Council on Disabilities and Special Education and the Alaska Mental Health Trust Authority. Findings may also be presented or published. Your name or identifying information will never be used. Information that can identify you (like your name) will be removed from the study data. Your data could be used for our future research.

**Are there benefits and risks to participating?** There are no risks or benefits to you for participating in this survey.

**Who can I contact with questions?** For questions about this survey, contact Lucy Cordwell at the Center for Human Development ([lucy@alaskachd.org](mailto:lucy@alaskachd.org) or 907-264-6223). If you have any questions or concerns about your rights as a research participant, please contact the UAA Office of Research Integrity and Compliance at 907-786-1099 or [uaa\\_oric@alaska.edu](mailto:uaa_oric@alaska.edu).

Completing the survey means you give consent to include your answers with those of others in the analysis. By clicking on NEXT/CONTINUING you agree to participate in the survey.

*Skip to Q5 if you consent and wish to continue*

### **Q3 ME Grant Survey: Parent or Guardian Consent**

Your parent or guardian needs to read this and give you permission to answer the survey.

This survey is for the microenterprise grant (ME grant). We are asking the individual you support to participate because he/she received a ME grant between July 1, 2017 and June 30, 2020. His/her responses will help us plan for future grants.

**Is this voluntary?** Participation in this survey is voluntary. The individual you support does not have to respond to this survey. He/she can choose to skip questions that he/she does not want to answer. He/she has the right to change his/her mind and leave the survey at any time. Participating in this survey will not impact his/her ability to apply for the ME Grant in the future.

**Is this confidential?** The link is unique to the individual and his/her responses. Their response will be de-identified with a code. The code and name will be stored separately from their responses. We ask ME grant recipients to complete the survey annually for 3 years. This helps to understand how their business and business needs change over time. Findings from this survey will be reported to the Governor's Council on Disabilities and Special Education and the Alaska Mental Health Trust Authority. Findings may also be presented or published. Their name or identifying

information will never be used. Information that can identify them (like their name) will be removed from the study data. Their data could be used for our future research.

**Are there benefits and risks to participating?** There are no risks or benefits for participating in this survey.

**Who can I contact with questions?** For questions about this survey, contact Lucy Cordwell at the Center for Human Development ([lucy@alaskachd.org](mailto:lucy@alaskachd.org) or 907-264-6223). If you have any questions or concerns about your rights as a research participant, please contact the UAA Office of Research Integrity and Compliance at 907-786-1099 or [uaa\\_oric@alaska.edu](mailto:uaa_oric@alaska.edu).

Giving consent to allow the individual you support to complete the survey means you have given consent to allow his/her answers to be included with those of others in the analysis. By clicking on NEXT/CONTINUING you give the individual you support access to the survey. He/she will be asked to read an assent and agree to complete the survey.

#### **Q4 ME Grant Survey: Assent**

This survey is for the microenterprise grant (ME grant). We are asking you to participate because you received a ME grant between July 1, 2017 and June 30, 2020. You may choose to allow someone to help you answer the questions. Your responses will help us plan for future grants.

**Is this voluntary?** Your participation in this survey is voluntary. You do not have to respond to this survey. You can choose to skip questions that you do not want to answer. You have the right to change your mind and leave the survey at any time. Participating in this survey will not impact your ability to apply for the ME Grant in the future.

**Is this confidential?** The link is unique to you and your responses. Your response will be de-identified with a code. The code and name will be stored separately from your responses. We ask ME grant recipients to complete the survey annually for 3 years. This helps to understand how your business and business needs change over time. Findings from this survey will be reported to the Governor's Council on Disabilities and Special Education and the Alaska Mental Health Trust Authority. Findings may also be presented or published. Your name or identifying information will never be used. Information that can identify you (like your name) will be removed from the study data. Your data could be used for our future research.

**Are there benefits and risks to participating?** There are no risks or benefits to you for participating in this survey.

**Who can I contact with questions?** For questions about this survey, contact Lucy Cordwell at the Center for Human Development ([lucy@alaskachd.org](mailto:lucy@alaskachd.org) or 907-264-6223). If you have any questions or concerns about your rights as a research

participant, please contact the UAA Office of Research Integrity and Compliance at 907-786-1099 or [uaa\\_oric@alaska.edu](mailto:uaa_oric@alaska.edu).

Completing the survey means you give consent to include your answers with those of others in the analysis. By clicking on NEXT/CONTINUING you agree to participate in the survey.

Q5 Are you still open for business?

Yes

No

Q6 Has your business been impacted by COVID-19?

Yes

No

***Go to Q7 if selected = Yes***

***Skip to Q8 if selected = No***

Q7 Please explain how your business has been impacted by COVID-19.

\_\_\_\_\_ ***Please go to Q9.***

Q8 You indicated your business has not been impacted by COVID-19. Please explain.

\_\_\_\_\_

Q9 What is your business?

\_\_\_\_\_

Q10 Do you have a current business license?

Yes

No

Q11 How do customers find out about your business? Check all that apply.

Signs

Word of Mouth

News Paper Ads

Internet Ads

Flyers on bulletin boards

Business website

Phone book

Facebook

Twitter

Other

***Go to Q12 if selected = Other***

***Skip to Q13 if Other was not selected***

Q12 Please describe the other ways customers find out about your business.

---

Q13 Does your business owe to others as of today?

- Yes
- No

Q14 Did you pay yourself from your business income this past year?

- Yes
- No

*Go to Q15 if selected = Yes*

*Skip to Q17 if selected = No*

Q15 Did the amount match your expectations?

- Yes
- No

Q16 Approximately how much money have you taken as an owner's draw in the past year?

---

Q17 Have you filed taxes and/or estimated federal taxes [1040ES] for your business?

- Yes
- No

*Go to Q18 if selected = No*

*Skip to Q19 if selected = Yes*

Q18 If no, then why not?

---

Q19 Do you have a bookkeeping system in place for your business?

Yes

No

*Go to Q20 if selected = Yes*

*Skip to Q21 if selected = No*

Q20 Please describe your bookkeeping method.

---

Q21 Have you applied for any of the following COVID-19 small business relief funds?  
*Check all that apply.*

- I didn't apply for relief funds
- Main Street Lending Program
- City of Thorne Bay Relief
- Ketchikan Relief
- Soldotna Relief
- SBA Economic Injury Disaster Loan (EIDL)
- JPMorgan Funding
- 49SAF Investing
- Rural Alaska Development Initiative Fund
- Craig Relief

Q21 continued

- KPB CARES
- Unalaska CARES
- Paycheck Protection Program (PPP)
- AK CARES Grant Program
- Anchorage Small Business Pilot Grant
- Haines Small Business Emergency Grant
- Kodiak Relief
- Valdez Relief
- Business for All SBA
- AK SAFE - AIDEA
- Fairbanks CARES
- Homer Relief
- Sitka Relief
- Wasilla Relief
- FedEx #SupportSmall Grants
- Other. Please describe. \_\_\_\_\_

**Go to Q22 if selected = I didn't apply for relief funds**



**Skip to Q23 if I didn't apply for relief funds was not selected**

Q22 Why haven't you applied for relief funds? *Check all that apply.*

- I had already closed my business.
- I didn't need to apply.
- I wasn't interested in applying.
- I wasn't eligible.
- I didn't know about the relief funds.
- I couldn't complete the application(s).
- Other. Please describe. \_\_\_\_\_

Q23 Since receiving the ME Grant have you received any other funds to support your business?

- Yes
- No

**Go to Q24 if selected = Yes**

**Skip to Q25 if selected = No**

Q24 Please describe the other funds you have received.

\_\_\_\_\_

Q25 In the past year have you attended any training or workshop(s) related to your business?

Yes

No

*Go to Q26 if selected = Yes*  
*Skip to Q27 if selected = No*

Q26 Please describe the training and/or workshop(s) you attended.

---

Q27 In the past year have you received any assistance with your business from someone like a business counselor or the Small Business Development Center?

Yes

No

*Go to Q28 if selected = Yes*  
*Skip to Q29 if selected = No*

Q28 Please describe the assistance you received. \_\_\_\_\_

Q29 Have you used any of the following resources? *Check all that apply.*

- Alaska Small Business Development Center (SBDC)
- Alaska SBDC COVID-19 Resource Center
- covid-sb.org
- Small Business Administration (SBA) website
- Made in Alaska website
- Launch Alaska website
- 1 Million Cups website
- Women's Economic Empowerment Center at YWCA
- Training through the Center for Human Development
- akstartups.com
- Other. Please describe. \_\_\_\_\_

Q30 What are the best things that have happened for your business during the last year?

\_\_\_\_\_

Q31 What are the biggest concerns for your business?

\_\_\_\_\_

Q32 How satisfied are you with your business?

	Not at all satisfied			Highly Satisfied		
	0	1	2	3	4	5
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q33 What did you use the microenterprise grant for?

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---

Q34 Would you have been able to complete that goal without the ME Grant?

- Yes
- No

Q35 Please explain.

---

Q36 How have the following changed since starting your business?

	Worse			Improved		
	0	1	2	3	4	5
Enjoyment of daily life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal sense of self-worth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to make your own decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feelings of anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q37 How satisfied are you with your self-employment experience so far?

	Not at all satisfied			Highly satisfied		
	0	1	2	3	4	5
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q38 How has receiving the Microenterprise Grant affected your quality of life?

---

Q39 Has owning your own business allowed you to set your own schedule?

Yes

No

*Go to Q40 if selected = Yes*

*Skip to Q42 if selected = No*

Q40 Does setting your own schedule assist in accommodating your disability?

Yes

No

Q41 Please explain.

---

Q42 How comfortable are you with your work environment at your business?

Not at all comfortable

Very comfortable

0

1

2

3

4

5

Q43 Is it easier to commute to work since starting your own business?

- Yes
- No

Q44 Approximately how many hours do you work on your business each week?

- 0 hours
- 1-10 hours
- 11-20 hours
- 21-30 hours
- 31-40 hours
- 40+ hours

Q45 Before receiving the microenterprise grant, were you receiving SSI or SSDI?

- Yes
- No

Q46 Are you currently receiving SSI or SSDI?

- Yes
- No

*Go to Q47 if selected = Yes*

*Skip to Q49 if selected = No*

Q47 If yes, do you plan to transition off benefits?

- Yes, I want to transition off All benefits.
- Yes, I want to transition off Some benefits.
- No, I want to operate my business such that I maintain my benefits.

Q48 Do you have a PASS (Plan to Achieve Self-Support) plan?

- Yes
- No
- I've thought about it.
- I don't know what a PASS plan is.

Q49 What supports or services would you benefit from?

- Tax assistance
- Marketing assistance
- Sales strategies
- Bookkeeping
- Payroll
- Other: \_\_\_\_\_

Q50 Is there anything else you would like to share with us?

---



<b>Project Title:</b> NAMI Juneau BPI (Beneficiary Projects Initiative) Grant	
<b>Grantee:</b> NAMI Juneau	
<b>Fund:</b> Authority Grant	
<b>Geographic Area Served:</b> Juneau City and Borough	<b>Project Category:</b> Direct Service
<b>Years Funded:</b> FY11 to Present	
<b>FY20 Grant Amount:</b> \$100,550.00	
<p><b>High Level Project Summary:</b></p> <p>This grant provides funding to support NAMI Juneau, the only agency in Juneau that provides free, peer (family) driven educational and support programs for families caring for a loved one with mental illness. NAMI Juneau focuses on family to family/peer to peer education and support to family members who are caring for loved ones with moderate to serious mental illness (direct service, advocacy and outreach). NAMI Juneau and their advocacy plays a key role in the Juneau Community Action Plan, the Juneau Suicide Prevention Coalition, as well as the Juneau Reentry Coalition as a standing steering committee member.</p> <p>In FY20, NAMI Juneau consistently exceeded Trust expectations against the performance measures outlined in the project grant agreement. NAMI Juneau continues to provide critical education, peer support and coordination services to beneficiaries with mental illness, their families, and the community. This project continues to demonstrate positive outcomes for beneficiaries as an advocacy and support agency and Trust staff recommends the program for continued FY23 funding.</p> <p>This project aligns with Comp Plan Objectives 4.3 and 4.4 related to improved treatment and recovery support services (including peer support services) to reduce the impact of mental health and substance use disorders.</p>	

**Project Title:** NAMI Juneau BPI Grant

**Staff Project Analysis:**

NAMI Juneau focuses on family to family/peer to peer education and support to family members who are caring for loved ones with moderate to serious mental illness (direct service, advocacy and outreach). Offering a number of educational and support groups, NAMI uses evidenced-based and promising practices to aid families in navigating mental illness and the myriad of services that can be daunting. NAMI Juneau and their advocacy plays a key role in the Juneau Community Action Plan, the Juneau Suicide Prevention Coalition as well as the Juneau Reentry Coalition as a standing steering committee member. The agency partners with the local hospital to provide regular educational forums to practitioners and community members focused on various facets of mental illness. Program evaluation activities continue to reveal positive outcomes, including access to services and increased community awareness of beneficiary needs.

In FY20, NAMI Juneau overcame obstacles presented by the COVID-19 pandemic and a change in executive leadership by serving 91 beneficiaries including family members and caregivers and trained 14 individuals. Beneficiary feedback continues to be overwhelmingly positive according to surveys and testimonials provided in reporting as well as in person during site visits and other interactions (see attachment). NAMI Juneau is an exemplary grantee with consistent and high-quality reporting of financial and program activities.

NAMI Juneau continues to provide critical education, peer support and coordination services to beneficiaries with mental illness, their families, and the community. This project continues to demonstrate positive outcomes for beneficiaries as an advocacy and support agency and Trust staff recommends the program for continued FY23 funding.

This project aligns with Comp Plan Objectives 4.3 and 4.4 related to improved treatment and recovery support services (including peer support services) to reduce the impact of mental health and substance use disorders.

**Project Description:** NAMI Juneau serves a unique role in the Juneau community providing peer-driven education and support programs to individuals living with a mental illness, co-occurring substance use disorders (primary beneficiaries) and to family members and caregivers (secondary beneficiaries) who support loved ones. In FY20, we will continue to offer NAMI's core programs and ensure that individuals affected by mental health conditions in our community have access to quality education, resources, and peer support.

This summer, our board and staff will review and update our strategic plan. We are at the end of a three-year strategic plan and will hold a one-day facilitated retreat to reassess and update our current priorities. We anticipate some board turnover this fall and will need to energize our recruitment efforts, including an informal board strengths and needs assessment.

The following FY20 activities are broken down into our four mission areas: Support, Education, Public Awareness and Advocacy.

SUPPORT

In FY20, we will offer recurrent support group meetings for both primary and secondary beneficiaries. We are in the process of expanding NAMI Connections, a support group for primary beneficiaries,

from twice monthly to weekly meetings. More frequent and consistent meetings have been requested by our membership and we hope the new schedule increases our support group utilization in FY20. We have invested in training a larger facilitator cohort for this program and plan to offer refresher training and meaningful networking opportunities twice per year.

### EDUCATION

Four multi-session education classes will be offered in FY20 with the goal of serving a minimum of 25 participants with 95% reporting satisfaction and 90% reporting that they are better able to manage challenging situations and/or behaviors. The following NAMI programs will be offered in FY20:

1. Family-to-Family: 12-session program for family members and caregivers who have a loved one with a persistent mental health condition
2. NAMI Basics (two classes offered): 6-session education and support program for parents and family caregivers of children and youth with early onset or emerging mental health conditions
3. Peer-to-Peer: 9-session mental illness education and recovery program for adults with a mental health condition or cooccurring substance use disorder

In FY18, we piloted a 4-hour seminar called Family & Friends. This seminar was developed by our national office and provides an overview of common diagnoses and treatment options and highlights the subjective experience of mental illness through personal stories. In FY20, we will train two additional presenters and offer a minimum of three seminars to 20 participants.

In addition to offering mental illness education programs in Juneau, we're excited to partner with NAMI Alaska in FY20 to offer our first online Family & Friends seminar, opening it up to caregivers across the state. During Mental Illness Awareness Week in October, we plan to travel to Ketchikan and potentially one other Southeast community to offer a Family & Friends seminar and promote NAMI Alaska's online support groups.

### PUBLIC AWARENESS

Promoting a better understanding of mental health conditions and available resources leads to earlier identification and intervention. We continue to prioritize the public awareness umbrella of our mission and partner with new community groups. In FY19, we partnered with our local library to offer a "mental wellness miniseries" during Mental Health Awareness Month in May. This has been a successful partnership with plans to expand this series in FY20.

We will continue to coordinate the Inside Passages speaker series, hosting five public forums from November - March. Proposed forum topics include brain training and the benefits of Neurofeedback Therapy; an update on Juneau's trauma-informed schools; and a review of Alaska's suicide prevalence data and a facilitated discussion on community solutions.

NAMI Juneau presents mental health literacy presentations in two of Juneau's high school health classes. We recently "upgraded" to a NAMI program called Ending the Silence and have recruited two young adult co-presenters to share their personal stories. In FY20, we will work towards a stronger partnership with the school district and individual high schools to ensure this program is consistently made available. We fell short of our FY19 goal which was to present this program to 120 students in two schools. Now that we have secured young adult co-presenters, we hope to meet this target in FY20.

ADVOCACY:

In FY19, we held our first NAMI statewide legislative fly-in since 2014 and this sparked further interest in strengthening our coordinated advocacy efforts. NAMI Juneau's leadership put significant time into updating our public policy platform. This will be presented to NAMI Alaska affiliates with the goal of our state organization adopting a similar policy to guide our efforts. NAMI Juneau currently sends out advocacy alerts, primarily forwarded from the Trust and partner boards and from our national policy team. In Fy20, we plan to host another advocacy training and increase our advocacy distribution list grow from 55 to 75 contacts.

Administrative, Leadership & Partnerships

Our staff provides soft navigation services, linking individuals to needed services and supports within the community. A priority in FY20, will be periodic distribution of our updated brochures and other outreach materials to medical and behavioral health provider offices and relevant locations. We will continue to assist up to three beneficiaries monthly with the Trust Mini Grant application.

Thanks to a committed volunteer base, we logged 1,200 volunteer hours last year. Opportunities for volunteers to participate in training and attend NAMI Convention is in part why we are successful in retaining skilled volunteers. This summer we are hosting a volunteer appreciation event and will engage key volunteers in our strategic plan update. We anticipate training new facilitators for the Connection and Family Support Groups and sending up to four board members and/or volunteers to NAMI's National Convention in 2020. Depending on the needs of our statewide alliance, we will likely help coordinate or providing training support for 1-2 statewide facilitator trainings.

In FY20, we will continue to take an active role on the Juneau Suicide Prevention Coalition (JSPC) and Juneau Reentry Coalition (JREC). Our Program Coordinator is represented on JSPC's public awareness and training committee and anticipates opportunities for collaboration in FY20, including our continued committed to the Sources of Strength prevention program offered in Juneau's high schools. NAMI Juneau's ED is represented on JREC's steering team and will continue to provide support in this role with an emphasis on helping coordinate JREC's community meetings which highlight reentry services, gaps, and the critical role addiction and mental illness treatment plays in successful reentry.

**Grantee Response - FY20 Grant Report Executive Summary:**

**Executive Summary from January 31, 2020 Interim Report**

Executive Summary Mid-Year Report, FY20

Please note: In this report, the term "peer" refers to primary beneficiaries and "family" refers to secondary beneficiaries and is inclusive of family members and other caregiver supports.

At the end of July 2019, NAMI's Board of Directors, staff, and key volunteers gathered for a board retreat to discuss and refresh our strategic plan, contracting with Prentice Consulting to facilitate.

New focus areas emerged and existing focus areas were updated. The updated strategic plan is included in the attachments section. I will report on the progress of these focus areas and goals during the first half of FY20:

Strategic Area 1, Programs: Meet Community Needs for Mental Illness Education & Mutual Support

- We continue to offer regular mutual support groups for both primary and secondary beneficiaries. These meetings provide individuals with a confidential and supportive place to connect, strengthen coping skills, and offer one another understanding and support. During

this grant period, the mental illness support group expanded from twice monthly to weekly meetings and we relocated to Juneau's community behavioral center for convenience and consistency. This schedule and location has been viewed favorably by primary beneficiaries.

- The "Family & Friends" seminar introduces secondary beneficiaries to current information on a variety of diagnoses, treatment options, communication and self-care strategies, and crisis management resources. During this reporting period, we offered one in-person seminar and collaborated with NAMI Alaska to co-host two online seminars using our shared platform, Support Groups Central. The inaugural online seminar had 13 participants from seven communities around Alaska. We received positive feedback and are excited about the prospect of holding more distance-delivered online support groups and educational programs.
- Educating, empowering, and restoring hope to family members involved in the care of their loved one is a central part of our mission. We offered a multi-session parent education course for supporting children with emerging and early-onset mental health challenges. The NAMI Basics course was held for six weeks with three families completing the program. Despite the small attendance, participant satisfaction was high according to post-program evaluations.
- The 2019-20 speaker series is scheduled with continued partnership from JAMHI and Juneau Youth Services. The speaker series has featured a broad range of topics, including a panel presentation on Juneau's therapeutic courts, trauma-informed schools, and mind/body therapeutic approaches. Reporters covered and featured stories on two of the topics and we have reached over 70 individuals through these three events.

#### Strategic Area 2, Leadership: Ensure Sustainability Through Effective Leadership

- Our membership voted in three new board members during our annual membership meeting in September. These new members bring are great additions to our current board and include a school district counselor and member of the Filipino community, a psychiatrist and clinical director at Bartlett hospital, and a family member who retired from the city where he worked in a variety of leadership positions.
- The Program Coordinator position partially funded through the Juneau Community Foundation has been critical in allowing the Executive Director to focus on other areas of NAMI Juneau's mission, including advocacy efforts and special projects in coordination with NAMI Alaska, as well as community coalition work. During this reporting period, the Program Coordinator assisted 15 applicants with the Trust Mini-Grants. Mrs. Gunkel has streamlined the process to help facilitate a better experience for applicants and a smoother process on our end. Having a part-time Program Coordinator has allowed the organization to be more responsive to member interests. For example, several volunteers were interested in creating self-care "crisis" kits for support group participants. We held a planning meeting with these volunteers, purchased materials and coordinated a get together to build the initial kits.
- NAJ took advantage of its Foraker membership and attended a Succession planning workshop. Succession and transition planning is one of NAJ's strategic goals for staff and board members. This workshop provided some guidance on how to move forward.

#### Strategic Area 3, Volunteers: Advance NAJ's Mission Through a Well-trained and Supported Volunteer Team

- One of our board members and program volunteers attended an advocacy training of trainers. The NAMI Smarts Advocacy Training is meant to advance grassroots mental health advocacy by preparing individuals affected by mental illness to share their stories. NAMI

Smarts has a comprehensive curriculum that can be taught in 1-2-hour modules or full-day training. Mrs. Raster will be hosting an advocacy training in early February as the legislative session starts in coordination with Teri Tibbett from the Alaska Mental Health Board.

- In late summer, the board hosted its first volunteer appreciation picnic. It was great to recognize the individual and collective efforts of our volunteer team and we plan to make this an annual event.
- In November, we held a program facilitator training for the Family-to-Family program. This two-day training helps prepare volunteers to lead this evidence-based 8-session education program for families and caregivers affected by mental illness. Six facilitators were trained, and the next course will be held in March 2020.
- Two NAJ volunteers who live with mental illness joined the ED on a local radio program to promote an upcoming mental health education program. The conversation was well received and included discussions around stigma and the power of peer support.

#### Strategic Area 4, Public Awareness & Education: Diversify Awareness Activities to Reach New Audiences

- NAMI's mental health literacy presentation, Ending the Silence, was delivered to freshman health classes at two local high schools. A total of 103 students were provided with signs and symptoms of common mental health conditions, resources on how to connect to help, and heard personal stories of mental illness recovery from a young adult speaker.
- NAJ staff attended five community events and health fairs, connecting with over 100 individuals regarding NAMI's programs and services.
- NAJ's annual Extra Tough 5K/1 Mile expanded this year to be a more inclusive mental health community run with 60 walkers/runners participating. Throughout Mental Illness Awareness Week, we reached out to partner agencies encouraging them to post relevant mental health information to their social media accounts.
- NAJ has been visible during this reporting period, with numerous articles referencing NAJ events and Inside Passages speaker series topics, as well as four radio shows promoting NAJ's programs and services.
- We continue to see increases in our social media engagement. Facebook followers increased by 20% and we reached 500 followers. One of NAJ's social media posts reached 1.1K people organically. These are positive trends and highlight the importance of investing in growing our online presence. NAJ's monthly e-newsletter goes out to 650 individuals and is regularly viewed by 200 people. We continue to receive positive feedback regarding newsletter content and resources.

Successes: NAJ had another successful end of the year fundraising campaign and raised \$5,300 which exceeded last year's campaign and our FY20 target.

Challenges: As mentioned above, the mental illness support group expanded from twice monthly to weekly support group meetings. This increased capacity has been a goal for some time. Not long after expanding, one facilitator took a leave of absence due to declining mental health and another facilitator committed themselves to another program on the same evenings. Although we have been able to consistently offer weekly meetings, there are reoccurring challenges with scheduling facilitators and having enough individuals to fill in when someone is out of town or unwell. Two facilitators have sent in applications for NAMI's training of trainers so they can offer local training to increase our facilitator team base. We hope to sustain the weekly meetings until then.

Lessons Learned: We have identified a need for regular debriefing, continuing education, and support to help volunteer facilitators thrive in their role. During this grant period, we held two debrief sessions and one social gathering for the peer facilitators. We have adopted new volunteer policies and a handbook, including a leave of absence policy, to account for the periodic disability that is expected when working with individuals with mental illness and their loved ones.

### **Executive Summary from August 31, 2020 Status Report**

NAMI Juneau's (hereafter NAJ) mission is to help individuals affected by mental illness build better lives through education, support, advocacy, and public awareness. We serve the Juneau community through peer-led psychosocial education classes, mutual support groups, helping individuals navigate mental health services and supports, and public awareness initiatives.

Below is a summary of NAJ's activities and progress over the past year. Please note: In this report, the terms "primary beneficiaries" and "peers" are used interchangeably, and "secondary beneficiaries" and "family and caregivers" are used interchangeably. Family and caregivers are defined broadly to include birth, kinship, foster and adoptive families.

The second half of the fiscal year was primarily spent responding to COVID-19 and suspended programs, as well as overseeing two large transitions: An Executive Director transition and becoming the fiscal agent for the Juneau Suicide Prevention Coalition (JSPC).

Regarding the former, we were fortunate to have started offering online support groups in 2018 in coordination with NAMI Alaska and statewide affiliates. As soon as in-person programs were suspended due to COVID-19, our statewide network pulled together to train new online facilitators, offer more frequent online meetings, and promote the support groups to local attendees as an alternative to in-person meetings. We also provided support to a number of NAMI affiliates regarding our process and procedures for offering online support groups. Instead of hosting in-person mental health seminars in the community, we offered three seminars online in coordination with NAMI Anchorage. The inaugural online seminar included 13 participants from seven communities around Alaska. We received positive feedback and plan to hold quarterly online seminars in partnership with NAMI Anchorage going forward. Having the infrastructure and support from our NAMI network has been valuable during this time.

Public awareness efforts generally held during Mental Health Month in May were adapted to virtual opportunities. NAJ and the JSPC partnered with local mental health providers to record short videos related to a variety of topics on mental health and wellness. A total of six videos were recorded and featured during Mental Health Month in May. The YouTube videos have been collectively viewed 290 times. These videos will continue to be circulated through social media and available on the JSPC and NAJ websites.

As mentioned above, NAJ's leadership spent a considerable part of the 2nd half of the year preparing for the Executive Director transition after Crystal Bourland resigned from the position. A Transition Committee oversaw the recruitment and hiring process and developed a comprehensive succession plan to ensure a smooth transition. After a competitive hiring process, NAJ's Board offered the position to Aaron Surma who is transitioning with the outgoing Executive Director throughout the month of July. Aaron holds an MSW and has worked in the behavioral health field for the past ten years. During that time, he has worked for the National Council for Behavioral Health, Juneau Youth Services, and most recently, the Juneau Suicide Prevention Coalition. Aaron's experience and leadership skills are a great fit for the position and in continuing to support the transition and strategic partnership between NAMI Juneau and the Juneau Suicide Prevention Coalition.

As of July 1st, NAJ will become the Juneau Suicide Prevention Coalition's (JSPC) fiscal agent with the

JSPC becoming a program under NAJ. The JSPC is an active coalition of more than 50 members that include social service and tribal providers, educators, survivors, members of the faith and veteran's community, law enforcement, and others working to maintain community-wide suicide awareness and prevention in Juneau. NAJ and the JSPC have been close partners over the years and this expanded partnership was supported fully by the leadership of both entities. Since April, a transition committee with representatives from both groups has been meeting weekly to ensure a smooth transition. Throughout the process, the committee further identified areas of the two organization's mission and work that complement one another and opportunities to align some of our public awareness and outreach efforts, as well as prevention and education in the high schools. The decision was made to enter into a strategic alliance with the coalition beyond that of the fiscal agent role. NAJ's Executive Director will oversee coalition programs and provide administrative and human resource functions for both NAJ and the JSPC in partnership with the NAJ Board and JSPC advisory Steering Committee. Going forward, we anticipate stronger collaboration between the two programs, increased visibility of NAJ and JSPC, and greater financial sustainability for NAJ.

Below are some program, activity, and outreach highlights from this reporting period:

- In FY20, NAJ offered two multi-session education programs, one for primary and one for secondary beneficiaries. The NAMI Basics course for parents of children with emerging or early onset mental health challenges was held for six weeks with three families completing the program. Despite the small attendance, participants reported satisfaction with the program and improved outcomes. The Peer-to-Peer wellness and education program for adults with mental health conditions and co-occurring substance use disorders was held in the Spring for eight weeks with strong attendance. The Peer-to-Peer curriculum was recently updated by our national office and has been reported by the facilitators as greatly improved with more interactive exercises, discussion, and wellness and recovery-oriented material. The final class was held online due to COVID-19 and fortunately, the majority of participants were able to attend the final distance-delivered class.
- The 2019-20 Inside Passages speaker series featured a broad range of topics, including a panel presentation on Juneau's therapeutic courts, trauma-informed schools, mind/body therapeutic approaches, an advocacy workshop, and suicide prevention. Five forums were held with 100 community members participating. Local media covered and featured stories on three of the topics, extending the message of these forums to the larger community.
- A NAJ board member was sent to a NAMI national advocacy training in Seattle. The NAMI Smarts Advocacy Training is designed to advance grassroots mental health advocacy by preparing individuals affected by mental illness to develop and share their stories with policymakers. Following training, two advocacy workshops were hosted by NAJ including a workshop for NAMI Alaska members who flew in for advocacy days.
- NAMI Alaska held its annual advocacy fly-in day in February with over a dozen statewide NAMI members including several Juneau advocates. This group met with approximately 45 members of the Alaska State Legislature, two Commissioners and hosted a Lunch & Learn focused on youth mental health sponsored by Representative Sara Hannan. We garnered positive support for HB 181/SB 197: Mental Health Education in the Schools, in addition to advocating for improved mental health crisis services statewide. If time allowed, we addressed HB 175: Alaska Psychiatric Governance Board, supporting the continued governance power of the group.
- In November, NAJ held a program facilitator training and trained six new facilitators. This two-day training helped prepare volunteers to lead Family-to-Family, an evidence-based 8-session



education program for secondary beneficiaries. The Spring Family-to-Family and NAMI Basics education programs were postponed due to COVID-19, but plans are underway to hold Family-to-Family online this Fall in NAI's first virtual multisession education program.

- NAMI's mental health literacy presentation, Ending the Silence, was delivered to freshman health classes at two local high schools. Over 100 students were provided with signs and symptoms of common mental health conditions, resources on how to connect to help, and heard personal stories of mental illness recovery from a young adult speaker. This young adult was a powerful speaker and several students stayed after class to speak with her personally.
- NAI's annual Extra Tough 5K/1 Mile expanded this year to be a more inclusive mental health community run with 60 walkers/runners participating. Throughout Mental Illness Awareness Week, we reached out to partner agencies encouraging them to post relevant mental health information to their social media accounts.
- One of NAI's strategic objectives is to develop a speaker's bureau and engage in more speaking opportunities to help promote a better understanding of mental illness and reduce stigma. During this grant period, NAI engaged in several media opportunities and provided a peer/family panel for a youth career program, speaking to students interested in behavioral health careers. Several speakers have expressed interest in recurring opportunities.
- We continue to see increases in our social media engagement and website traffic. During this reporting period, website traffic has been up with 1600 unique visitors and Facebook followers increased by 45%. One social media post reached 1.1K people organically. NAI's monthly e-newsletter goes out to 650 individuals and is regularly viewed by 200 people. We continue to receive positive feedback regarding newsletter content and resources. These are positive trends and highlight the importance of investing in expanding our online presence.

Successes: NAI's Board of Directors had a busy couple of months overseeing the transitions mentioned above. They were able to successfully organize themselves and priorities to ensure NAI was in a good position to become a fiscal agent for the JSPC and support the Executive Director transition. In the process, NAI developed a formal succession and transition plan and updated other key organizational documents, including human resource and financial policies and procedures.

Challenges: Despite efforts to promote online support groups to our local attendees, not many have transitioned to online meetings. We know some individuals are intimidated by the technology, some do not have internet access, and others who are just less interested in online meetings versus in-person support. With in-person meetings still suspended, we will need to make significant outreach efforts when programs start up again.

**Number of beneficiaries experiencing mental illness reported served by this project in FY20: 91**

**Number of beneficiaries experiencing substance misuse reported served by this project in FY20: 16**

**Number of beneficiaries experiencing a developmental disability reported served by this project in FY20: 4**

**Number of beneficiaries experiencing Alzheimer's Disease or a related dementia reported served by this project in FY20: 0**

**Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY20: 4**

**Number of individual trained as reported for this project in FY20: 14**

**Performance Measure 1: How Much?**

- a) The number (#) of beneficiaries (unduplicated) served, broken down by Trust beneficiary

group.

- b) The number (#) and percentage (%) of new beneficiaries (unduplicated) served during the reporting period, broken down by Trust beneficiary group.
- c) The total (#) of activities or events held. For each activity or event, please include the date(s), location(s) and number (#) of attendees.

**Grantee Response to Performance Measure 1:**

**Response from January 31, 2020 Interim Report**

- a) Please see attachment PM1.a and b\_Beneficiaries Served
- b) Please see attachment PM1.a and b\_Beneficiaries Served
- c) Please see attached PM1.c\_All Activities Organizer

**Response from August 31, 2020 Status Report**

- a) Please see attachment PM1.a and b\_Beneficiaries Served
- b) Please see attachment PM1.a and b\_Beneficiaries Served
- c) Please see attached PM1.c\_All Activities Organizer

**Performance Measure 2: How Well?**

- a) Provide a brief narrative describing the activities, successes, challenges, and any lessons learned during the reporting period.
- b) Describe any community networking activities that occurred during the reporting period. This may include interactions with state or local non-profit organizations, governmental entities, or Trust advisory boards and/or partners.
- c) Number (#) and percentage (%) of individuals reporting satisfaction with the program, service, event and/or activity in which they participated.
- d) For the final report, provide the BPI Organizational Capacity Worksheet (form will be provided via email in June).

**Grantee Response to Performance Measure 2:**

**Response from January 31, 2020 Interim Report**

- a) Please see Executive Summary
- b) Several community networking activities and efforts took place during this reporting period. We continue to be actively represented on the Juneau Reentry Coalition (JREC) and Juneau Suicide Prevention Coalition (JSPC). NAJ invests staff time to support JSPC's Sources of Strength prevention program at the local high schools with NAJ's Program Coordinator serving as an adult mentor for the program. NAJ's Program Coordinator has engaged in several JSPC-led projects utilizing her art therapy background. NAJ staff helped prepare and volunteer for Juneau's first Reentry Simulation in coordination with Tlingit and Haida and JREC. NAJ is collaborating with the Juneau Community Foundation in developing a printed mental health resource guide for Juneau. NAJ is taking the lead on soliciting the information from behavioral health organizations and will distribute and house the final product. NAJ is a United Way SE and Foraker Group partner, taking advantage of the nonprofit leader and board strengthening and networking opportunities they provide. During this reporting period, we committed some staff and board time to meet with the United Human Services Group to learn about the multi-tenant nonprofit center.
- c) Included in "Is Anyone Better Off" section.
- d) Will include with the final report.

**Response from August 31, 2020 Status Report**

- a) Please see Executive Summary
- b) In FY20, we partnered with NAMI Alaska and statewide affiliates to host a three-day advocacy fly-in. Leading up to advocacy days, NAMI Juneau was represented regularly at the Trust and partner Board weekly legislative meetings and collaborated with the Alaska Mental Health Board’s Advocacy Coordinator on an advocacy training. We continued to partner with the Juneau Community Foundation on developing a printed Juneau Mental Health Resource Guide and reached out to behavioral health stakeholders to ensure this guide reflected the continuum of Juneau’s mental health resources. The final guide is included in the attachments. NAJ is represented on the United Human Services Committee which is overseeing the capital campaign for the nonprofit center which will eventually house NAJ and several other social service nonprofits. New collaborations this year included participating in a peer speaker’s panel for SERCC’s Behavioral Health Career Connections, partnering with JSPC and local behavioral health providers on a video series in recognition of Mental Health Month in May, and a training opportunity with Capital Transit which was postponed due to COVID-19. As NAJ cancelled in-person programs during COVID-19, we partnered with NAMI Alaska to increase the number of online support groups for both primary and secondary beneficiaries. This partnership included training new facilities, offering more meetings, and providing mental health seminars. Our most successful partnership has been transitioning the JSPC to NAMI as both fiscal agent and strategic partner which has been a multi-month process and will continue to be a priority in FY21 as we integrate JSPC as a program under NAMI.
- c) Please see Is Anyone Better Off?
- d) Included in attachments

**Performance Measure 3: Better Off?**

- a) Number (#) and percentage (%) of individuals who report overall improved functioning and/or quality of life since participating in the program.
- b) Number (#) and percentage (%) of individuals who have experienced two or more of the following key outcome areas pertinent to your program:
  - i. Increased ability to manage challenging situations.
  - ii. Increased ability to manage challenging behaviors.
  - iii. Became stably housed as a result of the program.
  - iv. Became employed as a result of the program.
  - v. Decreased substance use.
  - vi. Decreased legal involvement.
  - vii. Increased healthy behaviors (e.g., physical activity or eating healthfully).
  - viii. Reduction in number of days with poor physical or mental health.
  - ix. Became connected to benefits programs (e.g., Medicaid or Food Stamps).
- c) Provide two (or more) stories from individuals (in their own words) that describe how their quality of life has improved since participating in the project.

**Grantee Response to Performance Measure 3:**

**Response from January 31, 2020 Interim Report**

- a) Most of our multi-session programs will take place in the 2nd half of the fiscal year. We will report on these measures in the final report after compiling program evaluations for NAJ’s three multi-session education programs.
- b) The one multi-session NAMI program held during this reporting period had limited attendance.

The participants that participated in the course agreed that because of completing NAMI Basics, their family was better able to manage challenging behaviors. The respondents strongly agreed that because of NAMI Basics, their family had new tools and resources for improving communication, problem-solving, and coping skills.

c) Several testimonials were shared with NAJ during this reporting period.

Board member and program leader Bonnie Chaney wrote the 2019 end of year appeal. In it, she shared, "I have become increasingly involved with NAMI Juneau over the years because I know how devastating and frightening it is when your loved one is deteriorating before your eyes. No one asks to have a mental health condition, but organizations such as NAMI Juneau can provide support, skills, and hope."

One Trust Mini-grant recipient wrote a letter of gratitude to NAMI Juneau and the Trust. He writes, "I thought I'd take a moment to share with you my gratitude that I'm feeling today. I wake early here on my live-aboard boat in Douglas and today I felt a strong sense of gratitude sweep over me. You see, I've struggled hard to carve out a small simple lifestyle for myself to economically and socially live on my own terms. Clean, safe and productive. And over the past year have done the leg work to carve out my little home the best I can. However, I do have my times financially as we all do. As you know, I've recently applied for a Mental Health Mini-Grant and was awarded funds to purchase a new heating and hot water system for the boat. The impact of having good heat and hot water for bathing is huge. Staying warm and dry and clean are my goals. These items sure do make my life much more secure and livable for sure. The rest of my gratitude is to the Trust. You see, you really don't have many, if any, people in my corner that truly understand my mental health advantage. This is and was exactly the type of very practical help that I (we) need at times. There is NO other organization that I know of that can go the extra mile to ensure I can live a better more comfortable self-sufficient lifestyle. I'm clean, well-fed and grateful for each item provided and I'm very grateful for you and the Trust."

#### **Response from August 31, 2020 Status Report**

a & b) Two multi-session education programs were held during FY20 and two were cancelled due to COVID-19. Therefore, we collected minimal evaluation data this year. Of the feedback we received from the multisession programs, 75% of respondents reported being able to manage challenging situations and behaviors because of attending the program and 100% reported increasing healthy behaviors as a result of attending the program.

c) Below are two stories with additional feedback and testimonials in the Is Anyone Better Off? section.

Volunteer, donor, and program participant, Sharon Denton, shares, "I am forever grateful to NAMI and the support it provides to people and families affected by mental illness. I'm now able to give back through my time and my donations, and in the process, I'm made stronger mentally."

One Trust Mini-grant recipient wrote a letter of gratitude to NAMI Juneau and the Trust. He writes, "I thought I'd take a moment to share with you my gratitude that I'm feeling today. I wake early here on my live-aboard boat in Douglas and today I felt a strong sense of gratitude sweep over me. You see, I've struggled hard to carve out a small simple lifestyle for myself to economically and socially live on my own terms. Clean, safe and productive. And over the past year have done the leg work to carve out my little home the best I can. However, I do have my times financially as we all do. As you know, I've recently applied for a Mental Health Mini-Grant and was awarded funds to purchase a new heating and hot water system for the boat. The impact of having good heat and hot water for bathing is huge. Staying warm and dry and clean are my goals. These items sure do make my life much more secure and livable for sure. The rest of my gratitude is to the Trust. You see, you really don't have many, if any, people in my corner that truly understand my mental health advantage. This is and was

exactly the type of very practical help that I (we) need at times. There is NO other organization that I know of that can go the extra mile to ensure I can live a better more comfortable self-sufficient lifestyle. I'm clean, well-fed and grateful for each item provided and I'm very grateful for you and the Trust."

**FY20 – 21 Strategic Goals**

<b>Programs: Meet Community Needs for Mental Illness Education &amp; Mutual Support</b>	
<b>Objectives:</b>	<b>Activity/Action Plan:</b>
Offer timely and quality education programs and support groups	<ul style="list-style-type: none"> <li>• Schedule and market programs well in advance</li> <li>• Incorporate post-program follow-up to participants (both classes &amp; support groups)</li> <li>• Support expansion of NAK’s online programs</li> </ul>
Increase awareness of and participation in NAMI programs	<ul style="list-style-type: none"> <li>• Promote NAJ as a resource among medical and behavioral health providers</li> <li>• Offer regular Family &amp; Friend Seminars</li> <li>• Develop marketing tracker to effectively promote programs and track efforts</li> </ul>
NAMI programs and services are responsive to community needs	<ul style="list-style-type: none"> <li>• Explore the feasibility of developing a more formal peer mentorship program</li> <li>• Explore the feasibility of implementing a community needs assessment to inform program decisions</li> <li>• Define NAJ’s role in advocacy and priority areas</li> </ul>
<b>Leadership: Ensure Sustainability Through Effective Leadership</b>	
Provide a supportive and fulfilling work environment	<ul style="list-style-type: none"> <li>• Support staff’s professional growth through training and/or mentorship opportunities</li> <li>• Review &amp; update staff performance process</li> </ul>
Develops systems for staff and board transitions	<ul style="list-style-type: none"> <li>• Develop ED succession plan</li> <li>• Reenergize board leadership committee for the purposes of board transitions, recruitment, and onboarding</li> <li>• Provide regular board training and learning opportunities (built into board meetings)</li> </ul>
<b>Volunteers: Advance NAJ’s Mission Through a Well-trained and Supported Volunteer Team</b>	
Increase number of NAJ program facilitators	<ul style="list-style-type: none"> <li>• Hold Family-to-Family and Connection facilitator trainings</li> <li>• Send volunteers to NAMI Training of Trainers</li> </ul>

Provide facilitators with regular training and support opportunities	<ul style="list-style-type: none"> <li>• Offer debriefing and training opportunities 3-4 times per year</li> <li>• Hold volunteer appreciation celebration</li> <li>• Provide NAMI Convention and other training opportunities for volunteers</li> </ul>
Diversify volunteer team and proactively recruit new members	<ul style="list-style-type: none"> <li>• Engage program facilitators in volunteer recruitment</li> <li>• Hold volunteer orientation and expand availability of opportunities</li> </ul>
<b>Public Awareness &amp; Education: Diversify Awareness Activities to Reach New Audiences</b>	
Diversify and expand mental illness awareness activities	<ul style="list-style-type: none"> <li>• Hold Mental Wellness Miniseries during Mental Health Awareness Month</li> <li>• Expand Extra Tough Mental Health Run during Mental Illness Awareness Week</li> <li>• Explore partnerships for future public awareness initiatives (radio campaign, Depressed Cake Shop)</li> </ul>
Identify opportunities to share peer/family perspectives with community groups	<ul style="list-style-type: none"> <li>• Explore outlets where NAMI peers can share their stories (writing, advocacy, presentation)</li> <li>• Coordinate “In Your Own Voice” training</li> </ul>
Expand presence in high schools in partnership with the JSPC	<ul style="list-style-type: none"> <li>• Biannual Ending the Silence presentations to students at JDHS &amp; TMHS</li> <li>• Expand involvement in Sources of Strength program</li> </ul>

## NAMI Juneau Beneficiaries & Non-Beneficiaries Served in FY20

<b>July 2019 – January 2020</b>	Served	Unduplicated	# new beneficiaries served	% of new beneficiaries served
Primary Beneficiaries experiencing mental illness	173	63	44	70%
Secondary Beneficiaries (family members/caregivers)	126	73	41	56%
Beneficiaries experiencing Substance Abuse (SA), Traumatic Brain Injury (TBI), Developmental Disability (DD)	12 SA; 2 TBI	12		
Non-Beneficiaries	432	N/A	N/A	N/A
Beneficiaries Trained	10	10	0	0

\*Both support groups and the NAMI Family & Friends seminars do not collect detailed information on beneficiaries, therefore diagnosis is not known. I suspect we are serving more individuals with co-occurring disorders and TBI than what is represented above.



## All Activities Organizer FY20

Activity/Date	Date	Primary Beneficiaries	Secondary Beneficiaries	Providers	Other/Unknown	Total Participation	# of Sessions
Office Contacts & Referrals	Onoing	15	22	5		42	N/A
Trust Mini Grant Applications	Ongoing	16				16	N/A
<b>Training</b>							
NAMI Family-to-Family Teacher Training	Nov. 11-12, 2019		6			8	2
Support Group Orientation and Debrief	12/7/19	4				6	1
<b>Psychoeducation Programs &amp; Support Groups</b>							
Connection Peer Support Group	Weekly	129				129 (31 unduplicated)	25
Family Support Group	2x monthly		59			59 (20 unduplicated)	11
Family & Friends Seminar	9/21/19		6			6	1
NAMI Basics, Parent Education Course	Oc/Nov 2019		6			6	6
Online Family & Friends Seminar	12/12/19		7			7	1
<b>Inside Passages Speaker Series</b>							
November: Juneau's Therapeutic Courts	11/5/19	2	8	2	7	19	1
December: Trauma-Informed Schools	12/3/19	3	9	2	11	25	1
January: Embodied Mindfulness	1/7/20	3	2	9	13	27	1
<b>Events and Activities</b>							
Volunteer Appreciation BBQ	7/26/2019				26	26	1
Annual Memebership Meeting	9/23/19				25	25	1

Extra Tough 5K/1M Mental Health Run	10/12/19				70	70	1
<b>Outreach and Presentations</b>							
UAS Campus Kick-Off	8/30/19				19	19	1
Bartlett BH Staff Meeting	9/27/19			12		12	1
NASW-Alaska Conference	9/25-9/27				12	12	1
Ending the Silence HS Presentations	10/8 - 10/9/19	1	1		81	83	3
Juneau Health Fair	10/19/10				12	12	1
Ending the Silence HS Presentations	11/5/19				20	20	1
Bartlett Hospital Health Clinic	12/7/19				14	14	1
Juneau's Annual Kindness Festival	1/4/20				92	92	1
<b>TOTAL</b>		<b>173</b>	<b>126</b>	<b>30</b>	<b>402</b>	<b>735</b>	
<b>Public Awareness and Media</b>							
Capital Chat to promote Basics & F&F Seminar	9/18/19						1
Capital Chat to promote Extra Tough 5K	10/8/10						1
Newspaper article feature on Extra Tough	10/13/19				<a href="https://www.juneauempire.com/sports/extra-tough-runners-complete-5k-for-mental-health/">https://www.juneauempire.com/sports/extra-tough-runners-complete-5k-for-mental-health/</a>		1
Newspaper article on Volunteer of the Year	11/3/19				juneauempire.com/life/recognitions-for-nov-3-2019/		1
Feature story on Inside Passages: Therapeutic Courts	11/6/19				<a href="https://www.juneauempire.com/news/therapeutic-courts-look-to-fix-problems-not-simply-punish-people/">https://www.juneauempire.com/news/therapeutic-courts-look-to-fix-problems-not-simply-punish-people/</a>		1

KINY News of the North focus on Dec.	12/4/19	<a href="http://www.kinyradio.com/podcasts/news-of-the-north/episode/news-of-the-north-december-4-2019/?autoplay=1">http://www.kinyradio.com/podcasts/news-of-the-north/episode/news-of-the-north-december-4-2019/?autoplay=1</a>	1
Juneau Afternoon	1/3/20	<a href="https://www.ktoo.org/2020/01/13/nami-juneau-offers-peer-to-peer/">https://www.ktoo.org/2020/01/13/nami-juneau-offers-peer-to-peer/</a>	1

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|

# Why Care? Mental Illness Awareness Week

OCTOBER 6-12

Share why you care, be informed and get involved!

[nami.org/miaw](http://nami.org/miaw)

## Greetings!

Mental Illness Awareness Week is recognized throughout the country during the first full week of October. Joining together in community is a powerful way to show that we care. Stick with us on social media throughout the week as we elevate mental illness awareness by sharing information and stories of recovery. #MIAW2019

NAMI Juneau, the Healing Hand Foundation and Find Your Fire invite you to the annual **Extra Tough 5K & 1 Mile Mental Health Run. Join us Saturday, October 12** for this inclusive mental health community event!

Walk or run with your family, friends, and coworkers and be extra tough in supporting mental health awareness and stomping our stigma!



The event will start at Riverbend's Covered Play Area. Registration opens at 9:30 AM and both the 5K and 1 Mile start at 10 AM. This is a NAO cup event.

This year, the \$15 registration proceeds and donations will benefit the 2nd phase of [Housing First, a collaborative project](#) in our community connecting homeless individuals to permanent supportive housing and barrier-free services.

[Register Now](#)



# Be extra tough

in supporting mental health, raising awareness and stomping out stigma!

EVENT FOR National Mental Illness Awareness Week

**October 12 2019**

**Saturday; 10:00 AM**

(9:30 AM registration)

Event begins at  
**Riverbend Covered  
Play Area**



**\$15/person**  
**FREE: Kids**  
**under 5**

All Proceeds  
Benefit the  
2nd Phase of  
Housing First

TO REGISTER, VISIT:

**[namijuneau.org](http://namijuneau.org)**

OR CALL: 463-4251

NOA Cup  
Event



## 2019 Volunteer of the Year

Paula Gonzales Rohrbacher was awarded the 2019 Sharron Lobaugh Volunteer of the Year award. Congratulations Paula!

Paula knows the power of peer support and understands the importance of speaking out about the challenges of living with mental illness and reminding others that there is hope for recovery. Thank you, Paula, for being an inspiration and giving your time as a peer mentor and mental health advocate!



CONGRATULATIONS TO  
**PAULA ROHRBACHER**

*Thank you for your years of service to NAMI Juneau & our community!*

## Recognizing five years of providing parent education and support

81

NAMI Juneau is excited to celebrate five years of



providing parent education and support through NAMI Basics, a six-session early intervention program. In 2015, five volunteers were trained by the curriculum author, Teri Brister. Since that time, Bonnie Chaney, Karen Lipson, Joan Gianotti, Sandi Pahlke, and Jaime Zellhuber have collectively taught eight classes and reached 75 families. All five teachers continue to volunteer for the program and their effectiveness is reflected in participant's comments such as this: "I was

handed a list of diagnosis for my son but was never told what help there is for him or his family members to help him through his illness or, to help me help him, until a friend told me about NAMI. NAMI has been a breath of fresh air and has given us hope." We are grateful to Juneau's NAMI Basics team for their continued service!

## UPCOMING CLASSES

**NAMI Basics Parent Education Program  
Starts October 16. Register by October 10**

[Register Now](#)



**If your child or teen is experiencing emotional or mental distress that interferes with school, friendships, activities or family life, you are not alone.**

**Wednesday evenings at 5:30 PM**

***Six sessions, invaluable information & support from other families***

## ONGOING SUPPORT GROUPS

**When you need an ear, we're here.**



**NAMI** Family Support Group  
National Alliance on Mental Illness

A free, peer-led support group for families & friends who are supporting a loved one with mental illness

1st & 3rd Thursdays  
5:30 - 7 PM  
@ 9000 Glacier Hwy, Ste 201



**NAMI Connection**  
National Alliance on Mental Illness RECOVERY SUPPORT GROUP

A free, peer-led support group for adults living with a mental health condition

Meets every Wednesday  
5:30-7:00 PM  
@ JAMHI Health & Wellness



[namijuneau.org](http://namijuneau.org) or 463-4251

## ONLINE NAMI ALASKA PROGRAMS





# Online NAMI Family & Friends Seminar

A free seminar on mental health conditions and how best to support loved ones undergoing a mental health challenge.

Thursday, October 24th

5:30 PM to 7:30 PM

Online via your computer, tablet, or smartphone

[www.supportgroupscentral.com/NMAK](http://www.supportgroupscentral.com/NMAK)

Pre-registration is necessary

For more information, email Lily at [namiak.lilywerts@gmail.com](mailto:namiak.lilywerts@gmail.com)

### Join to learn:

- About mental health conditions, treatment, and recovery
- Effective communication strategies
- The importance of self-care
- Crisis preparation strategies
- NAMI and statewide resources

### What people are saying about Family & Friends:

"Hearing personal experiences and how relatable my experiences are to them was very helpful. Hearing specific strategies to communicate and specific traits that people with mental illness have. Know that the illness is what can cause "cruelty" and poor decisions rather than the person."

"I have a better understanding of how mental illness impacts the person affected...it was nice to hear the stories of the instructors and their paths."

## PARTNER EVENTS



### A new group for LGBTQ2+ teens

...launched this month. The group will meet every Thursday at the Zach Gordon Youth Center at 6:00 p.m. This group is a supportive, safe space for LGBTQ2+ teens and friends. The first Thursday of each month will be a planned event put on by a different partner organization. For more info, email Stephanie at [stephaniel@awareak.org](mailto:stephaniel@awareak.org).



**NAMI Juneau is funded in part by the  
Alaska Mental Health Trust Authority and supporters like you!**



Phone: 907-463-4251 | Email: [namijuneau@gmail.com](mailto:namijuneau@gmail.com) | Website:  
[www.namijuneau.org](http://www.namijuneau.org)

# Inside Passages

MENTAL HEALTH SPEAKER SERIES

Presented by  **NAMI** Juneau  
National Alliance on Mental Illness

*November 5, 2019*

## *Juneau's Therapeutic Courts* *Diverting Individuals to* *Community Treatment*

### PRESENTERS

**Michelle Delkettie**  
Therapeutic Courts Coordinator

**Grace Lee**  
Defense Attorney

**Emily Wright**  
Prosecutor, CBJ

**Dara Gibson**  
Assistant District Attorney  
State of Alaska

**Rachel Gearhart**  
Director of Behavioral Health  
JAMHI

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**WHEN:** Tuesday; 5:15PM—6:45PM

**WHERE:** JAMHI's Conference Room (3406 Glacier Hwy.)

#### INFORMATION:

[namijuneau.org](http://namijuneau.org)

[namijuneau@gmail.com](mailto:namijuneau@gmail.com)  
or 907-463-4251

#### FORUMS ARE:

Free  
Open to the public  
Offer Continuing  
Education Units (CEU)!

#### PARTNERS:



## NAMI Juneau Beneficiaries & Non-Beneficiaries Served in FY20

<b>July 2019 – June 2020</b>	Served	Unduplicated	# new beneficiaries served	% of new beneficiaries served
Primary Beneficiaries experiencing mental illness	232	91	54	60%
Secondary Beneficiaries (family members/caregivers)	183	101	48	48%
Beneficiaries experiencing Substance Abuse (SA), Traumatic Brain Injury (TBI), Developmental Disability (DD)	16 SA; 4 TBI; 4 DD			
Non-Beneficiaries	537	N/A	N/A	N/A
Beneficiaries Trained	14	11	3	27%

\*Neither of the support groups nor the NAMI Family & Friends seminars collect detailed information on beneficiaries, therefore diagnosis is not known. I suspect we are serving more individuals with co-occurring disorders and TBI than what is represented above.

## All Activities Organizer FY20

Activity/Date	Date	Primary Beneficiaries	Secondary Beneficiaries	Providers	Other/ Unknown	Total Participation	# of Sessions
Office Contacts & Referrals	Onoing	20	32	11		63	N/A
Trust Mini Grant Applications	Ongoing	25				25	N/A
<b>Training</b>							
NAMI Smarts Training of Trainers	10/11/12		1			1	2
NAMI Family-to-Family Teacher Training	Nov. 11-12, 2019		8			8	2
Support Group Orientation and Debrief	12/7/19	4				4	1
NAMI Smarts Advocacy Training	2/1/20		5			5	1
Online Facilitator Training	6/29/30	1	2			3	2
<b>Psychoeducation Programs &amp; Support Groups</b>							
Connection Peer Support Group	Weekly (through March 2020)	159				159 (33 unduplicated)	27
Family Support Group	2x monthly (through March 2020)		79			79 (22 unduplicated)	13
Family & Friends Seminar	9/21/19		4			4	1
NAMI Basics, Parent Education Course	Oc/Nov 2019		6			6	6
Online Family & Friends Seminar	12/12/19		6			6	1
Online Family & Friends Seminar	3/16/20		9			9	1
Online Family & Friends Seminar	5/14/20		5			5	1
NAMI Peer-to-Peer Wellness Course	2/1/20	13				13	8
<b>Inside Passages Speaker Series</b>							

November: Juneau's Therapeutic Courts	11/5/19	2	8	2	7	19	1
December: Trauma-Informed Schools	12/3/19	3	9	2	11	25	1
January: Embodied Mindfulness	1/7/20	3	2	9	13	27	1
February: Advocacy Workshop	2/4/20	2	2	2	4	10	1
March: Suicide Prevention	3/3/20		5	2	12	19	1
<b>Events and Activities</b>							
Volunteer Appreciation BBQ	7/26/2019				26	26	1
Annual Memebership Meeting	9/23/19				25	25	1
Extra Tough 5K/1M Mental Health Run	10/12/19				70	70	1
NAMI Legislative Lunch & Learn					45	45	1
<b>Outreach and Presentations</b>							
UAS Campus Kick-Off	8/30/19				19	19	1
Bartlett BH Staff Meeting	9/27/19			12		12	1
NASW-Alaska Conference	9/25-9/27				12	12	1
Ending the Silence HS Presentations	10/8 - 10/9/19				83	83	3
Juneau Health Fair	10/19/10				12	12	1
Ending the Silence HS Presentations	11/5/19				20	20	1
Bartlett Hospital Health Clinic	12/7/19				14	14	1
Juneau's Annual Kindness Festival	1/4/20				92	92	1
SERRC Behavioral Health Career Connections	2/6/20				20	20	1

Legislature Health Fair	2/26/20				12	12	1
<b>TOTAL</b>		<b>232 (91 unduplicated)</b>	<b>183 (101 unduplicated)</b>	<b>40</b>	<b>497</b>	<b>952</b>	<b>87</b>
<b>Public Awareness and Media</b>							
Capital Chat to promote Basics & F&F Seminar	9/18/19						1
Capital Chat to promote Extra Tough 5K	10/8/10						1
Newspaper article feature on Extra Tough	10/13/19	<a href="https://www.juneauempire.com/sports/extra-tough-runners-complete-5k-for-mental-health/">https://www.juneauempire.com/sports/extra-tough-runners-complete-5k-for-mental-health/</a>					1
Newspaper article on Volunteer of the Year	11/3/19	juneauempire.com/life/recognitions-for-nov-3-2019/					1
Feature story on Inside Passages: Therapeutic Courts	11/6/19	<a href="https://www.juneauempire.com/news/therapeutic-courts-look-to-fix-problems-not-simply-punish-people/">https://www.juneauempire.com/news/therapeutic-courts-look-to-fix-problems-not-simply-punish-people/</a>					1
KINY News of the North focus on Dec.	12/4/19	<a href="http://www.kinyradio.com/podcasts/news-of-the-north/episode/news-of-the-north-december-4-2019/?autoplay=1">http://www.kinyradio.com/podcasts/news-of-the-north/episode/news-of-the-north-december-4-2019/?autoplay=1</a>					1
Juneau Afternoon	1/3/20	<a href="https://www.ktoo.org/2020/01/13/nami-juneau-offers-peer-to-peer/">https://www.ktoo.org/2020/01/13/nami-juneau-offers-peer-to-peer/</a>					1
Juneau Afternoon	3/2/20	<a href="https://www.ktoo.org/2020/02/28/meet-awares-2020-women-of-distinction/">https://www.ktoo.org/2020/02/28/meet-awares-2020-women-of-distinction/</a>					1
Facebook Live Event	5/8/20						1
Mental Health at Home video series	5/1/20	<a href="https://www.youtube.com/playlist?list=PLGr9fUY5rZGx4Z6tSvrgUdqYpcBDdaPny">https://www.youtube.com/playlist?list=PLGr9fUY5rZGx4Z6tSvrgUdqYpcBDdaPny</a>					6







**AGENCY NAME:**

## FY20 BPI Organizational Capacity Worksheet

---

**Performance Measure:** How Well? – Organizational Capacity

a. Please report on the following information that represents efforts made towards sustainability:

1. Total dollar amount of funding from all sources (Trust and non-Trust) and the percentage of funding listed by revenue source.

Revenue Source	Amount (\$)	% of Total Funding
Trust	100,550	74%
Medicaid/Insurance	0	0%
Fundraising/Donations	17,900	13%
Grants (source and amount)	12,000	9%
Other	5,650	4%
<b>Total</b>	<b>136,100</b>	<b>100%</b>

2. Total dollar amount of unrestricted cash and how many months of unrestricted cash do you have readily available?

Total dollar amount of unrestricted cash \_\_\_\_\_ \$44,700

(additional \$45,000 in emergency reserve)

Number of months of unrestricted cash available \_\_\_\_\_ 4 months

(8 months with emergency reserve)

3. Total dollar amount of in-kind services and volunteer hours (*Please use the rate of \$24.21 as recommended by the Bureau of Labor Statistics for 2016*).

In-Kind Service	Amount/Rate (\$)	Total Amount
Volunteer Hours	\$24.21/hour (1,240 hours)	\$30,020
Office Space/Facility	\$150/meeting room x 38 meetings	\$5,700
Staff Training/Technical Assistance		
Transportation		
Office Supplies/Equipment		

**AGENCY NAME:**

Other (specify)		
<b>Total</b>	-	\$35,720

**Performance Measure:** How Well? – Workforce Stability

a. Please report on the following information in regards to the organization’s workforce stability.

1. Annual turnover rate (ATR) for **paid** employees reported as a percentage from July 1, 2019 to June 30, 2020 (FY20). Include all paid employees regardless of FTE status.

$$\text{ATR} = \frac{\text{Total \# of paid employees who left employment during FY20}}{\text{Total \# of paid employees that are employed during FY20}} \times 100$$

**ATR in FY19 for paid employees: 0%**

2. Annual turnover rate (ATR) for **regular and active volunteers** reported as a percentage from July 1, 2019 to June 30, 2020.

$$\text{ATR} = \frac{\text{Total \# of volunteers who stopped volunteering during FY20}}{\text{Total \# of volunteers that volunteer during FY20}} \times 100$$

**ATR in FY19 for regular and active volunteers = 20%**  
**However, gained four new volunteers or 16%**

b. The Board of Trustees approved increased BPI funding in FY19 to increase access to health care insurance for peer support workers and other staff based on agency FTEs.

1. Please choose a point in time in FY20 to estimate health insurance coverage for all FTEs (use FTE total used to calculate FY21 BPI budget) in the categories below.

<b>Health Insurance Coverage Type</b>	<b># FTE</b>
Medicaid	
Medicare	
Military (Defense Health Agency/TRICARE)	
Affordable Care Act (purchased through HealthCare.gov)	1 FTE (5,400)
Private health insurance (employer-based)	
Uninsured	
Other	
<b>Total</b>	<b>5,400</b>

**AGENCY NAME:**

c. The Trust promotes recovery-oriented and culturally competent peer services and seeks to support best practice for BPI grantees to further develop policy and organizational capacity.

1. Does your agency currently have board approved recovery-oriented policies and procedures that reflect best practice related to financial practice, program services and human resources? **Y or N**

Yes, regarding our volunteer handbook.

**If yes, please include copies of policies for potential learning community use.**

# JUNEAU ADULT MENTAL HEALTH SERVICES

**SCREENING & ASSESSMENT**

Same day to two weeks

- Bartlett Outpatient Psychiatry (BOPS) ☆
- Front Street Clinic ☆
- JAMHI Health & Wellness ☆
- SEARHC Behavioral Health ☆
- Juneau Youth Services (18-21) ☆
- Private practice psychologists & psychiatrists

**INDIVIDUAL, GROUP & FAMILY THERAPY**

Time varies

- Bartlett Outpatient Psychiatry (BOPS) ☆
- Front Street Clinic ☆
- JAMHI Health & Wellness ☆
- SEARHC Behavioral Health ☆
- Juneau Youth Services (18-21) ☆
- Private practice psychologists & psychiatrists

**CASE MANAGEMENT**

One to two weeks

- JAMHI Health & Wellness ☆
- SEARHC Behavioral Health ☆
- Juneau Youth Services (18-21) ☆

**MEDICATION MANAGEMENT**

One to two weeks

- Bartlett Outpatient Psychiatry (BOPS) ☆
- JAMHI Health & Wellness ☆
- SEARHC Behavioral Health ☆
- Front Street Clinic ☆

**SUPPORTED EMPLOYMENT & EDUCATION**

Time varies

- Department of Vocational Rehabilitation (DVR)
- JAMHI Health & Wellness ☆
- Polaris House (member services)
- Southeast Alaska Independent Living (SAIL)
- The Learning Connection
- St Vincent De Paul

**RECOVERY SUPPORT & EDUCATION**

Ongoing

- JAMHI Health & Wellness ☆
- NAMI Juneau (including family support services)
- Polaris House (member services)

**SPECIALIZED SERVICES**

Time varies

- AWARE (counseling, housing & support services for survivors of DV/SA)
- Catholic Community Services (for seniors & their families)
- UAS Counseling Services (students)
- Juneau Veterans Affairs Outreach Clinic

**CRISIS ASSESSMENT & STABILIZATION**

Same day

- Bartlett Emergency Services ☆
- Bartlett Mental Health Unit ☆

**Crisis Helplines**

- Emergency**  
9-1-1
- Alaska Careline**  
877-266-HELP (4357)
- JAMHI**  
907-463-3303
- SEARCH**  
877-294-0074
- Bartlett Emergency**  
796-8427
- Crisis Text Line**  
Text HOME to 741741

For a directory of private practice providers, visit [juneamentalhealth.org](http://juneamentalhealth.org)  
Juneau Mental Health Directory

**NEED HELP**  
Navigating These Resources?

Contact NAMI Juneau: 463-4251  
*This document is maintained by NAMI Juneau.*

☆ Accept Medicaid and Uninsured



### AWARE

Call for location:  
586-6623 or awareak.org



### Bartlett Regional Hospital

Emergency Services: 789-8427  
Bartlett Outpatient Psychiatric  
Services (BOPS): 796-8498  
3260 Hospital Drive



### Catholic Community Services (CCS)

(907) 463-6100  
419 6th Street  
Juneau, AK 99801  
www.ccsjuneau.org  
info@ccsjuneau.org



### JAMHI Health & Wellness

(907) 463-3303  
3406 Glacier Hwy #A  
Juneau, AK 99801  
jamhihealthandwellness.org



### Juneau Suicide Prevention Coalition

juneausuicideprevention.org



### Juneau Youth Services (JYS)

(907) 789-7610  
2075 Jordan Ave  
Juneau, AK 99801  
www.jys.org



### The Learning Connection

(907) 586-5718  
210 Ferry Way  
Juneau, AK 99801  
www.tlcalaska.org



### Front Street Clinic

225 Front Street, Suite 202; (907) 586-4230

### NAMI Juneau

(907) 463-4251  
9000 Glacier Hwy, # 201, Juneau, AK 99801  
www.namijuneau.org • namijuneau@gmail.com



### Polaris House

(907) 780-6775  
434 Willoughby Ave.  
Juneau, AK 99801  
www.polarishouseak.org • polarishouse@alaska.net



### Private Counselors/ Therapists

juneaumentalhealth.org



### SEARHC— Behavioral Health

(907) 364-4445  
1046 Salmon Creek Lane  
Juneau, AK 99801  
searhc.org/location/juneau-behavioral-health



### St. Vincent de Paul

(907) 789-5535  
8617 Teal St. (first floor of Smith Hall)



### Southeast Alaska Independent Living (SAIL)

3225 Hospital Drive, Suite 300  
586-4920 v/tty



### UAS Counseling Services

(907) 796-6000  
11066 Auke Lake Way,  
Juneau, AK 99801  
www.uas.alaska.edu/juneau/counseling



### Veterans Affairs (VA) Outreach Clinic

(907) 796-4300  
Juneau Federal Building  
709 West 9th St., Juneau, AK 99801  
MUST bring government issued ID for entry.

## CRISIS HOTLINES



### Alaska Careline

Call any time:  
1-877-266-4357 (HELP)  
or text "4help" to 839863  
Tuesday-Saturday; 3:00-11:00 PM  
carelinealaska.com



### JAMHI Hotline

24/7 Access: (907) 463-3303  
or Toll-free: (855) 463-3303  
A receptionist will connect you with our  
Emergency Services Clinician.  
jamhihealthandwellness.org/jamhi-emergency-  
services-24-7



### SEARHC Hotline

1-877-294-0074  
Available 24/7  
searhc.org/service/behavior-health



### National Suicide Prevention Lifeline

1-800-273-8255  
suicidepreventionlifeline.org



### Juneau Police Department

When calling 9-1-1  
or the non-emergency line,  
identify your emergency as a mental  
health or substance use crisis.  
JPD has trained Crisis Intervention Team  
(CIT) officers.  
(907) 586-0600



### AWARE

1-800-478-1090  
24hr crisis line



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NAMI Alaska is a peer-led mental health education organization serving all of Alaska and an umbrella organization for NAMI affiliates in the communities of Anchorage, Fairbanks, Juneau, and North Slope. Together, we work to improve the lives of Alaskans affected by mental illness through education, support, and advocacy.

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## 2020 ADVOCACY PRIORITIES

### 1. **Support Access to Mental Health Education in K-12 Public Schools.**

Half of all lifetime mental illness begins by age 14 and early identification and intervention are essential to keep young lives on track. According to the 2017 Youth Risk Behavioral Health Survey, one in three Alaskan students reported feeling sad or hopeless almost every day for at least two weeks in the past year and 22.8% had seriously considered suicide. Strengthening Alaska public school's existing health curriculum to include comprehensive mental health education will teach students to recognize the warning signs of mental distress and provide them with the language and resources to connect to help. Therefore, we:

- **Support HB 181/ SB 197:** "An Act relating to mental health education" that expands Alaska's existing health curriculum and develops guidelines for mental health instruction for use in kindergarten through grade 12.

### 2. **Improve Mental Health Crisis Services Statewide.** Alaska's mental health crisis services are not adequate to meet the needs of individuals experiencing a psychiatric emergency. When individuals with mental illnesses cannot access treatment and support services and undergo a crisis, they often cycle through expensive institutional settings such as jails and emergency rooms without receiving appropriate care. Therefore, we:

- **Support HB 175 / SB 124:** "An Act relating to the duties of the Alaska Mental Health Board; establishing the Alaska Psychiatric Institute Oversight Board; relating to state psychiatric hospital records; and providing an effective date."
- Support further investment in the financial and human resources necessary to improve the safety and quality of care provided at Alaska Psychiatric Institute (API) and resume operations at capacity.

- Support the development of comprehensive crisis services and response systems that prioritize timely and effective interventions for individuals experiencing psychiatric emergencies.
- Strongly oppose shifting the care of individuals experiencing psychiatric emergencies to the criminal justice system when more appropriate settings are available.

**3. Improve Community Mental Health Support Services.** NAMI Alaska recognizes the right of every Alaskan to access comprehensive mental health care that is easy to navigate, affordable, and accessible throughout an individual's lifespan. Effective treatment and support services are essential for individuals with mental health conditions to recover and live productively in their community. When services are available in the community, individuals are less likely to rely on expensive institutional care. Therefore, we:

- **Support fully funding the Medicaid program.** Reductions to the Medicaid program and the inability to adequately reimburse providers for their services threaten the health care system and decreases access to quality and affordable healthcare for Alaskans, including children and adults with mental health conditions.
- Support preserving and enhancing behavioral health community support services that help Alaskans live productively in their communities.
- Support expanding prevention and early intervention programs to ensure children and youth experiencing the onset of mental health conditions have timely access to effective services and support that continue into adulthood.



# YOU ARE NOT ALONE

Now more than ever, we need to find ways to stay connected with our community. No one should feel alone or without the information, support and help they need.

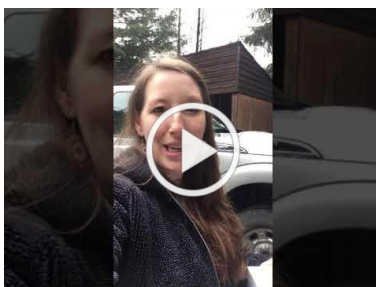
## May 2020 \*Mental Health Awareness Month\*

Mental Health Awareness Month is an united awareness effort taking place across the country during the month of May. Recognizing mental health as essential health is particularly meaningful this year with so many of us impacted by the uncertainty and stressful circumstances due to the coronavirus.

Our message to our community during this extraordinary time is one of connection despite distance and resilience through hope. For those who live with a mental health condition, resilience is exemplified by living with the challenges of mental illness day-by-day. For family members and caregivers, resilience is supporting our loved ones through difficult times and holding hope for recovery. Resilience does not eliminate stress or erase life's difficulties, but it can give us the strength to overcome challenges and face adversity.

Staying connected to others is one way to help build resilience. In the spirit of #MentalHealthMonth, please let us know how you are staying connected and other ways you are supporting your mental health. Post to our social media, send us an email, share your mental health **story here**, or give us a call. We would love to hear from you!

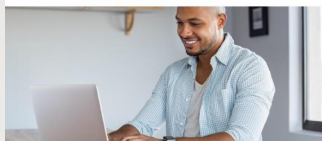
(907) 463-4251  
namijuneau@gmail.com



Video: NAMI Juneau staff staying connected with Friday donuts delivery

### Connect online for support

Are you overwhelmed by all the online resources, self-care advice, and tool kits that are surfacing during this time? We get it! Remember, there are simple and meaningful ways to connect to others experiencing similar challenges. NAMI's online support groups are here for you and provide an opportunity to simply connect with others in a caring and confidential space. Join us online!



## ONLINE MENTAL HEALTH SUPPORT GROUP

Support for adults living with mental illness in Alaska

Share your experiences, discuss challenges, and receive support in a confidential environment

Join from your computer, tablet, or smartphone



### Online Connection Support Groups

Upcoming Meetings:

Thursday, May 14 at 4 PM

Wednesday, May 27 at 6 PM

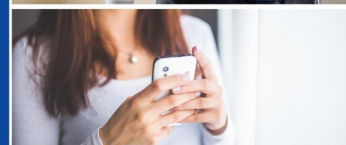
NAMI Connection is for any adult (18+) who lives with a mental health condition or co-occurring substance use disorder, regardless of diagnosis. Facilitated by trained peers, the Connection support group is a mutual support group, not therapy group. Meetings provide a sense of community and encouragement plus a confidential place to be heard, offer insight, & receive support. **Learn More**

## ONLINE FAMILY SUPPORT GROUP

Support for family members and caregivers affected by mental illness in Alaska

Share your experiences, discuss challenges, and receive support in a confidential environment

Join from your computer, tablet, or smartphone



### Online Family Support Groups

Upcoming Weekly Meetings:

Saturday, May 9 at 9 AM

Wednesday, May 20 at 6 PM

Saturday, May 23 at 9 AM

NAMI Family Support Group is for any parent, partner, family member or friend (18+) who supports a loved one with a mental health condition, regardless of diagnosis. Facilitated by trained peers, these groups offer respite and a supportive place to connect, share, and learn from others. **Learn more**

 **NAMI Family & Friends**  
National Alliance on Mental Illness

**Thursday, May 14 @ 5:30 PM**

**Join us online!**

Join us online and in real-time for this mental health seminar focused on supporting a loved one experiencing mental distress or a chronic mental health condition. Open to all Alaskans, the Family & Friends Seminar will cover:

- Understanding diagnoses, treatment, and recovery

- Effective communication strategies
- Self-care for the caregiver
- Preparing for crisis

Register or Learn More today

## Local Video Series throughout #MentalHealthMonth

Stay tuned for the

# MENTAL HEALTH AT HOME

video series throughout the month of May in honor of #MentalHealthMonth

Presented by

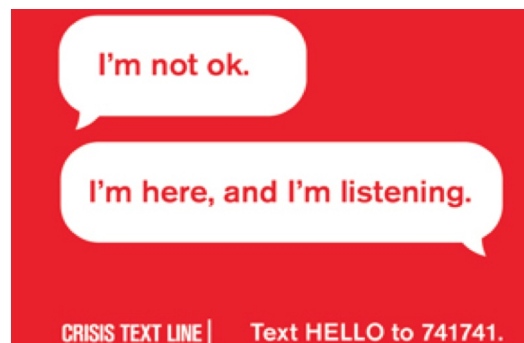


## Crisis Support Resources

**Need to talk? Call CARELINE, 24/7**  
Alaska's suicide prevention and someone-to-talk-to line.



**877-266-4357 (HELP)**  
or text **4help** to 839863  
most evenings  
[www.carelinealaska.com](http://www.carelinealaska.com)



**CRISIS TEXT LINE | Text HELLO to 741741.**

## Article from the NAMI Blog

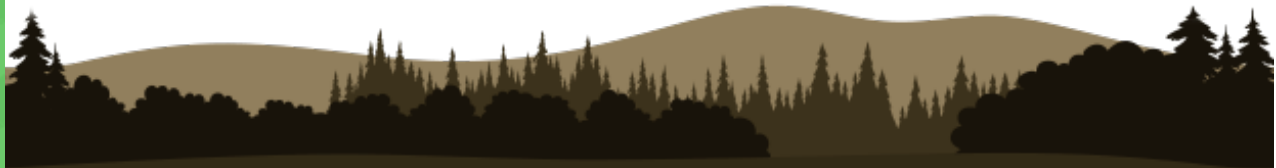
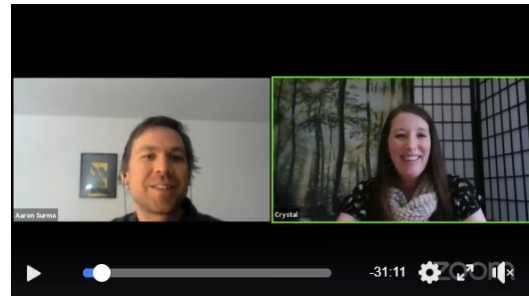
102

"Resilience is the process of finding healthy ways to adapt and cope with adversity and distress. Building resilience can be key to helping us get through the Coronavirus crisis and its aftermath. It **can help** protect us from various mental health symptoms, such as depression, anxiety and traumatic stress. And it can help those of us who already have mental health conditions cope better." **Continue reading**



## Facebook Live event with the Juneau Suicide Prevention Coalition

Aaron Surma with the Juneau Suicide Prevention Coalition and Crystal Bourland with NAMI Juneau went on Facebook Live to talk about Mental Health Month and why language matters. Check out the entire facebook recording [here](#).



NAMI Juneau  
(907) 463-4251  
namijuneau@gmail.com  
namijuneau.org

Connect with us



# Is your child experiencing emotional or mental distress that interferes with school, friendships, activities or family life?

NAMI Basics is a free 6-week course that helps parents and family caregivers connect to information, mutual support, and resources to aid in their child's wellness. Whether you're investigating your concerns, or wanting to understand a particular diagnosis, this program offers current information and the experience of families who've been through it. Class size is limited, register at [namijuneau.org](http://namijuneau.org) or call 463-4251. Dates:

**October 16 – November 20, 2019**  
**Wednesdays at 5:30 PM**

LOCATION: JUNEAU YOUTH SERVICES  
Onsite childcare and dinner provided



**Project Title:** NAMI Anchorage BPI (Beneficiary Projects Initiative)  
Grant

**Grantee:** NAMI Anchorage

**Fund:** Authority Grant

**Geographic Area Served:** Anchorage Municipality

**Project Category:** Direct Service

**Years Funded:** FY08 to Present

**FY20 Grant Amount:** \$154,071.00

**High Level Project Summary:**

Grant funds support NAMI Anchorage as a local affiliate of the National Alliance on Mental Illness. The agency provides support, education, and advocacy to individuals living with mental illness (consumers), their families, and the larger community. NAMI Anchorage serves beneficiaries and families in Anchorage and throughout the state. They offer education and training for families experiencing mental illness, providing both direct advocacy and support to beneficiaries and their families while also leveraging key partnerships to further educate and advocate on behalf of Trust beneficiaries living with mental illness.

In FY20, NAMI Anchorage consistently exceeded Trust expectations against the performance measures outlined in the project grant agreement. NAMI Anchorage continues to provide advocacy, critical education, peer support and coordination services to beneficiaries with mental illness, their families, and the community. This project has demonstrated positive outcomes for beneficiaries as an advocacy and support agency and Trust staff recommends the program for FY23 funding.

This project aligns with Comp Plan Objectives 4.3 and 4.4 related to improved treatment and recovery support services (including peer support services) to reduce the impact of mental health and substance use disorders.

**Project Title:** NAMI Anchorage FY20 BPI Operating Grant

**Staff Project Analysis:**

Grant funds support NAMI Anchorage as a local affiliate of the National Alliance on Mental Illness. The agency provides support, education, and advocacy to individuals living with mental illness (consumers), their families, and the larger community. NAMI Anchorage serves beneficiaries and families in Anchorage and throughout the state. NAMI Anchorage offers education and training for families experiencing mental illness, providing both direct advocacy and support to beneficiaries and their families while also leveraging key partnerships to further educate and advocate on behalf of Trust beneficiaries living with mental illness.

In FY20, NAMI Anchorage navigated the complications presented by the COVID-19 pandemic and reported serving 500 primary and secondary beneficiaries (including family members and caregivers) with significant advocacy and programmatic development related to youth storytelling. NAMI Anchorage has developed strong collaborations with the Veteran’s Administration, community agencies throughout Anchorage, and is an active participant in Anchorage’s suicide prevention efforts. The agency provides education to consumers and families about mental illness diagnoses, symptoms, and medication management; and NAMI Anchorage engages consumers and families in case management assistance, skill-building and socialization, daily living and personal care, referrals to the mental health court, crisis intervention, hospitalization support, and more.

NAMI Anchorage continues to provide advocacy, critical education, peer support and coordination services to beneficiaries with mental illness, their families, and the community. This project has demonstrated positive outcomes for beneficiaries as an advocacy and support agency and Trust staff recommends the program for FY23 funding.

This project aligns with Comp Plan Objectives 4.3 and 4.4 related to improved treatment and recovery support services (including peer support services) to reduce the impact of mental health and substance use disorders.

**Project Description:** NAMI Anchorage plans to further expand its reach and impact as it relates to the organization’s core mission of support, education and advocacy. Specifically, this will involve outreach and program expansion to the MatSu Valley, continued partnership with the other NAMI affiliates to support and grow NAMI Alaska’s online program development (i.e. web-based support groups and presentations), development of a new partnership with MHATS (Mental Health Advocacy Through Storytelling) a youth led group that works with high school students on storytelling and advocacy work related to young adult mental health, growth of the “Ending the Silence” program – a NAMI program designed to present to middle and high school students about mental health to both provide resources and bust stigma, development a fundraising program, and continue to participate in collaborative work through the following coalitions: Anchorage Coalition for Suicide Prevention, Anchorage Youth Development Coalition, Anchorage Reentry Coalition, Anchorage Coalition to End Homelessness, and participation the formation of a new coalition: the Adolescent Substance Misuse Prevention Coalition.

**Grantee Response - FY20 Grant Report Executive Summary:**

**Executive Summary from January 31, 2020 Interim Report**

Please see attached document: "NAMI Anchorage mid-year ED report FY20"

### **Executive Summary from August 31, 2020 Status Report**

While this reporting period proved challenging to much of the work we do due to COVID-19, there were definitely a good number of wins despite the obvious obstacles.

The most obvious impact felt was the inability to hold in-person support groups and classes. Fortunately, NAMI AK and the other statewide affiliates had already been hosting support groups online so we were able to provide that resource to some of our beneficiaries. The shift to online was certainly not ideal for some, due in part to accessibility or tech issues, we did see an increase in participant numbers because of our online presence. This also posed some minor issues with data collection as it relates to our Affiliate's community of the greater Anchorage area.

NANC participated in a great deal of advocacy work this reporting period. The prime focus for NANC and the MAHTS crew was for HB 181. Myself and members of MHATS testified several times in House committees (both in person and virtually) in support of the bill. We also met with numerous lawmakers and staff about HB181, found co-sponsors for the bill in the Senate, worked with Anchorage Assembly members on a resolution in support of the bill, advocated for it in coalition groups and with other partners and even collaborated with Landsick Media to produce a video on the bill that was shown in both the State House and Anchorage Assembly chambers. (Link to video here: [https://youtu.be/gvpe8E\\_vruQ](https://youtu.be/gvpe8E_vruQ)) We participated in NAMI Advocacy week in the capitol and brought 2 staff, 2 MHATS students and 2 Anchorage based peers with us to meet with legislators.

We advocated for HB175 (a bill that would place a Governing Body for API in statute). We worked closely with Rep Spohnholz and Sen Giessel, their staff, and members of the API Governing Body on this and though it did not make it to the floor this past session, we look forward to carrying on the conversation.

Over the summer, we met with several Assembly members and community stakeholders advocating for a CAHOOTS-style mobile crisis team to respond to behavioral health crises in the community. The idea has been well received and we are hoping to utilize Alcohol tax money to fund these teams. We are hopeful for the idea and feel it will be a great first step towards the Crisis Now framework in our community.

As a voting member of the API Governing Body, I have been very active in various aspects of governance. I have been elected by the members of the body to create and chair an Ethics & Patients' Rights Committee for the institution. This has involved a great deal of community outreach as well as conversations with individuals and organization in the Lower 48 that have or work on Ethics Committees for Psychiatric Institutions and hospitals. I was also part of the CEO search committee and helped with interviews and the ultimate hiring recommendation.

We had several great partnerships over the reporting timeframe – many of which are highlighted in the Activities form included in the attachments section. We struck up a partnership with the newly formed Alaska Eating Disorder Alliance and I have become a board member with them. We continued partnering with Spirit of Youth on a number of projects as well as ATMI, the Alaska Teen Media Institute who records all the MHATS stories and even produced a video on our program and the work we did on HB181 for PBS' Student Reporting Labs. You can watch the video here:

<https://studentreportinglabs.org/youth-reporting/confronting-mental-health-with-storytelling-in-alaska/>

NANC and MHATS also put on a socially-distanced drive in storytelling event that was a great success



and for which we received lots of positive feedback. It felt important to the group to try to hold the storytelling event out in public as opposed to online.

While COVID and its impacts have loomed heavily over much of what we do, I feel that we were able to successfully persevere regarding many aspects of the work we do. Though we may have been restricted from meeting in person, we were still able to hold a few community events but we were most successful in our advocacy efforts.

**Number of beneficiaries experiencing mental illness reported served by this project in FY20: 214**

**Performance Measure 1: How Much?**

- a) The number (#) of beneficiaries (unduplicated) served, broken down by Trust beneficiary group.
- b) The number (#) and percentage (%) of new beneficiaries (unduplicated) served during the reporting period, broken down by Trust beneficiary group.
- c) The total (#) of activities or events held. For each activity or event, please include the date(s), location(s) and number (#) of attendees.

**Grantee Response to Performance Measure 1:**

**Response from January 31, 2020 Interim Report**

a & b) see attachment "NANC Jul-Dec 2019 Support Group Data"

c) please see attached document titled: "Community Outreach Events July – December 2019"

**Response from August 31, 2020 Status Report**

a)

214 unique individuals with a mental health condition served

286 unique Secondary Beneficiaries served

b)

99 unique individuals with a mental health condition served (46%)

141 286 unique Secondary Beneficiaries served (49%)

These numbers include: support groups - both online (Anch residents tracked) and in person, phone calls, walk-ins, signature program attendees (Peer-to-Peer & Online Family & Friends). The big bump in numbers is largely due to the online groups.

c) see attached document: Activities

**Performance Measure 2: How Well?**

- e) Provide a brief narrative describing the activities, successes, challenges, and any lessons learned during the reporting period.
- f) Describe any community networking activities that occurred during the reporting period. This may include interactions with state or local non-profit organizations, governmental entities, or Trust advisory boards and/or partners.
- g) Number (#) and percentage (%) of individuals reporting satisfaction with the program, service, event and/or activity in which they participated.
- h) For the final report, provide the BPI Organizational Capacity Worksheet (form will be provided via email in June).

**Grantee Response to Performance Measure 2:**

**Response from January 31, 2020 Interim Report**

a) please see attached document titled: "E.D. report"

b) please see attached document "Community Outreach Events July – December 2019" for outreach-specific events and attached document titled: "NAMI Anchorage Affiliate reports July-Dec 2019" under headers "Education, Outreach, Advocacy, and Fundraising for other interactions.

c) report for these measures forthcoming.

**Response from August 31, 2020 Status Report**

a) This is covered in the Executive Director's summary

b) see attached document: Activities and Outreach

c) As mentioned elsewhere, unfortunately, none of the community activities we held were able to be utilized to produce this type of data.

**Performance Measure 3: Better Off?**

d) Number (#) and percentage (%) of individuals who report overall improved functioning and/or quality of life since participating in the program.

e) Number (#) and percentage (%) of individuals who have experienced two or more of the following key outcome areas pertinent to your program:

x. Increased ability to manage challenging situations.

xi. Increased ability to manage challenging behaviors.

xii. Became stably housed as a result of the program.

xiii. Became employed as a result of the program.

xiv. Decreased substance use.

xv. Decreased legal involvement.

xvi. Increased healthy behaviors (e.g., physical activity or eating healthfully).

xvii. Reduction in number of days with poor physical or mental health.

xviii. Became connected to benefits programs (e.g., Medicaid or Food Stamps).

f) Provide two (or more) stories from individuals (in their own words) that describe how their quality of life has improved since participating in the project.

**Grantee Response to Performance Measure 3:**

**Response from January 31, 2020 Interim Report**

a & b) report for these measures forthcoming.

c) Please see attached statements from Natalie Fraser (MHATS founder) and EK for statements on the positive impact NAMI Anchorage has had on their lives.

**Response from August 31, 2020 Status Report**

a) & b) Data usually used in this section is unavailable due to COVID restrictions to programming activities.

c) See attached document: NANC Testimony

As a founder and facilitator within MHATS, a youth mental health storytelling initiative, I can attest first hand the support, guidance, and collaboration NAMI Anchorage provides us.

MHATS is a youth-led storytelling group where participants are trained to share their lived experience with others, acting as peer educators and advocates. The program was started by a group of youth, and is composed of and managed by 14-18 year old student storytellers. When we were looking for mental health organizations who could provide us with guidance, NAMI Anchorage not only offered us help, but took an active role making sure we had a space to meet, could access grant funding, and helped us spread the word about our program. The executive director of NAMI Anchorage, Jason Lessard, attends every MHATS meeting we hold, acting as a “safe adult” and adding his expertise to group discussions. I am continually astonished by how naturally he interacts with youth, how thoughtful his contributions to conversations are, and his willingness to listen. For teenage volunteers, interactions with NAMI staff not only allow them to gain essential mental health knowledge, but also remind them that they are valuable, important, and worthy of respect. Cultivating positive relationships with adults is a commonly cited protective factor for youth, and NAMI does so brilliantly.

Every MHATS session culminates in a storytelling show, and every show we hold, the gratitude we hold for NAMI Anchorage multiplies. The most recent show, NAMI not only provided connections to the venue, but the day of the show, NAMI staff were there to help us set up, provide resources to audience members, and act as house managers. As a result of NAMI, we’ve been able to execute two sessions (with a third in progress), train 13 storytellers, and host mental health storytelling shows with over 400 people in attendance, including 200 teenagers. NAMI also connects us to other youth organizations, broadening our reach and making us more effective peer educators. Because of NAMI, MHATS has been able to present at the Alaska School Health and Wellness Institute, be involved in the Youth Empowerment Party, and speak at the Anchorage Youth Development Coalition. Reaching more youth means that the message MHATS spreads is all the more effective: by sharing stories of triumph, we are working to destigmatize mental illness and open conversations surrounding mental health. By making a dedicated effort to work with youth, and especially youth-led organizations, NAMI shows its flexibility and true dedication to peer-to-peer education. Youth who receive mental health education, especially if from other youth, are more likely to access resources for themselves and others, preventing mental health crises in the long term.

In addition to the storytelling and education aid NAMI provides, working with NAMI has allowed MHATS members to gain first hand experience with advocacy. This legislative session, NAMI and MHATS collaborated on HB 181, a bill that would add mental health to the Alaska State Health Curriculum guidelines. From the very beginning, NAMI involved MHATS in the legislative process. Youth were able to proofread and edit the original policy proposal, strategize with Representative Matt Claman who sponsored the bill, and share their stories with other legislators in hopes they would co-sponsor the bill. Using NAMI connections with a local videographer, NAMI and MHATS collaborated on a video testimony that accompanied the bill, featuring young people talking about the need for mental health education in their lives. Furthermore, NAMI fully involved MHATS in their in-person advocacy efforts at the state capitol

in Juneau, Alaska. NAMI provided MHATS storytellers with advocacy training, then encouraged them to share their stories with legislators. Being able to speak to state representatives and senators is a rare experience for most youth, and a life changing one for those who have the chance. MHATS storytellers are able to stand up for themselves and make a long term difference in the lives of those around them. NAMI's endless support and guidance that they pour into all of their programs is reflected in their work with MHATS, and their care and compassion makes a lasting impact on the youth that work within it.

## EVALUATION

### Worksheet 7

Thank you participating in NAMI Peer-to-Peer (P2P) and taking the time to share your feedback. Your comments and suggestions will help improve the program.

State where you attended P2P: Alaska

City or town where you attended P2P: Anchorage

NAMI Affiliate that sponsored your class: NAMI Alaska/Nami Anchorage

Month & Year you finished P2P: December 2019 20 19

Because of the P2P course I just attended, I am better able to:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
Recognize the signs and symptoms of mental health conditions		X				
Understand the type of services and supports I need		X				
Understand what "recovery" means as it relates to mental health		X				
Prevent crises that may result from symptoms of my condition		X				
Manage the stresses and negative impacts my condition may cause		X				
Access the care and support that I need		X				

Based on the P2P course I just completed (check the appropriate box for each question):

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
I see the symptoms of mental health conditions as separate from the person experiencing symptoms		X				
I do not believe mental health conditions are my fault			X			
I have a right and an obligation to actively engage and question my treatment provider	X					

Please let us know the degree to which you agree or disagree with the following:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
This program was helpful for me	X					
I have learned information that was new to me	X					
The leaders of this program communicated effectively	X					
The workbook was useful for me	X					
I would recommend this program to others	X					

Please share your comments regarding the leaders of your class.

Holly & Stephanie both gave examples that were very helpful in telling me how I can excel in my life

What personal changes have you made, or do you plan to make, as a result of participating in P2P?

I would like to attend more support group w/ NAMI Anchorage.

Now that you have participated in P2P, what other information would be helpful for you?

More guest speakers and knowing that I'm not the only young adult living w/ a mental illness.

What is one suggestion you have for making this program better?

More guest speakers who can share about how they manage in life.

Your AHA! Experience: Participants in our NAMI education courses often experience an AHA! moment in class. AHA! moments are when something from the course finally clicked for you. We would love to hear when the light bulb went on...so to speak.

Just Being in the class taught me that I'm not the only one.

I am willing to have my responses and comments be used anonymously for research and marketing purposes.

Yes

No

## EVALUATION

### Worksheet 7

Thank you participating in NAMI Peer-to-Peer (P2P) and taking the time to share your feedback. Your comments and suggestions will help improve the program.

State where you attended P2P: Alaska

City or town where you attended P2P: Anchorage

NAMI Affiliate that sponsored your class: Nami Anchorage

Month & Year you finished P2P: December 20 19

Because of the P2P course I just attended, I am better able to:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
Recognize the signs and symptoms of mental health conditions		.				
Understand the type of services and supports I need		.				
Understand what "recovery" means as it relates to mental health			.			
Prevent crises that may result from symptoms of my condition		.				
Manage the stresses and negative impacts my condition may cause		.				
Access the care and support that I need		.				

Based on the P2P course I just completed (check the appropriate box for each question):

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
I see the symptoms of mental health conditions as separate from the person experiencing symptoms	.					
I do not believe mental health conditions are my fault	.					
I have a right and an obligation to actively engage and question my treatment provider	.					

Please let us know the degree to which you agree or disagree with the following:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
This program was helpful for me		-				
I have learned information that was new to me		-				
The leaders of this program communicated effectively	1					
The workbook was useful for me		-				
I would recommend this program to others	1					

Please share your comments regarding the leaders of your class.

*excellent - nothing less*

What personal changes have you made, or do you plan to make, as a result of participating in P2P?

*returning to making goals & using guided maps*

Now that you have participated in P2P, what other information would be helpful for you?

What is one suggestion you have for making this program better?

*redistributing information between days, some were short, others were quite long*

Your AHA! Experience: Participants in our NAMI education courses often experience an AHA! moment in class. AHA! moments are when something from the course finally clicked for you. We would love to hear when the light bulb went on...so to speak.

I am willing to have my responses and comments be used anonymously for research and marketing purposes.

Yes

No



## EVALUATION

### Worksheet 7

Thank you participating in NAMI Peer-to-Peer (P2P) and taking the time to share your feedback. Your comments and suggestions will help improve the program.

State where you attended P2P: Alaska

City or town where you attended P2P: Anchorage

NAMI Affiliate that sponsored your class: NAMI Anchorage

Month & Year you finished P2P: Dec. 20 19

Because of the P2P course I just attended, I am better able to:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
Recognize the signs and symptoms of mental health conditions		✓				
Understand the type of services and supports I need		✓				
Understand what "recovery" means as it relates to mental health	✓					
Prevent crises that may result from symptoms of my condition		✓				
Manage the stresses and negative impacts my condition may cause		✓				
Access the care and support that I need		✓				

Based on the P2P course I just completed (check the appropriate box for each question):

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
I see the symptoms of mental health conditions as separate from the person experiencing symptoms	✓					
I do not believe mental health conditions are my fault	✓					
I have a right and an obligation to actively engage and question my treatment provider	✓					

Please let us know the degree to which you agree or disagree with the following:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
This program was helpful for me	✓					
I have learned information that was new to me	✓					
The leaders of this program communicated effectively	✓					
The workbook was useful for me	✓					
I would recommend this program to others	✓					

Please share your comments regarding the leaders of your class.

*Positive and Kept up on track Compassionate*

What personal changes have you made, or do you plan to make, as a result of participating in P2P?

*Maintain goals.*

Now that you have participated in P2P, what other information would be helpful for you?

What is one suggestion you have for making this program better?

*More interaction with other group members.*

Your AHA! Experience: Participants in our NAMI education courses often experience an AHA! moment in class. AHA! moments are when something from the course finally clicked for you. We would love to hear when the light bulb went on...so to speak.

*My light is that I will not live like this and help is out there.*

I am willing to have my responses and comments be used anonymously for research and marketing purposes.

Yes

No

## EVALUATION

### Worksheet 7

Thank you participating in NAMI Peer-to-Peer (P2P) and taking the time to share your feedback. Your comments and suggestions will help improve the program.

State where you attended P2P: NAMI Anchorage Alaska  
 City or town where you attended P2P: Anchorage, AK  
 NAMI Affiliate that sponsored your class: NAMI Anchorage  
 Month & Year you finished P2P: December 20 19

Because of the P2P course I just attended, I am better able to:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
Recognize the signs and symptoms of mental health conditions	X					
Understand the type of services and supports I need	X					
Understand what "recovery" means as it relates to mental health	X					
Prevent crises that may result from symptoms of my condition	X					
Manage the stresses and negative impacts my condition may cause	X					
Access the care and support that I need	X					

Based on the P2P course I just completed (check the appropriate box for each question):

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
I see the symptoms of mental health conditions as separate from the person experiencing symptoms	X					
I do not believe mental health conditions are my fault	X					
I have a right and an obligation to actively engage and question my treatment provider	X					

Please let us know the degree to which you agree or disagree with the following:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
This program was helpful for me	X					
I have learned information that was new to me	X					
The leaders of this program communicated effectively	X					
The workbook was useful for me	X					
I would recommend this program to others	X					

Please share your comments regarding the leaders of your class.

Stephanie & Holly are amazing!!!

What personal changes have you made, or do you plan to make, as a result of participating in P2P?

I made a doctor's appointment!!!  
therapy

Now that you have participated in P2P, what other information would be helpful for you?

more support groups

What is one suggestion you have for making this program better?

Stop cramming so much stuff in small classes!!! class 6 & 7

Your AHA! Experience: Participants in our NAMI education courses often experience an AHA! moment in class. AHA! moments are when something from the course finally clicked for you. We would love to hear when the light bulb went on...so to speak.

I accepted I am a person who deserves happiness!!

I am willing to have my responses and comments be used anonymously for research and marketing purposes.

Yes

No

## EVALUATION

### Worksheet 7

Thank you participating in NAMI Peer-to-Peer (P2P) and taking the time to share your feedback. Your comments and suggestions will help improve the program.

State where you attended P2P: Alaska

City or town where you attended P2P: Anchorage

NAMI Affiliate that sponsored your class: NAMI Anchorage

Month & Year you finished P2P: December 20 19

Because of the P2P course I just attended, I am better able to:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
Recognize the signs and symptoms of mental health conditions	X					
Understand the type of services and supports I need	X					
Understand what "recovery" means as it relates to mental health	X					
Prevent crises that may result from symptoms of my condition	X					
Manage the stresses and negative impacts my condition may cause	X					
Access the care and support that I need	X					

Based on the P2P course I just completed (check the appropriate box for each question):

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
I see the symptoms of mental health conditions as separate from the person experiencing symptoms	X					
I do not believe mental health conditions are my fault	X					
I have a right and an obligation to actively engage and question my treatment provider	X					

Please let us know the degree to which you agree or disagree with the following:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
This program was helpful for me	X					
I have learned information that was new to me	X					
The leaders of this program communicated effectively	X					
The workbook was useful for me	X					
I would recommend this program to others	X					

Please share your comments regarding the leaders of your class.

Holly + Stephanie are great mentors! I felt heard and respected and learned a great deal.

What personal changes have you made, or do you plan to make, as a result of participating in P2P?

more aware of ~~my~~ behaviors, more tools to address stressors, great smart goals to work on!

Now that you have participated in P2P, what other information would be helpful for you?

Can always use more ~~of~~ coping skills!

What is one suggestion you have for making this program better?

Certain classes were light on content and others way packed.

Your AHA! Experience: Participants in our NAMI education courses often experience an AHA! moment in class. AHA! moments are when something from the course finally clicked for you. We would love to hear when the light bulb went on...so to speak.

Vision statements were hard but it was great to actually have one by the end of the class!

I am willing to have my responses and comments be used anonymously for research and marketing purposes.

Yes

No

## EVALUATION

### Worksheet 7

Thank you participating in NAMI Peer-to-Peer (P2P) and taking the time to share your feedback. Your comments and suggestions will help improve the program.

State where you attended P2P: Alaska

City or town where you attended P2P: Anchorage

NAMI Affiliate that sponsored your class: NAMI ANCHORAGE

Month & Year you finished P2P: Nov/Dec 2019 20  

Because of the P2P course I just attended, I am better able to:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
Recognize the signs and symptoms of mental health conditions	X					
Understand the type of services and supports I need	X					
Understand what "recovery" means as it relates to mental health	X					
Prevent crises that may result from symptoms of my condition	X					
Manage the stresses and negative impacts my condition may cause	X					
Access the care and support that I need		X				

Based on the P2P course I just completed (check the appropriate box for each question):

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
I see the symptoms of mental health conditions as separate from the person experiencing symptoms	X					
I do not believe mental health conditions are my fault	X					
I have a right and an obligation to actively engage and question my treatment provider	X					

Please let us know the degree to which you agree or disagree with the following:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
This program was helpful for me	X					
I have learned information that was new to me	X					
The leaders of this program communicated effectively	X					
The workbook was useful for me	X					
I would recommend this program to others	X					

Please share your comments regarding the leaders of your class.

They were very compassionate and considerate

What personal changes have you made, or do you plan to make, as a result of participating in P2P?

Fighting to help legislature strengthen mental health bills to support the neuro divergent community

Now that you have participated in P2P, what other information would be helpful for you?

More social community supports (local)

What is one suggestion you have for making this program better?

Your AHA! Experience: Participants in our NAMI education courses often experience an AHA! moment in class. AHA! moments are when something from the course finally clicked for you. We would love to hear when the light bulb went on...so to speak.

I am willing to have my responses and comments be used anonymously for research and marketing purposes.

Yes

No



July 2019 – December 2019 Meeting Attendance Data

<b>JULY 2019</b>	Family	Connections
Total Meetings	2	9
New Attendees	0	3
Unique Served	4	27

<b>AUGUST 2019</b>	Family	Connections
Total Meetings	3	7
New Attendees	4	3
Unique Served	5	25

<b>SEPTEMBER 2019</b>	Family	Connections
Total Meetings	3	8
New Attendees	2	0
Unique Served	8	19

<b>OCTOBER 2019</b>	Family	Connections
Total Meetings	2	9
New Attendees	0	3
Unique Served	4	27

<b>NOVEMBER 2019</b>	Family	Connections
Total Meetings	2	5
New Attendees	0	3
Unique Served	1	18

<b>DECEMBER 2019</b>	Family	Connections
Total Meetings	2	8
New Attendees	0	2
Unique Served	2	16

Statement on NAMI Anchorage from a recent donor:

I'm so happy to have resources to be able to donate part of my stimulus check to NAMI Anchorage. I have attended a few of the consumer group meetings when I was going through a severe depression years ago and I cannot say how helpful they were. The acceptance I have felt in that room, the wisdom I've learned, the supportive words I've been able to share with others... it has felt literally life saving a couple times to have this resource in our community. I honestly swear that every time I go, someone ends up sharing something in a way that is exactly what I need to hear in that moment. The skills and lessons I have learned at group are some of the things I am using now to get through this difficult time. So it's truly my privilege to be able to give back in a small way.

--E.K.

## July 2019 Affiliate Report

### Education –

- NANC & MHATS proposal for the 2019 Alaska School Health & Wellness Institute was accepted. “The Power of Storytelling: Destigmatizing Mental Health Through Shared Lived Experience” will focus on the MHATS program and NAMI’s ETS as effective tools for breaking the stigma of mental illness among students.

### Support –

- Held (4) Family Support Group meetings and (9) Connections meetings. In addition, provided support to a number of people via phone, email, and walk-in.

### Program Development –

- Spoke with Ray Michaelson of Mat-Su Health Foundation about expanding NAMI programing into the Mat-Su Valley. We will be having a meeting at their facility on August 1<sup>st</sup>.

### Outreach –

- 7/10 – 4 MHATS students met with a local filmmaker to discuss the possibility of filming a documentary about the group.
- 7/24 – E.D. spoke with Sean McGuire from KTUU re: impacts of Dunleavy budget on the NANC community.
- 7/31 – E.D. phone interview with Julia O’Malley re: impacts of Dunleavy vetoes

### Fundraising –

- 7/25 – Meeting with Emma Hill about developing a concert series to raise funds for NANC’s educational programs (ETS, MHFA, F2F). The idea is to create a regular series- -maybe 2-3 times per year. We have our first show scheduled for 9/5 at Heart of the City. HoC is donating the space, lighting and sound. We are hoping for 5 performers and Natalie and Zoe from MHATS have agreed to share their stories between sets.
- 7/28 - Burner Bash – a team raising funds for their art installation at the 2019 Burning Man Festival is donating a portion of funds raised to NAMI Anchorage. The installation is called “Advice Booth” and they felt that their piece and NAMI Anchorage had a connection. From their artist statement:

“During the creative process, a clear connection was made between the theme of our art piece and the current state of mental health in Alaska. Our team made an early decision to use a portion of the funds raised for our art piece to make a donation to the National Alliance on Mental Illness (NAMI) Anchorage, thereby helping a local grassroots non-profit organization fund programs to better support, educate, and advocate for those experiencing mental illness in Alaskan communities.”

### **Advocacy –**

- Several Advocacy Alerts were sent out this month regarding both State and Anchorage level actions.
- 7/15 - E.D. attended House Finance Committee hearing at the Anchorage LIO and spoke to the impacts Dunleavy Budget would have on NAMI community.
- 7/18 – E.D. attended API Governing Body meeting
- 7/25 - E.D. attended the Mayor’s Town Hall re: Civil Emergency and spoke to the importance of funding our city’s homelessness programs.
- 7/30 – E.D. met with Lucas Johnson regarding a policy proposal to put MH Education in our high schools via statute. Lucas was the teen that was the catalyst behind VA’s bill for MH Education. He has since helped usher in similar legislation in Maine & NY and is currently working with MA and KY on similar bills. NANC will be having a follow up meeting with him and the MHATS team as we would really like to have youth voices behind this effort. He wants to help as much as possible throughout the process and is even willing to fly up to help NANC with the Advocacy 101 day for high schoolers we are currently planning. I will pass along a copy of the proposal in PDF once I receive it and will keep the group informed as to early progress and how we can team up to make this a reality in our state too!

### **List of Staff & Board Members–**

- Pam Cravez resigned as board member effective immediately.

## August 2019 Affiliate Report

### Education –

- Family to Family class at Chris Kyle Patriots Home continued through the month.

### Support –

- 6 Connections Recovery Support Groups, 3 Family Support Groups

### Program Development –

- 8/1/19 – ED met with Ray Michaelson of the Matsu Health Foundation to discuss bringing NAMI programming out to the valley. NAMI Anchorage will likely apply for some funding to keep part-time offices out there and we hope to have a Family Support Group start meeting once a month by the beginning of next year. We also discussed ways to partner on CIT and MHFA classes.
- 8/9/19 – ED & Program manager met with 5 members of UAA faculty and staff to discuss possibilities of an on-campus support group as well as NAMI ON Campus and others ways we could partner to elevate conversations about mental health on campus.

### Outreach –

- 8/6/19 – ED attended Alaska’s Behavioral Health Crisis Continuum, Civil and Forensic: Key Findings and Next Steps. Presentations from Agnew/Beck on current state of system as well as from RI International on the Crisis Recovery Center program they run in AZ.
- 8/12/19 - ED attended Anchorage Regional Behavioral Health Coalition meeting.
- 8/15/19 – ED attended Anchorage Coalition for Suicide Prevention meeting.
- 8/24/19 – NANC had a resource table at the 2019 UAA Campus Kick-off event.
- 8/25/19 – ED attended 2019 CIT International Conference in Seattle

### Fundraising –

- Applied for Arctic Entries partnership for the 2019/2020 season

### Advocacy –

- 8/16/19 – ED met with Sarra Khelifi from Drummond’s office to discuss plans for an Advocacy 101 day targeted at HS students
- 8/16/19 – ED met with Karen Zeman from Spirit of Youth to discuss ways to partner to bring forth the Mental Health Education Policy.
- 8/21/19 – ED, Program Manager and Natalie and Zoe from MHATS met with Lucas Johnson over ZOOM to discuss his policy proposal as well as next steps for moving forward. Tentative plans made for Lucas to join us for the HS Advocacy 101 day.

## September 2019 Affiliate Report

### Education –

- Sept 4<sup>th</sup> – NANC ED and Natalie & Zoe from MHATS presented to AK Child & Family quarterly all staff meeting about the MHATS program. NAMI in general but a focus on ETS and the MH Education policy proposal.
- Sept 9<sup>th</sup> – NANC staff and MHATS crew presented to the monthly meeting of the Anchorage Youth Development Coalition on MAHTS, ETS and MH Ed. Policy proposal.

### Support

- Held (3) Family Support Group meetings and (8) Connections meetings. In addition, provided support to a number of people via phone, email, and walk-in.

### Program Development –

#### Outreach –

- Health Fairs attended in September: 9/14 Lake Otis Community Fair, 9/21 Spanish Fair at University Center
- Sept 7<sup>th</sup> - 10<sup>th</sup> annual Remembrance Tree Ceremony. We had terrible weather and construction issues to contend with but we still had a good event. Dr. Shirley Holloway gave the key note and we had several state and local lawmakers present: Rep Revak, Rep Johnston, Sen Costello, and Perez0Verdia and Rivera from the Anchorage Assembly.
- Sept 13<sup>th</sup> - ED attended Anchorage Coalition to End Homelessness
- Sept 13<sup>th</sup> – ED met with members of Alaska Children’s Trust about the MH Ed policy proposal
- Sept 14<sup>th</sup> – NANC had an outreach table at the AFSP Out of Darkness walk in Anchorage
- Sept 17<sup>th</sup> – Program Mgr and volunteers presented to students in a class on Mental Health and Addictions at UAA
- Sept 25<sup>th</sup> – ED attended the monthly family group meeting at API
- Sept 27<sup>th</sup> – meeting with Jenny Baker at AK Dept of HSS re: MH Ed policy proposal. This was a connection made by Jimael at the Trust. Jenny leads the state YAHA program (Youth Alliance for Healthy Alaskana)

### Membership –

### Diversity and Inclusion –

### Fundraising –

- September 5<sup>th</sup> – **Sound Over Silence** NANC partnered with members of the local music community to hold a concert that would raise funds for mental health education in our community. We had somewhere between 150-175 in attendance and raised \$815. In addition to the music, 2 members of the MHATS crew shared their stories between sets. It was a truly wonderful evening and we are excited to build this into a regular concert series/fundraiser

### Advocacy –

- Sept 4<sup>th</sup> - ED attended CIT Conference debrief at AMHTA. Discussion of next steps re: CIT statewide expansion, 1115 Waiver, Crisis Recovery Center models.
- Sept 17<sup>th</sup> & 20<sup>th</sup> – NANC staff participated in stakeholder meeting with the AMHTA & RI International re: feasibility study for CRC in AK
- Sept 24<sup>th</sup> – ED attended telephonic meeting with Anchorage Coalition to End Homelessness to discuss and vote on proposed changes to organizational bylaws
- Sept 27<sup>th</sup> - ED met with S Khlifi to discuss the upcoming “Advocacy 101 Training for Students’ that NANC & MHATS will be conducting in October

## October 2019 Affiliate Report

- **Education –**

- Fall 2019 MHATS session continues with work sessions meeting every other Thursday

- **Outreach –**

- E.D. and Program Manager met with UAA social work club to discuss ways to partner on on-campus NAMI/mental health related activities.
- 10/24: E.D. spoke to MatSu CIT class about NAMI and shared personal story as a family member.
- 10/25: members of MHATS were interviewed by Alaska Teen Media Institute

- **Advocacy –**

- 10/5: E.D. attended Anchorage Education Association's Community Dialogue on Social Justice issues impacting students at the Islamic Community Center of Anchorage. E.D. shared mental health education policy proposal with the group and had individual conversations about it with ASD School Board member Starr Marssett and members of AEA.
- 10/8 & 10/9: E.D. attended AK Children's Trust training: Children First: Strengthening Your Voice Through Advocacy and Communication. Many conversations had within the group re: mental health education policy proposal. Many copies of the policy distributed including into the hands of Rep. Chris Tuck & Rep. Sara Rasmussen
- 10/10: E.D. and members of MHATS met with Re. Matt Claman re: mental health education policy proposal
- 10/17: E.D. attended API Governing Body meeting
- 10/31: E.D. had call with Lucas Johnson re: mental health education policy



## November 2019 Affiliate Report

The building that hosted NAMI Anchorage's offices sold quickly in October and we were only given a 45-day notice to vacate. Much of the end of Oct and most of November was spent searching for a suitable office location and packing up our goods at the 15<sup>th</sup> location. Despite the disruption, we were able to maintain our regular schedule of support groups and MHATS work sessions.

- **Education –**

- MHATS fall storytelling session continues. Plans to hold community show in January.

- **Outreach –**

- **11/6:** E.D. attended ACMHS Adult Advisory council meeting
- **11/6:** E.D> met with Volunteers of America CEO to discuss possible collaborations and future efforts to reach transition aged youth
- **11/7:** E.D. attended planning session for the upcoming (MLK Day) Youth Empowerment Party
- **11/13:** E.D> and Program Manager met with UAA social work coalition to discuss possible collaborations as well as strategy to bring support groups to campus.

- **Advocacy –**

- **11/5:** E.D. spoke with A Currey at Planned Parenthood re: advocacy for mental health education policy
- **11/18:** E.D. met with Senator Geisel and D.C. Al Wall re: API
- **11/19:** E.D> met with CEO J Metcalf of ASEA re: API
- **11/21:** API Governing Body Meeting
- **11/22:** E.D> call with E King from ASHNA
- **11/25:** E.D> met with Rep. Matt Claman, members of MHATS and Lucas Johnson re: mental health education policy proposal

## December 2019 Affiliate Report

### Education –

- 2 MHATS meetings at NANC offices
- Peer to Peer class wraps up

### Support –

- 9 CRSG, 2 FSG
- 2 mini-grants awarded

### Program Development –

- 12-4-19: meeting of Statewide CIT Working Group at AMHTA. Discussions around how to expand CIT programming around the state.
- 12-13-19: Conversation with Regan Brooks of Story Works Alaska about a potential collaboration with them working in schools on their story telling program

### Outreach –

- 12-11-19: ED met with Lauren Lessard (no relation 😊) Assistant Professor of Health Science at UAA Institute for Circumpolar Health Studies to discuss possible collaborations and potential grant opportunities

### Membership –

- 1 renewed membership, 1 new membership

### Advocacy –

- 12-3-19: NANC ED & members of MHATS met with Senate President Cathy Geissel to discuss the proposed MH Education bill and Geissel's interest in crafting legislation re: age of consent for youth seeking therapy/counseling
- 12-5-19: Meeting with AK State Ombudsman Kate Burkhart re: API Grievance process and the creation of the Patient Appeals Board
- 12-5-19: NAMI AK meeting with WICHE team re: API privatization study
- 12-5-19: API Governing Body meeting with WICHE team re: API privatization study
- 12-6-19: Meeting with Anchorage Assembly Member Meg Zalatel re: API Grievance process and the creation of the Patient Appeals Board
- 12-7-19 Meeting with API Patient Advocate Ron Cowan re: API Grievance process and the creation of the Patient Appeals Board
- 12-10-19: NANC hosted a planning meeting for the Youth Empowerment Party we are collaborating with other non-profits on. This is a day-long event at the BP energy center that works with youth on developing advocacy and storytelling skills.
- 12-11-19: ED attended Commonwealth North's annual Legislator Meet & Greet
- 12-12-19: Conversation with Sharon Fishel @ DEED re: MH Education bill
- 12-30-19: Conference call with Jimael Johnson (AMHTA) & Bev Schoonover (AMHB) re: MH Education bill



## Community Outreach Events July – December 2019

7/28 – “Burner Bash” picnic/fundraiser for an art team’s installation at 2019 Burning Man. They split funds they raised with NAMI Anchorage 50/50. The event was held at a private residence and we estimate 50-60 people attended. A statement from the artists:

“During the creative process, a clear connection was made between the theme of our art piece and the current state of mental health in Alaska. Our team made an early decision to use a portion of the funds raised for our art piece to make a donation to the National Alliance on Mental Illness (NAMI) Anchorage, thereby helping a local grassroots non-profit organization fund programs to better support, educate, and advocate for those experiencing mental illness in Alaskan communities.”

8/9 – NAMI Anchorage met with 5 staff and several students at UAA to discuss on-campus programming

8/24 – NAMI Anchorage had a resource table at the 2019 UAA Campus Kick-off Event. Estimated 35-40 students engaged directly.

9/4 – NANC E.D. & MHATS students presented to the AK Child & Family quarterly all staff meeting about MHATS, NAMI’s Ending the Silence, and the mental health education policy proposal. Estimated 50 in attendance.

9/5 – **Sound Over Silence** – NAMI Anchorage partnered with members of the local music community to hold a concert that would raise funds for mental health education in our community. We had somewhere between **150-175** in attendance and raised \$815. In addition to the music, 2 members of the MHATS crew shared their stories between sets and most musicians shared their personal stories about living with a MH condition. It was a truly wonderful evening and we are excited to build this into a regular concert series/fundraiser

9/9 – NANC E.D. & MHATS students presented at the monthly meeting of the Anchorage Youth Development Coalition. Estimated 40 in attendance

9/14 – Lake Otis Community Health Fair. Engaged 20 attendees

9/21 – Spanish Fair at University Center. Engaged 10 attendees

10/24 – E.D. spoke to MatSu CIT class about NAMI and shared personal story as family member. Estimated 25 attendees.

10/25 – members of MHATS interviewed for a piece by AK Teen Media Institute.

Online Family & Friends Seminar  
 Thursday, October 24<sup>th</sup> 2019  
 5:30 – 7:30 PM  
 Seminar Leaders: Jane Thomas, Bonnie Chaney

**Question 1: My mood improved because of attending the support group today.**

1	2	3	4	5
		1 (20%)	2 (40%)	2 (40%)

**Question 2: I felt heard and respected by the group leaders.**

1	2	3	4	5
				4 (100%)

**Question 3: I found it helpful to connect with other people affected by mental illness in Alaska.**

1	2	3	4	5
			1 (20%)	4 (80%)

**Question 4: This support group is a good fit for me and I plan to attend in the future.**

1	2	3	4	5
			1 (25%)	3 (75%)

**Question 5: Please also provide any comments or suggestions about this meeting or our services in general.**

Outstanding job guys! I have the feeling that there is a tremendous need for this seminar. Maybe if it is offered periodically it will help bring more people into the NAMI family and the support groups.

Very helpful and informational meeting! Thank you for all the different ways NAMI continues to expand to reach more and more people in a variety of formats. I continue to be Grateful every time I make a connection with NAMI's outreach, either through educational seminars such as this or support groups. Thank you to the organization and all those who volunteer!

It took me time to find this group and now they are not in Anchorage anymore right now, It would be best to at least make one meeting a month in person if possible, but bi-weekly would be better. I was limited in audio feedback since I didn't have privacy where I was, so the in-person meetings would be more freeing. I was touched that the main speakers shared familiar experiences with their loved one who is sick. I got teary eyed.

This was a great class...informative and well-presented. Facilitators are knowledgeable and willing to answer questions that attendees presented. Thanks so much.

Great to have an online forum like this! Thank you!

## NANC Activities & Outreach 1/1 -6/30 reporting period

- 1-11-20: Program Manager, Lily Werts, conducted a NAMI Smarts for Advocacy training (6 attendees)
- 1-20-20: NAMI Anchorage helped to organized the 2020 Youth Empowerment Party with several other local non-profits (Spirit of Youth, Identity, Victims for Justice, Anch Youth Development Coalition) worked with high school youth to put on this daylong event at the BP Energy center. Former Rep Les Gara and Anchorage Assemblyman Christopher Constant were key notes, there were table discussion at lunch break with several community leaders (Jason hosted a table discussion on mental health education), breakout session on storytelling, power mapping, understanding consent, how to productively disagree in political discourse, etc. Info tables from: NANC, AWAIC, ANTHC, Planned Parenthood, American Cancer Society, & Women's, Children's & Family Health SoA, AK Eating Disorder Alliance, and Identity. Event was "sold out"
- 1-25-20: MHATS storytelling event at Heart of the City Church – somewhere between 200-250 people in attendance (a good mix of youth and adults). We hosted a letter writing table for HB181 and received 39 handwritten letters of support. We also invited several other organizations to host tables at the event (Choosing Our Roots, AK Storyworks, AK Eating Disorder Alliance, ACMHS/Seeds of Change) Rep Claman was also in attendance.
- 2/5: E.D. and members of MHATS were guests on AK Public Media's Line One program to talk about mental health education in our schools and HB 181.
- 3/3-3/6: NANC staff, NANC members, and reps from MHATS participated in NAMI Alaska Advocacy Week. 2 Staff, 2 MAHTS youth , and 2 beneficiaries from Anchorage traveled to Juneau and met with dozens of legislators and their staff. NANC Executive director moderated a Lunch & Learn to a packed room (40+?)
- 5/24: [You Matter: Mental Health and Covid-19](#) published in Sunday AND. This piece was a collaboration between NANC ED and the EDs from Spirit of Youth and Story Works Alaska.
- 5/26: PBS News Hour's Student Reporting Labs published "[Confronting Mental Health with Storytelling in Alaska](#)", a piece by Alaska Teen Media Institute on MHATS and NAMI Anchorage and our work both as storytellers and advocates for our work on HB 181. You can watch the story here.
- 6/12 – MHATS Drive-In storytelling event. We estimated about 40-50 cars in attendance (most with more than 1 person inside) and, as of 7/15 there have been 214 views of the live stream MHATS put on their FB page.
- 6/26 – Zoom call with Meg Zaletel, Forrest Dunbar and Austin Quinn-Davis from the Anchorage Assembly, APD Chief Doll, APD Deputy Chief McCoy, Kate Baldwin-Johnson from the Trust and former Judge Stephanie Rhoades (Anchorage Mental Health Court) regarding the need MH First Responders in Anchorage as an alternative to police. All on the call were in favor of establishing alternatives to policing in regards to certain response calls in the community.

## NANC Testimony for 1/1 to 6/30 reporting period

Z, an MHATS participant:

"When I first joined Mental Health Advocacy Through Storytelling I was expecting to teach other people about their mental health. I thought of my mental health as something I was still working on, sure, but not something that needed more talking about. That's what my therapist was for.

The more and more meetings I attended I was constantly blown away by how open people were about their mental health. As I developed my story I kept getting the same advice; use more feeling words, describe what depression felt like. That wasn't something I'd ever had to do before. Depression is something that when you're in the middle of it consumes you entirely and when you're out of it you can't imagine being back. I was used to describing my mental health abstractly, not in any tangible way.

There was no pressure in the MHATS meetings, though. Everyone shared what they felt like sharing that day. The destigmatizing aspect of everyone being in the same boat, being increasingly vulnerable, made me feel complete trust in my story being respected and valued, which, in turn, made me feel that way. Being involved in MHATS made me talk about mental health in a whole new way. Being involved in MHATS helped me realize my suicide attempt as what it was and how to talk productively about it. MHATS taught me how to utilize my therapy to its extent, practicing vulnerability throughout my daily life. MHATS introduced me to the most amazing community I have ever been involved in."

L, a former member who recently re-joined NAMI Anchorage, was thankful for the regular support groups and the opportunity to give back to them by facilitating. He was also appreciative of the opportunity to travel to Juneau with us to advocate around mental health topics:

"I appreciate how you allowed me to facilitate and go to advocate in Juneau. More work needs to be done, yet each day God gives each of us a fresh new day to do some good."

R, who lives in WA but has a relative in Anchorage that is a beneficiary:

"I'm so thankful for the work you do. It's hard to know where to find help, especially in another state, but each step of the way, NAMIs both in WA and AK were able to help me navigate my situation - or if they didn't know, knew where to point me for more info. Your organization has been so helpful to me during this time. Thank you!"

**Project Title:** Polaris House Clubhouse BPI (Beneficiary Project Initiative) Grant

**Grantee:** Polaris House

**Fund:** Authority Grant

**Geographic Area Served:** Juneau City and Borough | **Project Category:** Direct Service

**Years Funded:** FY06 to Present

**FY20 Grant Amount:** \$182,959.00

**High Level Project Summary:**

Polaris House provides a critical safety net of direct service for difficult to serve Trust beneficiaries in Juneau and is a nationally accredited Clubhouse (an evidenced based model, which provides a comprehensive and dynamic program of support and opportunities for people with severe and persistent mental illnesses).

In FY20, Polaris House substantially met or exceeded Trust expectations against the performance measures outlined in the project grant agreement. Clubhouse services by agencies like Polaris House are not likely to be self-sustaining in the immediate future because Medicaid and other revenue sources are inadequate to sustain this model of service. Trust staff will continue to work with Polaris House to identify and develop other revenue options to replace or augment Trust funding. Trust staff believe this model of serving beneficiaries with beneficiaries is being well delivered by Polaris House and recommends continued funding in FY23.

Polaris House and its programs and services support Goal 3, Economic Well Being, and Goal 4, SUD Prevention, of Strengthening the System: Alaska's Comprehensive Integrated Mental Health Program Plan.



**Project Title:** Polaris House Clubhouse BPI Grant

**Staff Project Analysis:**

Polaris House (PH) provides a critical safety net of direct service for difficult to serve Trust beneficiaries in Juneau and is a nationally accredited Clubhouse (an evidenced based model, which provides a comprehensive and dynamic program of support and opportunities for people with severe and persistent mental illnesses). The organization and related programs offer a safe and supportive environment for Trust beneficiaries experiencing mental illness and co-occurring issues. Polaris House emphasizes employment and these operational BPI funds are sometimes augmented with additional grant funds specific to employment support services for Clubhouse members.

In FY20, Polaris House reported serving 230 beneficiaries as well as providing training for 90 individuals despite complications due to the COVID-19 pandemic. Beneficiary feedback continues to be overwhelmingly positive according to surveys and testimonials provided in reporting as well as in person during site visits and other interactions. Peer-delivered services by agencies like Polaris House are not likely to be self-sustaining in the immediate future because Medicaid and other revenue sources are inadequate to sustain this model of service. Trust staff will continue to work with Polaris House to identify and develop other revenue options to replace or augment Trust funding. Trust staff believe this model of serving beneficiaries with beneficiaries is being well delivered by Polaris House and recommends continued funding in FY23.

Trust funding to support Polaris House and its programs and services support Goal 3 and Goal 4 of Strengthening the System: Alaska's Comprehensive Integrated Mental Health Program Plan.

**Project Description:** Polaris House's mission is to provide Trust Beneficiaries rehabilitation services and supports. Those the grantee serves can experience challenges in finding and maintaining employment. Polaris House's employment programs are unique and successful in assisting members to secure employment. All beneficiaries served by Polaris House are in an employment-oriented environment that supports all members who choose paid work.

Members who state they are not ready for paid employment participate to create self-directed plans for community involvement, which in most cases lead to paid work or volunteer positions. Polaris House sees members struggle to balance earned income with government support checks. In addition to the employment services they normally provide, the grantee also supports members to participate in education opportunities that will increase their earning potential. (Membership at Polaris House is a streamlined process that can be as fast as two day, and their community partners are adept at completing our simple verification form.)

Polaris House provides three distinct employment programs. During FY18 and FY19 their employment processes were better defined to provide immediate access to jobs for beneficiaries stating employment goals. Polaris House maintains connections with six employers who are aware of our programs and support hiring beneficiaries.

Polaris House strives to assure no member is homeless. They provide a complete array of supports to beneficiaries to secure, maintain or improve housing circumstances, and are in daily contact with members to evaluate their housing needs. Polaris House is focused on a small number of members, who have through their histories been precluded from natural housing supports, assisted, living or other housing.

Polaris House supports beneficiary integration into local education opportunities such as; GED classes, obtaining Food Worker Cards, participation in Food Safety Manager Training, and the Computer Learning Center.

Polaris House advocates for beneficiaries in securing and maintaining relative benefits such as; Medicaid, Social Security, Food Stamps, housing vouchers, Trust mini-grants, APA, PFD's, etc., and will continue to use the mini-grants allowed to Polaris House through the Trust Authority.

Polaris House continues to partner with: the Juneau Coalition on Housing and Homelessness; St. Vincent De Paul; SEARHC; REACH; Juneau Re-entry Coalition; Juneau Suicide Prevention Coalition; Northern Lights Church; Douglas Community Center; NAMI Juneau; and regular participation in the Southeast Behavioral Health Providers Organization. These partnerships include Project Homeless Connect; Job Fairs; Health Fairs; radio broadcasts on KTOO and KINY; participation in the re-entry project "Success Inside and Out."

**Grantee Response - FY20 Grant Report Executive Summary:**

**Executive Summary from January 31, 2020 Interim Report:** We are successfully maintaining all conditions for our accreditation status with Clubhouse International. Average Daily Attendance moderately increased, and Transitional Employment placements are stable. There have been no board changes during this reporting period. We are pleased to state that we have exceeded all Clubhouse International accreditation conditions and we are maintaining our current accredited status through March of 2021. The work Polaris House members completed to achieve these goals is truly remarkable.

Throughout the grant reporting period we have had no staff turnover. This provides stability and consistency for members.

We continue to celebrate holidays on the date they are observed. This continues to be an effective support for members who would otherwise be isolated during these times. This is providing an opportunity for members to fellowship in a meaningful manner and helps to contribute to the quality of life. Holiday activity carries over into the other times, and member engagement in the work of the clubhouse is increasing.

Our percentage of members who are homeless has been reduced. We averaged a 5% or less rate of homelessness during this reporting period. At the end of this reporting period, two members were homeless.

Daily Attendance averages 13 members. We continue a recruiting campaign to enlist new members. We are averaging an increase for new member applications per quarter in this reporting period. During the SFY2020 2nd quarter we received 12 new member applications.

We were able to maintain a minimum of two members in Transitional Employment Placements. We had a total of 6 members who participated but did not complete the placements. We maintained 10 members in Supported or Independent employment in this reporting period. We are currently partnering with the MASST Program. We have three members who are being paid to participate in job placements through MASST.

We are working to secure funds to hire staff to work in the Education Unit. The Division of Behavioral Health did not fund our CBHTR grant application at the level we requested to staff this unit. We believe this unit could be very productive. Work assignments to this unit would be; all education supports, young adult programs, and attendance improvement projects.

Hazel LeCount, Polaris House staff, was awarded the Women of Distinction honor from the A.W.A.R.E. Shelter. This is a great recognition of her contributions to Juneau and Alaska.

For the past six years, we have diligently sought to diversify our funding sources. We believe that our efforts to achieve sustainable funding sources has resulted in the current supports. If there were other sources of funding, we would have found them by now.

**Executive Summary from August 31, 2020 Status Report:** We are successfully maintaining all conditions for our accreditation status with Clubhouse International. Average Daily Attendance moderately increased, and Transitional Employment placements are stable. There have been no board changes during this reporting period. We are pleased to state that we have exceeded all Clubhouse International accreditation conditions and we are maintaining our current accredited status through March of 2022. The work Polaris House members completed to achieve these goals is truly remarkable.

Throughout the grant reporting period we have had no staff turnover. This provides stability and consistency for members.

We continue to celebrate holidays on the date they are observed. This continues to be an effective support for members who would otherwise be isolated during these times. This is providing an opportunity for members to fellowship in a meaningful manner and helps to contribute to the quality of life. Holiday activity carries over into the other times, and member engagement in the work of the clubhouse is increasing.

Our percentage of members who are homeless has been reduced. We averaged a 5% or less rate of homelessness during this reporting period. At the end of this reporting period, two members were homeless. However, these individuals have refused assistance. We have secured housing for them, but they refused the housing. The beneficiaries stated they prefer independent housing as opposed to sponsored housing.

Daily Attendance averages 17 members. We continue a recruiting campaign to enlist new members. We are averaging an increase for new member applications per quarter in this reporting period. During the reporting period, we received 12 new member applications.

We were able to maintain a minimum of two members in Transitional Employment Placements. We had a total of 6 members who participated but did not complete the placements. We maintained 20 members in Supported or Independent employment in this reporting period. We are currently partnering with the MASST Program. We have three members who are being paid to participate in job placements through MASST.

We are working to secure funds to hire staff to work in the Education Unit. We believe this unit could be very productive. Work assignments to this unit would be; all education supports, young adult

programs, and attendance improvement projects. We believe education will lead to better paying jobs.

Hazel LeCount, Polaris House staff, was awarded the Women of Distinction honor from the A.W.A.R.E. Shelter. This is a great recognition of her contributions to Juneau and Alaska.

For the past seven years, we have diligently sought to diversify our funding sources. We believe that our efforts to achieve sustainable funding sources has resulted in the current supports. If there were other sources of funding, we would have found them by now. In the past seven years we have added several new sources. We have added: The Juneau Community Foundation, The Vanguard Foundation, grants from the Department of Labor, Pick.Click.Give, Tenth Street Trees, and we are growing a base of local businesses and individuals who contribute funds.

**Number of beneficiaries experiencing mental illness reported served by this project in FY20: 230**

**Number of beneficiaries experiencing substance misuse reported served by this project in FY20: 0**

**Number of beneficiaries experiencing a developmental disability reported served by this project in FY20: 0**

**Number of beneficiaries experiencing Alzheimer's Disease or a related dementia reported served by this project in FY20: 0**

**Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY20: 0**

**Number of individual trained as reported for this project in FY20: 90**

**Performance Measure 1: How Much?**

- a) The number (#) of beneficiaries (unduplicated) served, broken down by Trust beneficiary group.
- b) The number (#) and percentage (%) of new beneficiaries (unduplicated) served during the reporting period, broken down by Trust beneficiary group.
- c) The total (#) of activities or events held. For each activity or event, please include the date(s), location(s) and number (#) of attendees.

**Grantee Response to Performance Measure 1:**

**Response from January 31, 2020 Interim Report**

We served 82 individual members (beneficiaries) who are living with a serious mental illness. (This is not the number of active members. This is the unduplicated count of any clubhouse member served in this reporting period.) This number is slightly less than the previous reporting period. We continued to add new members each month during this reporting period. Member participation in the daily work of the clubhouse is approximately 90 percent of the daily attendance. This is equal to previous reporting periods.

In this reporting period, we served 32 persons with a developmental disability and mental illness. In this reporting period, we served 10 persons with alcoholism/ drug abuse and mental illness. In this reporting period, we served 6 persons with traumatic brain injury and mental illness.

At the time of this report, 3 staff are clubhouse trained. We had a new hire in January 2019 and another new hire in March 2019. These two new employees are scheduled to train at a Clubhouse International Training Base in February 2020. One member will be sent to the training with them.

We continue to celebrate all holidays on the day they were observed. Member participation in planning, organizing, and completing the work involved in these celebrations has increased. The holidays celebrated at Polaris House (pictures are attached), during the last six months, were: Independence day (30 attended); Memorial Day (25 attended); Alaska Day (15 attended); Halloween (15 attended); Thanksgiving (30 attended); and Christmas (35 attended).

Social hours are; Tuesday and Friday 4PM to 6PM, Saturday 10AM to 2PM, and Sunday 11AM to 3PM. During these times there are an average of 3 to 5 members, with one staff attending. Typical activities for these times include; movies, arts and crafts, hiking, and bingo parties. We also organize regular camping trips/cookouts with 3 to 10 members participating.

**Response from August 31, 2020 Status Report**

We served 94 individual members (beneficiaries) who are living with a serious mental illness. (This is not the number of active members. This is the unduplicated count of any clubhouse member served in this reporting period.) This number is the same as the previous reporting period. We continued to add new members each month during this reporting period. Member participation in the daily work of the clubhouse is approximately 90 percent of the daily attendance. This is equal to previous reporting periods.

In this reporting period, we served 20 persons with a developmental disability and mental illness.  
In this reporting period, we served 32 persons with alcoholism/ drug abuse and mental illness.  
In this reporting period, we served 6 persons with traumatic brain injury and mental illness.

At the time of this report, 5 staff are clubhouse trained. As of February 2020, all staff were trained.

We continue to celebrate all holidays on the day they were observed. Member participation in planning, organizing, and completing the work involved in these celebrations has increased. The holidays celebrated at Polaris House during the last six months, were: New Year’s Day (30 attended); Memorial Day (25 attended); Valentine’s Day (15 attended); Easter (20 attended); we celebrated a number of holidays for Presidents and other public figures; such as, Martin Luther King Jr. Day.

At the beginning of the reporting period social hours were; Tuesday and Friday 4PM to 6PM, Saturday 10AM to 2PM, and Sunday 11AM to 3PM. During these times there are an average of 3 to 5 members, with one staff attending. Typical activities for these times include; movies, arts and crafts, hiking, and bingo parties. We also organize regular camping trips/cookouts with 3 to 10 members participating. During the second half of the reporting period, we were in locked-down mode due to the pandemic. We temporarily suspended evening and weekend social hours. Due to health mandates from the Division of Seniors and Disability Services, the use of the clubhouse building was limited. We did find ways to combat isolation and provide opportunities for meaningful activity. In the second half of the reporting period, we completed 2160 reach out phone calls. We conducted 156 Zoom meetings. We maintained a home meal delivery service. And, under special conditions members could access the clubhouse resources for job searches, housing applications, and access to community resources for any need.

**Performance Measure 2: How Well?**

- a) Provide a brief narrative describing the activities, successes, challenges, and any lessons learned during the reporting period.
- b) Describe any community networking activities that occurred during the reporting period. This

may include interactions with state or local non-profit organizations, governmental entities, or Trust advisory boards and/or partners.

- c) Number (#) and percentage (%) of individuals reporting satisfaction with the program, service, event and/or activity in which they participated.
- d) For the final report, provide the BPI Organizational Capacity Worksheet (form will be provided via email in June).

**Grantee Response to Performance Measure 2:**

**Response from January 31, 2020 Interim Report**

We continue to actively pursue member engagement in the clubhouse Work Ordered Day. We believe, even though we are improving, this is an area of challenges. A considerable number of members self-report other behavioral health providers in Juneau encourage not participating in social events or not to pursue employment. This is a cultural challenge that we are slowly influencing for greater participation by beneficiaries in community life.

We conducted an average of over two hundred in-house meetings per quarter in this reporting period. These meetings focus on organizing the work, job club, tobacco cessation, housing supports, education planning, weekly decision-making meeting, monthly Board of Directors meeting, and awareness campaign planning and decision making. Each of these activities is an opportunity for members to participate in planning, decision making, and implementing decisions. Regular clubhouse community-building activities are impacting members view of the world and promoting participation in the community.

The clubhouse has been able to maintain social hours. We are open Tuesday and Friday evenings as well as time on Saturdays and Sundays. These hours are for social and recreational activities. There was not a time in this reporting period where social hours were suspended. In addition, we are maintaining an afternoon session on Mondays from 5 to 6PM for Dual Recovery Anonymous. This is a peer support group for recovery from addiction for persons with a mental illness diagnosis. Weekly attendance averages 4 members per meeting, several staff also attend.

We are making inroads by promoting completion in training and education for members to become eligible for higher-paying jobs. Member participation in paid employment and employment-related activity has been promising. We are maintaining two standards-based Transitional Employment placements. We also maintain a relationship with MASST to support three members in non-traditional TE placements. We average 50% active members in paid work per quarter. (The number of active members is 62. The average number of members in paid employment is 22, in this reporting period, slightly lower than average.)

We continue to work with community partners. We continue to provide tours and orientation to case managers from JAMHI. This has a twofold impact. It provides an additional resource to the community mental health center and makes the clubhouse easier for their patients to access services.

We are addressing the challenge of tobacco addiction with our beneficiaries/members. We provide continued support for achieving a tobacco-free lifestyle, including; cessation aids, and regular tobacco-free social activities.

We conduct a monthly Board of Directors meeting in the clubhouse. Member attendance has been

stable at 2 to 4 clubhouse members in attendance at each meeting, alongside the staff and Board members.

We continue to maintain relationships with community partners and are members of a wide variety of coalitions and workgroups such as; Southeast Behavioral Health Provider Network, Alaska Behavioral Health Association, Juneau Re-entry Coalition, Juneau Coalition on Housing and Homelessness, Juneau Coalition on Suicide Prevention, Tobacco Free Southeast Clean Air Workgroup, Juneau Police Department Crisis Intervention Training. In addition, the Executive Director serves on the Juneau Housing First Case Review group and is a NAMI Juneau Board of Director. We have added a membership to the Juneau Economic Development Council for Polaris House.

In this reporting period, 7 beneficiaries stated 100% satisfaction with the programs. (A copy of the Polaris House Quarterly Member Satisfaction survey is attached.) In this reporting period, 1 beneficiary stated complete satisfaction except in the area of managing symptoms. This beneficiary rated this item as somewhat satisfactory. One new member reported the clubhouse supports were not helping to control symptoms. This member has only been in the clubhouse a few times and has had a number of admissions to the mental health unit at BRH. We anticipate being more beneficial to the member as we work together. The overall satisfaction rate is above 90%. Programs that were surveyed are employment, education, housing, law enforcement encounters, inpatient admissions, general supports and services, and social programs; such as, Independence Day, Halloween, etc. Members self-report that they find the holiday celebrations to be very good for them and they appreciate the opportunity for meaningful relations with others.

#### **Response from August 31, 2020 Status Report**

We continue to actively pursue member engagement in the clubhouse Work Ordered Day. We believe, even though we are improving, this is an area of challenges. A considerable number of members self-report other behavioral health providers in Juneau encourage not participating in social events or not to pursue employment. This is a cultural challenge that we are slowly influencing for greater participation by beneficiaries in community life. We are working to reestablish the Work Ordered Day. During the second half of the reporting period, due to the pandemic, the Work Ordered Day activities were temporarily suspended.

We conducted an average of over two hundred in-house meetings per the first three months of the reporting period. These meetings focus on organizing the work, job club, tobacco cessation, housing supports, education planning, weekly decision-making meeting, monthly Board of Directors meeting, and awareness campaign planning and decision making. Each of these activities is an opportunity for members to participate in planning, decision making, and implementing decisions. Regular clubhouse community-building activities are impacting member's view of the world and promoting participation in the community.

In the first three months of the reporting period the clubhouse was been able to maintain social hours. We were open Tuesday and Friday evenings as well as time on Saturdays and Sundays. These hours were for social and recreational activities. During the months of locked down, we did find ways to organize outdoor picnics. We limited the number of member that could attend and practiced social distancing. We were able to host 6 picnics.

We are making inroads by promoting completion in training and education for members to become eligible for higher-paying jobs. Member participation in paid employment and employment-related

activity has been promising. We are maintaining two standards-based Transitional Employment placements. We also maintain a relationship with MASST to support three members in non-traditional TE placements. We average 50% active members in paid work per reporting period.

We continue to work with community partners. We continue to provide tours and orientation to case managers from JAMHI. This has a twofold impact. It provides an additional resource to the community mental health center and makes the clubhouse easier for their patients to access services.

We are addressing the challenge of tobacco addiction with our beneficiaries/members. We provide continued support for achieving a tobacco-free lifestyle, including; cessation aids, and regular tobacco-free social activities.

We conduct a monthly Board of Directors meeting in the clubhouse. Member attendance has been stable at 2 to 4 clubhouse members in attendance at each meeting, alongside the staff and Board members.

We continue to maintain relationships with community partners and are members of a wide variety of coalitions and workgroups such as; Southeast Behavioral Health Provider Network, Alaska Behavioral Health Association, Juneau Re-entry Coalition, Juneau Coalition on Housing and Homelessness, Juneau Coalition on Suicide Prevention, Tobacco Free Southeast Clean Air Workgroup, Juneau Police Department Crisis Intervention Training. In addition, the Executive Director serves on the Juneau Housing First Case Review group and is a member of the Juneau Economic Development Council for Polaris House.

In this reporting period, we were very restricted in obtaining completed member surveys. The overall satisfaction rate per member self-reporting is above 90%. Programs that were usually surveyed are employment, education, housing, law enforcement encounters, inpatient admissions, general supports and services, and social programs; such as, holidays and picnics etc. Members self-report that they find the holiday celebrations to be very good for them and they appreciate the opportunity for meaningful relations with others. The events are well attended.

**Performance Measure 3: Better Off?**

- g) Number (#) and percentage (%) of individuals who report overall improved functioning and/or quality of life since participating in the program.
- h) Number (#) and percentage (%) of individuals who have experienced two or more of the following key outcome areas pertinent to your program:
  - xix. Increased ability to manage challenging situations.
  - xx. Increased ability to manage challenging behaviors.
  - xxi. Became stably housed as a result of the program.
  - xxii. Became employed as a result of the program.
  - xxiii. Decreased substance use.
  - xxiv. Decreased legal involvement.
  - xxv. Increased healthy behaviors (e.g., physical activity or eating healthfully).
  - xxvi. Reduction in number of days with poor physical or mental health.
  - xxvii. Became connected to benefits programs (e.g., Medicaid or Food Stamps).
- i) Provide two (or more) stories from individuals (in their own words) that describe how their quality of life has improved since participating in the project.

**Grantee Response to Performance Measure 3:**



**Response from January 31, 2020 Interim Report**

Our average daily attendance is 13 members. Of this number 98% report the clubhouse consistently provides supports that improve their quality of life

Of the average daily attendance, 95% (estimate from member self-report) report an increased ability to manage challenges in situations.

Of the average daily attendance, 90% (estimate from member self-report) report an increased ability to manage challenging behaviors.

Of the 62 active members, 60 were housed at the end of the reporting period.

Of the 22 members currently employed, 6 became employed in the reporting period. Two Transitional Employment Placements were maintained.

Of the 62 active members, 85% (estimate from member self-report) report decreased substance abuse.

Of the 62 active members, six members were actively involved with legal involvement, or law enforcement encounters. This resulted in no need for law enforcement intervention at Polaris House. All incidents occurred in the community.

Of the 62 active members, less than half report actively changing their diets and increasing exercise (self-reported by members).

We don't actively track the number of days with poor physical or mental health. We don't conduct assessments that would give us that total.

At this time, 100% of our members are connected to benefit programs. During any one reporting period, we ensure all members receive support to complete benefit applications. Beneficiary statements are attached.

**Response from August 31, 2020 Status Report**

Our average daily attendance is 17 members. Of this number 90% report the clubhouse consistently provides supports that improve their quality of life

Of the average daily attendance, 95% (estimate from member self-report) report an increased ability to manage challenges in situations.

Of the average daily attendance, 90% (estimate from member self-report) report an increased ability to manage challenging behaviors.

Of the 40 active members, 38 were housed at the end of the reporting period.

Of the 20 members currently employed, 6 became employed in the reporting period. Two Transitional Employment Placements were maintained.

Of the 40 active members, 85% (estimate from member self-report) report decreased substance abuse.

Of the 40 active members, five members were actively involved with legal involvement, or law enforcement encounters. This resulted in no need for law enforcement intervention at Polaris House. All incidents occurred in the community.

Of the 40 active members, less than half report actively changing their diets and increasing exercise (self-reported by members).

We don't actively track the number of days with poor physical or mental health. We don't conduct assessments that would give us that total.

At this time, 100% of our members are connected to benefit programs. During any one reporting period, we ensure all members receive support to complete benefit applications. Beneficiary statements are attached.

## Polaris House Quarterly Member Satisfaction and Performance Survey

Name (optional) _____ Please tell us the date you completed this survey _____						
Please place a check mark, or an "X" under the column that best describes your responses.						
<b>Because of involvement in the Clubhouse:</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither Agree Nor Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Not Applicable</b>
1. I am less likely to be in crisis.						
2. I am better able to handle daily problems.						
3. I have better self-esteem.						
4. I do better in social situations.						
5. I am more independent.						
6. My symptoms aren't bothering me as much.						
7. The Clubhouse helped me assess my goals.						
<b>Education/Work</b>						
1. I am able to define my educational or career goals.						
2. I understand how working will affect my benefits.						
3. I am more confident of my job interview skills.						
4. I know how to use my strengths in pursuing my career.						
5. The Clubhouse has helped me to find employment that is right for me.						
6. The Clubhouse has helped me to maintain my job.						
<b>Community Support</b>						
1. The Clubhouse supported me to connect with mental health services outside the clubhouse.						
2. The Clubhouse helped me understand various community resources I could benefit from, such as employment, education, housing, disability benefits, legal services, food, mental health treatment, etc.						
3. The Clubhouse helped me to connect with community services, including assistance to establish or maintain eligibility for benefits like SSI, SSDI, housing assistance, Medicare, etc.						
4. The Clubhouse helped me avoid negative episodes with law enforcement.						
5. Clubhouse supports help me avoid acute hospitalizations.						

To whom it may concern:

My name is Rosemary Kahklen,

I have been a member for a long time... I have real bad anxiety that stem from childhood traumas. The Polaris House has been a stepping stone for my social skills. I have come a long way since I quit drinking. (8 ½ yrs. Ago) The picnics and social gatherings help me a great deal. Not only that, through the Polaris House I have gained a food handlers card, which will help me get work I am physically able to do.

I am very grateful for the Polaris House and their Staff.

Thank you Everyone for your assistance in making my life livable again.

Rosemary Kahklen

What Clubhouse means to me.

It is a place that I can feel safe and prepare myself for a job. They have helped me in learning attendance and punctuality are two of the most important job traits in the job market. I can come in and participate in any of the functions for the clubhouse. I can stay for as long as I choose during operating hours. They also offer social hours so I don't isolate and get depressed.

Darrell Wilkerson

To whom it may concern

I Tim Eide Sr. is writing this letter to let them know what the Polaris house has done for me

It has been very beneficial for me to be self-sufficient and the Polaris has helped me to do that

So I feel that Polaris needs funding to continue to help people with disabilities to help them to be self-sufficient.

**AGENCY NAME:**

## FY20 BPI Organizational Capacity Worksheet

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**Performance Measure:** How Well? – Organizational Capacity

a. Please report on the following information that represents efforts made towards sustainability:

1. Total dollar amount of funding from all sources (Trust and non-Trust) and the percentage of funding listed by revenue source.

Revenue Source	Amount (\$)	% of Total Funding
Trust (BPI, IPS & COVID)	244,644	47.97%
DBH Clubhouse grant	210,153	41.21%
Mini-grants	13,230	2.59%
Fundraising/Donations	41,959	8.23%
<b>Total</b>	<b>509,986</b>	<b>100.00%</b>

2. Total dollar amount of unrestricted cash and *how many months of unrestricted cash do you have readily available?*

Total dollar amount of unrestricted cash           \$172,962          

Number of months of unrestricted cash available           3          

3. Total dollar amount of in-kind services and volunteer hours (*Please use the rate of \$24.21 as recommended by the Bureau of Labor Statistics for 2016*).

In-Kind Service	Amount/Rate (\$)	Total Amount
Volunteer Hours	\$24.21/hour	149,641
Board Hours	\$30 - \$40 depending on Board Position	5,288
Grant Accountant & CPA Services		1,712
<b>Total</b>	<b>-</b>	<b>156,641</b>

**AGENCY NAME:**

**Performance Measure:** How Well? – Workforce Stability

a. Please report on the following information in regards to the organization’s workforce stability.

1. Annual turnover rate (ATR) for **paid** employees reported as a percentage from July 1, 2019 to June 30, 2020 (FY20). Include all paid employees regardless of FTE status.

$$\text{ATR} = \frac{\text{Total \# of paid employees who left employment during FY20}}{\text{Total \# of paid employees that are employed during FY20}} \times 100$$

ATR = 0%

2. Annual turnover rate (ATR) for **regular and active volunteers** reported as a percentage from July 1, 2019 to June 30, 2020.

$$\text{ATR} = \frac{\text{Total \# of volunteers who stopped volunteering during FY20}}{\text{Total \# of volunteers that volunteer during FY20}} \times 100$$

ATR = 0%

b. The Board of Trustees approved increased BPI funding in FY19 to increase access to health care insurance for peer support workers and other staff based on agency FTEs.

1. Please choose a point in time in FY20 to estimate health insurance coverage for all FTEs (use FTE total used to calculate FY21 BPI budget) in the categories below.

Health Insurance Coverage Type	# FTE
Medicaid	
Medicare	
Military (Defense Health Agency/TRICARE)	1
Affordable Care Act (purchased through HealthCare.gov)	4
Private health insurance (employer-based)	
Uninsured	
<b>Total</b>	<b>5</b>

c. The Trust promotes recovery-oriented and culturally competent peer services and seeks to support best practice for BPI grantees to further develop policy and organizational capacity.

1. Does your agency currently have board approved recovery-oriented policies and procedures that reflect best practice related to financial practice, program services and human resources? **Y or N**

**If yes, please include copies of policies for potential learning community use.**



# Clubhouse International

Creating Community: Changing the World of Mental Health

## International Standards for Clubhouse Programs <sup>TM</sup>

The International Standards for Clubhouse Programs, consensually agreed upon by the worldwide Clubhouse community, define the Clubhouse Model of rehabilitation. The principles expressed in these Standards are at the heart of the Clubhouse community's success in helping people with mental illness to achieve social, financial, educational and vocational goals. The Standards also serve as a "bill of rights" for members and a code of ethics for staff, board and administrators. The Standards insist that a Clubhouse is a place that offers respect and opportunity to its members.

The Standards provide the basis for assessing Clubhouse quality, through the Clubhouse International Accreditation process.

Every two years the worldwide Clubhouse community reviews these Standards, and amends them as deemed necessary. The process is coordinated by the Clubhouse International Standards Review Committee, made up of members and staff of Accredited Clubhouses from around the world.

### MEMBERSHIP

1. Membership is voluntary and without time limits.
2. The Clubhouse has control over its acceptance of new members. Membership is open to anyone with a history of mental illness, unless that person poses a significant and current threat to the general safety of the Clubhouse community.
3. Members choose the way they utilize the Clubhouse, and the staff with whom they work. There are no agreements, contracts, schedules, or rules intended to enforce participation of members.
4. All members have equal access to every Clubhouse opportunity with no differentiation based on diagnosis or level of functioning.
5. Members at their choice are involved in the writing of all records reflecting their participation in the Clubhouse. All such records are to be signed by both member and staff.
6. Members have a right to immediate re-entry into the Clubhouse community after any length of absence, unless their return poses a significant and current threat to the Clubhouse community.
7. The Clubhouse provides an effective reach out system to members who are not attending, becoming isolated in the community or hospitalized.

### RELATIONSHIPS

8. All Clubhouse meetings are open to both members and staff. There are no formal member only meetings or formal staff only meetings where program decisions and member issues are discussed.
9. Clubhouse staff are sufficient to engage the membership, yet few enough to make carrying out their responsibilities impossible without member involvement.



10. Clubhouse staff have generalist roles. All staff share employment, housing, evening and weekend, holiday and unit responsibilities. Clubhouse staff do not divide their time between Clubhouse and other major work responsibilities that conflict with the unique nature of member/staff relationships.
11. Responsibility for the operation of the Clubhouse lies with the members and staff and ultimately with the Clubhouse director. Central to this responsibility is the engagement of members and staff in all aspects of Clubhouse operation.

## **SPACE**

12. The Clubhouse has its own identity, including its own name, mailing address and telephone number.
13. The Clubhouse is located in its own physical space. It is separate from any mental health center or institutional settings, and is impermeable to other programs. The Clubhouse is designed to facilitate the work-ordered day and at the same time be attractive, adequate in size, and convey a sense of respect and dignity.
14. All Clubhouse space is member and staff accessible. There are no staff only or member only spaces.

## **WORK-ORDERED DAY**

15. The work-ordered day engages members and staff together, side-by-side, in the running of the Clubhouse. The Clubhouse focuses on strengths, talents and abilities; therefore, the work-ordered day must not include medication clinics, day treatment or therapy programs within the Clubhouse.
16. The work done in the Clubhouse is exclusively the work generated by the Clubhouse in the operation and enhancement of the Clubhouse community. No work for outside individuals or agencies, whether for pay or not, is acceptable work in the Clubhouse. Members are not paid for any Clubhouse work, nor are there any artificial reward systems.
17. The Clubhouse is open at least five days a week. The work-ordered day parallels typical working hours.
18. The Clubhouse is organized into one or more work units, each of which has sufficient staff, members and meaningful work to sustain a full and engaging work-ordered day. Unit meetings are held to foster relationships as well as to organize and plan the work of the day.
19. All work in the Clubhouse is designed to help members regain self worth, purpose and confidence; it is not intended to be job specific training.
20. Members have the opportunity to participate in all the work of the Clubhouse, including administration, research, enrollment and orientation, reach out, hiring, training and evaluation of staff, public relations, advocacy and evaluation of Clubhouse effectiveness.

## **EMPLOYMENT**

21. The Clubhouse enables its members to return to paid work through Transitional Employment, Supported Employment and Independent Employment; therefore, the Clubhouse does not provide employment to members through in-house businesses, segregated Clubhouse enterprises or sheltered workshops.

### **Transitional Employment**

22. The Clubhouse offers its own Transitional Employment program, which provides as a right of membership opportunities for members to work on job placements in the labor market. As a defining characteristic of a Clubhouse Transitional Employment program, the Clubhouse guarantees coverage on all placements during member absences. In addition the Transitional Employment program meets the following basic criteria.

- a. The desire to work is the single most important factor determining placement opportunity.
- b. Placement opportunities will continue to be available regardless of the level of success in previous placements.
- c. Members work at the employer's place of business.
- d. Members are paid the prevailing wage rate, but at least minimum wage, directly by the employer.
- e. Transitional Employment placements are drawn from a wide variety of job opportunities.
- f. Transitional Employment placements are part-time and time-limited, generally 15 to 20 hours per week and from six to nine months in duration.
- g. Selection and training of members on Transitional Employment is the responsibility of the Clubhouse, not the employer.
- h. Clubhouse members and staff prepare reports on TE placements for all appropriate agencies dealing with members' benefits.
- i. Transitional Employment placements are managed by Clubhouse staff and members and not by TE specialists.
- j. There are no TE placements within the Clubhouse. Transitional Employment placements at an auspice agency must be off site from the Clubhouse and meet all of the above criteria.

### **Supported and Independent Employment**

23. The Clubhouse offers its own Supported and Independent Employment Programs to assist members to secure, sustain, and better their employment. As a defining characteristic of Clubhouse Supported Employment, the Clubhouse maintains a relationship with the working member and the employer. Members and staff in partnership determine the type, frequency and location of desired supports.
24. Members who are working independently continue to have available all Clubhouse supports and opportunities as well as participation in evening and weekend programs.

### **EDUCATION**

25. The Clubhouse assists members to reach their vocational and educational goals by helping them take advantage of educational opportunities in the community. When the Clubhouse also provides an in-house education program, it significantly utilizes the teaching and tutoring skills of members.

### **FUNCTIONS OF THE HOUSE**

26. The Clubhouse is located in an area where access to local transportation can be assured, both in terms of getting to and from the program and accessing TE opportunities. The Clubhouse provides or arranges for effective alternatives whenever access to public transportation is limited.
27. Community support services are provided by members and staff of the Clubhouse. Community support activities are centered in the work unit structure of the Clubhouse. They include helping with entitlements, housing and advocacy, promoting healthy lifestyles, as well as assistance in accessing quality medical, psychological, pharmacological and substance abuse services in the community.
28. The Clubhouse provides assistance, activities and opportunities designed to help members develop and maintain healthy lifestyles.

29. The Clubhouse is committed to securing a range of choices of safe, decent and affordable housing including independent living opportunities for all members. The Clubhouse has access to opportunities that meet these criteria, or if unavailable, the Clubhouse develops its own housing program. Clubhouse housing programs meet the following basic criteria.
  - a. Members and staff manage the program together.
  - b. Members who live there do so by choice.
  - c. Members choose the location of their housing and their roommates.
  - d. Policies and procedures are developed in a manner consistent with the rest of the Clubhouse culture.
  - e. The level of support increases or decreases in response to the changing needs of the member.
  - f. Members and staff actively reach out to help members keep their housing, especially during periods of hospitalization.
30. On a regular basis the Clubhouse conducts an objective evaluation of its effectiveness, including Clubhouse International Accreditation.
31. The Clubhouse director, members, staff and other appropriate persons participate in a comprehensive two or three week training program in the Clubhouse Model at a certified training base.
32. The Clubhouse has recreational and social programs during evenings and on weekends. Holidays are celebrated on the actual day they are observed.

#### **FUNDING, GOVERNANCE AND ADMINISTRATION**

33. The Clubhouse has an independent board of directors, or if it is affiliated with a sponsoring agency, has a separate advisory board comprised of individuals uniquely positioned to provide financial, legal, legislative, employment development, consumer and community support and advocacy for the Clubhouse.
34. The Clubhouse develops and maintains its own budget, approved by the board or supported by an advisory board, which provides input and recommendations prior to the beginning of the fiscal year and routinely monitors it during the year.
35. Staff salaries are competitive with comparable positions in the mental health field.
36. The Clubhouse has the support of appropriate mental health authorities and all necessary licenses and accreditations. The Clubhouse collaborates with people and organizations that can increase its effectiveness in the broader community.
37. The Clubhouse holds open forums and has procedures which enable members and staff to actively participate in decision making, generally by consensus, regarding governance, policy making, and the future direction and development of the Clubhouse.

Clubhouse International

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October 1989 ©  
Revised as of December 2018

7-29-2020

I Ernest, am thankful for culinary at Polaris house for helping me to get my food handlers card. They allow me to volunteer in the kitchen. It gives me good experience in a kitchen, plus it keeps me in practice, and not to forget what I've learned and I love working with Laurie in the kitchen.

Ernest G.

**Paragraph**

From: Original Gilmore Girl <marthagilmore13@gmail.com>

Date: 07/29/2020 12:39

To: "tmartini@acsalaska.net" <tmartini@acsalaska.net>

My experience with Polaris House is a good one. I moved here from Vermont, and didn't know anyone. Aware recommended that I get in touch with Polaris House. It was the best thing I've done. I have made some new friends, been on trips, and it's been a very positive. I consider Polaris House, my family and my support system. I wouldn't have it any other way

*Martha A.*

I really appreciate Polaris House for helping me maintain housing. I also must say the help me maintain my ability to function during the hunker down. I also enjoy the fact that I have made several friends and feel like I'm needed and useful.

Darrell Wilkerson

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## The wonder that is Polaris House

From: Jamie Holliday <krikkit84@yahoo.com>  
Date: 07/30/2020 14:57  
To: "tmartini@acsalaska.net" <tmartini@acsalaska.net>

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June 30 2020

To whom it may concern,

I am writing this letter to tell everyone how great Polaris House is. Not only is it a safe place to be, especially when you are in recovery, but they also helped pay my rent when the Covid hit and I lost my job. They have supported me in every way you could imagine. Job wise, rent wise, and in general they have been very supportive of me when I felt like I really didnt want to get up and go do anything. They have done great reach out to me to make sure I am well and always let me know what is going on at Polaris house so that I can come participate. Even after I moved to a different town in Alaska, they still include me on the zoom meetings and make me feel important. It touches my heart that they have not forgotten me. I love everyone there , staff and members and I cant thank you enough for all of your support in all of the ways you have helped me out.

I feel valued and loved.

Sincerely,  
Jamie Villines

[Sent from Yahoo Mail on Android](#)

What Polaris House means to me

When I was new to Junoak, Polaris House was a port in the storm. I found friendship, and people to help with everyday life, such as a job, new friends.

Outings, away from town, out in the woods on camping trips was a way to get away, and reflect for a few days.

If anyone at Polaris House were to need help, I'd be there as soon as possible, to do what I could when I could.

Sincerely  
Charles Chen



8/4/2020

To Whom It May Concern:

I am a grateful Polaris House Member that wishes to share how the Polaris House has helped me create a quality life for myself as an individual who has been labeled in this society as someone with mental illness. Polaris House has enriched my life by giving me a place to belong, opportunity for connection, and an outlet to create purpose in my life..

I remember the beginning of Polaris Back in 2000. I was one of the original founder that first participated in just creating the club house in theory. We gathered in the Juneau downtown library just thinking and sharing our ideas of what the place would be. A club house for people with with mental health challenges. A place where we can belong and feel a part of, that was what I wanted and needed desperately. We had grand Ideas, yet the main Idea to me was a place to belong. Being apart of creating the Polaris House and being a part of it today as a Fountain House Clubhouse is truly a rewarding experience.

I found a place where I feel I belong and not stigmatized for being labeled as an individual that has what main stream society calls mental illness. At the Polaris House I am a member of an organization that is truly out to help others live the best quality of life possible. I am experiencing this on a daily basis. Lately I have been quarantined due to travel out side of the state and following state mandates for the Covid-19 pandemic. Though I have been isolated I have the opportunity to feel like I belong. I have been checked on by staff members daily and delivered lunch. I have the virtual oporttunity can choose to check in and Zoom twice a day to hear what is happening at the Polaris House and how I can be involved at home. Recently I volunteered to do outreach to our members. Keeping them updated on activities and encouraging them through phone calls to come and be a part of the activities and daily running of the club house. To me being a part of something gives me more self-esteem and courage to live my life in healthy manner.

Polaris house gives me the opportunity to have experiences with other members and being actively involved in the community. Not only enriching my life through volunteer work, I have been encouraged and supported to run my own Tie-Dye Business. The staff has been truly supportive and have been my best costumers. They believe in me until I believe in myself. The process of the clubhouse standards create an avenue for me to be in a safe environment, to help myself by helping others and so much more.

I am proud to be a member of this organization and grateful for the opportunity to participate. I found a safe place to belong and learn how to connect with the community. Creating a sense of safety with myself, learning that I am no different than any other. I just have different challenges and Polaris House gives me a starting place to get support to meet my challenges so I may be a productive member of society and have a true sense of belonging to my world in which I live.

<b>Project Title:</b> Community Based Peer Navigation-Anchorage (Beneficiary Projects Initiative)	
<b>Grantee:</b> Alaska Youth and Family Network	
<b>Fund:</b> Authority Grant	
<b>Geographic Area Served:</b> Anchorage Municipality	<b>Project Category:</b> Direct Service
<b>Years Funded:</b> FY06 to Present	
<b>FY20 Grant Amount:</b> \$208,650.00	
<p><b>High Level Project Summary:</b>  This project supports Alaska Youth and Family Network (AYFN), a family-run, non-profit organization that provides comprehensive support, education, advocacy and behavioral health peer support and rehabilitative services to Trust beneficiaries throughout Anchorage and the Mat-Su. AYFN’s programs and services are peer-provided, strength-based, culturally responsive, trauma-informed, and family and youth driven. AYFN serves families (parents, children, and youth) or emancipated young people to age twenty-five who are experiencing the challenges of living with a mental health condition, substance use disorder, or intellectual and developmental disability, or caring for a child who experiences those challenges.</p> <p>In FY20, AYFN substantially met or exceeded Trust expectations against the performance measures outlined in the project grant agreement. AYFN has partnered with the Trust through technical assistance to evaluate sustainability options through Medicaid and other reimbursement mechanisms. The agency is currently engaged in business planning to develop infrastructure and capacity to convert to Medicaid billable services through the 1115 waiver. Trust staff will continue to work with AYFN to identify and develop other revenue options to replace or augment Trust funding. Trust staff believe the family navigation and peer support model of serving beneficiaries with beneficiaries is being well delivered by AYFN and recommends continued funding in FY23.</p> <p>This project aligns with Comp Plan Objectives 4.3, 4.4, 6.2 and 6.3 related to improved treatment and recovery support services (including peer support services) to reduce the impact of mental health and substance use disorders, and early intervention and supports for families involved with the child welfare systems due to maltreatment.</p>	

**Project Title:** Community Based Peer Navigation-Anchorage

**Staff Project Analysis:**

This project supports Alaska Youth and Family Network (AYFN) a family-run, non-profit organization that provides comprehensive support, education, advocacy and behavioral health peer-support and rehabilitative services to Trust beneficiaries throughout Anchorage and the Mat-Su. AYFN's programs and services are peer-provided, strength-based, culturally responsive, trauma-informed, and family and youth driven. AYFN serves families (parents, children, and youth) or emancipated young people to age twenty-five who are experiencing the challenges of living with mental health, substance use disorder, or intellectual and developmental disabilities or caring for a child who experiences those challenges.

AYFN's work is critical to the Trust's investment in beneficiary engagement and the peer support model of recovery and employment. Additionally, there continues to be a general lack of home and community-based services willing or able to work with the population currently served by AYFN. AYFN's primary services include counseling and support, case management and family preservation, and stabilization for families at risk for out-of-home care or with youth that are returning home from residential psychiatric treatment placements. AYFN currently serves families in the Anchorage and Mat-Su communities. AYFN is working to develop Medicaid billing infrastructure to leverage opportunities presented by the 1115 Medicaid Behavioral Health Waiver; however, this transition will take at least a year to implement.

AYFN served 520 individuals in FY20, between two locations in Anchorage and the Mat-Su. AYFN received referrals from the Office of Children's Services (OCS) and families were involved with both OCS and the Division of Juvenile Justice (DJJ). AYFN reported families served had at least one parent/caregiver with an active mental illness and/or substance use issue. Families achieve positive outcomes through intentional support and connection. AYFN's successes include families that had their visits reinstated with their children, began trial home visits, or were reunified with their children after working to address their family's issues. AYFN guided parents through parenting education and coaching and by helping them gain an understanding of their child's disability or their own.

Trust staff will continue to work with AYFN to identify and develop other revenue options to replace or augment Trust funding. Trust staff believe the family navigation and peer support model of serving beneficiaries with beneficiaries is being well delivered by AYFN and recommends continued funding in FY23.

This project aligns with Comp Plan Objectives 4.3, 4.4, 6.2 and 6.3 related to improved treatment and recovery support services (including peer support services) to reduce the impact of mental health and substance use disorders, and early intervention and supports for families involved with the child welfare systems due to maltreatment.

**Project Description:** During FY20, with the support of The Trust, AYFN will continue to deliver comprehensive, judgment-free, stigma-free, strengths-based, beneficiary driven care that is lead, developed, and provided by Trust Beneficiaries. Their family and youth peer support services will continue to be recovery-oriented and focused on improving the lives of Trust Beneficiaries living with mental illness and behavioral health challenges, substance misuse, intellectual and developmental disabilities, and traumatic brain injury. AYFN will concurrently continue to work with external stakeholders; The Trust, the Mat-Su Health Foundation, and the State of Alaska, Division of Behavioral

Health to build the infrastructure and implement the tools necessary to reduce AYFN's over-dependence on grant dollars with the goal of creating an organization that is sustainable and scalable.

AYFN services are peer-provided, culturally responsive, trauma-informed, person-centered and family driven. We engage families by using a strength-based, shared-decision making model. This model is based on the premise that shared understanding, mutual respect, shared responsibility, and mutual agreement results in long-term recovery.

AYFN believes that children raised by healthy, resilient, properly supported families, in loving and safe homes, are in the best place for them. They will continue efforts to prevent the separation of children and youth from their families and Beneficiary caregivers to higher, much more costly and traumatizing care settings outside of their homes and communities. When a child is placed outside their home for their safety, AYFN Family Navigators will continue to work with the family and other community team members to alleviate safety concerns, find or provide appropriate and helpful behavioral health interventions and concrete supports, and reunite the family with one another as quickly and safely is reasonable. They will also continue strong support for kinship, foster, adoptive, and guardianship placement caring for Trust beneficiaries.

AYFN Family Navigators have lived experience in navigating numerous systems as well as professionally developed knowledge, training, and skills. Family Navigators use their lived and professional knowledge of Alaska's complicated family serving systems to make support and services more accessible, easier to understand, and more responsive to the needs of every Beneficiary served. The grantee will continue to address the recovery and support needs of the entire family in a holistic manner focused on relieving internal and external stressors and improving the family members' recovery, resilience, and overall health. Family Navigators serve as a bridge, interpreter, and partner between recipients and providers to reduce conflict and increase cooperation. The education AYFN will continue providing to Beneficiaries during FY20 will improve their understanding of Alaska's fragmented service delivery systems, diagnoses, and treatment options and helps them to learn the skills necessary to negotiate those systems to gain the supports their family needs and achieve recovery.

AYFN will continue to build collaborative relationships with partners across Alaska and the communities they serve. AYFN will provide and support policy and individual advocacy efforts to improve the care of the families we support. The goal of AYFN's advocacy efforts is always to improve the service delivery systems for families and youth, strengthen the family voice, increase awareness and promote active family participation at all levels, from direct service to policy.

In addition to the direct care and services, AYFN provides to Trust Beneficiaries and their families they will continue our positive work with stakeholders to improve organizational infrastructure and increase AYFN's likelihood of long-term sustainability and growth. This exciting and valuable work would not be possible without the leadership, support, patience, and investment of The Trust and its employees. The involvement and interest of The Trust in AYFN's success has been key to gaining the participation and support of other funding partners.

In FY20 AYFN is working with our stakeholders and technical assistance providers to 1) broaden AYFN's administrative and operational capacity, 2) move substantially closer to achieving accreditation through the Council on Accreditation, 3) improving data management, reporting, and billing capabilities within their CareLogic clinical record, 4) build the capacity to bill Medicaid and, 5)

develop a reasonable and sustainable revenue management and growth model.

**Grantee Response - FY20 Grant Report Executive Summary:**

**Executive Summary from January 31, 2020 Interim Report**

Successes:

Completed the installation of NCFAS to our ECR.

Trained staff and began using the NCFAS

Nearing completion of a contract with healthEconnect to connect AYFN to the HIE.

Developed a consulting contract to allow us to build a robust plan to transition AYFN to allow for Medicaid billing.

AYFN provided intensive family preservation, reunification, and stabilization services to families, youth and children this quarter. The activities provided to support this were: case management, systems navigation, care coordination, crisis support and stabilization, individualized treatment planning, collaboration, recovery-oriented mental health and substance use support, peer support, skill-building and connection to resources. AYFN is also a warm line for people calling to connect to services; if our agency is unable to meet their needs, we connect them to another provider who can.

AYFN uses the Strengthening Families model to promote Protective Factors throughout our practice in individual and group settings. Many of these families have intersecting needs which means that AYFN staff are supporting families across numerous systems. The families we serve are connected to a multitude of resources to meet their needs within the community. AYFN fills the gaps as much as possible for those who cannot access those resources and whose needs are not fully met by those resources. When a family is not connected to additional resources, we work diligently to ensure those connections are made.

AYFN groups provided activities that promoted positive social connections, social and emotional competence, parenting skills, knowledge of child development, resilience, coping skills, relapse prevention skills, and social skills. These groups are available to all ages and designed for the developmental needs of the people we serve. Groups provided were Scream Free Parenting (a parenting education course with individualized support required outside of the class), Drop-In Family support groups, Sexual Abuse Prevention, Breaking a Painful Pattern (a relapse prevention and intervention curriculum), and It Won't Happen Again (a reunification support group curriculum for families involved in child welfare nearing or in a trial home visit). In addition, we host several open house events throughout the year. This quarter's main events were a Harvest party in October, a Fall party in November, a Holiday party in December and a collaborative Holiday party with OCS for birth families involved in child welfare.

We facilitate meaningful and healthy family contact for children and families involved in child welfare by providing parent coaching and support. We also help to ensure that this is being promoted throughout our communities. We are involved in the Family Contact Improvement Partnership and recently helped provide the first training on best practices to professionals regarding family contact in collaboration with OCS, ROCK Matsu, and AFS. This means that primary beneficiaries who have the

added barrier of a child welfare case are receiving better care and support in getting their needs met so they can safely reunify with their children.

Additional partnership successes include working with trained parents participating in the Family Contact Improvement Partnership, hiring four additional navigators in the valley; three of whom have previous OCS involvement and were former clients who successfully completed their treatment with AYFN.

Some of the challenges we face are outlined in our reporting. The amount of advocacy needed in many systems this quarter has increased and takes significant amounts of time to untangle. An area that desperately needs attention is Foster Parent education regarding trauma-informed care, disabilities, substance use, and mental health. Foster parents and OCS's understanding of foster parent roles in order to support bio-families in achieving success is imperative to supporting our community. Other areas of needed attention are navigating IEP's and build social connections that are not just therapeutic in nature. We are in need of more direct service staff, more administrative staff, and technical assistance to aid AYFN in transitioning to Medicaid and to mitigate the inherent risk in doing so.

#### **Executive Summary from August 31, 2020 Status Report**

- Financial Model and Implementation Plan Development:

A.Y.F.N. began work with Agnew:: Beck with the support of our board of directors to build an interactive pro-forma model that will allow A.Y.F.N. to make educated business and financial planning decisions based on staffing patterns, staff compensation, client counts, existing and potentially new programming, and existing and potentially new sources of revenue. This model will initially be used to plan business for FY21-FY22. A.Y.F.N. will also be using the financial model to inform our implementation of planning and on-going project management during FY20 and FY21. The second half of this project will be focused on developing a detailed implementation plan to define and accomplish our FY20 and FY21 goals. We anticipated the entire project to take about two hundred (200) hours and be completed no later than the end of May 2020. Complications and delays brought about by the coronavirus pandemic, our Executive Director coming down with Covid-19 in mid-May, and the 1115 Behavioral Health regs being released caused the project to be delayed, and we are now anticipating a completion date in near the end of September 2020.

- New Employees

A.Y.F.N. is proud to have hired and successfully onboarded two parents from that Mat-Su Valley with lived experience in Alaska's child welfare system to our team. The parents that we hired completed A.Y.F.N.'s Parents as Partners program and achieved reunification and or modified reunification with their children. They successfully achieved recovery from mental health and substance use and met the state's requirements for case closure. A.Y.F.N. initially hired three parents, but one was unable to complete the onboarding process due to personal reasons.

The biggest challenge in hiring these new staff was the variance and variance appeal process. One variance took around two (2) months to receive and the other close to six (6) months. We were unable to find an answer as to why they may have taken so long so that we can speed them up in the future. Maintaining an employee on staff while they are unable to be productive is quite costly to the company. Not adding them to payroll is even more expensive. The company loses a potentially

valuable employee, the employee loses an excellent opportunity to learn and contribute to the community, and the community loses the benefit of that person's expertise and lived experience.

- CareLogic E.H.R.

After several years of service and after having a patchwork of modules and reports developed and implemented to meet the varied needs of our agency and stakeholder groups, Carelogic had become unwieldy and ineffective as a management and reporting tool. To improve things, A.Y.F.N. initiated a project with X.P.I.O., our CareLogic administrator, to improve workflows, enhance ease of use for employees, and prepare for billing the Medicaid State Plan and or 1115 Medicaid Waiver Services. This project is on-going.

- Covid-19 Technology Update

Because of the need to move our service delivery model from the physical space to a virtual one brought about by the coronavirus pandemic A.Y.F.N. found a need to update its technology to meet the requirements of the task. Because our employee phones and laptops were out-of-date and not configured to meet to the demands of operating in the virtual space, A.Y.F.N. pursued the purchase of new up-to-date equipment. The identification of equipment, vendors, contracting, and purchasing were all completed directly by A.Y.F.N. administration as our I.T. vendor was unavailable because of the pandemic. Fifteen phones (15) and fifteen (laptops) were all successfully configured and joined to our Office365 and Sharepoint server by the executive director due to the lack of availability of our I.T. vendor. During this time, we also evaluated the quality and cost of our internet and phone providers and decided to move our business phone service to AT&T. The entire process took four (4) weeks due to our difficulty locating new equipment that had become scarce because of the pandemic and because of other demands on our administration's time. We also updated our Microsoft 365 for Non-Profits subscription to take advantage of the collaborative tools that they offer, as well as purchasing an agency Zoom account.

- Transition to Virtual Service Provision

A.Y.F.N. determined to halt all in-person services on March 12 due to the coronavirus pandemic. Over fifty percent (50%) of our staff are in high-risk categories for contracting the virus or are in close daily contact with someone in their household who is at risk. Personal protective equipment was difficult to impossible to find. Initially, the learning curve for our staff and beneficiaries was steep as we transitioned to the virtual workspace. We saw a severe drop off in engagement and contact of any sort during the first five (5) to six (6) weeks of the Q3. We believe this was due to the novelty and uncertainty of the working environment. As our technology and confidence improved, so did our ability to engage and support parents and youth. By the end of June, the number of spent serving beneficiaries had risen to pre-COVID numbers, and referrals began to increase. As of this writing, 08/29, approximately 50 families are waiting for services and support.

- Website and File Storage

Sometime near the middle of March, one of our employees clicked on a phishing email. Soon after, our website was hacked and used to host illegal material originating from what appeared to be a Russian IP address. Our SharePoint server hosted by Microsoft was also entered. Although it seems that nothing was destroyed or stolen, no PHI is kept in this space, over 10,000 thousand files were

moved from their places and into the SharePoint recycle bin. After several failed attempts at securing our website, we eventually shifted hosts and are in the process of rebuilding it. Our Sharepoint server took between 50 and 60 hours to restore and was done almost entirely by the executive director. Our I.T. contractor did a security audit and everything appeared to be in order. We tightened some parameters; as a result, to be safe and started twice daily back-ups to a third-party host in addition to the back-ups we already perform in our Office365 environment.

**Number of beneficiaries experiencing mental illness reported served by this project in FY20: 443**

**Number of beneficiaries experiencing substance misuse reported served by this project in FY20: 203**

**Number of beneficiaries experiencing a developmental disability reported served by this project in FY20: 117**

**Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY20: 58**

**Number of individual trained as reported for this project in FY20: 0**

**Performance Measure 1: How Much?**

- d) The number (#) of beneficiaries (unduplicated) served, broken down by Trust beneficiary group.
- e) The number (#) and percentage (%) of new beneficiaries (unduplicated) served during the reporting period, broken down by Trust beneficiary group.
- f) The total (#) of activities or events held. For each activity or event, please include the date(s), location(s) and number (#) of attendees.

**Grantee Response to Performance Measure 1:**

**Response from January 31, 2020 Interim Report**

- a) Mental Illness= 120, 61%  
Developmental Disability = 40, 20%  
Chronic Alcoholism/Substance Use = 85, 43%  
Alzheimer's Disease or Related Disease = 0, 0%  
Traumatic Brain Injury = 44, 22%
- b) All beneficiaries are unduplicated for this reporting period and beneficiaries are broken down by group in section a).
- c) There were 121 groups and classes hosted in both our Anchorage and Wasilla locations throughout the reporting period including: drop-in community support groups, parenting education classes, reunification and recovery support groups, and sexual abuse prevention groups. During this time we had a total of 632 individuals (duplicated) attend these group events including: 397 parents, 62 youth, 60 tweens, and 113 children. This does not include the number of people we connected with during our harvest party, collaborative party with OCS for birth families, and other attendance at local outreach events.  
The dates these various groups were provided occurred on the following dates.  
July, 2019: 1, 2, 3, 9, 10, 12, 16, 17, 19, 26, 31  
August, 2019: 2, 6, 7, 9, 13, 14, 16, 21, 23, 28, 30  
September, 2019: 4, 6, 9, 11, 13, 23, 26, 27  
October, 2019: 7, 10, 14, 17, 21, 24, 25, 28  
November, 2019: 4, 7, 14, 18, 21, 25, 27  
December, 2019: 2, 5, 12, 16, 23, 30

**Response from August 31, 2020 Status Report**



a) Mental Illness= 443/520 or 85%  
 Developmental Disability = 117/520 or 22%  
 Chronic Alcoholism/Substance Use = 203/520 or 39%  
 Alzheimer's Disease or Related Disease = 0, 0%  
 Traumatic Brain Injury = 58/520 or 11%

b) All beneficiaries are unduplicated for this reporting period and beneficiaries are broken down by group in section a).

c) There were 80 groups and classes hosted in both our Anchorage and Wasilla locations during FY19: drop-in community support groups, parenting education classes, reunification and recovery support groups, and sexual abuse prevention groups. During this time we had a total of 1,240 individuals (duplicated) attend these group events including: 799 parents, 130 youth, 219 tweens, and 241 children. This does not include the number of people we connected with during our harvest party, collaborative party with OCS for birth families, and other attendance at local outreach events. The dates these various groups were provided occurred on the following dates.

July 2019: 1, 2, 3, 9, 10, 12, 16, 17, 19, 26, 31  
 August, 2019: 2, 6, 7, 9, 13, 14, 16, 21, 23, 28, 30  
 September, 2019: 4, 6, 9, 11, 13, 23, 26, 27  
 October, 2019: 7, 10, 14, 17, 21, 24, 25, 28  
 November, 2019: 4, 7, 14, 18, 21, 25, 27  
 December, 2019: 2, 5, 12, 16, 23, 30  
 January 2020: 6, 10, 13, 17, 20, 24, 27, 31  
 February 2020: 3, 7, 10, 14, 17, 21, 24, 28  
 March 2020: 2, 6, 9  
 April 2020: No events due to coronavirus  
 May 2020: 18, 22, 25, 29  
 June 2020: 1, 5, 8, 12, 15, 19, 22, 26, 29

**Performance Measure 2: How Well?**

- i) Provide a brief narrative describing the activities, successes, challenges, and any lessons learned during the reporting period.
- j) Describe any community networking activities that occurred during the reporting period. This may include interactions with state or local non-profit organizations, governmental entities, or Trust advisory boards and/or partners.
- k) Number (#) and percentage (%) of individuals reporting satisfaction with the program, service, event and/or activity in which they participated.
- l) For the final report, provide the BPI Organizational Capacity Worksheet (form will be provided via email in June).

**Grantee Response to Performance Measure 2:**

**Response from January 31, 2020 Interim Report**

a) AYFN provided intensive family preservation, reunification, and stabilization to families, youth and children this quarter. The activities we provided were: case management, systems navigation, care coordination, crisis support and stabilization, individualized treatment planning, collaboration, recovery-oriented mental health, and substance use support, peer support, groups, classes skill-building and connection to resources. AYFN is also a warm line for people calling to connect to services; if our agency is unable to serve them, we connect them to another provider who can. Peer support specialists, called Family and Youth Navigators at AYFN, engage in the described activities on

a regular basis. Our navigators are a bridge to treatment by utilizing motivational interviewing, relapse prevention planning, recovery-based individual and group support and allowing families to access transportation as they need it to attend their appointments. Because our navigators can and do provide community-based support and crisis support services, our families feel supported in ways they don't receive elsewhere. We are often the agency people utilize when they have no support in overcoming barriers to entering treatment or when they are on a long waiting list. By having peers available to support each family, we hold hope for those in need of an example of recovery. This peer relationship is the intervention. Because we use individualized treatment planning and shared documentation, our families are able to choose the goals they feel they can complete with support, which greatly increases positive outcomes and recovery gains. Our most acute challenge is the workforce. Recruiting and training qualified peer staff requires resources, focus, and intention. We have been able to hire four additional navigators in Mat-Su who lived experience with mental health, addiction and having substantiated cases of maltreatment and neglect that they have been able to overcome. They have closed their cases with OCS and services with AYFN. We are excited to be the first agency to hire Family Navigators who had significant involvement with OCSS. Each of these new hires received negative background checks with a 10-year barrier. We have submitted variance requests and are awaiting their approval. AYFN decided to hire and train parents with child-welfare experience with the hope that we can empower the parents to achieve permanent and lasting change through employment and being able to give back to the community. We also hope it begins to change the prejudice and judgment beneficiaries are subject to because of their involvement with child-welfare.

b) AYFN engaged in many partnerships and community networking events in this reporting period. Our networking events and partnerships include BAA with OCS in Wasilla, BCC workgroup, Primary Prevention workgroup, ABHA workgroup, Strengthening Families Training, Substance Use Recovery Training, ACES and resilience training, FCIP workgroup, YDHP workgroup, Health EConnect contract, various collaborative meetings and events, open houses for local events and schools, and community events we have both hosted and collaborated on.

c) Out of the 75 clients who completed a satisfaction survey during the reporting period, 73 (97%) clients were satisfied with the services they received.

d) n/a

#### **Response from August 31, 2020 Status Report**

a) AYFN provided intensive family preservation, reunification, and stabilization to families, youth and children this quarter. The activities provided the activities we provided were: case management, systems navigation, care coordination, crisis support and stabilization, individualized treatment planning, collaboration, recovery-oriented mental health, and substance use support, peer support, groups, classes skill-building and connection to resources. AYFN is also a warm line for people calling to connect to services; if our agency is unable to serve them, we connect them to another provider who can. Last fiscal year we provided these services to 371 people. Peer support specialists, called Family and Youth Navigators at AYFN, engage in the described activities on a regular basis. Our navigators are a bridge to treatment by utilizing motivational interviewing, relapse prevention planning, recovery-based individual and group support and allowing families to access transportation as they need it to attend their appointments. Because our navigators can and do provide community-based support and crisis support services, our families feel supported in ways they don't receive elsewhere. We are often the agency people utilize when they have no support in overcoming barriers to entering treatment or when they are on a long waiting list. By having peers available to support each family, we hold hope for those in need of an example of recovery. This peer relationship is the

intervention. Because we use individualized treatment planning and shared documentation, our families are able to choose the goals they feel they can complete with support, which greatly increases positive outcomes and recovery gains. Our most acute challenge is the workforce. Recruiting and training qualified peer staff requires resources, focus, and intention. We have been able to hire four additional navigators in Mat-Su who lived experience with mental health, addiction and having substantiated cases of maltreatment and neglect that they have been able to overcome. They have closed their cases with OCS and services with AYFN. We are excited to be the first agency to hire Family Navigators who had significant involvement with OCSS. Each of these new hires received negative background checks with a 10-year barrier. We have submitted variance requests and are awaiting their approval. AYFN decided to hire and train parents with child-welfare experience with the hope that we can empower the parents to achieve permanent and lasting change through employment and being able to give back to the community. We also hope it begins to change the prejudice and judgment beneficiaries are subject to because of their involvement with child-welfare.

b) AYFN engaged in many partnerships and community networking events in this reporting period. Our networking events and partnerships include BAA with OCS in Wasilla, BCC workgroup, Primary Prevention workgroup, ABHA workgroup, Strengthening Families Training, Substance Use Recovery Training, ACES and resilience training, FCIP workgroup, YDHP workgroup, Health EConnect contract, various collaborative meetings and events, open houses for local events and schools, and community events we have both hosted and collaborated on.

c) Out of the 190 clients who completed a satisfaction survey during the reporting period, 182 (95%) clients were satisfied with the services they received.

d) n/a

**Performance Measure 3: Better Off?**

- j) Number (#) and percentage (%) of individuals who report overall improved functioning and/or quality of life since participating in the program.
- k) Number (#) and percentage (%) of individuals who have experienced two or more of the following key outcome areas pertinent to your program:
  - xxviii. Increased ability to manage challenging situations.
  - xxix. Increased ability to manage challenging behaviors.
  - xxx. Became stably housed as a result of the program.
  - xxxi. Became employed as a result of the program.
  - xxxii. Decreased substance use.
  - xxxiii. Decreased legal involvement.
  - xxxiv. Increased healthy behaviors (e.g., physical activity or eating healthfully).
  - xxxv. Reduction in number of days with poor physical or mental health.
  - xxxvi. Became connected to benefits programs (e.g., Medicaid or Food Stamps).
- l) Provide two (or more) stories from individuals (in their own words) that describe how their quality of life has improved since participating in the project.

**Grantee Response to Performance Measure 3:**

**Response from January 31, 2020 Interim Report**

a) 84% of our families who participated in services achieved milestones in at least one category during the reporting period that improved their quality of life and overall functioning.

b) (i-ix) The outcomes that AYFN has collected during the reporting period are as follows:

Positive employment and education outcomes: 58

Positive housing outcomes: 28  
Trial home visits: 16  
Number of children returning home on a trial home visit: 26  
Positive parenting outcomes: 111  
Positive adjustments in visitation allowances: 25  
Positive mental health outcomes: 78  
Positive substance use outcomes: 82  
Additional positive results: 160  
Total positive outcomes this reporting period: 558

Other outcomes achieved include things like no repeat maltreatment, OCS case closed, connection to resources, received legal support, obtaining vehicles, increased healthy behaviors, improved quality of life, increased social connections, accessed primary care, etc.

We hired three peers who had completed treatment through AYFN. All three of them are Trust beneficiaries in the following categories: substance use and mental health and also navigated OCS cases.

Families in our program were also engaged with over 136 other agencies while engaged in our services.

While our numbers only reflect the challenges faced by our primary beneficiaries, AYFN provides a great deal of support to children who are considered secondary beneficiaries in this report. Children who themselves are navigating significant behavioral health challenges, even though their parent is the primary beneficiary. This support produces positive outcomes for these children who we are currently unable to track; still, the support we provide to these secondary beneficiaries is remarkable and often life-changing.

c) AYFN works collaboratively with many community partners to provide wraparound support and improve the quality of life for our clients. We refer clients for services, assessments, take them to appointments, go to AA and NA meetings with them, refer them to counseling and help them engage in positive activities that build on their current strengths and talents. We work to treat the whole person and do not treat the symptoms of diagnosis in a prescriptive way. These interventions, coupled with the advocacy we provide our families, leads to positive outcomes and more effective relationships with community partners. Some of the stories of success beneficiaries have achieved are listed below.

**Response from August 31, 2020 Status Report**

a) 88% of our families who participated in services achieved milestones in at least one category during the reporting period that improved their quality of life and overall functioning.

b) (i-ix) The outcomes that AYFN has collected during the reporting period are as follows:

Positive employment and education outcomes: 102  
Positive housing outcomes: 67  
Trial home visits: 43  
Number of children returning home on a trial home visit: 92  
Positive parenting outcomes: 205  
Positive adjustments in visitation allowances: 47  
Positive mental health outcomes: 168

Positive substance use outcomes: 169  
Additional positive results: 257  
Total positive outcomes this reporting period: 945

Other outcomes achieved include things like no repeat maltreatment, OCS case closed, connection to resources, received legal support, obtaining vehicles, increased healthy behaviors, improved quality of life, increased social connections, accessed primary care, etc.

We hired three peers who had completed treatment through AYFN. All three of them are Trust beneficiaries in the following categories: substance use and mental health and also navigated OCS cases.

Families in our program were also engaged with over 141 other agencies while engaged in our services.

While our numbers only reflect the challenges faced by our primary beneficiaries, AYFN provides a great deal of support to children who are considered secondary beneficiaries in this report. Children who themselves are navigating significant behavioral health challenges, even though their parent is the primary beneficiary. This support produces positive outcomes for these children who we are currently unable to track; still, the support we provide to these secondary beneficiaries is remarkable and often life-changing.

c) AYFN works collaboratively with many community partners to provide wraparound support and improve the quality of life for our clients. We refer clients for services, assessments, take them to appointments, go to AA and NA meetings with them, refer them to counseling and help them engage in positive activities that build on their current strengths and talents. We work to treat the whole person and do not treat the symptoms of diagnosis in a prescriptive way. These interventions, coupled with the advocacy we provide our families, leads to positive outcomes and more effective relationships with community partners. Some of the stories of success beneficiaries have achieved are listed below.

### FY2020 Case Examples

Case Example 1 - A father came to us unable to work with OCS and not having engaged with his OCS worker. He was unwilling to actively engage in AYFN services and his ten year old child was struggling mentally and emotionally. This child was jumping out of second story windows to run away from her foster home, engaging in other unsafe behaviors socially, and struggling to regulate any of her emotions. After continued parent coaching and peer navigation, the father engaged in AYFN services, engaged with OCS, his daughter started attending visits and therapy, and they are now on a Trial Home Visit (THV). This father was also able to obtain a vehicle during this time, so being with his children and caring for them has become easier.

Case Example 2 - A mother was nearing a THV, but it was delayed after she relapsed. The mother was able to engage in recovery support and quickly get back on track. While she engaged in recovery support, her child was abused in her foster home and had to change placements urgently. Because of the mother's progress in her recovery, accessing outpatient treatment, and demonstrated commitment to improving her life, the child was able to come home instead of moving to another foster home.

Case Example 3 - A mother with two children in foster care was struggling to regain custody. In one foster home, the foster parents were supportive and kind and helped the mother gain the support she needed to be successful in a Trial Home Visit. The mother engaged in parent coaching and in learning needed skills from a family navigator. The mother was able to remain sober with support and proactively enrolled in outpatient treatment when she felt tempted to relapse. She received a THV with that child. In the other foster home, not a party to the case, contested the child being placed back with her mother and told the court they want to adopt, and posted a GoFundMe for attorney fees through their church. They are still attempting to fight the reunification of the mother with her child in court without having any custody rights, guardianship, or legal standing in the case. This child also went home on a THV, but court is still occurring.

Case Example 4 - A mother who we discussed in previous quarters was participating in FIT court, but not being treated appropriately (treated as if she had a relapse following a car accident, even though her toxicology came back clean) and her case was moved to a regular CINA case. She was able to successfully reunify with her daughter in a THV and close her case. Her family has achieved sobriety due to her choices, and she was hired at True North, helping other people gain recovery. She also coached a local softball league.

Case Example 5 - An Alaska Native mother had struggled with adoption and lost custody of two of her children prior to the tribe taking custody of her daughter. With peer support, she was able to apply for and engage in inpatient treatment, got a sponsor, is going to meetings, graduated inpatient treatment, is attending after care, improved her support system, remained sober, and is actively seeking stable housing and employment. In addition to that, she has been able to visit her children who are living far away from where she is currently residing.

Case Example 6 - A mother with five children had an Anchorage and Valley OCS case. With advocacy, they were able to get on the same page as one of the offices did not want to reunify and the other did. With peer support, she was able to reunify with all of her children, get new housing that was large enough to accommodate the family (she was staying in a one bedroom house and was able to move to a

three bedroom home). She improved her parenting skills and increased her support system while remaining sober.

Case 7 Example - Our youth navigator engaged with a youth who was struggling at school, with his familial relationships and with diabetes. Our youth navigator was able to support the youth in feeling comfortable enough to share their challenges with gender identity and sexual orientation allowing further education of the family. After continuing to work with the family, the family asked the youth navigator to begin working with the younger sibling in the home as well, which we did. The youth is now doing better in school, openly voicing his mental health concerns and seeking counseling, improving his familial relationships and physical health.

Case 8 Example - A mother who was living in Kenai moved to the valley in the summer. She had struggled with substance use, neglect of her children resulting in an OCS case, trauma and chronic homelessness. She received a peer navigator while in inpatient treatment. When she graduated from treatment, her case was supposed to be moved to Anchorage, where she had a separate CINA case. It took a fair amount of advocacy to get her legal representation to transfer the case as the judge had ordered and she hadn't seen her kids since mid-summer until very recently because of this. One of the most challenging obstacles this mother faced was not having transportation. We bought a plane ticket to the Kenai Peninsula where she was able to get her vehicle and drive it back to the valley so that she would have more opportunities for employment, stable housing, and contact with her children. Update in Q2: This mother continued to receive advocacy and support. She was able to get family contact coordinated with her five year old daughter after OCS had not coordinated a visit in one year. She was also able to see her older children with whom she had not had a visit coordinated in over six months. She engaged in two mediations and continues to improve in her self-advocacy. In addition to these successes, her team at OCS now has several people engaged and working with her. She obtained housing for her and her infant daughter and continues to work her case plan to move forward with her other children.

Case 9 Example - A mother who was raised in the foster care system had four children. One child was adopted after a TPR, two were living with their father under a civil custody case and the other child was living at home. The mother had a long history mental illness, of being a victim of domestic violence and of issues related to substance use. This resulted in an unsafe partner being around her child and abusing him physically. OCS took custody and the mother was struggling to commit to a treatment plan. Her family navigator allowed her to use her artistic skills to draw her goals for a treatment plan which allowed them to put it into words. After being brought into her goals, she was able to commit to them and had one relapse, but has now been sober for 9 months. She is nearing a THV, is stably housed, completed a co-dependency class at our agency, completed a reunification support and recovery support group and continues to thrive with the supports she has made. Update in Q2: This mother has obtained her trial home visit, has completed services with AYFN and continues to use drop-in support, and her OCS case is closing. She is sober, mentally stable, and her child is receiving ongoing therapeutic support.

Case 10 Example - A youth was struggling to integrate into a blended family and make sibling and parental bonds. This teen has autism and was struggling to engage with his peers as well. With the help of his navigator, he has improved his social and communication skills, he has improved his familial relationships and bonded with his new siblings, is taking two classes at the local high school and one of

his navigators taught him how to ride a bike for the first time. He is active in our group support and engaged with his peers when he attends.

Case Example 11 – An elderly Alaskan Native father had an open OCS case for over three years. His child was removed in Dillingham while visiting his mother; he received juvenile charges and his mother was found to be neglectful. OCS did not return him to his father because of concerns about his mental health and relationship with alcohol. The child was diagnosed with several behavioral health challenges and struggled to make progress. Despite the father's continued forward progress and positive family contact, he was unable to gain a trial home visit due to the therapist not appearing at family therapy appointments. AYFN advocated, showing documentation that the father arrived to every appointment and that he was provided transportation support by our agency. We highlighted the progress he made and the barriers he faced. AYFN helped ensure he had furniture and bedding appropriate for his child's room and have helped him improve his relationship with OCS, and he successfully began trial home visits.

Case Example 12 – A mother of two children began services with us by attending our parenting classes. Parenting class and housing were the last tasks she needed to complete on her OCS case plan. She had an OCS case open for one of her children. Through engaging with AYFN, she maintained her sobriety, increased her social supports, obtained appropriate housing, and completed her parenting classes. This allowed her to gain part-time custody of her youngest child and a trial home visit with her oldest child. Her case closed this quarter and she is continuing to receive ongoing support to ensure her stability.

Case Example 13 – A father of three came to us facing challenges with OCS and the Department of Corrections. He had just been released from jail for domestic violence charges and was on an ankle monitor. He had multiple other charges he was facing and was on probation. His OCS case had been open for over six months. Since beginning services with AYFN, he has maintained stability in temporary housing, he has maintained his sobriety, he has gotten off of ankle monitor, he has had his charges reduced, he has not engaged in recidivism, he has gained unsupervised contact for the entirety of the weekend, and he completed parenting classes. He is moving toward a trial home visit, with gaining permanent housing and employment as the goals to reach for this to begin.

Case Example 14 – A mother and father had two children and had adopted a family member. The children were removed because the father of the children had disciplined the adopted child inappropriately. Since engaging in services, the mother and father both completed parenting classes, maintained their housing and employment that was at risk, and obtained a trial home visit with the biological children. The adopted child was relinquished upon the urging of the tribe due to ongoing familial challenges. They continue to attend drop in support groups and receive ongoing parent education.

Case Example 15 – A mother of three (two adult children and one two year old) came to us approximately three months after her youngest child was removed by OCS. The two year old was removed due to positive hair follicle for methamphetamine. The child has been placed with her 19 year old adult sibling. The mother continued to engage in using drugs, and after building a relationship with her navigator was able to express this honestly. They partnered to get the mother into residential treatment and to work on her relationship with the placement. She has been able to maintain sobriety, is in inpatient treatment at Stepping Stones, and is awaiting a trial home visit with her child who will live



with her in treatment while she continues her progress. She has improved her ability to be employed by working on job skills, obtaining necessary identification documents and building her resume.

Case Example 16 – A grandmother came to us seeking support with her grandchild. She had OCS involvement when raising her now adult children. Her children reunified with her, but the barrier was still on her record. The time limit on the barrier has since expired and she has maintained employment as a CPA, was actively involved with her grandchild, and has maintained housing for a number of years. Her daughter struggled with addiction and domestic violence and lost custody of her child. OCS would not place the child with the grandmother or allow visitation with her because of her history. With advocacy and support from AYFN, she has been able to build a relationship with the foster parent and now has overnight visits with her grandchild on the weekends.

Case Example 17 – An adult male (in his 20s) had been adopted as a child by a family in the community. He has significant challenges with mental health, substance use, developmental delays, literacy, FASD, medical issues and a TBI. He was charged with statutory rape charge as a young adult and is currently on probation. He was in and out of jail and had a strained relationship with his father. AYFN has helped him maintain sobriety, improve communication and the relationship with his family, improve his social skills and maintain healthy boundaries in a new relationship, and avoid recidivism,. He is actively and successfully engaged in his substance and mental health treatment.

Case Example 18 – A mother and maternal grandmother came to AYFN for support with an OCS case. The mother had a history of mental health challenges, substance use, and had been incarcerated for manslaughter. The child was removed from her mother’s custody and placed with the maternal grandmother. The child was removed from the maternal grandmother’s custody and placed with the paternal grandmother because the maternal grandmother got into a physical altercation with her adult daughter when she was not following through on her case plan. With support, they both completed parenting classes, improved their relationship and are working on maintaining good boundaries. They are both sober and receiving external support, they’ve been able to resolve housing and financial issues with advocacy, and the child has safely been placed back with the maternal grandmother. The mother and maternal grandmother have frequent visitations during which time they successfully co-parent.

Case Example 19 – A mother was referred to us by OCS for additional support as she had just begun a trial home visit and had only been sober from methamphetamine for over sixty days. She has applied for larger and more affordable housing and has been able to maintain a trial home visit. She continues to receive ongoing support from AYFN and her OCS case has been closed.

Case Example 20– An immigrant mother of eight children who had her children removed due to domestic violence had struggled to find an agency able to meet her parent coaching needs due to the number of children she had. Her children were all significantly behind in school because the mother had homeschooled them, but could not keep up with their educational needs. She was a teacher in Mat-Su School District but lost her employment because of this barrier. AYFN connected her to CCS to get support in helping her children get caught up educationally and helped ensure that she enrolled all of her children in public school. We supported her in maintaining her housing and obtaining employment. AYFN provided in-home parent coaching with her and all eight of her children. All 8 children went home last quarter and her THV has been successful. Her case is closing in Feb. 2020.

Case 21 Example – AYFN provided continued support and advocacy to a family with a child welfare case. Their child welfare case has been open for over three years and they had not received adequate support from their case worker despite continued advocacy and parent coaching from AYFN for the duration of this period. The family received a new caseworker in December and we have worked hard to collaborate. The new caseworker has been engaged and receptive to our support. We were able to combine all of the children into one visit, have received clear family contact needs and guidance, and have increased communication with the biological parents and foster parents. The foster mother of one of the children with very high needs stated that even though it feels painful to think she may not adopt the child who has been living with her for three years, that she loves him and wants what’s best for him. Because of her love for him, she humbly asked the biological mother if they could work together so she could teach her what has helped the child and the mother agreed to work with her. They are now working together for part of the family contact to co-parent and teach each other. Additionally, the new caseworker has attended a visit to observe their parenting, something that had not happened for the previous three years, and is setting up a home visit. While the parents have been extremely discouraged in the past, for the first time in a long time they have hope.

Case 22 Example – A mother who began attending our parenting classes in March 2019 was in active addiction when she first came to us, but connected with other parents who were in treatment while coming to class. She had begun using heavily after finding her fiancé deceased from suicide by overdose. After continuing to engage and receiving intentional support, she decided that she was ready to get into inpatient treatment. She successfully completed her treatment in October, obtained housing, and successfully transitioned to a trial home visit.

Case Example 23 – A youth who was struggling with gender identity requested a navigator. He had previously been a secondary beneficiary while his mother had an OCS case. This youth experienced significant trauma and had not opened up to any adults about the support he needed. The youth navigator from Anchorage was assigned to work with this youth in the MatSu Valley. They built a professional relationship that allowed the youth to feel safe in expressing gender dysphoria symptoms, including using ACE bandages to bind their breasts. AYFN purchased binders for the youth and educated them on the dangers of binding with other materials. The youth has been able to open up to their mother, set boundaries, get support in decreasing their mental health symptoms, and get support in creating healthy relationship boundaries.

Case Example 24 – A woman who was in active addiction had previously had her child adopted by her father. She had a one year old living at home and was pregnant. She began using heavily and did not seek medical treatment when she was supposed to get a C-section because she was afraid of OCS involvement. Because of the distress the child was under, the child died in utero. OCS removed her youngest child from her grandfather’s home and opened a case on the grandfather who had adopted the older child. This caused the mother to lose her housing and she was living in her car. She was facing significant barriers after being discharged from the hospital to homelessness and losing her child in utero and her one year old to OCS. Her wounds from surgery became infected. We continued to reach out and engage her, completed an intake and ensured she still was treated respectfully and offered support. We encouraged her to get medical care and she was hospitalized for over a week due to the seriousness of her infection. While this client is still in active addiction, she received medical care that kept her alive, we were able to provide advocacy to the grandfather that allowed the case against him with the oldest child to be closed and the one year old will likely be placed in his home, and the mother

has a connection to AYFN. We are providing outreach and hope that she will be able to gain sobriety and mental health support.

**DBH Treatment and Recovery FY20 Grant**  
**CBHTR – Peer and Consumer Support Services**  
***Quarterly Report Checklist & Transmittal Coversheet***

To: DHSS Finance & Management Services  
Grants & Contracts Section,  
Attention: Alyssa Hobbs,  
Grant Administrator

Date: 01/30/2020

Organization: Alaska Youth and Family Network

Grant Number: 602-208-20003

Form submitted by: Paul Cornils

The checklist below will help you ensure your organizations quarterly report submittals contain all the necessary reports and appropriate documentation

Upload this completed checklist and required documentation listed below as a single PDF into GEMS. Once you have uploaded this documentation you will be able to complete your CFR.

**Quarter (check one):**

July 1- Sept 30     Oct 1-Dec 31     Jan 1-March 31     April 1-June 30

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- Board Meeting Minutes for any meetings that occurred during reporting period
- A Cumulative Financial Report (CFR) for the quarter.
- Program Reports (select one);
  - FY20 Peer and Consumer Support Services Report (Northern Hope Center, Alaska Mental Health Consumer Web, Choices – Peer Bridger)
  - FY20 Peer Navigation Report (Alaska Youth and Family Network)
  - FY20 Clubhouse Report (Polaris House)
- Community Action Plan Meeting Minutes that have occurred during this quarter. (These are not to be submitted via GEMS. They should be submitted directly to the Program Manager by the provider delegated by the CAP group.)
- FY20 ISM-EBP Report (for agencies providing ISM services)

**State of Alaska**  
**Department of Health and Social Services/Division of Behavioral Health**  
**FY20 Quarterly Narrative Report**



**Peer Navigation Grants**

**Date:** 1/30/2020

**Organization:** Alaska Youth and Family Network

**Grant Number:** 602-208-20003

**Quarter:** Quarter 2

**Person:** Paul Cornils

**1. Please report the following based off the total number of clients enrolled in your Peer Navigation Program during this quarter:**

	Q1	Q2	Q3	Q4	YTD
a) Number of families served. (Unduplicated)	80	26			106
Families who participated in parenting coaching.	54	7			61
<i>Calculated %</i>	68%	27%	#DIV/0!	#DIV/0!	58%
Families who demonstrated improvement in parenting coaching	44	7			51
<i>Calculated %</i>	81%	100%	#DIV/0!	#DIV/0!	84%
Families with OCS or DJJ involvement.	67	22			89
<i>Calculated %</i>	84%	85%	#DIV/0!	#DIV/0!	84%
b) Number of caregivers served. (Unduplicated)	160	38			198
Parents w/MH Issues (diagnosed, self identified or anecdotal evidence).	99	21			120
<i>Calculated %</i>	62%	55%	#DIV/0!	#DIV/0!	61%
Parents w/SUD Issues (diagnosed, self identified or anecdotal evidence).	67	18			85
<i>Calculated %</i>	42%	47%	#DIV/0!	#DIV/0!	43%
Parents w/DD, FASD/FAE, TBI, ASD (diagnosed, self identified or anecdotal evidence).	39	11			50
<i>Calculated %</i>	24%	29%	#DIV/0!	#DIV/0!	25%
Parents in jail or on probation.	12	2			14
<i>Calculated %</i>	8%	5%	#DIV/0!	#DIV/0!	7%
c) Total number of youth served. (Unduplicated)	142	42			184
Primary referral youth (Unduplicated)	13	5			18
Siblings of primary referral youth or other youth (Unduplicated)	7	1			8
Youth whose primary referral reason is OCS or DJJ related (Unduplicated)	5	35			40
Unattached or emancipated youth (Unduplicated)	2	3			5
d) Youth w/ <u>SED</u> (by history, diagnosis or self-report).	3	1			4
<i>Calculated %</i>	2%	2%	#DIV/0!	#DIV/0!	2%
e) Youth w/ <u>SUD</u> (by history, diagnosis or self-report).	2	2			4
<i>Calculated %</i>	1%	5%	#DIV/0!	#DIV/0!	2%
f) Youth w/ <u>DD, FASD/FAE, TBI, ASD</u> (by history, diagnosis or self-report).	9	5			14

<i>Calculated %</i>	<b>6%</b>	<b>12%</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>8%</b>
g) Youth who are also parents.	19	2			21
<i>Calculated %</i>	<b>13%</b>	<b>5%</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>11%</b>
h) Youth who made improvements on their goals.	9	5			14
<i>Calculated %</i>	<b>6%</b>	<b>12%</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>8%</b>
i) Youth who went into long-term residential setting this quarter (RPTC, RTC, or jail)	0	0			0
<i>Calculated %</i>	<b>0%</b>	<b>0%</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>0%</b>
j) Youth who were in a residential setting (BH or DJJ) in previous 12 months.	2	1			3
<i>Calculated %</i>	<b>1%</b>	<b>2%</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>2%</b>
l) Number of family members served (Unduplicated - individuals not included in "b" or "c" .)	20	5			25
Total number of individuals served	<b>322</b>	<b>85</b>	<b>0</b>	<b>0</b>	<b>407</b>
m) Number of individuals attending support/education groups.	223	409			632
Parents/Caregivers	152	245			397
Youth (13 - 24)	20	42			62
Tweens (8 - 12)	10	50			60
Children (birth - 7)	41	72			113
n) Number of new referrals received.	76	38			114
o) Number of individuals served who received information & referral only.	51	11			62
<i>Calculated %</i>	<b>16%</b>	<b>13%</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>15%</b>
p) Number of hours of direct service provided this quarter (includes training, meetings, individual/group support, phone calls, etc.)	1354	990			2344
q) Number of youth that completed an organization satisfaction survey.	11	1			12
r) Number of youth that completed an organization satisfaction survey that were "satisfied" with services.	11	1			12
<i>Calculated %</i>	<b>100%</b>	<b>100%</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>100%</b>
s) Number of parents that completed an organization satisfaction survey.	51	12			63
t) Number of parents that completed an organization satisfaction survey that were "satisfied" with services.	49	12			61
<i>Calculated %</i>	<b>96%</b>	<b>100%</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>97%</b>

**Please ensure that the rows below are expanded and visible upon upload to GEMS.**

**2. Please list the communities where AYFN provided peer navigation services this quarter. Identify whether services were provided by on-site or itinerant staff, or via distance only.**

1st Quarter:

Anchorage (in person), Wasilla (in person), Palmer (in person), Eagle River (in person), Chugiak (in person), Soldotna (distance only), Talkeetna (distance only), Big Lake (in person), Willow (in person), Sutton (in person), Chevak (distance only)

2nd Quarter: Note any changes this quarter.

Wasilla (in person), Palmer (in person), Big Lake (in person), Anchorage (in person), Chickaloon (in person), Willow (in person), Eagler River (in person), Talkeetna (Distance Only)

3rd Quarter: Note any changes this quarter.

4th Quarter: Note any changes this quarter.

**Please ensure that the rows below are expanded and visible upon upload to GEMS.**

**3. Describe the types of family support, parenting training, and in-home services provided this quarter.**

**Identify and describe progress towards obtaining resources to introduce new evidence-supported parenting**

1st Quarter:

AYFN provided intensive family preservation, reunification, and stabilization to families, youth and children this quarter. Activities provided to support this were: case management, systems navigation, care coordination, crisis support and stabilization, individualized treatment planning, collaboration, recovery oriented mental health and substance use support, peer support, skill building, and connection to resources. AYFN uses the Strengthening Families within a peer support model of care built on SAMSHA Core Competencies to promote the development and protective factors throughout our practice. Support is provided to families and youth across systems, including: behavioral health, child welfare, juvenile justice, tribal partnership, primary care, corrections, disability services, substance use treatment and special education. AYFN is a warm line for people calling to connect to services; if we are unable to serve them, we connect them to a provider who can. If serving them is beyond our scope and there is a waitlist for more appropriate services we will provide interim support services. If a parent or youth requires a service that is unavailable in the community AYFN will work to develop them "in house". The families we serve are connected to a multitude of resources to meet their needs within the community. AYFN groups are designed with recovery as the expectation. Group psychoeducational and other group activities promote the development of healthy social connections, social and emotional competence, parenting skills, knowledge of child development, resilience, coping skills, relapse prevention, and social skills. Groups are available for all ages and designed to meet the developmental needs of those we serve. Groups we provide are: Scream Free Parenting (a parenting education course with individualized support required outside of the class), Drop-In support groups, Sexual Abuse Prevention, Breaking a Painful Pattern (a relapse prevention and intervention curriculum), and It Won't Happen Again (a reunification support group curriculum for families involved in child welfare nearing or in a trial home visit). We facilitate meaningful and health family contact for children and families involved in child welfare by providing parent coaching and support. We also host several open house events throughout the year; this quarter's main event was a Back-to-School party.

2nd Quarter: Note any changes this quarter.

AYFN continued to provide the same services and supports as in quarter 1. We had three family events in quarter

3rd Quarter: Note any changes this quarter.

4th Quarter: Note any changes this quarter.

**Please ensure that the rows below are expanded and visible upon upload to GEMS.**

**4. Please describe staff training activities or accomplishments this quarter (participation in training or providing training)**

1st Quarter:

Staff participated in a nine day peer leadership training hosted by Eliza Eller from Ionia. AYFN recruited parents to attend this training in addition to our staff. We facilitated Scream Free Parenting training, recovery groups, and reunification support groups in house. Onboarding training included Relias, documentation training, treatment plan training, supervision, and shadowing. Youth navigator attended Choosing Our Roots (COR) volunteer training as a collaboration effort. Staff attended ACES training and Combating the Impact of Substance Use and Abuse in Alaska. AYFN was an integral part of the Family Contact Improvement Partnership (FCIP), which will facilitate the first training for the Best Practice Guide creation in Quarter 2. This partnership works collaboratively with ROCK Mat-Su, AFS, OCS, FIT Court and Beacon Hill. AYFN referred parent partners to the Parent Engagement Training hosted by ROCK Mat-Su. AYFN has also attended Open House Evening events in several schools. Staff participated in Protective Factors Survey training to prepare for using this assessment tool with our families. AYFN leadership attended training with the National Council for Behavioral Health regarding value based reimbursement and attended a professional learning collaborative hosted by MatSu Health Foundation. AYFN was also invited to participate in the training regarding the states consideration of Recovery Innovations and the Crisis Now Model. AYFN also was the recipient of a Circles of Support grant to serve and support in the Mat-Su.

2nd Quarter: Note any changes this quarter.

Staff completed the rest of their nine day peer leadership training by presenting their learning to partners in the community in order to receive their certificates. We hired one of the parents that attended this training with our staff. Staff and community partners attended the first training for the Family Contact Improvement Partnership, teaching professionals the best practices for family contact. Training professionals in this area leads to increased reunification rates and increased quality/frequency of family contact. Staff were trained in how to utilize the NCFAS G&R Assessment with clients and began utilizing this. Collaborative relationships with community partners were continued through: ongoing meetings about partnership and how to streamline services more efficiently, partnership on the FCIP workgroup, partnership on the Building Community Connections Workgroup, partnership on the ABHA workgroup, partnership on the Primary Prevention workgroup, and partnership through the YDHP workgroup. Staff were trained in CPR and First Aid. We had two staff become certified to be trainers of the ACES and resilience training and one staff become certified as a facilitator of Strengthening Families. One of our biggest accomplishments this quarter is that we were able to hire three parents who were former clients and who had previous cases with OCS and are training them to become Family Navigators.

3rd Quarter: Note any changes this quarter.

4th Quarter: Note any changes this quarter.

**Please ensure that the rows below are expanded and visible upon upload to GEMS.**

**5. Please describe any MOA, MOU or collaborative agreements that are in place this year.**

1<sup>st</sup> Quarter:

Office of Children's Services in Anchorage invites AYFN to all scheduled Anchorage Team Decision Meetings, Mat-Su Health Foundation, BAA with OCS in Wasilla, BAA with Qualifacts/XPIO, BAA with healthEconnect (HIE), Contract with R.O.C.K. Mat-Su to provide training to parent peers to participate in workgroups. We have signed a contract with Agnew Beck to begin Technical Assistance in moving AYFN towards Medicaid and other sustainability development activities. AYFN partnered and signed a contract with Health Econnect to share data with other community partners to ensure families needs are efficiently met.

2<sup>nd</sup> Quarter: Note any additions this quarter.



Added MOA with the ACT program through the Anchorage School District to serve as a training site for students learning Adult Community Transition skills.

3<sup>rd</sup> Quarter: Note any additions this quarter.

4<sup>th</sup> Quarter: Note any additions this quarter.

**Please ensure that the rows below are expanded and visible upon upload to GEMS.**

**6. Please describe your collaborative work with OCS, DJJ or other state entities.**

1<sup>st</sup> Quarter:

84% of all families served this quarter had OCS and/or DJJ involvement. 100% of all families served had at least one parent/caregiver who identified as having an active mental illness and/or substance use issue. OCS continues to refer their families to our agency for services because of improved outcomes in case plan compliance and reunification rates. AYFN is invited directly to all scheduled Anchorage based OCS Team Decision Meetings. AYFN and OCS leadership continue to meet to strengthen working relationships between our staff, resolve individual case issues, and improve productive collaboration for the families we jointly serve. AYFN continues to be a training site for the OCS new hire orientation, "Day in the Life". The "Parents as Partners" contract in the OCS Wasilla office continues to grow and improve. This partnership has allowed us to demonstrate effective peer-provided, non-clinically led reunification strategies, model quality family contact, provide advocacy support, engage in wraparound services, and strengthen the community. Our partnership with both the Mat-Su Valley and Anchorage OCS offices continue to increase in capacity and improve in quality of relationships. Our partnerships with community providers allow us to connect families to immediate resources and ensure attendance at appointments that meet their recovery goals. AYFN also continues to use and improve the CareLogic ECR (through XPIO) to refine our knowledge of the population we serve and to access data points that illustrate the effectiveness of the service we provide, including building and developing reports. We are working actively with our board and all funders to problem solve around sustainability.

2<sup>nd</sup> Quarter: Note any additions this quarter.

Transitioning to recruiting and supporting 3 parents with former OCS involvement limited AYFN to taking on only 26 additional families, AYFN served a total of 77 families this quarter, not including our families who only attend groups. Even with our staffing transitions, we had 7 reunifications with 8 children returning home. 59 of the 77 families had OCS involvement, 9 families had DOC involvement, 68 of those families had mental illness, 50 of our families struggled with substance use, 23 families had developmental delays, 28 families had TBI's, and 9 families had challenges with FASD. These families achieved a total of: 37 positive parenting outcomes, 6 positive adjustments in visitation allowances, 38 improved mental health outcomes, 29 improved outcomes for substance use, 18 positive employment outcomes, 7 positive housing outcomes, and 95 other outcomes (OCS case closure, no recidivism, resource connection, etc.). We hired a total of four new staff in the valley, three of them who successfully went through our program and OCS. Our navigator in Anchorage that we hired in quarter 1 was able to begin a caseload, in October, and so was one of our new hires in the valley, in December. OCS continues to refer their families to our agency for services because of improved outcomes in case plan compliance and reunification rates. AYFN and OCS leadership continue to meet to strengthen working relationships between our staff, resolve individual case issues, and improve productive collaboration for the families we jointly serve. AYFN continues to be a training site for the OCS new hire orientation, "Day in the Life". We are continuing to work actively with our board and all funders to problem solve around sustainability. Agnew Beck provided us with a scope of work that we approved and will begin working with them in quarter 3.

3<sup>rd</sup> Quarter: Note any additions this quarter.

4<sup>th</sup> Quarter: Note any additions this quarter.

**Please ensure that the rows below are expanded and visible upon upload to GEMS.**

**7. Please advise if there are any technical assistance needs.**

1st Quarter:

AYFN has contracted with Agnew::Beck for technical assistance to prepare for billing Medicaid and accessing other development opportunities to diversify our revenue streams, and as of this date will be relying on unrestricted savings to fund this activity. We have attached the proposed scope of work for this effort that will begin in January 2020 to this document. We continue to lack the program capacity to serve the volume of referrals the agency receives from individuals and community partners. The families who reach out often have a high acuity and our waitlist continues to grow. AYFN administrative/management/program supervision team consists of just three skilled positions; we continue to be in need of expanding our administrative team to more equitably distribute the workload and improve our administrative efficiency. We are in of need of a larger program spaces to accommodate need in Anchorage and the Mat-Su. Helping clients obtain their records from behavioral health providers continues to be an ongoing challenge which limits their ability to become stable. AYFN is invited to multiple OCS Team Decision Meetings (TDM) per week, but we have been able to attend a minimal amount of meetings for clients who are not already established. Attending a TDM almost always results in a referral of a high needs, high complexity family and we are unable to attend to all those referrals in addition to the new referrals we receive each quarter. AYFN's primary technical assistance need is to continue to work with the DBH and our other stakeholders to develop a plan to stabilize/increase investment so that AYFN can expand to meet the needs of Alaskan families statewide. AYFN continues to work with XPIO to improve our data and the ability to export the data we receive. We are working with a new XPIO administrator who is more well-versed in report development. AYFN worked with OCS to obtain Family ORCA numbers for the parents and children we serve to better track long-term outcomes. We are in need of a compliance manager, HR staff, team leads, a Medicaid biller and a clinician to help support the large amounts of data and programming that must be overseen and kept in compliance. AYFN continues to need marketing support to better target the community and help them understand Family Peer Support, its value, and how it reduces the impact on more expensive types of care.

2nd Quarter: Note any new technical assistance needs or previous requests that were addressed this quarter.

While we now have more program capacity to serve the volume of referrals the agency receives, we still have to wait for a variance process to be approved and ensure our staff are fully trained before we can meet that need. AYFN administrative/management/program supervision team continues to consist of just three skilled positions. We are in of need of larger program spaces to accommodate need in Anchorage and the Mat-Su. AYFN's continued primary technical assistance need is to continue to work with the DBH and our other stakeholders to develop a plan to stabilize/increase investment so that AYFN can expand to meet the needs of Alaskan families statewide. AYFN continues to work with XPIO to improve our data and the ability to export the data we receive. We are continuing to track Family ORCA numbers for both agencies. We promoted one staff to team lead in the valley office and she is currently being trained. Additionally, we had one staff who was our administrative assistant in Anchorage resign due to personal challenges she was facing. We are still in need of a compliance manager, HR staff, a team lead in Anchorage, a Medicaid biller and a clinician to help support the large amounts of data and programming that must be overseen and kept in compliance. AYFN needs support in working together with XPIO and Health EConnect.

3rd Quarter: Note any new technical assistance needs or previous requests that were addressed this quarter.

4th Quarter: Note any new technical assistance needs or previous requests that were addressed this quarter.

**Please ensure that the rows below are expanded and visible upon upload to GEMS.**

**8. Please provide any additional information that you would like DBH to know about the services provided this quarter.**

1st Quarter:

2nd Quarter:

3rd Quarter:

4th Quarter:

**State of Alaska**  
**Department of Health and Social Services / Behavioral Health**  
**FY20 – Peer and Consumer Support Services Quarterly Report**

Organization / Program Name: Alaska Youth and Family Network

Date submitted: 01/30/2020

Grant Number: 602-208-20003

Quarter (check one):

July 1 – Sept 30       Oct 1 – Dec 31       Jan 1 – March 31       April 1 – June 30

- Describe your activities to date in establishing your Peer Support project, including efforts to increase access to a full range of recovery services through provision of peer support, including peer mentoring/coaching, recovery group facilitation, peer recovery resource connections, building peers' participation in their communities, and community outreach/engagement. Successes? Challenges?

AYFN provided intensive family preservation, reunification, and stabilization to families, youth and children this quarter. The activities provided to support this were: case management, systems navigation, care coordination, crisis support and stabilization, individualized treatment planning, collaboration, recovery oriented mental health and substance use support, peer support, skill building and connection to resources. AYFN is also a warm line for people calling to connect to services; if our agency is unable to meet their needs, we connect them to another provider who can.

AYFN uses the Strengthening Families model to promote Protective Factors throughout our practice in individual and group settings. We provided support across systems, including: behavioral health, child welfare, tribal partnership, primary care, corrections, disability services, substance use treatment and special education. The families we serve are connected to a multitude of resources to meet their needs within the community. AYFN fills the gaps as much as possible for those who cannot access those resources and whose needs are not fully met by those resources. When a family is not connected to additional resources, we work diligently to ensure those connections are made.

AYFN groups provide activities that build social connections, social and emotional competence, parenting skills, knowledge of child development, resilience, coping skills, relapse prevention skills, and social skills. These groups are available to all ages and designed for the developmental needs of the people we serve. Groups provided are: Scream Free Parenting (a parenting education course with individualized support required outside of the class), Drop-In Family support groups, Sexual Abuse Prevention, Breaking a Painful Pattern (a relapse prevention and intervention curriculum), and It Won't Happen Again (a reunification support group curriculum for families involved in child welfare nearing or in a trial home visit). In addition, we host several open house events throughout the year. This quarter's main events were a Harvest party in

October, a Fall party in November, a Holiday party in December and a collaborative Holiday party with OCS for birth families involved in child welfare.

We facilitate meaningful and healthy family contact for children and families involved in child welfare by providing parent coaching and support. We also help to ensure that this is being promoted throughout our communities. We are involved in the Family Contact Improvement Partnership and recently helped provide the first training on best practices to professionals regarding family contact in collaboration with OCS, ROCK Matsu and AFS. Additional partnership successes includes working with trained parents participating in the Family Contact Improvement Partnership, hiring four additional navigators in the valley; three of whom have previous OCS involvement and were former clients who successfully completed their treatment with AYFN.

Challenges: Some of the challenges we face are outlined in our reporting form. The amount of advocacy needed in many systems this quarter has increased and takes significant amounts of time. We have not been able to work with IA from OCS in a direct way. An area that desperately needs attention is Foster Parent education and foster parent and OCS understanding of foster parent roles in order to support bio-families in achieving success.

We are in need of more direct service staff, more administrative staff, and technical assistance to aid AYFN in transitioning to Medicaid and to mitigate the inherent risk. We are working on all of these items as active efforts toward sustainability. We would like to return to serving all of the varying populations in our community, rather than a main focus on child welfare involved families. With more staff, we would have increased capacity to provide education and outreach within schools, primary care, and other areas to reach a wider population of families.

Case examples of successes:

Case Example 1 – An elderly Alaskan Native father had an open OCS case for over three years. His child was removed in Dillingham while visiting his mother; he received juvenile charges and his mother was found to be neglectful. OCS did not return him to his father because of concerns about his mental health and relationship with alcohol. The child was diagnosed with several behavioral health challenges and struggled to make progress. Despite the father's continued forward progress and positive family contact, he was unable to gain a trial home visit due to the therapist not appearing at family therapy appointments. AYFN advocated, showing documentation that the father arrived to every appointment and that he was provided transportation support by our agency. We highlighted the progress he made and the barriers he faced. AYFN helped ensure he had furniture and bedding appropriate for his child's room and have helped him improve his relationship with OCS, and he successfully began trial home visits.

Case Example 2 – A mother of two children began services with us by attending our parenting classes. Parenting class and housing were the last tasks she needed to complete on her OCS case plan. She had an OCS case open for one of her children. Through engaging with AYFN, she maintained her sobriety, increased her social supports, obtained appropriate housing, and

completed her parenting classes. This allowed her to gain part-time custody of her youngest child and a trial home visit with her oldest child. Her case closed this quarter and she is continuing to receive ongoing support to ensure her stability.

Case Example 3 – A father of three came to us facing challenges with OCS and the Department of Corrections. He had just been released from jail for domestic violence charges and was on an ankle monitor. He had multiple other charges he was facing and was on probation. His OCS case had been open for over six months. Since beginning services with AYFN, he has maintained stability in temporary housing, he has maintained his sobriety, he has gotten off of ankle monitor, he has had his charges reduced, he has not engaged in recidivism, he has gained unsupervised contact for the entirety of the weekend, and he completed parenting classes. He is moving toward a trial home visit, with gaining permanent housing and employment as the goals to reach for this to begin.

Case Example 4 – A mother and father had two children and had adopted a family member. The children were removed because the father of the children had disciplined the adopted child inappropriately. Since engaging in services, the mother and father both completed parenting classes, maintained their housing and employment that was at risk, and obtained a trial home visit with the biological children. The adopted child was relinquished upon the urging of the tribe due to ongoing familial challenges. They continue to attend drop in support groups and receive ongoing parent education.

Case Example 5 – A mother of three (two adult children and one two year old) came to us approximately three months after her youngest child was removed by OCS. The two year old was removed due to positive hair follicle for methamphetamine. The child has been placed with her 19 year old adult sibling. The mother continued to engage in using drugs, and after building a relationship with her navigator was able to express this honestly. They partnered to get the mother into residential treatment and to work on her relationship with the placement. She has been able to maintain sobriety, is in inpatient treatment at Stepping Stones, and is awaiting a trial home visit with her child who will live with her in treatment while she continues her progress. She has improved her ability to be employed by working on job skills, obtaining necessary identification documents and building her resume.

Case Example 6 – A grandmother came to us seeking support with her grandchild. She had OCS involvement when raising her now adult children. Her children reunified with her, but the barrier was still on her record. The time limit on the barrier has since expired and she has maintained employment as a CPA, was actively involved with her grandchild, and has maintained housing for a number of years. Her daughter struggled with addiction and domestic violence and lost custody of her child. OCS would not place the child with the grandmother or allow visitation with her because of her history. With advocacy and support from AYFN, she has been able to build a relationship with the foster parent and now has overnight visits with her grandchild on the weekends.

Case Example 7 – An adult male (in his 20s) had been adopted as a child by a family in the community. He has significant challenges with mental health, substance use, developmental delays, literacy, FASD, medical issues and a TBI. He was charged with statutory rape charge as a young adult and is currently on probation. He was in and out of jail and had a strained relationship with his father. AYFN has helped him maintain sobriety, improve communication and the relationship with his family, improve his social skills and maintain healthy boundaries in a new relationship, and avoid recidivism,. He is actively and successfully engaged in his substance and mental health treatment.

Case Example 8 – A mother and maternal grandmother came to AYFN for support with an OCS case. The mother had a history of mental health challenges, substance use, and had been incarcerated for manslaughter. The child was removed from her mother’s custody and placed with the maternal grandmother. The child was removed from the maternal grandmother’s custody and placed with the paternal grandmother because the maternal grandmother got into a physical altercation with her adult daughter when she was not following through on her case plan. With support, they both completed parenting classes, improved their relationship and are working on maintaining good boundaries. They are both sober and receiving external support, they’ve been able to resolve housing and financial issues with advocacy, and the child has safely been placed back with the maternal grandmother. The mother and maternal grandmother have frequent visitations during which time they successfully co-parent.

Case Example 9 – A mother was referred to us by OCS for additional support as she had just begun a trial home visit and had only been sober from methamphetamine for over sixty days. She has applied for larger and more affordable housing and has been able to maintain a trial home visit. She continues to receive ongoing support from AYFN and her OCS case has been closed.

Case Example 10 – An immigrant mother of eight children who had her children removed due to domestic violence had struggled to find an agency able to meet her parent coaching needs due to the number of children she had. Her children were all significantly behind in school because the mother had homeschooled them, but could not keep up with their educational needs. She was a teacher in Mat-Su School District but lost her employment because of this barrier. AYFN connected her to CCS to get support in helping her children get caught up educationally and helped ensure that she enrolled all of her children in public school. We supported her in maintaining her housing and obtaining employment. AYFN provided in-home parent coaching with her and all eight of her children. All 8 children went home last quarter and her THV has been successful. Her case is closing in Feb. 2020.

Case 11 Example – AYFN provided continued support and advocacy to a family with a child welfare case. Their child welfare case has been open for over three years and they had not received adequate support from their case worker despite continued advocacy and parent coaching from AYFN for the duration of this period. The family received a new caseworker in December and we have worked hard to collaborate. The new caseworker has been engaged and receptive to our support. We were able to combine all of the children into one visit, have



received clear family contact needs and guidance, and have increased communication with the biological parents and foster parents. The foster mother of one of the children with very high needs stated that even though it feels painful to think she may not adopt the child who has been living with her for three years, that she loves him and wants what's best for him. Because of her love for him, she humbly asked the biological mother if they could work together so she could teach her what has helped the child and the mother agreed to work with her. They are now working together for part of the family contact to co-parent and teach each other. Additionally, the new caseworker has attended a visit to observe their parenting, something that had not happened for the previous three years, and is setting up a home visit. While the parents have been extremely discouraged in the past, for the first time in a long time they have hope.

Case 12 Example – A mother (described in Q1 as case example 8) received continued advocacy and support. She was able to get family contact coordinated with her five year old daughter after OCS had not coordinated a visit in one year. She was also able to see her older children with whom she had not had a visit coordinated in over six months. She engaged in two mediations and continues to improve in her self-advocacy. In addition to these successes, her team at OCS now has several people engaged and working with her. She obtained housing for her and her infant daughter and continues to work her case plan to move forward with her other children.

Case 13 Example - A mother (Q1 described in example 9) has obtained her trial home visit, has completed services with AYFN and continues to use drop-in support, and her OCS case is closing. She is sober, mentally stable, and her child is receiving ongoing therapeutic support.

Case 14 Example – A mother who began attending our parenting classes in March 2019 was in active addiction when she first came to us, but connected with other parents who were in treatment while coming to class. She had begun using heavily after finding her fiancé deceased from suicide by overdose. After continuing to engage and receiving intentional support, she decided that she was ready to get into inpatient treatment. She successfully completed her treatment in October, obtained housing, and successfully transitioned to a trial home visit.

Case Example 15 – A youth who was struggling with gender identity requested a navigator. He had previously been a secondary beneficiary while his mother had an OCS case. This youth experienced significant trauma and had not opened up to any adults about the support he needed. The youth navigator from Anchorage was assigned to work with this youth in the Mat-Su Valley. They built a professional relationship that allowed the youth to feel safe in expressing gender dysphoria symptoms, including using ACE bandages to bind their breasts. AYFN purchased binders for the youth and educated them on the dangers of binding with other materials. The youth has been able to open up to their mother, set boundaries, get support in decreasing their mental health symptoms, and get support in creating healthy relationship boundaries.

Case Example 16 – A woman who was in active addiction had previously had her child adopted by her father. She had a one year old living at home and was pregnant. She began using heavily and did not seek medical treatment when she was supposed to get a c-section because she was afraid of OCS involvement. Because of the distress the child was under, the child died in utero. OCS removed her youngest child from her grandfather’s home and opened a case on the grandfather who had adopted the older child. This caused the mother to lose her housing and she was living in her car. She was facing significant barriers after being discharged from the hospital to homelessness and losing her child in utero and her one year old to OCS. Her wounds from surgery became infected. We continued to reach out and engage her, completed an intake and ensured she still was treated respectfully and offered support. We encouraged her to get medical care and she was hospitalized for over a week due to the seriousness of her infection. While this client is still in active addiction, she received medical care that kept her alive, we were able to provide advocacy to the grandfather that allowed the case against him with the oldest child to be closed and the one year old will likely be placed in his home, and the mother has a connection to AYFN. We are providing outreach and hope that she will be able to gain sobriety and mental health support.

- Describe your activities to date in establishing your Peer Support project, including how peer support specialists engage in one or more of the following: bridge to treatment, support for transitions between levels of care, active support for individuals in treatment, post-treatment support to strengthen sustainability of recovery gains, providing training in recovery skills/tools, sharing personal histories to bolster others’ recovery, outreach/engagement to a variety of community settings, including education on recovery and resources. Successes? Challenges?

Peer support specialists, called Family and Youth Navigators at AYFN, engage in the described activities on a regular basis. Our navigators serve as a bridge to treatment by utilizing motivational interviewing, relapse prevention planning, recovery based individual and group support and allowing families to access transportation as they need it to attend their appointments. Our navigators provide community based support and crisis support services. We are often the agency people utilize when they have no support in overcoming barriers to entering treatment or when they are on a long waiting list. By having peers available to support each family, we hold hope for recovery. The peer-to-peer relationship is the intervention. It helps us support families in all walks of life, whether they are accessing services, waiting for services, not wanting to engage in services, completing services, or simply needing someone to listen. Because we use individualized treatment planning and shared documentation, our families are able to choose the goals they feel they can complete with support, which greatly increases positive outcomes and recovery gains. We work collaboratively with numerous treatment settings and refer clients for assessments, take them to assessments, go to AA and NA meetings with them, refer them to counseling and help them engage in positive activities that build on their current strengths and talents. We work to treat the whole person and do not treat the symptoms of a diagnosis in only a prescriptive way. Our most acute challenge is workforce. Recruiting and training qualified peer staff requires focus and intentionality. We have been able to hire four additional navigators in the Mat-Su Valley with previous histories that they have been able to overcome, including OCS cases and completing navigation services with AYFN. Training them will take time, but is worthwhile to ensure they are able to meet the

professional expectations for the position. Receiving variance approval is also a factor in the process, as having a past open OCS case presents as a barrier crime. We hope we can take this step forward in the community in hiring peers who have worked to change their lives and their circumstances.

- State required data includes the following which should be reported each Quarter:
  - Number of individuals served this Quarter 85 new individuals, 77 total families, and 201 children for a total of 278 individuals.
  - Number of individuals served from Start of Grant to End of This Quarter 407
  - Number and types of referrals to:
    - a) Other treatment (this Quarter) not tracked
    - b) Other Treatment (from Start of Grant to End of this Quarter) not tracked
    - c) Recovery supports (this Quarter) not tracked
    - d) Recovery Supports (from Start of this Grant to End of Quarter)\_not tracked
    - e) Housing (this Quarter) not tracked
    - f) Housing (from Start of this Grant to End of Quarter) not tracked
    - g) Employment (this Quarter) not tracked
    - h) Employment (from Start of this Grant to End of Quarter) not tracked\_
    - i)

Other(this Quarter) not tracked\_Describe: We track the outcomes in these areas, but do not have a mechanism for tracking the number of referrals given to each individual or family. We are able to report that we connected families with 136 other agencies this quarter, including: Primary Care, counseling, entitlement services, food banks, eviction support, housing support, housing programs, legal support, employment support, counseling services, AFS, treatment facilities, AMYA, CITC, Valley Oaks, MAT, Set Free, True North Recovery, Rainforest Treatment, Akeela, Nine Star, Wasilla Behavioral Health, CoDI, Celebrate Recovery, AK Child and Family, Denali Family Services, Knik Tribal Council, ANMC, Providence Behavioral Health, MatSu Behavioral Health, AHFC, CIHA, Neighbor Works, HeartReach, DVR, MatSu Health Services, Children’s Place, AK Cares, AA, NA, and Sunshine Treatment Center, and various churches.

- j) Other(from Start of this Grant to End of Quarter) Primary Care, counseling services, entitlement Services, food banks, utility support, behavioral health mini-grants, eviction support, clothing support, housing support, housing programs, legal support, employment support, employment programs, ACMHS, ASD, OCS, AFS, treatment facilities, AMYA, psychiatric care, DVR, Social Security Office, CITC, Valley Oaks, MAT, PAT, Set Free, True North Recovery, Rainforest Treatment, Akeela, Nine Star, Wasilla Behavioral Health, Playful Learning, Playful Journeys, CoDI, Celebrate Recovery, various churches, AK Child and Family, Denali Family Services, Knik Tribal Council, Sarah’s house, Chickaloon Tribe, ANMC, Providence Behavioral Health, MatSu Behavioral Health, AHFC, CIHA, Neighbor Works, ROCK MatSu, HeartReach, DVR, DVIP, MatSu Health Services, Focus, Family Centered Services, Mental Health Trust, Children’s Place, AK Cares, AA, NA, Sunshine Treatment Center, ILP, VA, My House, Family Promise and Knik House. \_\_\_\_\_

- Number of clients, or peers, receiving services who access other treatment and/or recovery support services (this Quarter) 21 families are actively utilizing substance use treatment programs or groups and 21 families are engaged in mental health counseling.
- Number of clients, or peers, receiving services who access other treatment and/or recovery support services (From Start of the Grant to End of This Quarter) Not collected last quarter.

- Program Cost per client (From Start of the Grant to End of This Quarter) \_\_\_\_\_
  - Number and types of recovery outcomes achieved
    - a) Employment (This Quarter) 18
    - b) Employment (From Start of the Grant to End of This Quarter) 58
    - c) Housing (This Quarter) 7
    - d) Housing (From Start of the Grant to End of This Quarter) 28
    - e) Education (This Quarter) combined with employment
    - f) Education (From Start of the Grant to End of This Quarter) combined with employment
    - g) Other (This Quarter) 229\_Describe: 7 reunification with 8 children returning home, 37 positive parenting outcomes, 6 positive adjustments in visitation allowances, 38 improved mental health outcomes, 29 improved outcomes for substance use, 18 positive employment outcomes, and 95 other outcomes (OCS case closure, no recidivism, resource connection, etc.)
    - h) Other (From Start of the Grant to End of This Quarter) 489
  - Number of individuals who participated in member activities This Quarter (For Drop In and Resource Centers)
    - a) Not Applicable n/a
    - b) Lunch n/a

Use of center resources e.g. computer access not tracked\_Describe: Our center was used approximately 65 times as a resource outside of scheduled time with a navigator. Employment support, computer and printer use, crisis support, food, and referral out are among the resources we provided. This does not include the additional 11 people who called and received support telephonically, or the number of people attending groups. The total number decreased temporarily because of a shift in staff (training of oncoming peers), and we anticipate an increase for quarter 3.\_

- c) Center sponsored social/recreational integration activities 63 Describe There were 63 groups hosted throughout this quarter including our drop-in family support groups, parenting education classes, and reunification and recovery support. This number does not include attendance at our community wellness fair, our Harvest party, the Holiday party thrown in conjunction with Wasilla OCS for birth families, or attendance at local outreach events.

- Number of trained volunteers that provided operational support this quarter 0
- Number of unduplicated clients receiving services from beginning of fiscal year to end of current quarter 106 families, 407 individuals.
- Program Cost per client this Quarter \_\_\_\_\_
- Program Cost per client (From Start of the Grant to End of This Quarter) \_\_\_\_\_
- \_Have you had any audits or site visits that occurred this quarter? Yes.  
If so were there any substantial findings?

**Identify which Quarter you are reporting on:**

**Quarter 2: October 01, 2019 through December 31, 2019**

**Deliverable #8. Contractor will provide quarterly reporting in specified format to be provided by the State of Alaska to track numbers served, level of effort, outcomes of services and feedback for future program development.**

<b>List of ORCA numbers for OCS families engaged this quarter</b>	910864	<b># referrals total for the year to date</b>	38
	917698		
	921983		
	923286		
	926192		
	927260		
	931024		
	934802		
	936417		
	951199		
	953379		
	955555		
	956736		
	958528		
	962159		
	962728		
	972154		
	973061		
	978088		
	979833		
	980682		
	980803		
	981233		
984507			
987632			
991161			
974997/907666			
984550/975457			
992083/936432			
<b>Number of OCS families engaged in navigation services during the quarter (must be at least 20 with open OCS cases)</b>	30	<b>Total # staff hours dedicated to the project in the quarter</b>	195 h and 9 min

**Narrative regarding outcomes:**

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Please describe outcomes of the services provided. For example, how services impact reunification rates, summary of results of any surveys given to individuals, anecdotes of successful service provision.

Taking on the challenge of identifying, recruiting, supporting and training three parents who closed their cases of substantiated maltreatment and neglect reduced the number of hours available for direct family navigation services. All three of them graduated from Parents as Partners. All three of them received negative background checks and a ten-year barrier for having had substantiated child welfare cases. AYFN invested about thirty hours just to complete their variance applications to become Family Navigators with AYFN. We are currently waiting the outcomes of those applications. Bringing these parents on-board has been a goal of AYFN's for quite some time, it is very exciting, and we hope precedent setting. Despite the temporary shift of our resource AYFN still achieved quite a few remarkable outcomes during the second quarter; with continued support three families have begun and/or completed a THV with three children going home. There were ten positive employment outcomes and three positive housing outcomes. Additionally, there were twelve positive parenting outcomes, three families with increased visitation or community visits granted, fifteen improved mental health outcomes, fifteen improved substance use outcomes, and thirty-eight additional positive outcomes that include items like: no repeat maltreatment, OCS case closed, connection to resources, connected to spirituality, received legal support, obtained vehicle, increased healthy behaviors, improved quality of life, increased social connections, accessed primary care.

During this quarter AYFN provided intensive family preservation, reunification, and stabilization to families, youth and children this quarter. The activities provided to support this were: case management, systems navigation, care coordination, crisis support and stabilization, individualized treatment planning, collaboration, recovery oriented mental health and substance use support, peer support, skill building and connection to resources. AYFN is also a warm line for people calling to connect to services; if our agency is unable to meet their needs, we connect them to another provider who can.

AYFN uses the Strengthening Families model to promote Protective Factors within and across all programming we provide to families. We provide support across systems, including: behavioral health, child welfare, tribal partnership, primary care, corrections, disability services, substance use treatment and special education. The families we serve are connected to a multitude of resources to meet their needs within the community. AYFN fills the gaps as much as possible for those who cannot access those resources and whose needs are not fully met by those resources. When a family is not connected to additional resources, we work diligently to ensure those connections are made.

AYFN groups provide activities that build social connections, social and emotional competence, parenting skills, knowledge of child development, resilience, coping skills, relapse prevention skills, and social skills. These groups are available to all ages and designed for the developmental needs of the people we serve. Groups provided are: Scream Free Parenting (a parenting education course with individualized support required outside of the class), Drop-In Family support groups, Sexual Abuse Prevention, Breaking a Painful Pattern (a relapse prevention and intervention curriculum), and It Won't Happen Again (a reunification support group curriculum for families involved in child welfare nearing or in a trial home visit). In addition, we host several open house events throughout the year. This quarter's main events were a Harvest party in October, a Fall party in November, a Holiday Pajama party in December. At this event every parent and child that lacked pajamas or

appropriate sleepwear received a pair from AYFN and a collaborative Holiday party with OCS for birth families involved in child welfare.

We facilitate meaningful and healthy family contact for children and families involved in child welfare by providing parent coaching and support. We also help to ensure that this is being promoted throughout our communities. We are involved in the Family Contact Improvement Partnership and recently helped provide the first training on best practices to professionals regarding family contact in collaboration with OCS, ROCK Matsu and AFS. Additional partnership successes includes working with trained parents participating in the Family Contact Improvement Partnership, hiring four additional navigators in the valley; three of whom have previous OCS involvement and were former clients who successfully completed their treatment with AYFN.

Case Example 1 – An immigrant mother of eight children whose children removed due to being a victim of domestic violence had struggled to find an agency able to meet her parent coaching needs due to the number of children she had. Additionally, her children were all significantly behind in school because the mother had homeschooled them, but could not keep up with their educational needs. She was a teacher in Matsu School District who lost her ability to be employed because of this barrier. She was able to be connected to CCS to get support in helping her children get caught up educationally. We helped ensure that she enrolled all of her children in public school. She was able to maintain her housing and obtain employment. She received in home parent coaching from AYFN with all eight of her children. All 8 children went home last quarter and her THV has been successful. Her case is closing in Feb. 2020.

Case 2 Example – A family who has been engaged in receiving parent coaching for three years with a child welfare case continued to receive support and advocacy. Their child welfare case has also been open for over three years and they had not received adequate support from their case worker despite continued advocacy. The family received a new caseworker in December, and we have worked hard to collaborate. The new caseworker has been engaged and receptive to our support. We were able to combine all of the children into one visit, have received clear family contact needs and guidance, and have increased communication with the biological parents and foster parents. One of their children with very high needs has a foster mother who told us that even though it feels painful to think she may not adopt the child who has been living with her for three years, that she loves him and wants what's best for him. Because of her love for him, she humbly asked the biological mother if they could work together so she could teach her what has helped the child and the mother agreed to work with her. They are now working together for part of the family contact to co-parent and teach each other. Additionally, the caseworker has actually attended a visit to observe their parenting, something that had not happened for the previous three years, and is setting up a home visit. While the parents have been extremely discouraged in the past, for the first time in a long time, they have hope.

Case 3 Example – A mother previously described in case example 6 received continued advocacy and support. Because of this support, she was able to get family contact coordinated with her five year old daughter that OCS had not coordinated a visit for in one year. She was also able to see her older children whom she had not had a visit coordinated for in over six months. She engaged in two mediations and continues to improve in her self-advocacy. In addition to these successes, her team at OCS now has several people engaged and working with her. She also was able to obtain housing for her and her infant daughter that lives with her while she works her case plan to move forward



with her other children.

Case 4 Example - A mother previously described in example 7 has obtained her trial home visit, has completed services with AYFN and continues to use drop-in support, and her OCS case is closing. She is sober, mentally stable, and her child is receiving ongoing therapeutic support.

Case 5 Example – A mother who began working with us in March 2019 began utilizing our services by attending our parenting class. She was in active addiction when she first came to us, but connected with other parents who were in treatment while coming to class. She had begun using heavily after finding her fiancé deceased from intentionally overdosing and completing suicide. After continuing to engage and receiving intentional support, she decided that she was ready to get into inpatient treatment. She successfully completed her treatment in October, obtained housing, and successfully transitioned to a trial home visit.

Case Example 6 – A youth who was struggling with gender identity requested a navigator. He had previously been a secondary beneficiary while his mother had an OCS case and his mother had completed the parents as partners program. The family successfully reunified. This youth experienced significant trauma and had not opened up to any adults about the support he needed. The youth navigator from Anchorage was assigned to work with this youth in the valley. They built a professional relationship that allowed the youth to feel safe in expressing that they were transgender and binding with ace bandages. AYFN purchased binders for the youth and educated them on the dangers of binding with other materials. This youth has been able to open up to their mother, set boundaries, get support in decreasing their mental health symptoms, and get support in creating healthy relationship boundaries.

Case Example 7 – A woman who was in active addiction had previously had her child adopted by her father. She had a one-year old living at home and was pregnant. She began using heavily and did not seek medical treatment when she was supposed to get a c-section because she was afraid of OCS involvement. Because of the distress the child was under, the child died in utero. OCS removed her youngest child from her grandfather's home and opened a case on the grandfather who had adopted the older child. This caused the mother to lose her housing and she was living in her car. She was facing significant barriers after being discharged from the hospital to homelessness and losing her child in utero and her one year old to OCS. Her wounds from surgery became infected. We continued to reach out and engage her, completed an intake and ensured she still was treated respectfully and offered support. We encouraged her to get medical care and she was hospitalized for over a week due to the seriousness of her infection. While this client is still in active addiction, she received medical care that kept her alive, we were able to provide advocacy to the grandfather that allowed the case against him with the oldest child to be closed and the one year old will likely be placed in his home, and the mother has a connection to AYFN. We are providing outreach and hope that she will be able to gain sobriety and mental health support.

**For Future program Development**

Please describe what is going well with the contract.

AYFN hired three parents with lived experience in the child-welfare system to learn to be Family Navigators who also had graduated from AYFN services. Continued collaboration with the Family Services Department is beneficial and positive despite there being a need for continued conflict resolution amongst cases and we are seeing positive outcomes for the number of families we are engaged with. We are continuing to have the vast majority of our families have OCS involvement. OCS has been granted the ability to use the supervision levels described in the best practice guide of the FCIP for the pilot in the valley. Finding the barriers to implementation will be an important next step. The best practices guide for nontraditional family contact supervisors will be complete in 2020. Virginia Moring has invited us to participate in the Building Community Connections workgroup to further collaborate with agencies in the community and OCS. Other successes are outlined in the previous description.

**Please describe any challenging aspects of service delivery and any suggestions for improving parents as partners services to parents involved with OCS:**

We have two navigators with a caseload at AYFN. The navigator hired in Q1 just completed her training and was able to gain clients towards the end of December. The hours provided to the contract were minimal due to staff capacity. We hired three new navigators in December, all of whom have had prior OCS cases. We are currently training them and awaiting a variance so that they can begin to work with clients. This was a key deliverable of parents as partners we had not previously been able to meet.

AYFN since almost the beginning of the contract has asked that we receive referrals from the beginning of the case through Initial Assessment. There was a meeting with Virginia Moring in which we realized that if the referrals are being given, they are being given only to the family and not to AYFN. Also, they are not currently tracked, so if a family comes to AYFN because of a referral from an IA worker, we may not know this. We are working with Virginia to resolve this issue and ensure we are receiving referrals directly from IA so that we can better collaborate.

We do not receive family contact plans often from caseworkers even when facilitating family contact. There is a lack of objective goals for family contact. Family contact plans are not updated every 60 days and are often outdated. This leaves parents feeling punished as the criteria for safety in the home or community has been met, but they are not allowed visits outside of an agency and are not allowed increased visits.

AYFN is strengths based. We remain objective in our documentation and highlight concerns or areas of growth that our clients have, but we also intentionally include their strengths and the areas they are making progress. This helps hold them accountable and encourages growth and relationship. Because other agencies often reflect deficit-based language, AYFN's integrity on documenting has been questioned. When caseworkers or other partner agencies come and observe the clients engaging in the way we write about, it's clear that we are writing objectively and holding families accountable to making progress, but before that happens, it can be difficult to collaborate in a meaningful way with family services workers.

Caseworkers are writing case plans that are based on compliance and services. Caseworkers are often equating safety to things like UA's and parents are not able to gain the skills and knowledge they need to shift their behaviors. Caseworkers need more training in writing behavior-based treatment plans and allowing family voice to be a part of the plans that are created rather than continuing a focus on compliance as an equivalent for behavior change and safety.

Children are being removed that could be remaining in the home with support in part due to a lack of continuity of care and response between IA, licensing, and family services. As a solution to this barrier, AYFN is partnering with OCS on a Circles of Support contract to ensure that families receive adequate, in-home, prevention and reunification support.

Nightly phone calls to a family's children at the foster home, comfort items, and letter writing are not often interventions that are utilized even though the Child Welfare Intervention Gateway identifies this as a best practice tool for families.

Parents who are involved in a TPR trial are often treated as though they cannot make progress in their goals and not given support in continuing to make improvements during this time even though a decision about parental rights has not been made.

Through the FCIP training, the importance of having biological families and foster parents interact frequently to co-parent a child (unless there is a physical safety threat), has been communicated to several professionals in the community, including family services workers. OCS, AYFN and AFS all agreed to ensure that back door drop offs are no longer happening for families that could and should be encouraged to engage and interact with each other. ACRF has offered to licensing and IA to educate any foster parents who need to know why things are changing in the way we are engaging with foster parents and biological families. We are working together on ensuring a streamlined referral process and tracking system to be able to effectively serve our families better and AYFN will continue to educate and advocate family services workers and other community supports about the importance of the co-parenting relationship as we continue this partnership.

**Other Comments:** Transportation barriers continue to impact families. If they have vehicle issues or are unable to get to their family contact, they are often discharged from the service provider.

Secondary workers, change of venues, and cases that have placements far from the valley office should be having collaborative meetings to keep key players involved as this is often a reason a case is delayed and family contact is delayed.

## HI, DG, SG Interim Grant Report

### Grant Profile

#### Interim Report

The following information is based on information you included in your grant application.

When Mat-Su Health Foundation awards a grant, we enter into a partnership with your organization that we hope will provide new insights into effective ways to strengthen our community wellness. This report is our primary opportunity to measure the achievements of the projects we support, and we use these results and feedback to inform the Foundation's future grantmaking program. This report encourages grantees to take a critical look at the funded program to see if it really made a difference.

#### Organization Information

##### Tax ID

311751437

##### Organization name (doing business as)

*Alaska Youth And Family Network*

##### Legal name

*Alaska Youth And Family Network*

##### Organization type

*Non-Profit Organization*

#### Grant Information

##### Reference number

Grant number assigned by Mat-Su Health Foundation  
SG201800009

##### Grant type

Please indicate the type of grant on which you are reporting.  
*Strategic Grant - Behavioral Health*

##### Project title

Please provide the name of the project for which funding will be used.  
*Mat-Su Family to Family Navigation*

Project budget	Request amount	Amount awarded	Previously paid
		208	

1203612.00	371740.00	371740.0000	231077.0000
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**Balance**

140663.0000

**Report due date**

1/31/2020

**Request date**

Date you requested the grant

11/26/2018

**Project start date**

7/1/2018

**Project end date**

6/30/2020

## Mat-Su Residents Served

### Mat-Su Residents Served

The following questions are collecting information about people to whom you provided services during this reporting period.

**Reporting period**

Please enter the dates of the reporting period (Example: 1/1/2018-3/31/2018).

10/01/2019-12/31/2019

**Mat-Su beneficiaries total**

Number of residents who received services from your program this reporting period

182

**Method used to estimate the number of individuals served (up to 100 words)**

*Our CareLogic Database. 30 families, 21 additional referrals, 67 youth secondary beneficiaries, 64 adult secondary beneficiaries. This does not include walk in clients, duplicated group clients, or telephone services only clients. Special populations only captures the data for the 30 individuals we have full demographics on. The majority of our population, including secondary beneficiaries, have experienced trauma. Additionally, a large percentage of our primary and secondary beneficiaries struggle with intersecting needs, such as, substance use, mental health, or other challenges our families face on a regular basis.*

Please enter the number of residents served during this reporting period in the following categories (if zero, please enter 0):

**Community served**

**Anchorage**

6

**Glenn Highway (Buffalo Mine-Soapstone, Chickaloon, Eureka Roadhouse, Glacier View, Lake Louise, Sutton-Alpine)**

12

**Palmer area (Butte, Farm Loop, Fishhook, Gateway, Knik River, Lazy Mountain, Palmer)**

30

**South Parks Highway (Big Lake, Houston, Meadow Lakes)**

26

**Statewide - outside Mat-Su**

0

**Upper Susitna Valley (Chase, Petersville, Skwentna, Susitna, Susitna North, Talkeetna, Trapper Creek, Willow)**

0

**Wasilla area (Lakes, Tanaina, Wasilla), Knik-Goose Bay Road (Knik-Fairview, Point MacKenzie)**

108

**Other**

0

**Other, please specify.**

If services were provided to individuals in an area not listed, please specify the area.

0

**Ages served**

Please enter the number of individuals served for each age group. If zero, enter 0.

**Ages 0-5**

36

**Ages 6-18**

43

**Ages 19-24**

4

**Ages 25-44**

82

**Ages 45-64**

13

**Ages 65+**

4

**Special populations**

Please enter the number of individuals served for each type of special population.

**LGBTQ Individuals**

2

**Individuals with physical, intellectual or developmental disabilities**

7

**Refugees/immigrants**

1

**Low-income individuals**

25

**English as a Second Language (ESL) individuals**

1

**Older residents (65+ years)**

4

**Homeless and in-transition individuals**

4

**Individuals experiencing trauma in the past or present**

29

**Other, please specify.**

0

**Racial/ethnic groups**

Please enter the number of individuals served for each racial/ethnic group.

**American Indian and/or Alaska Native people**

6

**Asian people**

0

**Black/African American people**

0

**Eastern European people**

0

**Hawaiian or Pacific Islander people**

0

**Hispanic people**

3

**White people**

21

**People in other ethnic/racial groups**

0

**Funds Leveraged and Sustainability**

Please identify any funds you leveraged from the following types of funders for your project during this reporting period. Leveraging means that you obtained further funding after you received the promise of MSHF funds for this project.

**Borough      City**



0 0

**Faith-based**

0

**Individual donors**

0

**Federal**

0

**Other foundations**

0

**State**

219866.44

**Other**

0

**Other, please specify.**

**Please report any earned income from the programs/activities this grant funded.**

0

**Staffing changes**

Have there been any project staff or organization leadership changes during the reporting period.

Yes

**Staffing**

If yes, please explain.

*At the end of quarter one, we had one navigator, one engagement specialist and one program support staff. At the end of quarter two, we had five navigators, one engagement specialist and one program support staff. All four new navigators have lived experience. Three of the navigators also have previous OCS experiences.*

**Program Activities**

**Program Activities**

<b>Type of activity</b>	<b>Number of times activity occurred</b>	<b>Duration of activity</b>
<i>Groups and classes</i>	20	90

**How many total Mat-Su residents or partners/stakeholders participated?**  
133

<b>Type of activity</b>	<b>Number of times activity occurred</b>	<b>Duration of activity</b>
<i>Case Management</i>	107	57

**How many total Mat-Su residents or partners/stakeholders participated?**  
182

<b>Type of activity</b>	<b>Number of times activity occurred</b>
<i>Peer support and parent coaching</i>	254

**Duration of activity**  
91

**How many total Mat-Su residents or partners/stakeholders participated?**

85

**Please describe any details you want to share about the activities reported in the table above.**

*Our groups and classes were put on hold with a shift in staffing. However, we were able to begin more frequent groups again after hiring new staff. We are still awaiting variances to allow new staff to be able to be given a caseload and increase our capacity to support families in the valley. 341 hours and 29 minutes were spent serving MatSu valley residents this quarter. The data above is captured for the 30 families we tracked specific information on. There are a multitude of secondary beneficiaries who also received support, were present with the client, or attended community events.*

**Measures of Progress and Success**

**Measures of Progress and Success**

**Below is the "Measure Progress and Success" statement from your grant application, which outlined how you would measure progress and success.**

*AYFN is continuing to refine its outcome measurements to be more in-line with a value-based reimbursement guidelines. We currently use client satisfaction, reunification and preservation rates, employment, housing and financial supports obtained, as well as reduced dependence on high level services.*

**Please upload a document that reports any data specified in your grant agreement that you are collecting for reporting and evaluation.**

[\*MSHF Measures of Progress and Success Q2.pdf\*](#)

**Please upload any evaluation data on success or progress that you are collecting for funded activities, such as training evaluations, Survey Monkey findings, pre/post tests, and session evaluations.**

[\*MSHF Other Relevant Information Q2.pdf\*](#)

**Please describe any opportunities or barriers you have faced that have helped or otherwise affected your work with these funds.**

*This information is contained in the attached reports.*

**Please share any success stories, feedback from the individuals you serve, or anecdotes that reflect on the work you are doing with these funds.**

*This information is contained in the attached reports.*

**Certification Statement**

**Certification Statement**

By checking this box, I certify to the best of my knowledge and belief that all information included in this report is true, accurate, and complete.

**Certification statement flag**

Yes

**Certification statement date**

*1/31/2020*

**Certification statement signer's name**

#### Case examples of successes:

Case Example 1: A mother of three (two adult children and one two year old) came to us approximately three months after her youngest child was removed by OCS due to positive hair follicle for methamphetamine. The child was placed with her 19 year old adult sibling. The mother continued to use drugs, and after building a relationship with her navigator was able to express this honestly. They partnered to get the mother into residential treatment and to work on her relationship with the placement. She has maintained sobriety through inpatient treatment at Akeela Stepping-Stones. She has improved her ability to be employed by working on job skills, obtaining necessary identification documents and building her resume. Her youngest daughter was reunited with her in treatment on March 13th, 2020 for a Trial Home Visit (THV). Mother is on schedule to graduate from residential treatment by end of August 2020 and to move forward with Outpatient Treatment through Akeela. The Office of Children's Services (OCS) informed mother and her legal party in court 07/28/2020 that they will continue THV for another six months after completion of residential treatment. She continues to work with her Family Navigator on Moral Reconciliation Therapy, parent coaching, case management (housing, advocacy and peer support), and states that she will continue services with AYFN even after graduation from residential treatment.

Case Example 2: A mother and maternal grandmother came to AYFN for support with their OCS case. The mother had a history of mental health challenges, substance use, and had been incarcerated for manslaughter. The child was removed from her mother's custody and placed with the maternal grandmother, then moved to paternal grandmother following a physical altercation between maternal grandmother and mother. Both mother and maternal grandmother engaged in parenting classes, improved their relationship, are sober and resolved housing and financial issues. Maternal grandmother is now the foster placement for the child and mother has frequent visitations to practice parenting. OCS has approved overnight visit for the daughter and unsupervised visit, and mother continues to work closely with her navigator toward her goal of being a safe person for her daughter and being able to maintain a close relationship with her.

Case Example 3: Mom was referred to AYFN by her OCS caseworker in 2018, identifying her as a substance user who was in an unhealthy relationship with a substance user/distributor, and the caseworker encouraged AYFN staff to encourage mom to leave. After months of reaching out and attempting to connect, both parents arrived for an intake and upon learning about AYFN's mission, jumped at the opportunity for support and explained the situation from their point of view. They shared their struggle to have productive communication with their caseworker, mother explained that she was not a substance user but in fact had an extensive and intricate health history that left her depleted most days. They shared about their inability to connect with the foster parent of their two children, that they wanted to be able to talk to her but a villainous picture of them had been painted and the foster parent refused to let them even see her face. After about a year and a half of parent coaching, consistent engagement in treatment on

father's behalf, constant advocacy, and the parents learning to advocate strongly for themselves, the family was able to accomplish goals such as community visits, including extended family in visits, advocating for hair follicle tests and finally despite prior discussion of possible termination, just at the brim of this year's COVID-19 pandemic, the family was granted an expedited trial home visit and the family has had nearly 5 months of a successful THV.

Case Example 4: A woman in active addiction came to AYFN's attention following an emergency C-section. She had been heavily using drugs and avoided medical care for her pregnancy because of fear of OCS involvement. The infant died in utero, and OCS removed her one year old child from the grandfather's home, and opened a case on the grandfather toward the older child. The mother lost her housing, was living in her car, and her surgical wounds became infected. AYFN navigators reached out to her and her family, encouraged her to get medical care, offered support, and ensured she was treated respectfully. She was hospitalized for her infection, but following recovery she returned to drug use and remains in active addiction. We provided advocacy to the grandfather, the case against him was closed and he regained custody of his grandchildren. He continues to be active in AYFN groups, has referred and brought peers to group, and encourages everyone to seek help with their OCS cases and addictions.

**DBH Treatment and Recovery FY20 Grant**  
**CBHTR – Peer and Consumer Support Services**  
***Quarterly Report Checklist & Transmittal Coversheet***

To: DHSS Finance & Management Services  
Grants & Contracts Section,  
Attention: Alyssa Hobbs,  
Grant Administrator

Date: 07/28/2020

Organization: Alaska Youth and Family Network

Grant Number: 602-208-20003

Form submitted by: Paul Cornils

The checklist below will help you ensure your organizations quarterly report submittals contain all the necessary reports and appropriate documentation

Upload this completed checklist and required documentation listed below as a single PDF into GEMS. Once you have uploaded this documentation you will be able to complete your CFR.

**Quarter (check one):**

July 1- Sept 30     Oct 1-Dec 31     Jan 1-March 31     April 1-June 30

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- Board Meeting Minutes for any meetings that occurred during reporting period
- A Cumulative Financial Report (CFR) for the quarter.
- Program Reports (select one);
  - FY20 Peer and Consumer Support Services Report (Northern Hope Center, Alaska Mental Health Consumer Web, Choices – Peer Bridger)
  - FY20 Peer Navigation Report (Alaska Youth and Family Network)
  - FY20 Clubhouse Report (Polaris House)
- Community Action Plan Meeting Minutes that have occurred during this quarter. (These are not to be submitted via GEMS. They should be submitted directly to the Program Manager by the provider delegated by the CAP group.)
- FY20 ISM-EBP Report (for agencies providing ISM services)

**State of Alaska**  
**Department of Health and Social Services/Division of Behavioral Health**  
**FY20 Quarterly Narrative Report**



**Peer Navigation Grants**

**Date:** 5/11/2020

**Organization:** Alaska Youth and Family Network

**Grant Number:** 602-208-20003

**Quarter:** Quarter 3

**Person:** Paul Cornils

**1. Please report the following based off the total number of clients enrolled in your Peer Navigation Program during this quarter:**

	Q1	Q2	Q3	Q4	YTD
a) Number of families served. (Unduplicated)	80	26	59	20	185
Families who participated in parenting coaching.	54	7	46	17	124
<i>Calculated %</i>	68%	27%	78%	85%	67%
Families who demonstrated improvement in parenting coaching	44	7	40	15	106
<i>Calculated %</i>	81%	100%	87%	88%	85%
Families with OCS or DJJ involvement.	67	22	48	17	154
<i>Calculated %</i>	84%	85%	81%	85%	83%
b) Number of caregivers served. (Unduplicated)	160	38	84	35	317
Parents w/MH Issues (diagnosed, self identified or anecdotal evidence).	99	21	61	21	202
<i>Calculated %</i>	62%	55%	73%	60%	64%
Parents w/SUD Issues (diagnosed, self identified or anecdotal evidence).	67	18	55	23	163
<i>Calculated %</i>	42%	47%	65%	66%	51%
Parents w/DD, FASD/FAE, TBI, ASD (diagnosed, self identified or anecdotal evidence).	39	11	32	9	91
<i>Calculated %</i>	24%	29%	38%	26%	29%
Parents in jail or on probation.	12	2	11	5	30
<i>Calculated %</i>	8%	5%	13%	14%	9%
c) Total number of youth served. (Unduplicated)	142	42	92	81	357
Primary referral youth (Unduplicated)	13	5	19	29	66
Siblings of primary referral youth or other youth (Unduplicated)	7	1	28	19	55
Youth whose primary referral reason is OCS or DJJ related (Unduplicated)	5	35	64	22	126
Unattached or emancipated youth (Unduplicated)	2	3	17	22	44
d) Youth w/SED (by history, diagnosis or self-report).	81	24	47	51	203
<i>Calculated %</i>	57%	57%	51%	63%	57%
e) Youth w/SUD (by history, diagnosis or self-report).	2	2	15	21	40
<i>Calculated %</i>	1%	5%	16%	26%	11%
f) Youth w/DD, FASD/FAE, TBI, ASD (by history, diagnosis or self-report).	9	5	16	14	44

<i>Calculated %</i>	<b>6%</b>	<b>12%</b>	<b>17%</b>	<b>17%</b>	<b>12%</b>
g) Youth who are also parents.	19	2	18	22	<b>61</b>
<i>Calculated %</i>	<b>13%</b>	<b>5%</b>	<b>20%</b>	<b>27%</b>	<b>17%</b>
h) Youth who made improvements on their goals.	9	5	19	29	<b>62</b>
<i>Calculated %</i>	<b>6%</b>	<b>12%</b>	<b>21%</b>	<b>36%</b>	<b>17%</b>
i) Youth who went into long-term residential setting this quarter (RPTC, RTC, or jail)	0	0	0	0	<b>0</b>
<i>Calculated %</i>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
j) Youth who were in a residential setting (BH or DJJ) in previous 12 months.	2	1	5	4	<b>12</b>
<i>Calculated %</i>	<b>1%</b>	<b>2%</b>	<b>5%</b>	<b>5%</b>	<b>3%</b>
l) Number of family members served (Unduplicated - individuals not included in "b" or "c" .)	20	5	34	13	<b>72</b>
Total number of individuals served	<b>322</b>	<b>85</b>	<b>210</b>	<b>129</b>	<b>746</b>
m) Number of individuals attending support/education groups.	223	409	530	78	<b>1240</b>
Parents/Caregivers	152	245	324	78	<b>799</b>
Youth (13 - 24)	20	42	68	0	<b>130</b>
Tweens (8 - 12)	10	50	32	0	<b>92</b>
Children (birth - 7)	41	72	106	0	<b>219</b>
n) Number of new referrals received.	76	38	66	61	<b>241</b>
o) Number of individuals served who received information & referral only.	51	11	157	112	<b>331</b>
<i>Calculated %</i>	<b>16%</b>	<b>13%</b>	<b>75%</b>	<b>87%</b>	<b>44%</b>
p) Number of hours of direct service provided this quarter (includes training, meetings, individual/group support, phone calls, etc.)	4056	4100	4290	3432	<b>15878</b>
q) Number of youth that completed an organization satisfaction survey.	11	1	16	19	<b>47</b>
r) Number of youth that completed an organization satisfaction survey that were "satisfied" with services.	11	1	16	19	<b>47</b>
<i>Calculated %</i>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
s) Number of parents that completed an organization satisfaction survey.	51	12	84	48	<b>195</b>
t) Number of parents that completed an organization satisfaction survey that were "satisfied" with services.	49	12	77	46	<b>184</b>
<i>Calculated %</i>	<b>96%</b>	<b>100%</b>	<b>92%</b>	<b>96%</b>	<b>94%</b>

**Please ensure that the rows below are expanded and visible upon upload to GEMS.**

**2. Please list the communities where AYFN provided peer navigation services this quarter. Identify whether services were provided by on-site or itinerant staff, or via distance only.**

1st Quarter:

Anchorage (in person), Wasilla (in person), Palmer (in person), Eagle River (in person), Chugiak (in person), Soldotna (distance only), Talkeetna (distance only), Big Lake (in person), Willow (in person), Sutton (in person), Chevak (distance only)

2nd Quarter: Note any changes this quarter.



Wasilla (in person), Palmer (in person), Big Lake (in person), Anchorage (in person), Chickaloon (in person), Willow (in person), Eagler River (in person), Talkeetna (Distance Only)

3rd Quarter: Note any changes this quarter.

Anchorage, Girdwood, Wasilla, Palmer, Eagle River, Chickaloon, Soldotna, Talkeetna, Big Lake, Willow, Sutton, Chevak (distance only)

4th Quarter: Note any changes this quarter.

North Pole, Dillingham, Fairbanks

**Please ensure that the rows below are expanded and visible upon upload to GEMS.**

**3. Describe the types of family support, parenting training, and in-home services provided this quarter. Identify and describe progress towards obtaining resources to introduce new evidence-supported parenting models.**

1st Quarter:

AYFN provided intensive family preservation, reunification, and stabilization to families, youth and children this quarter. Activities provided to support this were: case management, systems navigation, care coordination, crisis support and stabilization, individualized treatment planning, collaboration, recovery oriented mental health and substance use support, peer support, skill building, and connection to resources. AYFN uses the Strengthening Families within a peer support model of care built on SAMSHA Core Competencies to promote the development and protective factors throughout our practice. Support is provided to families and youth across systems, including: behavioral health, child welfare, juvenile justice, tribal partnership, primary care, corrections, disability services, substance use treatment and special education. AYFN is a warm line for people calling to connect to services; if we are unable to serve them, we connect them to a provider who can. If serving them is beyond our scope and there is a waitlist for more appropriate services we will provide interim support services. If a parent or youth requires a service that is unavailable in the community AYFN will work to develop them "in house". The families we serve are connected to a multitude of resources to meet their needs within the community. AYFN groups are designed with recovery as the expectation. Group psychoeducational and other group activities promote the development of healthy social connections, social and emotional competence, parenting skills, knowledge of child development, resilience, coping skills, relapse prevention, and social skills. Groups are available for all ages and designed to meet the developmental needs of those we serve. Groups we provide are: Scream Free Parenting (a parenting education course with individualized support required outside of the class), Drop-In support groups, Sexual Abuse Prevention, Breaking a Painful Pattern (a relapse prevention and intervention curriculum), and It Won't Happen Again (a reunification support group curriculum for families involved in child welfare nearing or in a trial home visit). We facilitate meaningful and health family contact for children and families involved in child welfare by providing parent coaching and support. We also host several open house events throughout the year; this quarter's main event was a Back-to-School party.

2nd Quarter: Note any changes this quarter.

AYFN continued to provide the same services and supports as in quarter 1. We held three family events in Q2. AYFN planned and hosted a Halloween Party in October, a Family Gathering in November, and a Holiday Pajama Party in December. These events were held in both our Anchorage and Mat-Su Locations. Collectively, attendance at these events was over eight hundred (800) parents, foster parents, and family caregivers, children, and youth. Our Halloween party in the Mat-Su was featured on KTUU TV's Spotlight on Youth segment and was one of the highlights of the year at AYFN! Our Family Gathering and Holiday Party are among the most important events we host for the parents, children and youth that AYFN serves. Many of our families are struggling to keep food on their tables, this is especially true for them during the holiday season, when their children are not able to receive meals at school. AYFN's family gatherings act as a place of connection and caring for families and we always make plenty of "extra" food so that families have the opportunity to leave with "left overs". Prior to our Holiday Party in December AYFN connected with the families that we serve to make sure that no one was considering not attending the party because they lacked pajama's. AYFN purchased and gave to parents, youth and children over 100 pairs so no one would be left out of the festivities.

3rd Quarter: Note any changes this quarter.

training all of our direct service staff will be trained and receive certifications in MRT (Moral Reconciliation Therapy) in April. MRT is evidence-based and therapeutic intervention sought after by child welfare and justice involved practitioner for their clients. It will deepen the tool-box of our Family Navigators when combined with their other training. It will also allow AYFN to expand our group offerings to the community. AYFN staff also began administering the North Carolina Family Assessment and Protective Factors Survey for every family that meets criteria.

4th Quarter: Note any changes this quarter.

AYFN continued to provide the services and supports described in Quarters 1-3, with the exception that due to Covid19 hunker down requirements we had to reduce our groups to online-only and have focused on parent support groups. Most family navigation services are provided telephonically or via Zoom, apart from supporting court dates and visitations in the community. All navigators are required to follow CDC recommendations of wearing masks, social distancing, and handwashing, and advance authorization for in-person services is required. Our direct service staff all received MRT certification as anticipated in Q3. This evidence-based and therapeutic intervention has expanded the skills of our Family Navigators, who have also participated in many and varied other trainings during this period of social distancing and reduced in-person contact with families.

**Please ensure that the rows below are expanded and visible upon upload to GEMS.**

**4. Please describe staff training activities or accomplishments this quarter (participation in training or providing training)**

1st Quarter:

Staff participated in a nine day peer leadership training hosted by Eliza Eller from Ionia. AYFN recruited parents to attend this training in addition to our staff. We facilitated Scream Free Parenting training, recovery groups, and reunification support groups in house. Onboarding training included Relias, documentation training, treatment plan training, supervision, and shadowing. Youth navigator attended Choosing Our Roots (COR) volunteer training as a collaboration effort. Staff attended ACES training and Combating the Impact of Substance Use and Abuse in Alaska. AYFN was an integral part of the Family Contact Improvement Partnership (FCIP), which will facilitate the first training for the Best Practice Guide creation in Quarter 2. This partnership works collaboratively with ROCK Mat-Su, AFS, OCS, FIT Court and Beacon Hill. AYFN referred parent partners to the Parent Engagement Training hosted by ROCK Mat-Su. AYFN has also attended Open House Evening events in several schools. Staff participated in Protective Factors Survey training to prepare for using this assessment tool with our families. AYFN leadership attended training with the National Council for Behavioral Health regarding value based reimbursement and attended a professional learning collaborative hosted by MatSu Health Foundation. AYFN was also invited to participate in the training regarding the states consideration of Recovery Innovations and the Crisis Now Model. AYFN also was the recipient of a Circles of Support grant to serve and support in the Mat-Su.

2nd Quarter: Note any changes this quarter.

Staff completed the rest of their nine day peer leadership training by presenting their learning to partners in the community in order to receive their certificates. We hired one of the parents that attended this training with our staff. Staff and community partners attended the first training for the Family Contact Improvement Partnership, teaching professionals the best practices for family contact. Training professionals in this area leads to increased reunification rates and increased quality/frequency of family contact. Staff were trained in how to utilize the NCFAS G&R Assessment with clients and began utilizing this. Collaborative relationships with community partners were continued through: ongoing meetings about partnership and how to streamline services more efficiently, partnership on the FCIP workgroup, partnership on the Building Community Connections Workgroup, partnership on the ABHA workgroup, partnership on the Primary Prevention workgroup, and partnership through the YDHP workgroup. Staff were trained in CPR and First Aid. We had two staff become certified to be trainers of the ACES and resilience training and one staff become certified as a facilitator of Strengthening Families. One of our biggest accomplishments this quarter is that we were able to hire three parents who were former clients and who had previous cases with OCS and are training them to become Family Navigators.

3rd Quarter: Note any changes this quarter.

All of our family navigators were trained and received certification in Moral Reconciliation Therapy (MRT) after attending a forty hour class room course and passing a certification exam. The training was provided by Correctional Custody, Inc. from Memphis, Tennessee.

4th Quarter: Note any changes this quarter.

Because AYFN continued to pay our staff during throughout the covid-19 pandemic and because client time was greatly reduced in the early part of the quarter we required staff to attend training to be as productive as possible during their non-client time. See attached list for trainings attended by staff this quarter. AYFN Staff collectively attended 137 unique training opportunities this quarter.

**Please ensure that the rows below are expanded and visible upon upload to GEMS.**

**5. Please describe any MOA, MOU or collaborative agreements that are in place this year.**

1<sup>st</sup> Quarter:

Office of Children's Services in Anchorage invites AYFN to all scheduled Anchorage Team Decision Meetings, Mat-Su Health Foundation, BAA with OCS in Wasilla, BAA with Qualifacts/XPIO, BAA with healthEconnect (HIE), Contract with R.O.C.K. Mat-Su to provide training to parent peers to participate in workgroups. We have signed a contract with Agnew Beck to begin Technical Assistance in moving AYFN towards Medicaid and other sustainability development activities. AYFN partnered and signed a contract with Health Econnect to share data with other community partners to ensure families needs are efficiently met.

2<sup>nd</sup> Quarter: Note any additions this quarter.

Added MOA with the ACT program through the Anchorage School District to serve as a training site for students learning Adult Community Transition skills.

3<sup>rd</sup> Quarter: Note any additions this quarter.

There are no changes from the previous 2 quarters.

4<sup>th</sup> Quarter: Note any additions this quarter.

There are no changes from the previous 2 quarters.

**Please ensure that the rows below are expanded and visible upon upload to GEMS.**

**6. Please describe your collaborative work with OCS, DJJ or other state entities.**

1<sup>st</sup> Quarter:

84% of all families served this quarter had OCS and/or DJJ involvement. 100% of all families served had at least one parent/caregiver who identified as having an active mental illness and/or substance use issue. OCS continues to refer their families to our agency for services because of improved outcomes in case plan compliance and reunification rates. AYFN is invited directly to all scheduled Anchorage based OCS Team Decision Meetings. AYFN and OCS leadership continue to meet to strengthen working relationships between our staff, resolve individual case issues, and improve productive collaboration for the families we jointly serve. AYFN continues to be a training site for the OCS new hire orientation, "Day in the Life". The "Parents as Partners" contract in the OCS Wasilla office continues to grow and improve. This partnership has allowed us to demonstrate effective peer-provided, non-clinically led reunification strategies, model quality family contact, provide advocacy support, engage in wraparound services, and strengthen the community. Our partnership with both the Mat-Su Valley and Anchorage OCS offices continue to increase in capacity and improve in quality of relationships. Our partnerships with community providers allow us to connect families to immediate resources and ensure attendance at appointments that meet their recovery goals. AYFN also continues to use and improve the CareLogic ECR (through XPIO) to refine our knowledge of the population we serve and to access data points that illustrate the effectiveness of the service we provide, including building and developing reports. We are working actively with our board and all funders to problem solve around sustainability.

2<sup>nd</sup> Quarter: Note any additions this quarter.

Recruiting and supporting three parents with former OCS involvement limited AYFN to taking only taking on an additional 26 families, AYFN served a total of 77 families this quarter, not including our families who only attend groups. Even with our staffing transitions, we had 7 reunifications with 8 children returning home. 59 of the 77 families had OCS involvement, 9 families had DOC involvement, 68 of those families had mental illness, 50 of our families struggled with substance use, 23 families had developmental delays, 28 families had TBI's, and 9 families had challenges with FASD. These families achieved a total of: 37 positive parenting outcomes, 6 positive adjustments in visitation allowances, 38 improved mental health outcomes, 29 improved outcomes for substance use, 18 positive employment outcomes, 7 positive housing outcomes, and 95 other outcomes (OCS case closure, no recidivism, resource connection, etc.). We hired a total of four new staff in the valley, three of them who successfully went through our program and OCS. Our navigator in Anchorage that we hired in quarter 1 was able to begin a caseload, in October, and so was one of our new hires in the valley, in December. OCS continues to refer their families to our agency for services because of improved outcomes in case plan compliance and reunification rates. AYFN and OCS leadership continue to meet to strengthen working relationships between our staff, resolve individual case issues, and improve productive collaboration for the families we jointly serve. AYFN continues to be a training site for the OCS new hire orientation, "Day in the Life". We are continuing to work actively with our board and all funders to problem solve around sustainability. Agnew Beck provided us with a scope of work that we approved and will begin working with them in quarter 3.

3<sup>rd</sup> Quarter: Note any additions this quarter.

Because of the new hires that AYFN made in the second quarter, an improvement our workflow processes, and discharges AYFN was able to bring a total 59 new families in our individual peer services, as well as expand the capacity of our group offerings. AYFN served a total of 109 families this quarter, not including our families who only attend groups. We had a total of 21 children who were reunified after being in the custody of the state or for other reason that caused them to be placed outside of their family home. 83 of the 109 families had OCS involvement, 13 families had DOC involvement, 73 of those families had at least of member of their household that is living with a mental illness, 64 of our families struggled with substance use, 31 families had a member living with developmental delays, 36 families had a member with a TBI's or mTBI, and 17 families had challenges with FASD. These families achieved a total of: 48 positive parenting outcomes, 21 positive adjustments in visitation allowances, 47 improved mental health outcomes, 48 improved outcomes for substance use, 9 positive employment outcomes, 15 positive housing outcomes, and 108 other outcomes (OCS case closure, n74o recidivism, resource connection, etc.). We were able to retain 2 of our 3 new hires. One was not suited for continued employment, one received a variance to work, and one is still awaiting a variance decision . OCS continues to refer their families to our agency for services because of improved outcomes in case plan compliance and reunification rates. AYFN and OCS leadership continue to meet to strengthen working relationships between our staff, resolve individual case issues, and improve productive collaboration for the families we jointly serve. AYFN continues to be a training site for the OCS new hire orientation, "Day in the Life". We are continuing to work actively with our board of directors as well as Agnew:Beck and have nearly completed the initial phase of our sustainability and implementation planning including a complex and responsive financial modeling. We anticipate being able to make an initial update to our stake holder in May.

4<sup>th</sup> Quarter: Note any additions this quarter.

AYFN's only intentionally collaborative work this was with OCS to improve engagement of OCS with our Circles of Support program for families who at risk of entering the child welfare system.

**Please ensure that the rows below are expanded and visible upon upload to GEMS.**

**7. Please advise if there are any technical assistance needs.**

1st Quarter:

AYFN has contracted with Agnew::Beck for technical assistance to prepare for billing Medicaid and accessing other development opportunities to diversify our revenue streams, and as of this date will be relying on unrestricted savings to fund this activity. We have attached the proposed scope of work for this effort that will begin in January 2020 to this document. We continue to lack the program capacity to serve the volume of referrals the agency receives from individuals and community partners. The families who reach out often have a high acuity and our waitlist continues to grow. AYFN administrative/management/program supervision team consists of just three skilled positions; we continue to be in need of expanding our administrative team to more equitably distribute the workload and improve our administrative efficiency. We are in of need of a larger program spaces to accommodate need in Anchorage and the Mat-Su. Helping clients obtain their records from behavioral health providers continues to be an ongoing challenge which limits their ability to become stable. AYFN is invited to multiple OCS Team Decision Meetings (TDM) per week, but we have been able to attend a minimal amount of meetings for clients who are not already established. Attending a TDM almost always results in a referral of a high needs, high complexity family and we are unable to attend to all those referrals in addition to the new referrals we receive each quarter. AYFN's primary technical assistance need is to continue to work with the DBH and our other stakeholders to develop a plan to stabilize/increase investment so that AYFN can expand to meet the needs of Alaskan families statewide. AYFN continues to work with XPIO to improve our data and the ability to export the data we receive. We are working with a new XPIO administrator who is more well-versed in report development. AYFN worked with OCS to obtain Family ORCA numbers for the parents and children we serve to better track long-term outcomes. We are in need of a compliance manager, HR staff, team leads, a Medicaid biller and a clinician to help support the large amounts of data and programming that must be overseen and kept in compliance. AYFN continues to need marketing support to better target the community and help them understand Family Peer Support, its value, and how it reduces the impact on more expensive types of care.

2nd Quarter: Note any new technical assistance needs or previous requests that were addressed this quarter.

While we now have more program capacity to serve the volume of referrals the agency receives, we still have to wait for a variance process to be approved and ensure our staff are fully trained before we can meet that need. AYFN administrative/management/program supervision team continues to consist of just three skilled positions. We are in of need of larger program spaces to accommodate need in Anchorage and the Mat-Su. AYFN's continued primary technical assistance need is to continue to work with the DBH and our other stakeholders to develop a plan to stabilize/increase investment so that AYFN can expand to meet the needs of Alaskan families statewide. AYFN continues to work with XPIO to improve our data and the ability to export the data we receive. We are continuing to track Family ORCA numbers for both agencies. We promoted one staff to team lead in the valley office and she is currently being trained. Additionally, we had one staff who was our administrative assistant in Anchorage resign due to personal challenges she was facing. We are still in need of a compliance manager, HR staff, a team lead in Anchorage, a Medicaid biller and a clinician to help support the large amounts of data and programming that must be overseen and kept in compliance. AYFN needs support in working together with XPIO and Health EConnect.

3rd Quarter: Note any new technical assistance needs or previous requests that were addressed this quarter.

We have been able to increase our agency's capacity to serve more people through a combination of new hires and improved workflow. AYFN administrative/management/program supervision team continues to consist of just three skilled positions. We are in need of larger program spaces to accommodate need in Anchorage and the Mat-Su. AYFN's continued primary technical assistance need is to continue to work with the DBH and our other stakeholders to develop a plan to stabilize/increase investment so that AYFN can expand to meet the needs of Alaskan families statewide. AYFN is continuing our work with XPIO to improve our data management and reporting including the ability to export the data we receive to improve our real time planning. We are continuing to track Family ORCA numbers for both agencies. We are working to hire a business manager in the next three months as well as 3 or 4 more direct service providers. We would be grateful for time to discuss our plans for sustainability as soon as our sustainability modeling is complete (late May).

4th Quarter: Note any new technical assistance needs or previous requests that were addressed this quarter.

AYFN's primary technical assistance need is in refining our sustainability plan so we can expand to meet the needs of Alaskan families statewide. AYFN has contracted with Agnew::Beck for technical assistance to prepare for billing Medicaid and accessing other development opportunities to diversify our revenue streams, relying on unrestricted savings to fund this activity. The model was not completed as hoped for in May, due to delays brought about by covid and unanticipated absence of the executive director due to illness for several weeks. We set back to work in earnest in June and anticipate completion of our work with Agnew:Beck in mid to late August. The 1115 waiver and ongoing changes inform this process as we work to determine the best route toward sustainability. Medicaid service delivery note training and billing training are anticipated technical support needs that will come as a result of transitioning to Medicaid billing.

Program space and capacity are less of a concern at this time, as the number of families participating in activities and the number of activities we can provide are reduced due to Covid19 restrictions. We anticipate a return to higher numbers once we return to normal business operations. Our administrative team is currently reduced to 2 skilled positions. We do not anticipate returning to the need for greater administrative capacity until the threat of Covid19 has passed.

We continue to work with XPIO to improve our data collection and ability to export data into meaningful reports. Our XPIO administrator will be providing on site consultation services in FY21, Q1. When we move to Medicaid billing, we anticipate the added need of hiring a compliance manager, HR staff, team leads, a Medicaid biller and a clinician.

AYFN continues to need marketing support to better target the community and help them understand Family Peer Support, its value, and how it reduces the impact on more expensive types of care.

**Please ensure that the rows below are expanded and visible upon upload to GEMS.**

**8. Please provide any additional information that you would like DBH to know about the services provided this quarter.**

1st Quarter:

2nd Quarter:

3rd Quarter:

4th Quarter:

AYFN recently hired two family navigators with lived experience in Alaska's child welfare system. This was a long, time consuming, and expensive process. Both required variances. One variance was granted within 3 months of hire, and the other took over 6 months.



**State of Alaska**  
**Department of Health and Social Services / Behavioral Health**  
**FY20 – Peer and Consumer Support Services Quarterly Report**

Organization / Program Name: Alaska Youth and Family Network

Date submitted: 7/30/20

Grant Number: 602-208-20003

Quarter (check one):

July 1 – Sept 30       Oct 1 – Dec 31       Jan 1 – March 31       April 1 – June 30

- Describe your activities to date in establishing your Peer Support project, including efforts to increase access to a full range of recovery services through provision of peer support, including peer mentoring/coaching, recovery group facilitation, peer recovery resource connections, building peers’ participation in their communities, and community outreach/engagement. Successes? Challenges?

Groups provided were: Scream Free Parenting (a parenting education course with individualized support required outside of the class), Drop-In Family support groups, Sexual Abuse Prevention, Breaking a Painful Pattern (a relapse prevention and intervention curriculum), and It Won’t Happen Again (a reunification support group curriculum for families involved in child welfare nearing or in a trial home visit).

We facilitate meaningful and healthy family contact for children and families involved in child welfare by providing parent coaching and support. We also help to ensure that this is being promoted throughout our communities. We are involved in the Family Contact Improvement Partnership, including supporting trained parents participating in the Partnership. We use the Strengthening Families model and the ACE(s) to inform our work with parents and their families. AYFN promotes the use of peer support in all areas that might benefit through our cultivation of professional and organizational relationships.

This quarter we were able to bring two new family navigators on board and assign them case loads after waiting many months for variances. One took about three months and the other about six months.

Challenges: We continue to see a need for foster parent education and OCS enforcement of foster parent requirements to support bio-families. Within our agency, we would benefit from additional staffing, both program and administrative. Technical assistance to aid in transitioning to Medicaid is needed as part of our active efforts toward sustainability. We will approach the The Division when our initial financial and implementation planning is complete near the end of May. AYFN’s long-term vision is build our agency service and administrative capacity to allow AYFN to serve a wider variety of family’s across Alaska. With more staff, we would have increased capacity to provide education and outreach to more people in need of advocacy, education, resource connection, and recovery services.

## Case examples of successes:

Case Example 1: A mother of three (two adult children and one two year old) came to us approximately three months after her youngest child was removed by OCS due to positive hair follicle for methamphetamine. The child was placed with her 19 year old adult sibling. The mother continued to use drugs, and after building a relationship with her navigator was able to express this honestly. They partnered to get the mother into residential treatment and to work on her relationship with the placement. She has maintained sobriety through inpatient treatment at Akeela Stepping Stones. She has improved her ability to be employed by working on job skills, obtaining necessary identification documents and building her resume. Her youngest daughter was reunited with her in treatment on March 13th, 2020 for a Trial Home Visit (THV). Mother is on schedule to graduate from residential treatment by end of August 2020 and to move forward with Outpatient Treatment through Akeela. The Office of Children's Services (OCS) informed mother and her legal party in court 07/28/2020 that they will continue THV for another six months after completion of residential treatment. She continues to work with her Family Navigator on Moral Reconciliation Therapy, parent coaching, case management (housing, advocacy and peer support), and states that she will continue services with AYFN even after graduation from residential treatment.

Case Example 2: A mother and maternal grandmother came to AYFN for support with their OCS case. The mother had a history of mental health challenges, substance use, and had been incarcerated for manslaughter. The child was removed from her mother's custody and placed with the maternal grandmother, then moved to paternal grandmother following a physical altercation between maternal grandmother and mother. Both mother and maternal grandmother engaged in parenting classes, improved their relationship, are sober and resolved housing and financial issues. Maternal grandmother is now the foster placement for the child and mother has frequent visitations to practice parenting. OCS has approved overnight visit for the daughter and unsupervised visit, and mother continues to work closely with her navigator toward her goal of being a safe person for her daughter and being able to maintain a close relationship with her.

Case Example 3: Mom was referred to AYFN by her OCS caseworker in 2018, identifying her as a substance user who was in an unhealthy relationship with a substance user/distributor, and the caseworker encouraged AYFN staff to encourage mom to leave. After months of reaching out and attempting to connect, both parents arrived for an intake and upon learning about AYFN's mission, jumped at the opportunity for support and explained the situation from their point of view. They shared their struggle to have productive communication with their caseworker, mother explained that she was not a substance user but in fact had an extensive and intricate health history that left her depleted most days. They shared about their inability to connect with the foster parent of their two children, that they wanted to be able to talk to her but a villainous picture of them had been painted and the foster parent refused to let them even see her face. After about a year and a half of parent coaching, consistent engagement in treatment on father's behalf, constant advocacy, and the parents learning to advocate strongly for themselves, the family was able to accomplish goals such as community visits, including

extended family in visits, advocating for hair follicle tests and finally despite prior discussion of possible termination, just at the brim of this year's COVID-19 pandemic, the family was granted an expedited trial home visit and the family has had nearly 5 months of a successful THV.

Case Example 4: A woman in active addiction came to AYFN's attention following an emergency C-section. She had been heavily using drugs and avoided medical care for her pregnancy because of fear of OCS involvement. The infant died in utero, and OCS removed her one year old child from the grandfather's home, and opened a case on the grandfather toward the older child. The mother lost her housing, was living in her car, and her surgical wounds became infected. AYFN navigators reached out to her and her family, encouraged her to get medical care, offered support, and ensured she was treated respectfully. She was hospitalized for her infection, but following recovery she returned to drug use and remains in active addiction. We provided advocacy to the grandfather, the case against him was closed and he regained custody of his grandchildren. He continues to be active in AYFN groups, has referred and brought peers to group, and encourages everyone to seek help with their OCS cases and addictions.

- Describe your activities to date in establishing your Peer Support project, including how peer support specialists engage in one or more of the following: bridge to treatment, support for transitions between levels of care, active support for individuals in treatment, post-treatment support to strengthen sustainability of recovery gains, providing training in recovery skills/tools, sharing personal histories to bolster others' recovery, outreach/engagement to a variety of community settings, including education on recovery and resources. Successes? Challenges?

Peer support specialists, called Family and Youth Navigators at AYFN, engage in the described activities on a regular basis. Our navigators serve as a bridge to treatment by utilizing motivational interviewing, relapse prevention planning, recovery based individual and group support and allowing families to access transportation as they need it to attend their appointments. Our navigators provide community based support and crisis support services. We are often the agency people utilize when they have no support in overcoming barriers to entering treatment or when they are on a long waiting list. By having peers available to support each family, we hold hope for recovery. The peer-to-peer relationship is the intervention. It helps us support families in all walks of life, whether they are accessing services, waiting for services, not wanting to engage in services, completing services, or simply needing someone to listen. Because we use individualized treatment planning and shared documentation, our families are able to choose the goals they feel they can complete with support, which greatly increases positive outcomes and recovery gains. We work collaboratively with numerous treatment settings and refer clients for assessments, take them to assessments, go to AA and NA meetings with them, refer them to counseling and help them engage in positive activities that build on their current strengths and talents. We work to treat the whole person and do not treat the symptoms of a diagnosis in only a prescriptive way. Our most acute challenge is workforce. Recruiting and training qualified peer staff requires focus and intentionality. We have been able to hire four additional navigators in the Mat-Su Valley with previous histories that they have been able to overcome, including OCS cases and completing navigation services with AYFN. Training them will take time, but is worthwhile to ensure they are able to meet the professional expectations for the position. Receiving variance approval is also a factor in the process,

as having a past open OCS case presents as a barrier crime. We hope we can take this step forward in the community in hiring peers who have worked to change their lives and their circumstances.

- State required data includes the following which should be reported each Quarter:
  - Number of individuals served this Quarter 129 new individuals, 34 total families, and 48 children for a total of 177 individuals.
  - Number of individuals served from Start of Grant to End of This Quarter 746
  - Number and types of referrals to:
    - a) Other treatment (this Quarter) not tracked
    - b) Other Treatment (from Start of Grant to End of this Quarter) not tracked
    - c) Recovery supports (this Quarter) not tracked
    - d) Recovery Supports (from Start of this Grant to End of Quarter)\_not tracked
    - e) Housing (this Quarter) not tracked
    - f) Housing (from Start of this Grant to End of Quarter) not tracked
    - g) Employment (this Quarter) not tracked
    - h) Employment (from Start of this Grant to End of Quarter) not tracked\_
    - i)

Other(this Quarter) not tracked\_Describe: We track the outcomes in these areas, but do not have a mechanism for tracking the number of referrals given to each individual or family. We will be meeting face-to-face with our clinical record vendor to improve our reporting capabilities in August. We are able to report that we connected families with 105 other agencies this quarter, including: Primary Care, counseling, entitlement services, food banks, eviction support, housing support, housing programs, legal support, employment support, counseling services, AFS, treatment facilities, AMYA, CITC, Valley Oaks, MAT, Set Free, True North Recovery, Rainforest Treatment, Akeela, Nine Star, Wasilla Behavioral Health, CoDI, Celebrate Recovery, AK Child and Family, Denali Family Services, Knik Tribal Council, ANMC, Providence Behavioral Health, MatSu Behavioral Health, AHFC, CIHA, Neighbor Works, HeartReach, DVR, MatSu Health Services, Children's Place, AK Cares, AA, NA, and Sunshine Treatment Center, and various churches.

- j) Other(from Start of this Grant to End of Quarter) Primary Care, counseling services, entitlement Services, food banks, utility support, behavioral health mini-grants, eviction support, clothing support, housing support, housing programs, legal support, employment support, employment programs, ACMHS, ASD, OCS, AFS, treatment facilities, AMYA, psychiatric care, DVR, Social Security Office, CITC, Valley Oaks, MAT, PAT, Set Free, True North Recovery, Rainforest Treatment, Akeela, Nine Star, Wasilla Behavioral Health, Playful Learning, Playful Journeys, CoDI, Celebrate Recovery, various churches, AK Child and Family, Denali Family Services, Knik Tribal Council, Sarah's house, Chickaloon Tribe, ANMC, Providence Behavioral Health, MatSu Behavioral Health, AHFC, CIHA, Neighbor Works, ROCK MatSu, HeartReach, DVR, DVIP, MatSu Health Services, Focus, Family Centered Services, Mental Health Trust, Children's Place, AK Cares, AA, NA, Sunshine Treatment Center, ILP, VA, My House, Family Promise and Knik House. \_\_\_\_\_
- Number of clients, or peers, receiving services who access other treatment and/or recovery support services (this Quarter) 21 families are actively utilizing substance use treatment programs or groups and 21 families are engaged in mental health counseling.

- Number of clients, or peers, receiving services who access other treatment and/or recovery support services (From Start of the Grant to End of This Quarter) Not collected last quarter.
- Program Cost per client (From Start of the Grant to End of This Quarter) \$858 (this does not include the substantial number of duplicated individuals attending AYFN's support, peer and education groups)
  - Number and types of recovery outcomes achieved
    - a) Employment (This Quarter) 5
    - b) Employment (From Start of the Grant to End of This Quarter) 63
    - c) Housing (This Quarter) 12
    - d) Housing (From Start of the Grant to End of This Quarter) 40
    - e) Education (This Quarter) combined with employment
    - f) Education (From Start of the Grant to End of This Quarter) combined with employment
    - g) Other (This Quarter) 215\_Describe: 21 reunification with 29 children returning home, 41 positive parenting outcomes, 15 positive adjustments in visitation allowances, 35 improved mental health outcomes, 36 improved outcomes for substance use, 12 positive employment outcomes, and 67 other outcomes (OCS case closure, no recidivism, resource connection, etc.)
    - h) Other (From Start of the Grant to End of This Quarter) 704
  - Number of individuals who participated in member activities This Quarter (For Drop In and Resource Centers)
    - a) Not Applicable n/a
    - b) Lunch n/a

Use of center resources e.g. computer access not tracked\_Describe: Our center was used approximately 19 times as a resource outside of scheduled time with a navigator. Employment support, computer and printer use, crisis support, food, and referral out are among the resources we provided. This does not include the additional 33 people who called and received support telephonically, or the number of people attending groups. The total number decreased of covid and we are hopeful that numbers will climb during the Q1 FY21.

- c) Center sponsored social/recreational integration activities 21 Describe There were 21 groups hosted throughout this quarter including our drop-in family support groups, parenting education classes, and reunification and recovery support. This number does not include attendance at our community wellness fair, our Harvest party, the Holiday party thrown in conjunction with Wasilla OCS for birth families, or attendance at local outreach events.
- Number of trained volunteers that provided operational support this quarter 3
- Number of unduplicated clients receiving services from beginning of fiscal year to end of current quarter 185 families, 726 individuals.

- Program Cost per client this Quarter \$1,207.00 not include the 112 individuals who received information and referral services (this does not include the substantial number of duplicated individuals attending AYFN's support, peer and education groups)
- Program Cost per client (From Start of the Grant to End of This Quarter) \$858.00 (this does not include the substantial number of duplicated individuals attending AYFN's support, peer and education groups)
- Have you had any audits or site visits that occurred this quarter? No.  
If so were there any substantial findings? None that we have been notified of as of yet. The audit is in the process of being finalized and we will update the DBH next quarter.

Trainings/webinars/recordings 3.1.2020 – 6.30.2020 attended by AYFN Staff

- 1) COVID 19 Training
- 2) Trauma and Mental Health Peer Support
- 3) SBIRT
- 4) Art of the Peer Specialist (recorded webinar)
- 5) Community Inclusion and Peer Support (recorded webinar) 6/9
- 6) Can I get the Recipe? Research Supports the Evidence for Peer Support By: Laysha Ostrow (recorded webinar)
- 7) How Conflict Resolution Skills Can Help Peer Specialists By: Dan Berstein (recorded webinar)
- 8) Using Your Recovery Story to Connect and Inspire By: Kyneta Lee (recorded webinar)
- 9) Benefits of Recovery Environments By: Ahmad Abojaradeh (recorded webinar)
- 10) Mindful Self-Compassion: Co-creating Heart Skills in Early Childhood Programs and Systems
- 11) Crisis Engagement Strategies By: Elliot Palmer (recorded webinar)
- 12) Microaggressions and Becoming Culturally Responsive
- 13) Fundamentals of Fetal Alcohol Disorders
- 14) Intentional Peer Support
- 15) Motivational Interviewing
- 16) Peer Support the Basics & WRAP One-on-One
- 17) Overview of Case and Care Management
- 18) Major mental health disorders of childhood & MI clinical practice
- 19) The impact of substance use
- 20) Strat. For supervisors: reducing restrains and seclusion
- 21) Positive behavior support for children
- 22) Bloodborne pathogens
- 23) HIPAA
- 24) Cooperate compliance and ethics & Cultural compliance
- 25) Parenting styles and theories & Sexual harassment for employees
- 26) Drugs in the workplace & CBT
- 27) Fire safety
- 28) Client/patient rights
- 29) Preventing child abuse and neglect Relias yearly
- 30) Crisis Management Across Health and Human Services & Understanding Recovery
- 31) Homelessness and Substance Use
- 32) Trauma informed care & Overview of Children with Disabilities
- 33) Self-advocacy and recovery
- 34) Reframing negative situations & Boundaries
- 35) Strengths-Based Perspectives for Children’s Services Staff
- 36) Trauma 101 FY20 Alaska Training Coop.
- 37) CPR refresher Relias
- 38) Descalating Violent clients Relias
- 39) Fire Safety Relias
- 40) Parent Coaching AYFN
- 41) Workplace emergencies Relias
- 42) Covid-19 Relias

43) Protecting children in crisis	From Darkness to light
44) Safety in the Field	Relias
45) Compassion Fatigue, self-care, Resiliency	AK Training coop.
46) Path to crisis recovery & resiliency	Doors to wellbeing
47) Love and logic (Parenting)	Love and Logic
48) Person centered- Thinking and care coordination	Ak Train Coop
49) Pregnancy and Intimate partner violence	CFRP
50) Faces and Voices of Recovery	Patty McCarthy
51) Responding to Covid	FFTA
52) 7 Core issues of adoption	FFTA
53) Motivational Monday	AK Training coop.
54) Peer Support during Covid	Charlotte Sytnyk
55) MHDD: Self Care	Singleton, Patti
56) Doors to wellbeing Peer specialist	Copland Center
57) Mindful Compassion: Co-creating Heart skills	Childrens.harvard.edu
58) Mental Health and Dev. Disabilities	MHDD
59) Mindful Self Compassion	Brazelton
60) Family Contact learning exchange	Christi Doty
61) Science of Traumatic stress	Advanced Trauma Training Institute
62) Collaborating w/ court to promote foster care	
a. as a support for families	Capacity Building Center for states
63) Caring for each other using sesame street	Kayla Savelli
64) Keeping the doors open for child services	Child Welfare Info gateway
65) Motivational Monday	Alaska Cooperative
66) Back to business Summit	Harper Collins leadership
67) FCIP learning exchange	Denver Institute
68) Alaska Advanced Trauma training	Ak trauma training institute
69) Upstream	Knik Tribe
70) WRAP	Ionia
71) Inside Out	Kenai Reentry coalition
72) Developing Innovative Practices:	FFTA
73) The history and Power of peer support	C4Innovations
74) Building a strong peer network	C4Innovations
75) Strengthening Peer support in Ak (6 sessions)	DHSS
76) Georgia's Path to Implement Peer Support	C4Innovations
77) Dismantling Racial Inequalities	Christa Doty
78) Microaggressions and Becoming Culturally Responsive	
79) Using Motivational Interviewing Processes for Brief Intervention	
80) The History and Power of Peer Support	
81) NAMI: How You Can Help LGBTQ Youth Mental Health	
82) Caring for Each other: Sesame Street	
83) Communication Essentials: Communication Style Effectiveness	
84) Communication Essentials: Navigating Conversations	
85) Communication Essentials: The Effective Listener	



- 86) Crisis Management Across Health and Human Services
- 87) De-escalating Hostile Clients
- 88) Peer Support Services in Substance Use Disorder Recovery
- 89) Wellness routines for uncertain times
- 90) Supporting ourselves during Covid isolation
- 91) Maintaining effective peer support
- 92) Managing mental health in the workplace
- 93) Practicing self-compassion
- 94) Treating co-occurring mental health and addiction
- 95) Violence in the workplace
- 96) Emergencies within the workplace
- 97) The role of a parent peer support within the child welfare system
- 98) Supporting youth in early recovery
- 99) Reducing use of restraints
- 100) Recovery practices and principles in mental treatment
- 101) Navigating the ethics and boundaries of a dual relationship
- 102) Guidelines for effective documentation
- 103) Cultivating relationships with your peers
- 104) Crisis management
- 105) Acting decisively when in crisis
- 106) Teen mental health webinar
- 107) Peer support therapeutic story telling
- 108) The role of a peer support specialist
- 109) Disability pride
- 110) Practical uses for therapeutic story telling
- 111) Treating depression with dialectical behavior therapy
- 112) How to facilitate a peer lead support group
- 113) Cultivating relationships
- 114) Equipping foster families to actively support reunification
- 115) Financial wellness and peer support
- 116) Peer support in integrated care
- 117) Peer support and smoking cessations
- 118) Crisis management strategies
- 119) Peer support specialists working together with allies
- 120) A path to crisis recovery and resilience
- 121) Trauma and mental health peer support
- 122) Building a partnership to enhance the workplace
- 123) Tips and resources for thriving and surviving challenging times
- 124) Enhancing personal capacity for wellness
- 125) Avoiding crisis when things are breaking down
- 126) WRAP and Loneliness (Mary Copeland PhD trainings/webinars)
- 127) Wrap for life (Mary Copeland PhD webinar)
- 128) Circles of support (Ionia webinars and zoom)

- 129) Pregnancy and Intimate Partner Violence during the COVID-19 Pandemic AK-  
DHSS
- 130) Decision points in your agency: What to consider when working with youth peers
- 131) How you can help LGBTQ youth mental health
- 132) Buprenorphine to address opioid addiction
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<b>Project Title:</b> Alaska Mental Health Consumer Web BPI Grant	
<b>Grantee:</b> Alaska Mental Health Consumer Web	
<b>Fund:</b> Authority Grant	
<b>Geographic Area Served:</b> Anchorage Municipality	<b>Project Category:</b> Direct Service
<b>Years Funded:</b>	
<b>FY20 Grant Amount:</b> \$333,600.00	
<p><b>High Level Project Summary:</b></p> <p>The Alaska Mental Health Consumer Web (the Web) provides a critical safety net drop-in center for difficult to serve Trust beneficiaries in Anchorage. The Web provides a supportive and recovery-oriented environment for people with severe and persistent mental illnesses and other behavioral health related conditions. The Web uses a recovery-oriented model of peer support services to link beneficiaries with basic needs such as housing and food while promoting a sense of community, inclusion, and wellness. The Web provides a risk-reducing sober environment for participants seeking supports.</p> <p>In FY20, the Web substantially met or exceeded Trust expectations against the performance measures outlined in the project grant agreement. Drop-in center agencies such as the Web are not likely to be self-sustaining in the immediate future because Medicaid and other revenue sources are inadequate to sustain this model of service. Trust staff will continue to work with the Web to identify and develop other revenue options to replace or augment Trust funding where possible. Trust staff believe this model of serving beneficiaries with beneficiaries is being well delivered by the Web and recommends continued funding in FY23.</p> <p>Trust funding of the Web and its programs and services support Goal 3, Economic and Social Well Being and Goal 4, SUD Prevention, of Strengthening the System: Alaska’s Comprehensive Integrated Mental Health Program Plan.</p>	

**Project Title:** Alaska Mental Health Consumer Web BPI Grant

**Staff Project Analysis:**

The Alaska Mental Health Consumer Web (the Web) provides a critical safety net drop-in center for difficult to serve Trust beneficiaries in Anchorage. The Web provides a supportive and recovery-oriented environment for people with severe and persistent mental illnesses and other behavioral health related conditions. The Web uses a recovery-oriented model of peer support services to link beneficiaries with basic needs such as housing and food while promoting a sense of community inclusion and wellness.

In FY20, the Web reported serving approximately 1,416 unduplicated beneficiaries as well as providing training for 140 individuals despite enduring obstacles presented by the COVID-19 pandemic. Trust beneficiaries utilized the Web as a sober, safe haven that provides assistance with employment and housing opportunities, peer support and mentoring, peer group discussions, 12-step meetings, computer access, transportation to medical appointments, haircuts, nutrition and cooking classes, as well as referral and coordination of support services such as dental care and medical treatment.

Beneficiary feedback continues to be overwhelmingly positive according to surveys and testimonials provided in reporting as well as in person during site visits and other interactions. The relationship with community partners continues to be a key area of focus for the Web to identify and streamline access to supports and services for participants.

Drop-in center agencies such as the Web are not likely to be self-sustaining in the immediate future because Medicaid and other revenue sources are inadequate to sustain this model of service and the agency does not have the administrative capacity to become a Medicaid provider. Trust staff will continue to work with the Web to identify and develop other revenue options as appropriate to augment Trust funding. Trust staff believe this model of serving beneficiaries with beneficiaries is being well delivered by the Web and recommends continued funding in FY23.

Trust funding of the Web and its programs and services support Goal 3 and Goal 4 of Strengthening the System: Alaska's Comprehensive Integrated Mental Health Program Plan.

**Project Description:** The Alaska Mental Health Consumer Web (The Web) is the only peer-run recovery-oriented drop-in and engagement center in Anchorage. The Web serves individuals who experience life challenges including; mental illness, traumatic brain injury, developmental, substance addiction issues, and homelessness. In addition to secondary Trust beneficiaries who encounter an array of negative life circumstances. The prevailing philosophy at The Web is the development of relationships through the use of peer mentors and their experiential knowledge of mental illness, substance abuse, homelessness and other similar life experiences. Peer support is utilized as the bridge that breaks down stigma and isolation and establishes the connection that leads to relationship and story. The Web recognizes sharing story is relationship orientated, and relationship building is a crucial component of recovery. The Web endeavors to utilize the relationship established through the peer-to-peer connections to meet the individual needs of each person; as we recognize the one-size fits all approach to service often fails. Individuals experiencing chronic homelessness and co-occurring substance use disorders tend to be the hardest to reach because they do not integrate easily into the conventional behavioral health system. Because of the difficulty integrating, at times the Web is the last service option for many of these individuals, as they have burned bridges within



the traditional social service system.

**Grantee Response - FY20 Grant Report Executive Summary:**

**Executive Summary from January 31, 2020 Interim Report:** The first half of FY20 has been both challenging and successful for The Web; the budget uncertainties of funding for the year has impacted our entire service community which has been stressful for our participants trying to navigate the rapidly changing services environment. During our daily Peer to Peer program meeting participants shared how the reduction of services is directly impacting them and sharing their fears of how they might be able to substitute the reduced or terminated services. With many of our participants struggling with homelessness the loss of supportive services such as Case Management has resulted in our Peer Mentors seeing an increased demand from participants needing assistance to secure the necessities beyond emergency shelter. Housing, transportation and income assistance have seen the largest increase during the report period. The program has been operating at capacity for much of each day, which unfortunately requires participants to wait or return at a later time to receive the needed services. Our Peer staff continue to cross train as we work to provide a seamless delivery of services needed to access community resources and streamline the process for our participants. The supportive and accepting environment of The Web continues to provide the time, space and resources for our participants to reach out and accept the help needed to reduce some of the barriers on their path to self-sufficiency. We are seeing an increase in the number of participants actively engaging in behavioral health services, gaining employment and housing through coordinated entry. It is with the collaborative partnerships with our community partners that makes these successes possible.

During the report period we signed a Memorandum of Agreement with Anchorage Project Access to provide an enrollment specialist onsite at The Web twice a month again this year for assistance to enroll Medicaid, SNAP and Public Assistance benefits. The ability to assist member acquire a copy of their Quest or Medicaid card has been tremendously helpful to many of our participants who due to their current situation lose or have their belongings stolen.

The Peer Employment and Housing Mentors attend community meetings which provides an opportunity to advocate for our members and serves as a conduit for information to reach our participants in a timely manner, which we believe also streamlines access to needed services and supports.

**Executive Summary from August 31, 2020 Status Report:** 2020 started off with continued focus on wellness and recovery activities, connecting participants to behavioral health providers, SUD services, employment, benefits such as Medicaid, SSI/SSDI and appropriate affordable stable housing opportunities. Community outreach and engagement activities with participation in the Anchorage Behavioral Health Coalition, Project Homeless Connect, Coordinated Entry and Anchorage Coalition to End Homelessness provided ongoing opportunities to bridge the gap for Web participants. Each month Andi, our Peer Administrative Assistance host a Birthday celebration to highlight recovery, wellness milestones with cake and ice cream and a card signed by fellow Web participants. Orthodox Christmas in early January provided another opportunity to honor the rich and vibrant culture of our indigenous peoples by attending community gatherings at the Heritage Center, ANMC & a luncheon at The Web with Prayers, Music & Food. The Web's annual Safe & Sober Super Bowl party is always a welcome event during the cold and provides an opportunity to provide a welcoming environment to support participants in their wellness and sobriety was well attended. With news of the impending virus moving towards Alaska the agency worked to develop an

operational plan that would pause in person drop-in services to transition to virtual peer support services via email, phone, and video via Zoom. During the mandated closure we were successful in providing peer services six days a week which was vital for our participants to maintain contact who had the support of peer staff to share their fears, concerns, and challenges and seek potential assistance. Many of our participants who work in the service sector found themselves unexpectedly furloughed or unemployed, which with very limited personal resources was devastating to their quality of life. Peer staff focused to assist participants with filing for unemployment benefits for the majority who were not receiving pay to help provide access to what was now very limited community resources. Mail pickup was shifted to our neighborhood post office who went above and beyond to fill the need of our participants during the drop-in center closure. Homeless prevention services increased with request for rent and utility arrearages; we have been heartened by the wiliness of property owners and utility companies to work with our participants as we identify needs, locate needed funds and the inevitable delay in payments. Housing placements continued, albeit at a substantially reduced rate for participants who were less impacted due to the nature of their employment and ability to continue to move forward with their plan of permanent housing. Daily Peer to Peer meeting presented an opportunity to discuss the need for participants to wear masks, wash and sanitize their hands and maintain 6 feet distance when possible when at The Web and as a general practice when out in the community. Staff took the opportunity to print and review the current MUNI Emergency Order with participants to help address fears and concerns and provide facts verses rumors which can be a challenge for those who do not have regular access to local news. With guidance from local, state and federal agencies The Web's Board and staff identified needed PPE, equipment, sanitation along with developing a plan to promote social distancing that would be needed to safely reopen the drop-in center once the mandated closure order is lifted. The MUNI Office of Emergency Management has been a tremendous resource for both disposable and cotton face masks and referral for local manufactured sanitizer. One local grassroots organization that we contacted via social media also assisted with local made masks that have been vital and allowing us to provide a variety of masks to participants and staff. As the state and Muni began to ease restrictions, we have a realistic plan to reopen the drop-in center in early June.

**Number of beneficiaries experiencing mental illness reported served by this project in FY20: 1,142**

**Number of beneficiaries experiencing substance misuse reported served by this project in FY20: 763**

**Number of beneficiaries experiencing a developmental disability reported served by this project in FY20: 95**

**Number of beneficiaries experiencing Alzheimer's Disease or a related dementia reported served by this project in FY20: 4**

**Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY20: 212**

**Number of individual trained as reported for this project in FY20: 140**

**Performance Measure 1: How Much?**

- a) The number (#) of beneficiaries (unduplicated) served, broken down by Trust beneficiary group.
- b) The number (#) and percentage (%) of new beneficiaries (unduplicated) served during the reporting period, broken down by Trust beneficiary group.
- c) The total (#) of activities or events held. For each activity or event, please include the date(s), location(s) and number (#) of attendees.

**Grantee Response to Performance Measure 1:**

**Response from January 31, 2020 Interim Report**

a)

During the report period we served 1,416 unduplicated individuals providing 10647 service visits with a daily average of 67 participants receiving Peer Support services. Of the 1,416 individuals served, 963 self-identify as being a Trust Beneficiary; below is a breakdown.

b)

Alcohol/Substance Abuse = 279 representing 30% of new beneficiaries served.  
Mental Illness = 135 representing 14% of new beneficiaries served.  
Mental Illness/Addiction = 210 representing 22% of new beneficiaries served.  
Mental Illness/Brain Injury = 27 representing 3% of new beneficiaries served.  
Mental Illness/Brain Injury/Addiction = 62 representing 6% of new beneficiaries served.  
Mental Illness/Development Disability = 8 representing 1% of new beneficiaries served.  
Brain Injury/Addiction = 16 representing 2% of new beneficiaries served.  
Uncategorized = 226 representing 22% of new beneficiaries served.

c)

7/4/19 Safe & Sober 4th of July BBQ @ The Web- 65 attendees  
8/9/19 Web Members Day at the Zoo—8 attendees  
9/2/19 Safe & Sober Labor Day BBQ @ The Web—71  
10/14/19 Member Appreciation Lunch @ The Web-67 attendees  
10/31/19 Safe & Sober Halloween Games & Movies @ The Web-79 attendees  
11/11/19 Veterans Day Commemoration @ The Web —52 attendees  
11/28/19 Safe & Sober Thanksgiving Dinner @ The Web-77 attendees  
12/11/2019 Wellness Fair TB Tests & Flu Shots @ The Web 47 attendees  
12/25/19 Traditional Christmas Dinner @ The Web- 79 attendees

**Response from August 31, 2020 Status Report**

a)

During the report period we served 426 unduplicated individuals providing 6,058 service visits/interactions with a daily average of 39 participants receiving Peer Support services. Of the 426 individuals served, 251 self-identify as being a Trust Beneficiary; below is a breakdown.

b)

Alcohol/Substance Abuse = 62 representing 25% of new beneficiaries served.  
Mental Illness = 40 representing 16% of new beneficiaries served.  
Mental Illness/Addiction = 65 representing 26% of new beneficiaries served.  
Mental Illness/Brain Injury = 8 representing 3% of new beneficiaries served.  
Mental Illness/Brain Injury/Addiction = 10 representing 4% of new beneficiaries served.  
Mental Illness/Development Disability = 5 representing 2% of new beneficiaries served.  
Brain Injury/Addiction = 5 representing 2% of new beneficiaries served.  
Uncategorized = 56 representing 22% of new beneficiaries served.

c)

1/1/2020 Safe & Sober New Year’s Day Spaghetti Luncheon @ The Web—55 attendees  
1/20/2020 Dr. Martin Luther King Day- Dr. King Reading & Discussion @ The Web-76 attendees  
2/2/20 Safe & Sober Super Bowl @ The Web 42 attendees  
3/17/20 Traditional St. Patrick’s Day Luncheon @ The Web 63 attendees

**Performance Measure 2: How Well?**

a) Provide a brief narrative describing the activities, successes, challenges, and any lessons

learned during the reporting period.

- b) Describe any community networking activities that occurred during the reporting period. This may include interactions with state or local non-profit organizations, governmental entities, or Trust advisory boards and/or partners.
- c) Number (#) and percentage (%) of individuals reporting satisfaction with the program, service, event and/or activity in which they participated.
- d) For the final report, provide the BPI Organizational Capacity Worksheet (form will be provided via email in June).

**Grantee Response to Performance Measure 2:**

**Response from January 31, 2020 Interim Report**

a)  
During the report period a new MOA was signed with Anchorage Project Access to provide a Benefits Specialist onsite at the Web twice a month to provide one on one assistance to participants for Medicaid, SNAP and Adult Public Assistance benefits. Our established partnerships continue to provide access to primary care, behavioral health services, housing and employment. One major challenge that not only the Web is working through is the current upheaval of Social Security's focus on Representative Payee services in Alaska. To date this has resulted in several Web participants who had been mandated to have a Payee now direct pay. Without this critical service the long-term impacts of this change has the potential to cause significant harm to those Beneficiaries.

b)  
The Web continues to actively participate with our existing and new partnerships; Disability Law Center, South Central Foundation, Anchorage Coordinated Entry, Anchorage Project Access, Anchorage Behavioral Health Coalition, Anchorage Coalition to End Homelessness and Alaska Coalition on Housing and Homelessness. The Web's Peer Staff strive to be effective advocates or to serve as a conduit to link participants to needed services to reduce the incidents where a participant fails to obtain the needed services due to lack of follow through, transportation or relapse.

c)  
The Web conducts a semi-annual satisfaction survey; 100 surveys were distributed 97 surveys were returned; 91 (98.91%) of the 92 who responded to the question responded that they were treated with respect and dignity; 80 (88.89%) responded they are satisfied with the Web's services of the 80 who responded to the question.

d)  
BPI Organizational Capacity Worksheet will be submitted with the final report.

**Response from August 31, 2020 Status Report**

a) During the report period Web staff continued to serve Trust Beneficiaries six days a week to provide access to needed services by providing linkages to behavioral health, primary care, SSDI & Medicaid, Neuropsychological Evaluations, employment, and housing. We continue to assist individuals who have been impacted by Social Security's focus on payees, this has resulted in several of our members losing that supportive service and with a lack of available SSA approved Payees, becoming a direct pay and struggling to manage their financial resources. This has, as feared, been a tremendous challenge to both the beneficiary and those who provide services such as housing, food, transportation, primary care, and behavioral health services.

b) The Web continues to actively participate with our existing and new partnerships; Disability Law Center, South Central Foundation, Anchorage Coordinated Entry, Anchorage Project Access, Anchorage Behavioral Health Coalition, Anchorage Coalition to End Homelessness and Alaska Coalition on Housing and Homelessness. The Web's Peer Staff strive to be effective advocates or to serve as a conduit to link participants to needed services to reduce the incidents where a participant fails to obtain the needed services due to lack of follow through, transportation or relapse.

c) The Web conducts a semi-annual satisfaction survey; 100 surveys were distributed, 86 surveys were returned; 80 (97.56%) of the 82 who responded to the question responded that they were treated with respect and dignity; 80 (95.24%) responded they are satisfied with The Web's services of the 84 who responded to the question.

d) The BPI Organizational Capacity Worksheet has been completed and submitted.

**Performance Measure 3: Better Off?**

- a) Number (#) and percentage (%) of individuals who report overall improved functioning and/or quality of life since participating in the program.
- b) Number (#) and percentage (%) of individuals who have experienced two or more of the following key outcome areas pertinent to your program:
  - i. Increased ability to manage challenging situations.
  - ii. Increased ability to manage challenging behaviors.
  - iii. Became stably housed as a result of the program.
  - iv. Became employed as a result of the program.
  - v. Decreased substance use.
  - vi. Decreased legal involvement.
  - vii. Increased healthy behaviors (e.g., physical activity or eating healthfully).
  - viii. Reduction in number of days with poor physical or mental health.
  - ix. Became connected to benefits programs (e.g., Medicaid or Food Stamps).
- c) Provide two (or more) stories from individuals (in their own words) that describe how their quality of life has improved since participating in the project.

**Grantee Response to Performance Measure 3:**

**Response from January 31, 2020 Interim Report**

a) 82 members (92.13%) report the Web has helped them access some of life's necessities.

b) Outcomes:

- i.) 83 members (89.25%) report the Web staff help them feel better through personal support.
- ii.) 64 members (69.57%) report the Web helps me with personal challenges such as mental illness.
- iii.) 70 members (79.55%) report the Web offers increased access to housing opportunities.
- iv.) 57 members (61.29%) report the Web offers increased access to paid employment.
- v.) 76 members (80.00%) report the Web helps them stay sober.
- vii.) 94 members (97.92%) report the Web is a safe place to be during the day.
- ix.) 8 members were successfully enrolled for Medicaid, 39 assisted with obtaining their Medicaid number or replacement card.

c) Member stories available as attachments to this report.

**Response from August 31, 2020 Status Report**

a) 72 members (91.14%) report the Web has helped them access some of life's necessities.

b) Outcomes: Based on the number of responses to individual questions.

- i.) 70 members (85.37%) report the Web staff help them feel better through personal support.
  - ii.) 54 members (64.29%) report the Web helps me with personal challenges such as mental illness.
  - iii.) 54 members (65.06%) report the Web offers increased access to housing opportunities.
  - iv.) 47 members (55.95%) report the Web offers increased access to paid employment.
  - v.) 71 members (86.59%) report the Web helps them stay sober.
  - vii.) 81 members (100%) report the Web is a safe place to be during the day.
  - ix.) 5 members were successfully enrolled for Medicaid, 18 assisted with obtaining their Medicaid number or replacement card.
- c.) One member letter attached.

To: Dewayne Harris (Executive Director, Alaska Mental Health consumer Web).

From: George Grays

Subject: Gratitude letter

Date: January 15, 2020

My name is George Grays and I am a Father, Grandfather, Disabled Vietnam Veteran, College student, and a “grateful recipient of services from the Anchorage Mental Health Consumer Web”. I arrived in Alaska in June 1983 after serving eight years in the United States Airforce. Initially, my life in Alaska was good until drinking alcohol and using drugs resulted in me becoming unemployed, homeless, incarcerated, and hopeless.

After years of suffering, I was admitted to treatment at the Veterans Administration Domiciliary in Anchorage, Alaska and was diagnosed with Post Traumatic Stress Disorder, Major Depressive Disorder, and Substance Addiction Disorder. I was treated in this “therapeutic community” for eight month and released into the community. I got married in 2001, worked steadily for many years, relapsed into my addiction, recovered, and decided to return to college to pursue a degree in Human Services and get a job helping others to deal with alcohol and drug addiction, mental health disabilities, homeless, and hopelessness.

The Anchorage Mental Heal Consumer Web accepted me as an intern student in August 2019 and I began my training as a “Peer Support Mentor.” I was taught to conduct intake of consumer, motivational interviewing, office procedures, and the basic operations of the Consumer Web Facility. Most important, I was reminded of the tasks of caring for others in need and I am truly grateful to Dewayne (executive Director) for giving me the opportunity to

share and learn. Also, I am grateful to the entire staff at the Consumer Web for their love, patience, understanding, and professionalism: Kathy A, Kathy Andrews, Cheri, Deniece, Cassandra, Barb, and Becky. Thank you all for helping me to move on in my career studies and “God bless you all.”

George M. Grays





My name is Deanndre Riley, but I prefer to be called Andi, I am 32 years old, I have experienced mental health challenges since my teenage years; and I have a great story involving The Alaska Mental Health Consumer Web (“The Web”).

I am an employee at The Web and thanks to the continued support from my supervisors and coworkers, I have maintained my position of Administrative Assistant since September 2015. I enjoy my position at The Web, in which I manage records, build statistical reports and create graphic signs for the organization. My journey to this position began in 2008 and has been filled with many obstacles. These obstacles include experiences that have shaped me both professionally and personally, and I continue to grow through new experiences.

One of these experiences include me being employed previously at The Web from 2011 to 2014, in which I was a peer mentor for the organization; and between 2013 and 2014 I had been given opportunities to develop and utilize new skills for my current position. Unfortunately, due to an unpleasant experience, I had left the organization to have time to refocus on personal care and family-related issues.

A year had passed before I reapplied at The Web for the position of Admin Assistant, and at that time I gave myself a challenge; to maintain my position for twice the length of time that I had previously been employed; this meant, to me, to maintain my job for 6 years before seeking new employment opportunity. At this time I am working on my 5th year in my current position; but I have difficulties seeing myself explore new avenues of employment because I am really pleased with the individuals that I work with as colleagues, and every day I look forward to seeing the individuals that I serve. I am also eager to meet new individuals that cross the threshold of The Web, since a stranger is just someone with whom I have not yet had a chance to make a connection with. The opportunity to meet new people is present everywhere, but to me The Web is a very special place that helps me to make it a better experience.

I am very grateful for The Web, and the many experiences that I have had; and the opportunities to be an example of growth and hope for those that I encounter at The Web, and in the community around me. Without The Web in my life, I would be a completely different individual and not sure how my life would have otherwise developed.

I am grateful to have this opportunity to share my story with you,

*D. Riley / Andi Riley*  
Deanndre J Riley / Andi J Riley





# Alaska Mental Health Consumer Web

1248 Gambell Street  
Anchorage, AK 99501

907.222.2980  
907.222.2981



The Web's annual Safe & Sober 4<sup>th</sup> of July BBQ

## **Mission**

*The Web provides peer-driven, peer support in a safe environment guided by unconditional positive regard using a recovery-based philosophy.*



Web member Tedo and Peer Mentor Cheri introduce  
Mittens The Web's new Therapy Animal

### **Mission**

*The Web provides peer-driven, peer support in a safe environment guided by unconditional positive regard using a recovery-based philosophy.*



Peer Mentor Cheri celebrates her Birthday with Web Members

### **Mission**

*The Web provides peer-driven, peer support in a safe environment guided by unconditional positive regard using a recovery-based philosophy.*



Web Member Wayne & Peer Mentor Cassandra frame donated prints

**Mission**

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The Web's Garden August 2019

### **Mission**

*The Web provides peer-driven, peer support in a safe environment guided by unconditional positive regard using a recovery-based philosophy.*



Mittens settling into his new role as Therapy Cat with Web Member Josh

### **Mission**

*The Web provides peer-driven, peer support in a safe environment guided by unconditional positive regard using a recovery-based philosophy.*



Member facilitated Thursday weekly Cooking Class

### **Mission**

*The Web provides peer-driven, peer support in a safe environment guided by unconditional positive regard using a recovery-based philosophy.*





Veggies from the Web Garden used in Thursday Cooking Class

### **Mission**

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**Peer Mentor Andi sharing her Birthday with Web Members**

### **Mission**

*The Web provides peer-driven, peer support in a safe environment guided by unconditional positive regard using a recovery-based philosophy.*



**Web Member Clarence preparing food**

### **Mission**

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**Web Member Wayne helping to secure new Recycle Cans**

**Mission**

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**September Hail Storm 2019**

**Mission**

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**Web Member Bertha & Peer Mentor Andi  
The Web's Safe & Sober Halloween 2019**

**Mission**

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**Web Members Jason & Michael  
The Web's Safe & Sober Halloween 2019**

**Mission**

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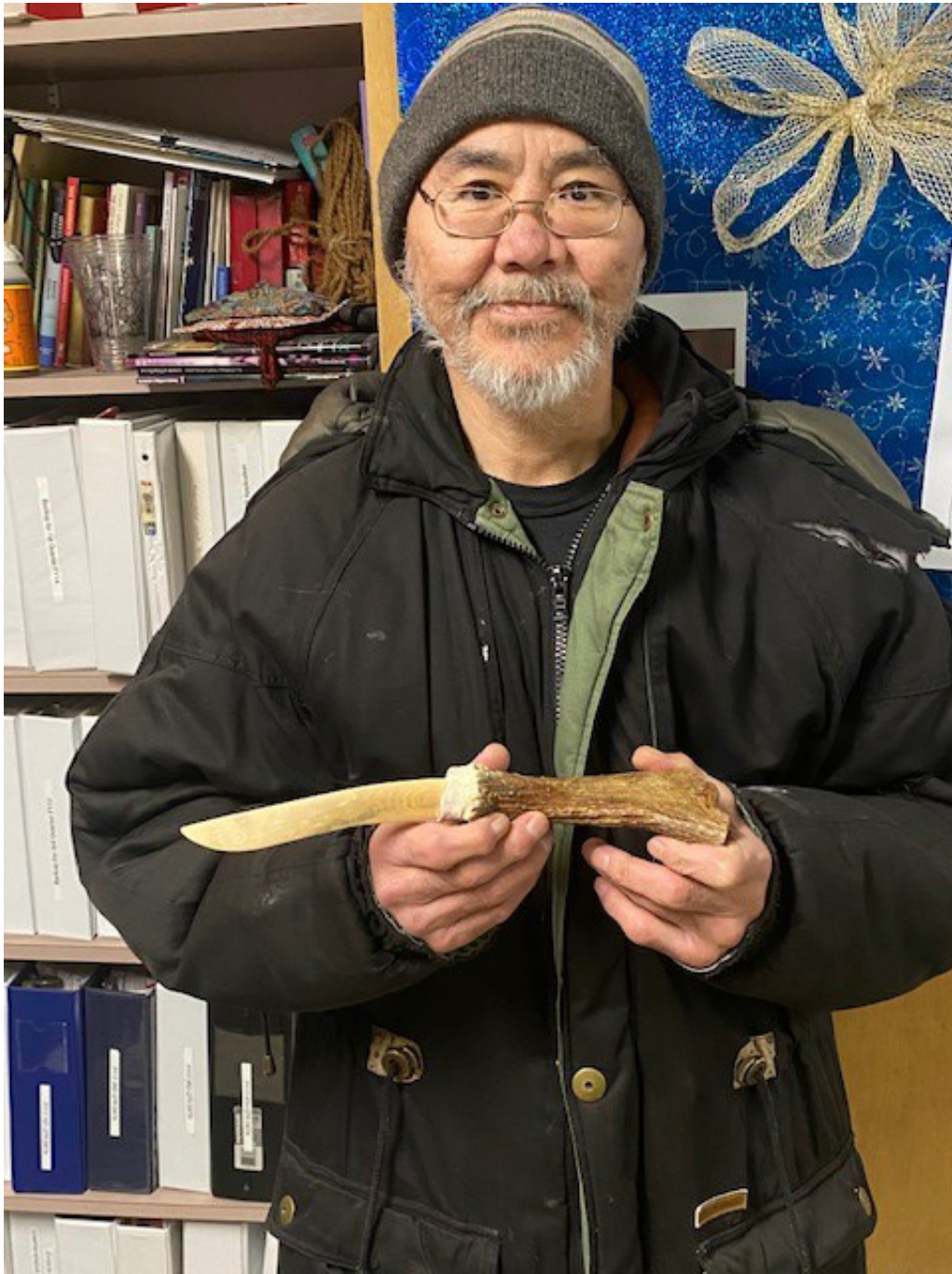


**Web Member Wilson shares one of his Art Pieces**

### **Mission**

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**Web Member Wilson shares one of his Art Pieces**

### **Mission**

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**Web Members and Community Volunteers  
The Web's Safe & Sober Thanksgiving 2019**

**Mission**

*The Web provides peer-driven, peer support in a safe environment guided by unconditional positive regard using a recovery-based philosophy.*



**Web Members Elvira, Lillian, Mike & Dianne  
Safe & Sober Thanksgiving Dinner 2019**

**Mission**

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**UAA Intern George Grays 2019**

**Mission**

*The Web provides peer-driven, peer support in a safe environment guided by unconditional positive regard using a recovery-based philosophy.*



**The Web's 3<sup>rd</sup> Annual Health Fair  
MUNI Department of Public Health-Registration**

**Mission**

*The Web provides peer-driven, peer support in a safe environment guided by unconditional positive regard using a recovery-based philosophy.*



**The Web's 3<sup>rd</sup> Annual Health Fair  
MUNI Department of Public Health—HIV & STI Testing**

**Mission**

*The Web provides peer-driven, peer support in a safe environment guided by unconditional positive regard using a recovery-based philosophy.*



**The Web's 3<sup>rd</sup> Annual Health Fair  
MUNI Department of Public Health—TB Testing and Flu Shots**

**Mission**

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**Web Member Rosemary receives Housewarming Plant from The Web**

**Mission**

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**Web Member Andrea sharing her cultural gift of Fry Bread**

**Mission**

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**Web Member Andrea sharing her cultural gift of Fry Bread**

### **Mission**

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**Web Members at the The Web's  
Annual Safe & Sober Christmas Dinner 2019**

**Mission**

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**Web Members at the The Web's  
Annual Safe & Sober Christmas Dinner 2019**

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**Web Members at the The Web's  
Annual Safe & Sober Christmas Dinner 2019**

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**Web Members Eva & Dusty's Commitment Ceremony December 2019**

### **Mission**

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**Web Members Eva & Dusty's Commitment Ceremony December 2019**

**Mission**

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**Eva & David's Family Celebrate their Commitment**

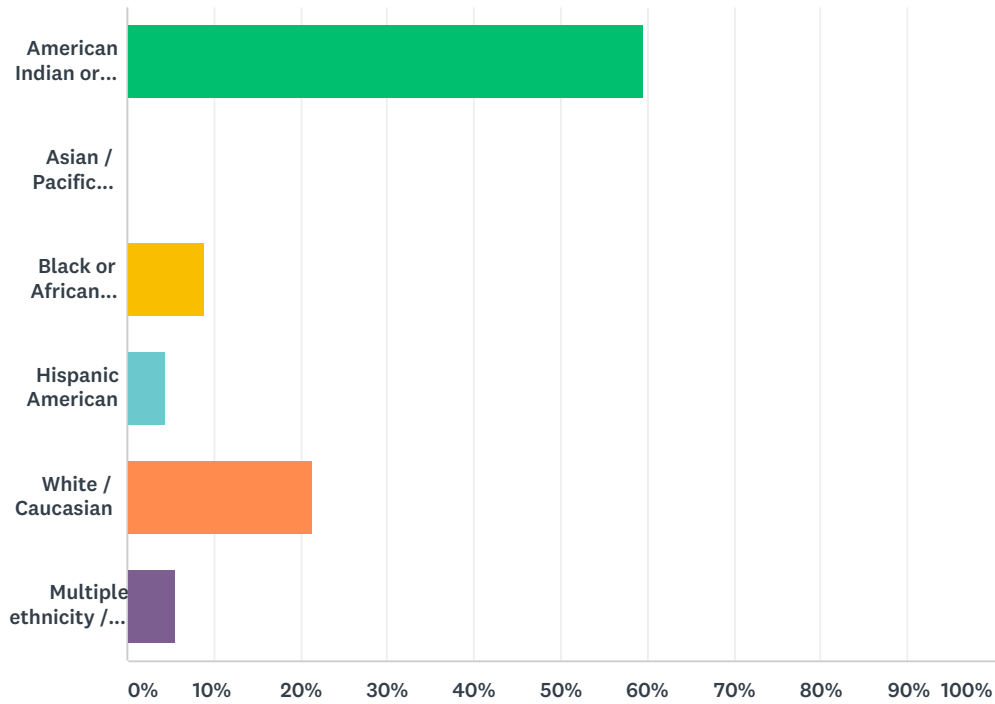
**Mission**

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### Q1 Which race/ethnicity best describes you? (Please choose only one.)

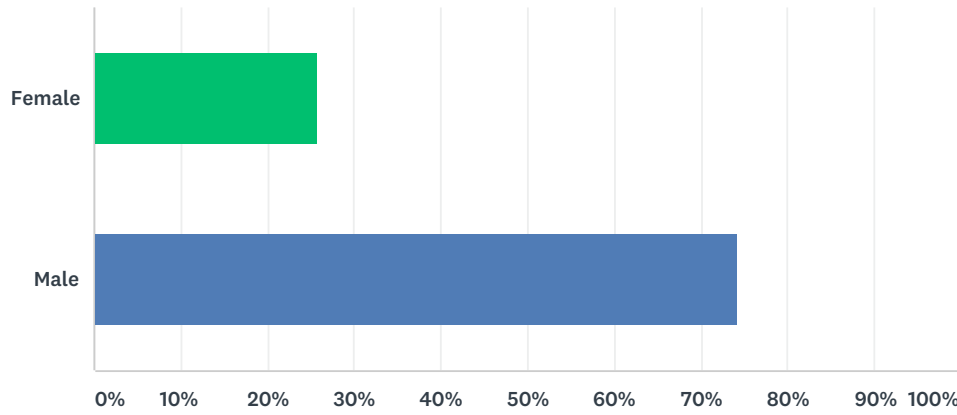
Answered: 89 Skipped: 8



ANSWER CHOICES	RESPONSES	
American Indian or Alaskan Native	59.55%	53
Asian / Pacific Islander	0.00%	0
Black or African American	8.99%	8
Hispanic American	4.49%	4
White / Caucasian	21.35%	19
Multiple ethnicity / Other (please specify)	5.62%	5
Total Respondents: 89		

### Q3 What is your gender?

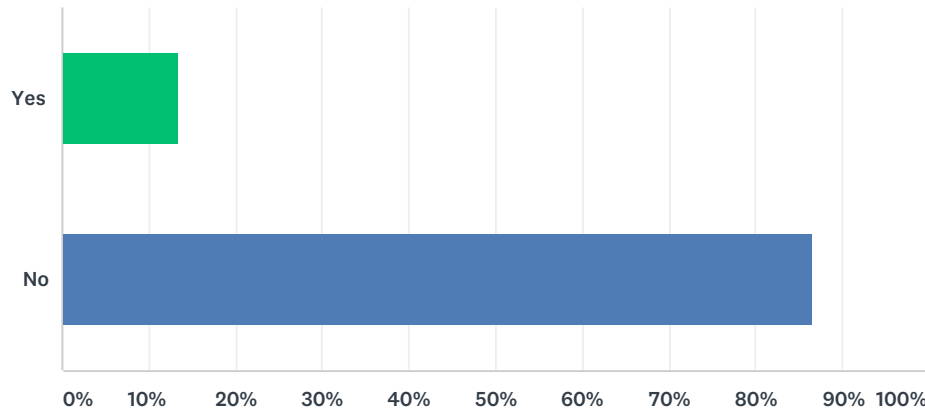
Answered: 97 Skipped: 0



ANSWER CHOICES	RESPONSES	
Female	25.77%	25
Male	74.23%	72
TOTAL		97

### Q4 Are you a veteran?

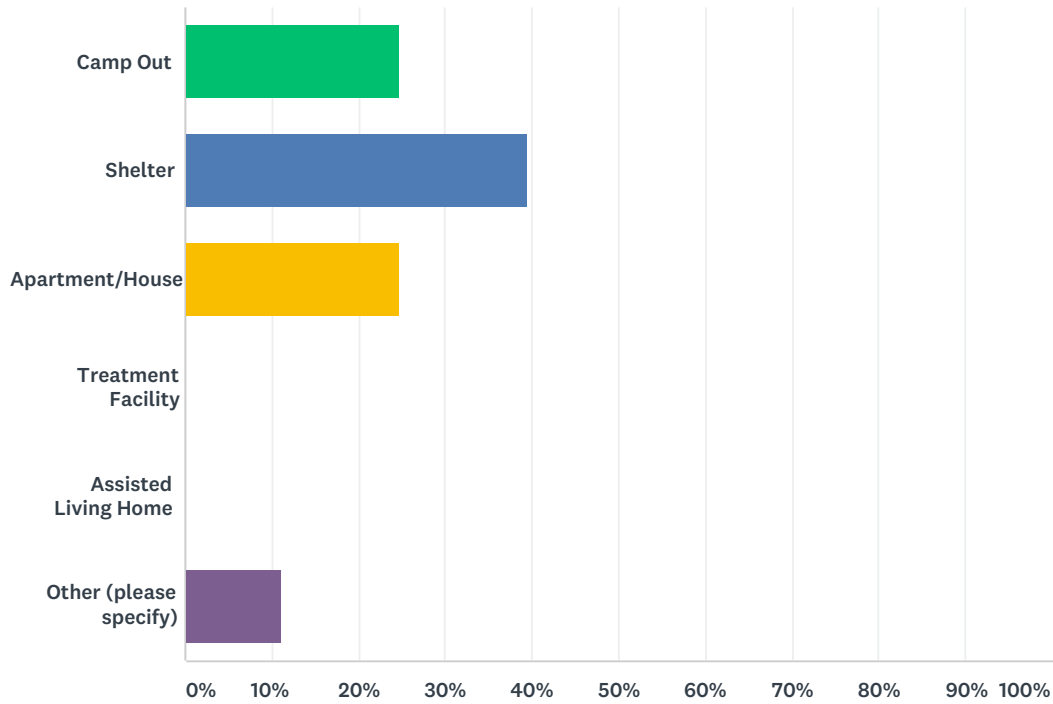
Answered: 97 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	13.40%	13
No	86.60%	84
TOTAL		97

### Q5 Where do you live?

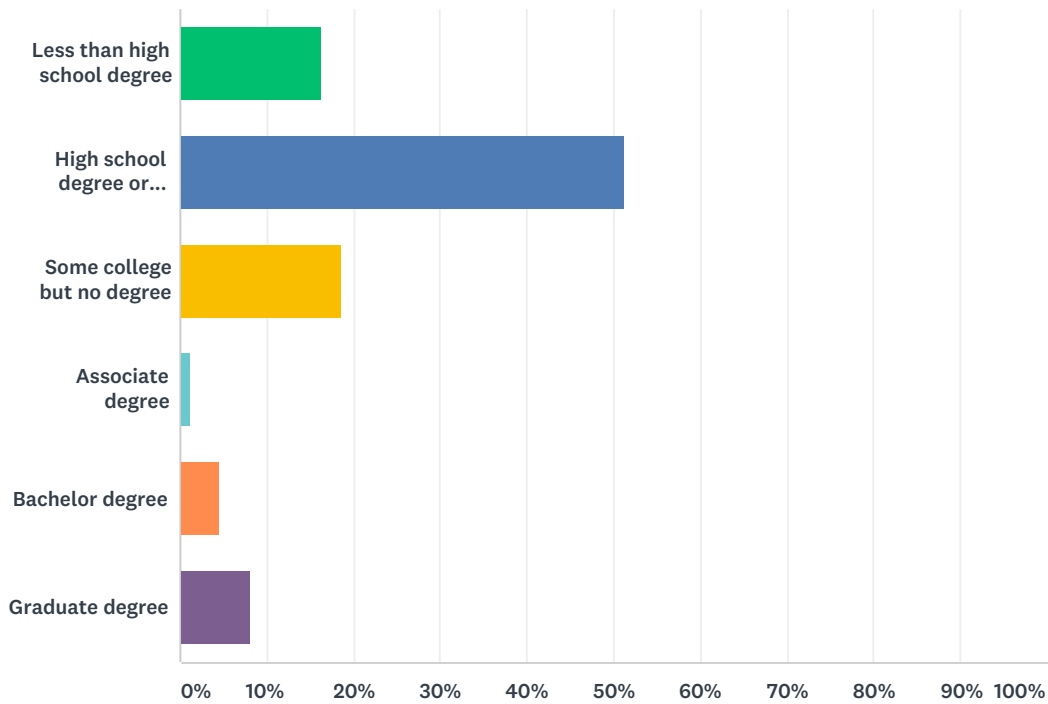
Answered: 81 Skipped: 16



ANSWER CHOICES	RESPONSES	
Camp Out	24.69%	20
Shelter	39.51%	32
Apartment/House	24.69%	20
Treatment Facility	0.00%	0
Assisted Living Home	0.00%	0
Other (please specify)	11.11%	9
<b>TOTAL</b>		<b>81</b>

## Q6 What is the highest level of school you have completed or the highest degree you have received?

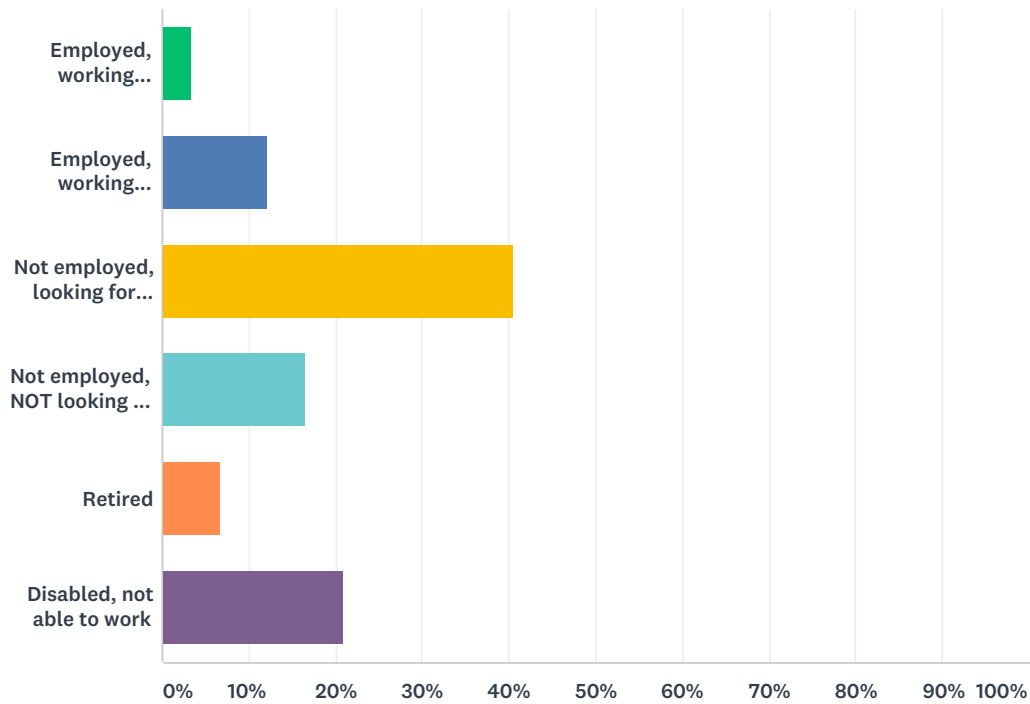
Answered: 86 Skipped: 11



ANSWER CHOICES	RESPONSES	
Less than high school degree	16.28%	14
High school degree or equivalent (e.g., GED)	51.16%	44
Some college but no degree	18.60%	16
Associate degree	1.16%	1
Bachelor degree	4.65%	4
Graduate degree	8.14%	7
<b>TOTAL</b>		<b>86</b>

## Q7 Which of the following categories best describes your employment status?

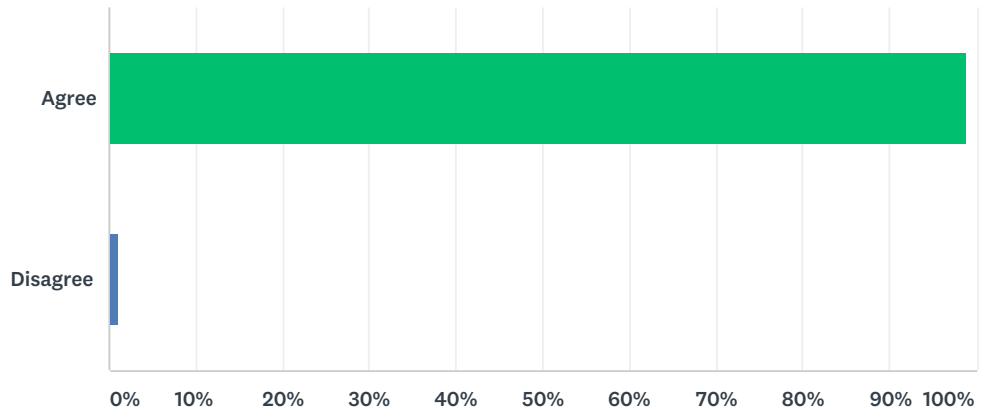
Answered: 91 Skipped: 6



ANSWER CHOICES	RESPONSES	
Employed, working full-time	3.30%	3
Employed, working part-time	12.09%	11
Not employed, looking for work	40.66%	37
Not employed, NOT looking for work	16.48%	15
Retired	6.59%	6
Disabled, not able to work	20.88%	19
<b>TOTAL</b>		<b>91</b>

### Q8 The staff at the Web treat me with respect and dignity.

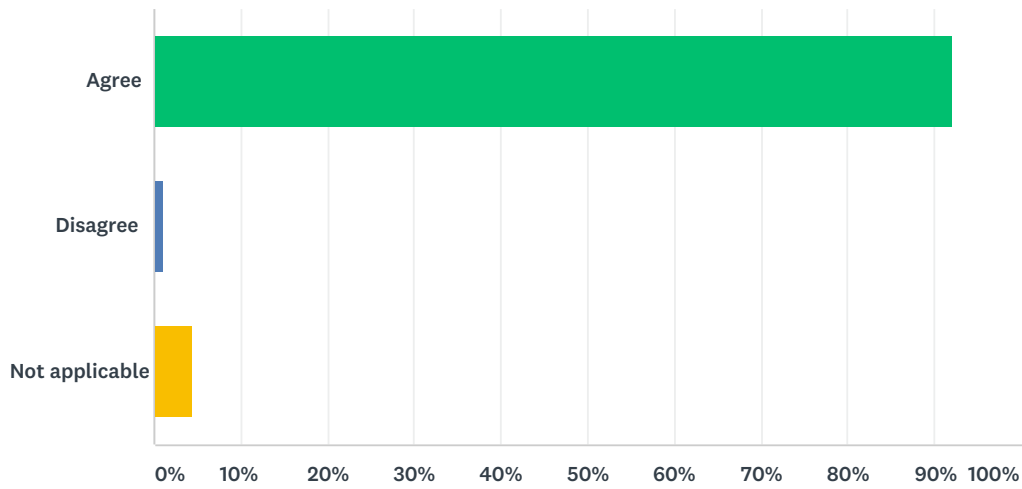
Answered: 92 Skipped: 5



ANSWER CHOICES	RESPONSES	
Agree	98.91%	91
Disagree	1.09%	1
TOTAL		92

### Q9 Participation at the Web has helped me access some of life's necessities such as clothing, food, ID, mail, and etc.

Answered: 89 Skipped: 8

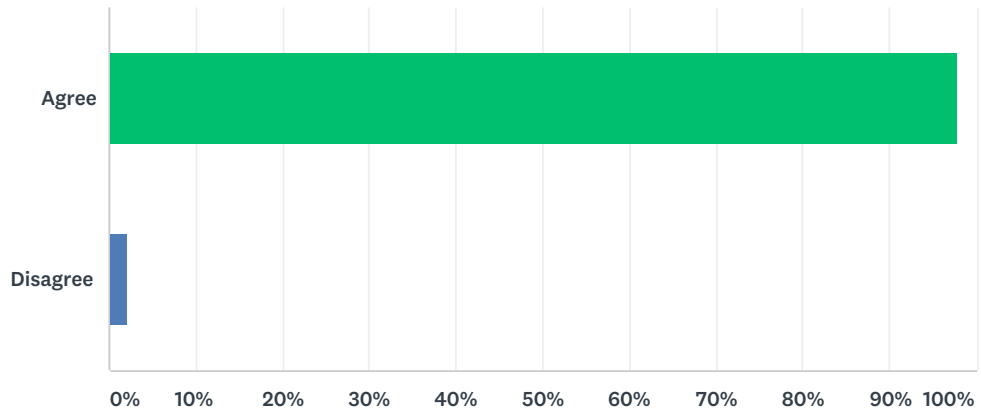


ANSWER CHOICES	RESPONSES	
Agree	92.13%	82
Disagree	1.12%	1
Not applicable	4.49%	4
<b>TOTAL</b>		<b>89</b>



### Q10 The Web is a safe place for me to be during the day.

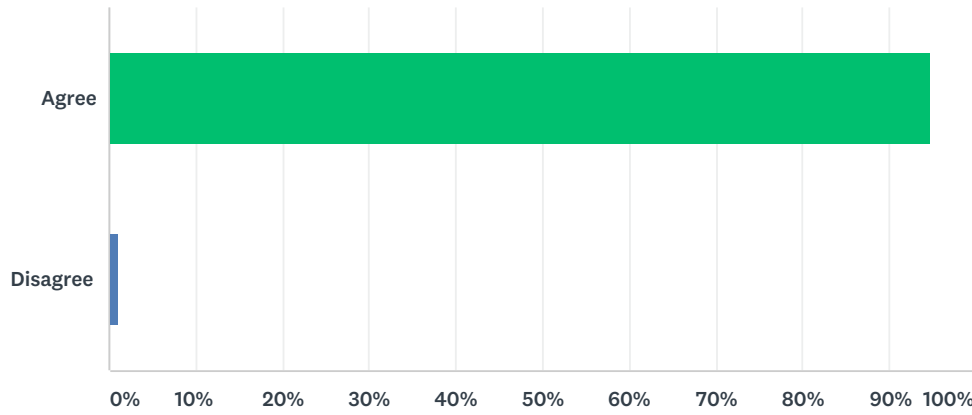
Answered: 96 Skipped: 1



ANSWER CHOICES	RESPONSES	
Agree	97.92%	94
Disagree	2.08%	2
TOTAL		96

### Q11 Using the Breathalyzer at the Web is helpful.

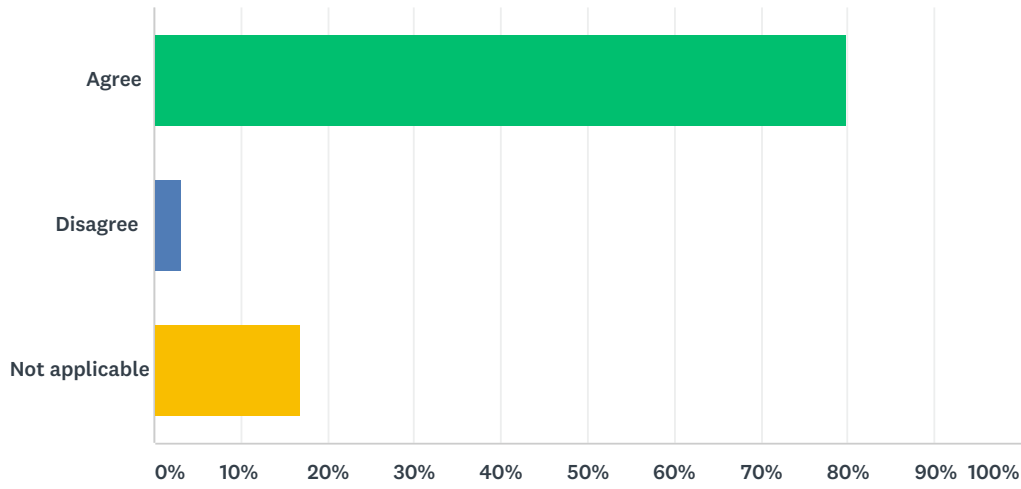
Answered: 94 Skipped: 3



ANSWER CHOICES	RESPONSES	
Agree	94.68%	89
Disagree	1.06%	1
TOTAL		94

### Q12 The Web helps me stay sober or drink less.

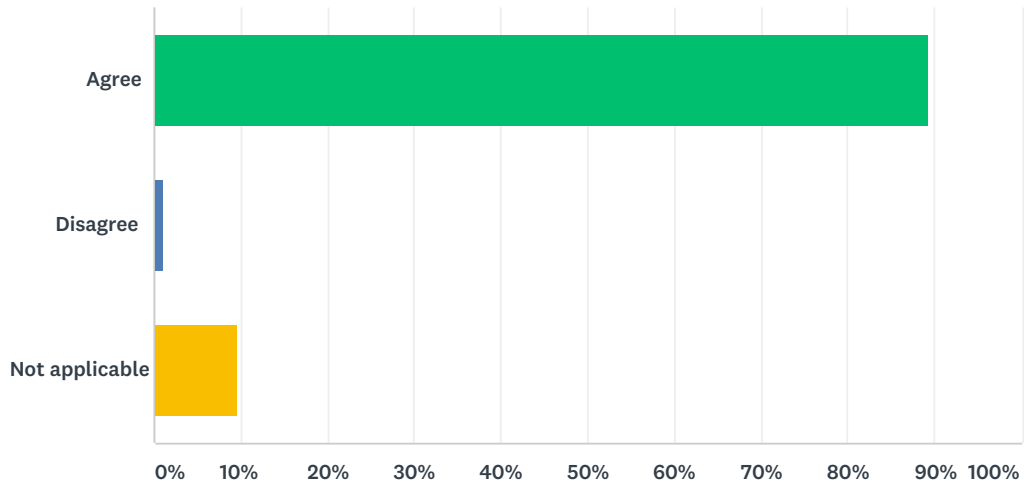
Answered: 95 Skipped: 2



ANSWER CHOICES	RESPONSES	
Agree	80.00%	76
Disagree	3.16%	3
Not applicable	16.84%	16
<b>TOTAL</b>		<b>95</b>

### Q13 The Web staff help me feel better through personal support.

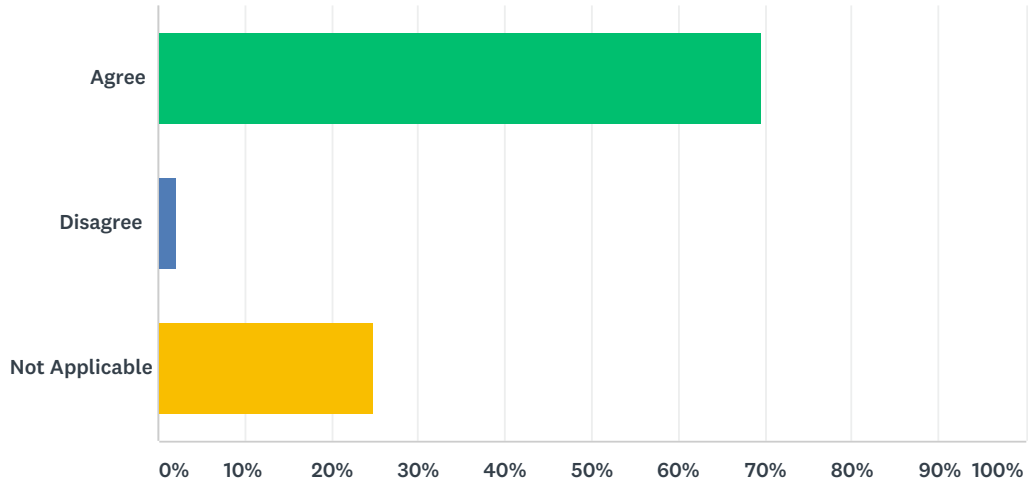
Answered: 93 Skipped: 4



ANSWER CHOICES	RESPONSES	
Agree	89.25%	83
Disagree	1.08%	1
Not applicable	9.68%	9
<b>TOTAL</b>		<b>93</b>

### Q14 The Web helps me with personal challenges such as mental illness.

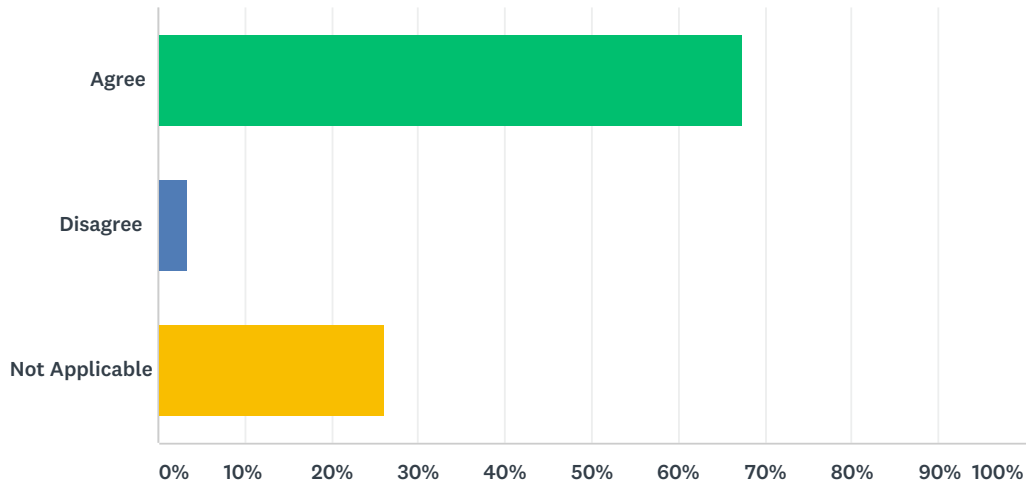
Answered: 92 Skipped: 5



ANSWER CHOICES	RESPONSES	
Agree	69.57%	64
Disagree	2.17%	2
Not Applicable	25.00%	23
TOTAL		92

### Q15 The Web offers me increased access to mental health treatment.

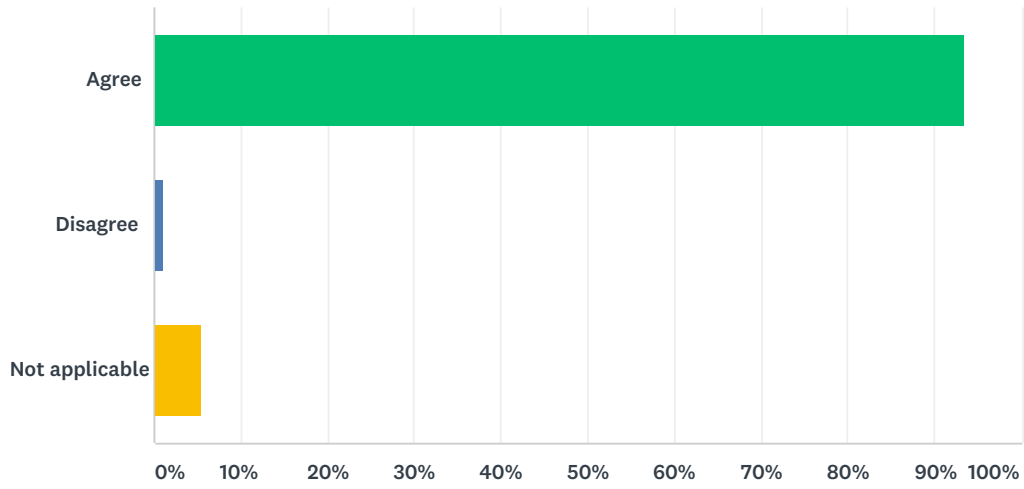
Answered: 92 Skipped: 5



ANSWER CHOICES	RESPONSES	
Agree	67.39%	62
Disagree	3.26%	3
Not Applicable	26.09%	24
<b>TOTAL</b>		<b>92</b>

### Q16 The Web offers me a place for positive social interaction.

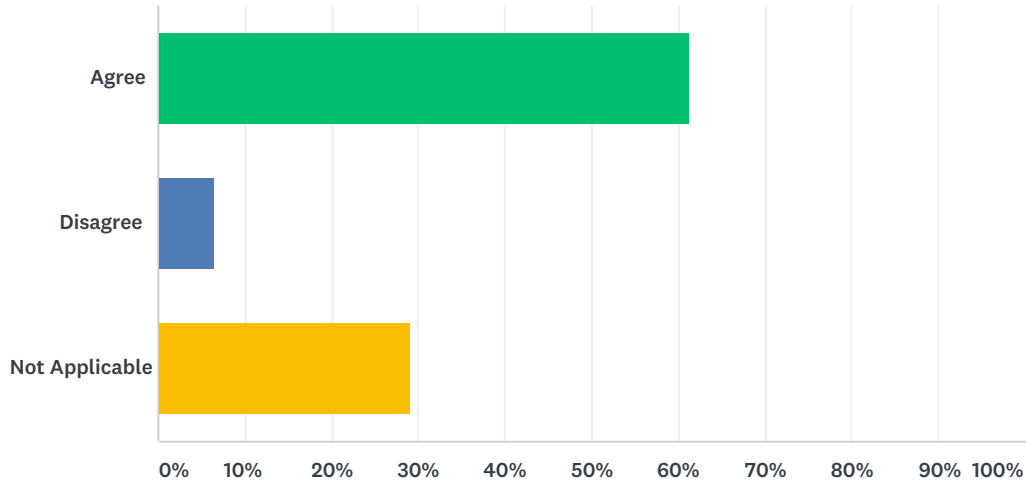
Answered: 93 Skipped: 4



ANSWER CHOICES	RESPONSES	
Agree	93.55%	87
Disagree	1.08%	1
Not applicable	5.38%	5
<b>TOTAL</b>		<b>93</b>

### Q17 The Web offers increased access to paid employment.

Answered: 93 Skipped: 4

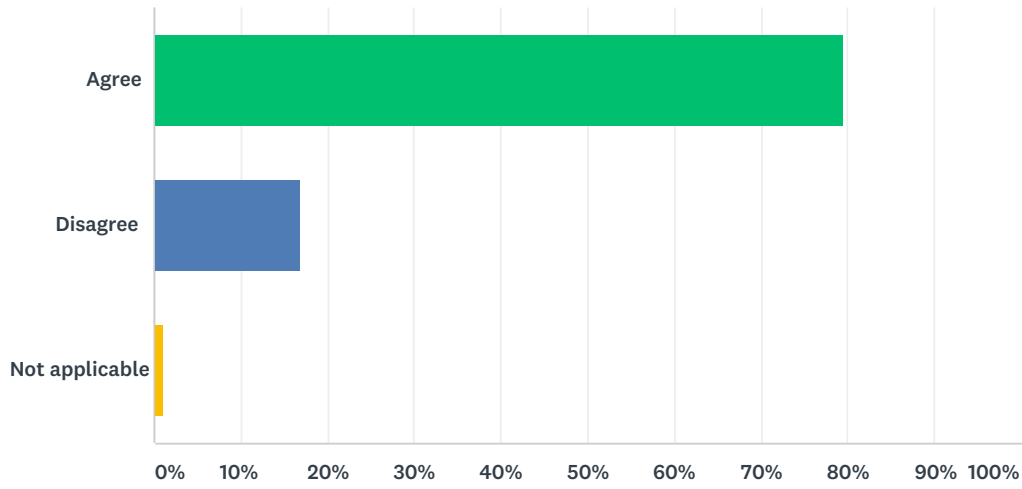


ANSWER CHOICES	RESPONSES	
Agree	61.29%	57
Disagree	6.45%	6
Not Applicable	29.03%	27
TOTAL		93



### Q18 The Web offers me increased access to housing opportunities.

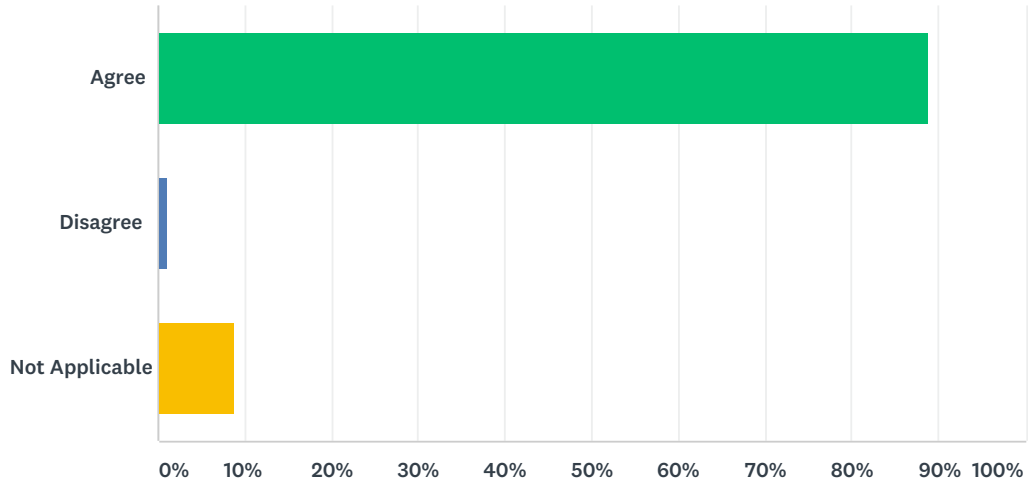
Answered: 88 Skipped: 9



ANSWER CHOICES	RESPONSES	
Agree	79.55%	70
Disagree	17.05%	15
Not applicable	1.14%	1
<b>TOTAL</b>		<b>88</b>

### Q19 Overall, I am satisfied with services at the Web.

Answered: 90 Skipped: 7



ANSWER CHOICES	RESPONSES	
Agree	88.89%	80
Disagree	1.11%	1
Not Applicable	8.89%	8
<b>TOTAL</b>		<b>90</b>



# Alaska Mental Health Consumer Web

1248 Gambell Street  
Anchorage, AK 99501

907.222.2980  
907.222.2981

## January to June 2020



Wayne, Patrick & Theresa share their January Birthday

### Mission

*The Web provides peer-driven, peer support in a safe environment guided by unconditional positive regard using a recovery-based philosophy.*



Peer Housing Mentor Becky @ Homeless Connect

### **Mission**

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Orthodox Christmas with Prayers, Music and Food

### **Mission**

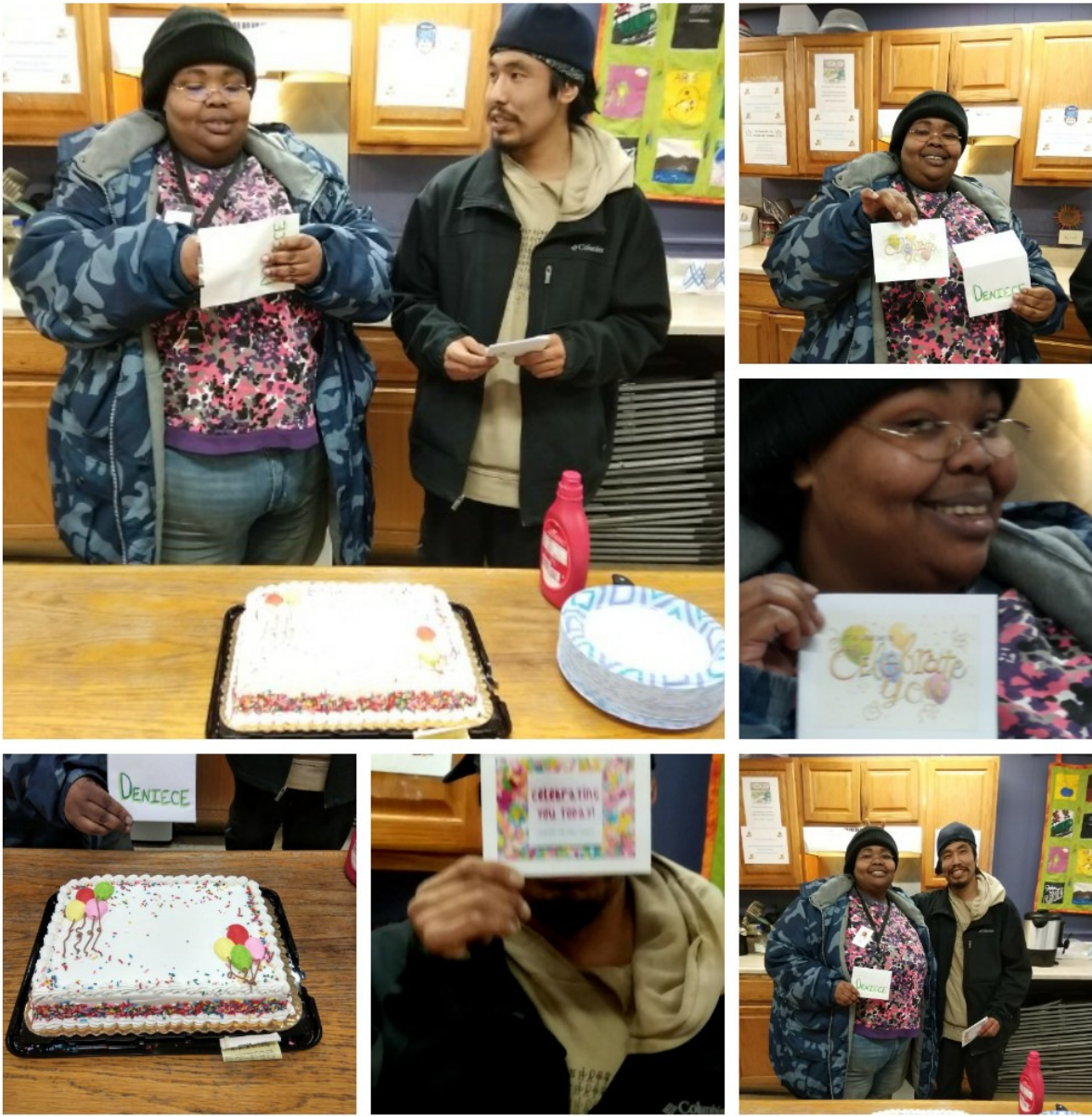
*The Web provides peer-driven, peer support in a safe environment guided by unconditional positive regard using a recovery-based philosophy.*



**The Web's Annual Safe & Sober Super Bowl**

**Mission**

***The Web provides peer-driven, peer support in a safe environment guided by unconditional positive regard using a recovery-based philosophy.***



Deniece & Jack share their February Birthday

### **Mission**

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The Web's Therapy Cat Mittens in his donated Condo

### **Mission**

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Web member Gail shares her gift of Beading

### **Mission**

*The Web provides peer-driven, peer support in a safe environment guided by unconditional positive regard using a recovery-based philosophy.*



250 Books & DVD's donated for The Web's Library

### **Mission**

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Traditional St. Patrick's Day Lunch @ The Web

### **Mission**

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Peer Mentors discussing the COVID-19 Virus and ways to be safe

### **Mission**

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Augusto & Cassandra preparing the sidewalk to promote Social Distancing

### Mission

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This Seat Taken—Social Distancing Reminder

### **Mission**

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One of twelve UV & HEPA Air Cleaners

### **Mission**

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Acrylic Safety Shield @ the Front Desk

### **Mission**

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Andi assembles one of the new picnic tables

### **Mission**

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Wayne, Tito & guest assemble one of the new picnic tables

### **Mission**

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Peer Mentor Cheri celebrates her Birthday @ The Web

### **Mission**

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To MENTAL HEALTH TRUST; 10/15/19

my NAME IS JOANNE I. SNOW. I wish to  
"THANK YOU!" FOR your RECENT grant that I was  
a blessed recipient of. (thru the Mental Health  
Web Connection on Gambell St. Barbara and  
Betty and all the staff are very good at  
helping people (esp. like me) I Am a member  
(number 115) During the recent Earthquake)  
(Nov) I lost my bed, TV, dishes, Pictures and  
more, couch, as ceiling caved in and walls etc.  
But you helped replace some things I lost  
that I need to survive. I'm totally disabled  
suffer also from PTSD, somatic problems  
and was assaulted and left for dead. I have  
ATBI, Ischemic brain injury, and ~~surgeries~~ surgeries  
now on spine T-7-8-9-3-4 were crushed.

I am writing with much gratitude and asking you  
to continue helping the web, Deb, bank and  
staff they care and do a great job! esp helping  
people like me!

Sincerely grateful,

GOAS BLESSINGS

Joanne I Snow

~~886-863-4874~~ mobile

907-8842346 life line

I still need couch, but don't know if I can?

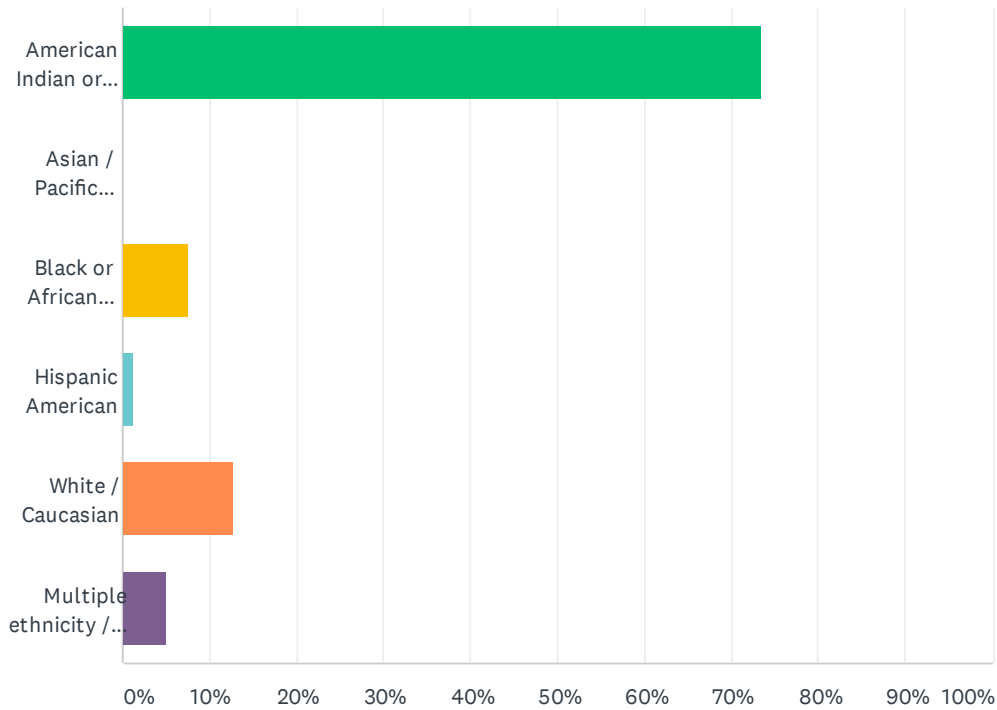
God Bless you! Sincerely ever grateful

Joanne Snow

JOANNE I SNOW  
429 D ST APT 317  
ANCHORAGE AK 99501-2354

# Q1 Which race/ethnicity best describes you? (Please choose only one.)

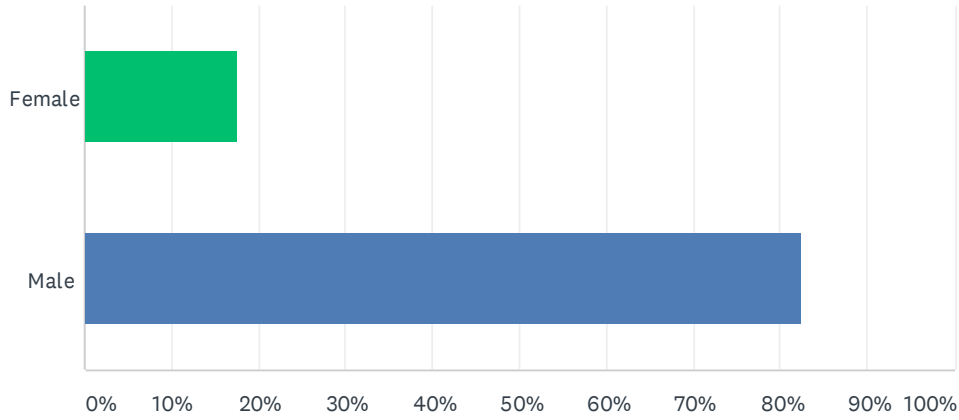
Answered: 79 Skipped: 7



ANSWER CHOICES	RESPONSES	
American Indian or Alaskan Native	73.42%	58
Asian / Pacific Islander	0.00%	0
Black or African American	7.59%	6
Hispanic American	1.27%	1
White / Caucasian	12.66%	10
Multiple ethnicity / Other (please specify)	5.06%	4
Total Respondents: 79		

### Q3 What is your gender?

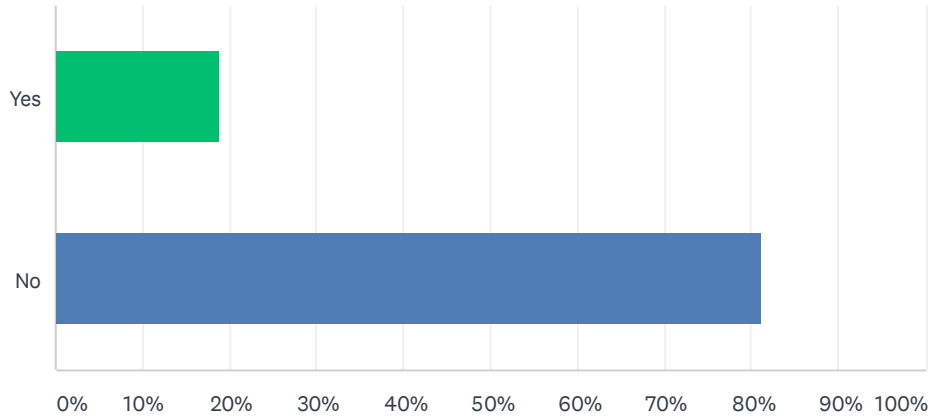
Answered: 85 Skipped: 1



ANSWER CHOICES	RESPONSES
Female	17.65% 15
Male	82.35% 70
TOTAL	85

### Q4 Are you a veteran?

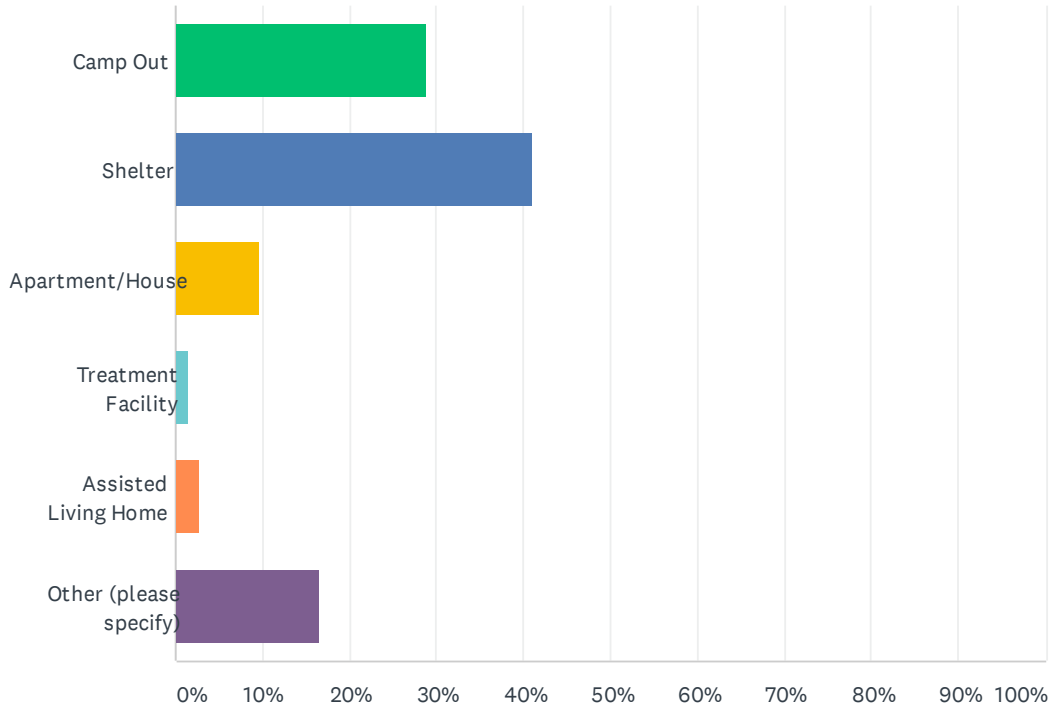
Answered: 85 Skipped: 1



ANSWER CHOICES	RESPONSES
Yes	18.82% 16
No	81.18% 69
TOTAL	85

### Q5 Where do you live?

Answered: 73 Skipped: 13

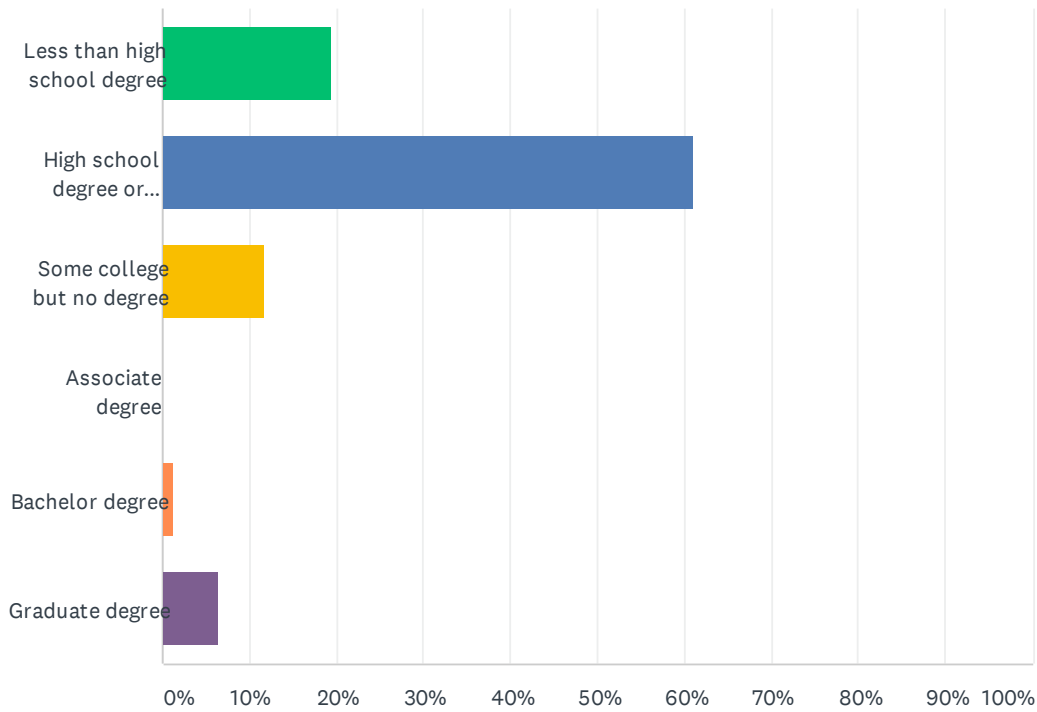


ANSWER CHOICES	RESPONSES	
Camp Out	28.77%	21
Shelter	41.10%	30
Apartment/House	9.59%	7
Treatment Facility	1.37%	1
Assisted Living Home	2.74%	2
Other (please specify)	16.44%	12
<b>TOTAL</b>		<b>73</b>



## Q6 What is the highest level of school you have completed or the highest degree you have received?

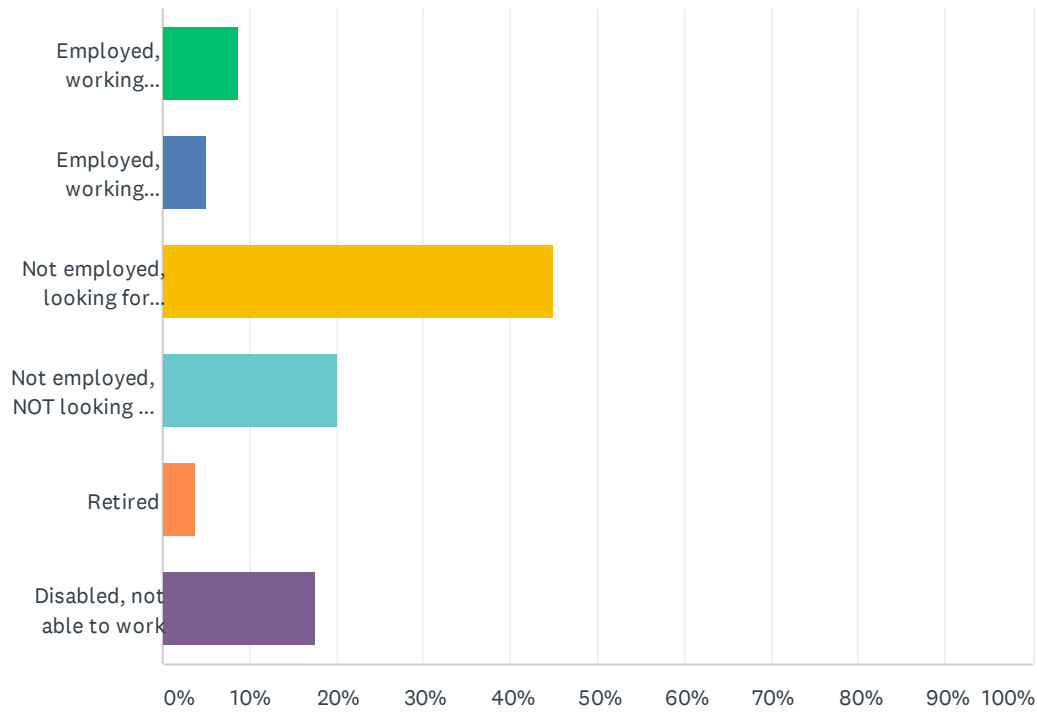
Answered: 77 Skipped: 9



ANSWER CHOICES	RESPONSES	
Less than high school degree	19.48%	15
High school degree or equivalent (e.g., GED)	61.04%	47
Some college but no degree	11.69%	9
Associate degree	0.00%	0
Bachelor degree	1.30%	1
Graduate degree	6.49%	5
<b>TOTAL</b>		<b>77</b>

## Q7 Which of the following categories best describes your employment status?

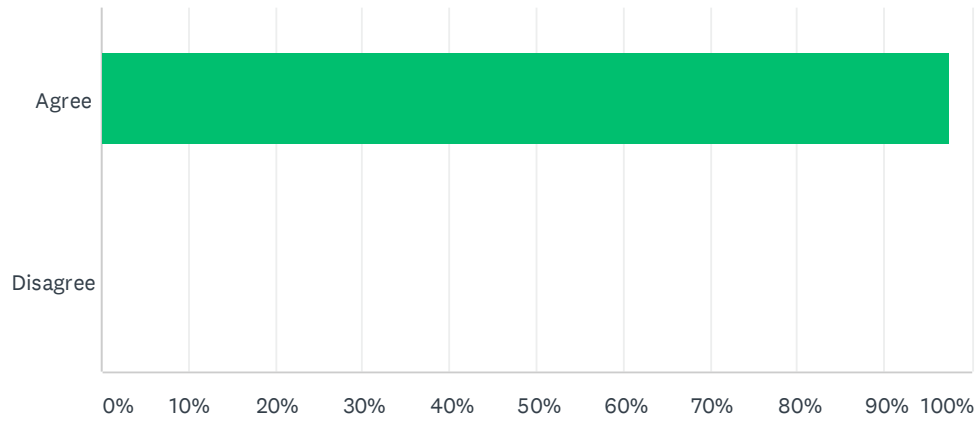
Answered: 80 Skipped: 6



ANSWER CHOICES	RESPONSES
Employed, working full-time	8.75% 7
Employed, working part-time	5.00% 4
Not employed, looking for work	45.00% 36
Not employed, NOT looking for work	20.00% 16
Retired	3.75% 3
Disabled, not able to work	17.50% 14
<b>TOTAL</b>	<b>80</b>

### Q8 The staff at the Web treat me with respect and dignity.

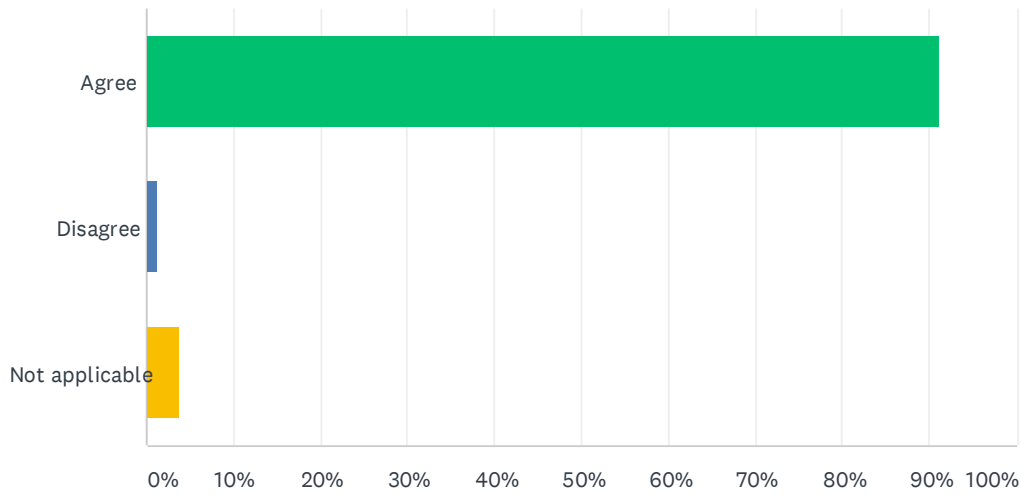
Answered: 82 Skipped: 4



ANSWER CHOICES	RESPONSES	
Agree	97.56%	80
Disagree	0.00%	0
TOTAL		82

## Q9 Participation at the Web has helped me access some of life's necessities such as clothing, food, ID, mail, and etc.

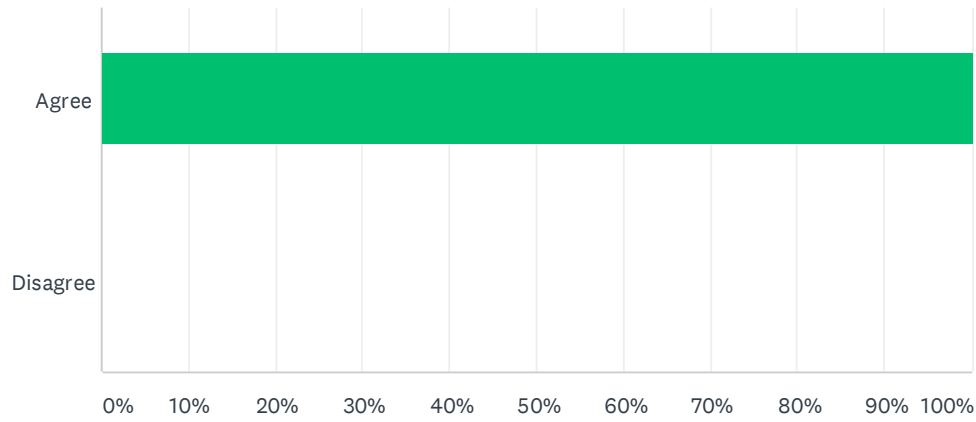
Answered: 79 Skipped: 7



ANSWER CHOICES	RESPONSES
Agree	91.14% 72
Disagree	1.27% 1
Not applicable	3.80% 3
TOTAL	79

### Q10 The Web is a safe place for me to be during the day.

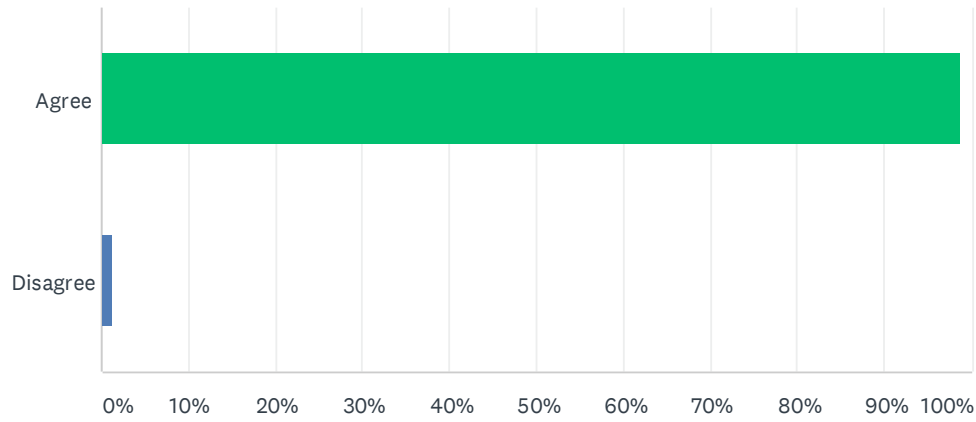
Answered: 81 Skipped: 5



ANSWER CHOICES	RESPONSES	
Agree	100.00%	81
Disagree	0.00%	0
TOTAL		81

### Q11 Using the Breathalyzer at the Web is helpful.

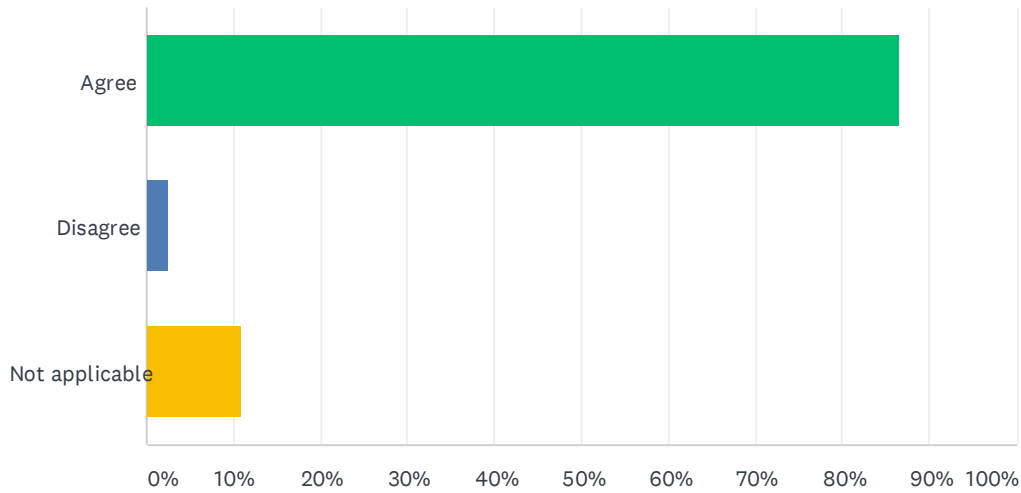
Answered: 80 Skipped: 6



ANSWER CHOICES	RESPONSES
Agree	98.75% 79
Disagree	1.25% 1
TOTAL	80

## Q12 The Web helps me stay sober or drink less.

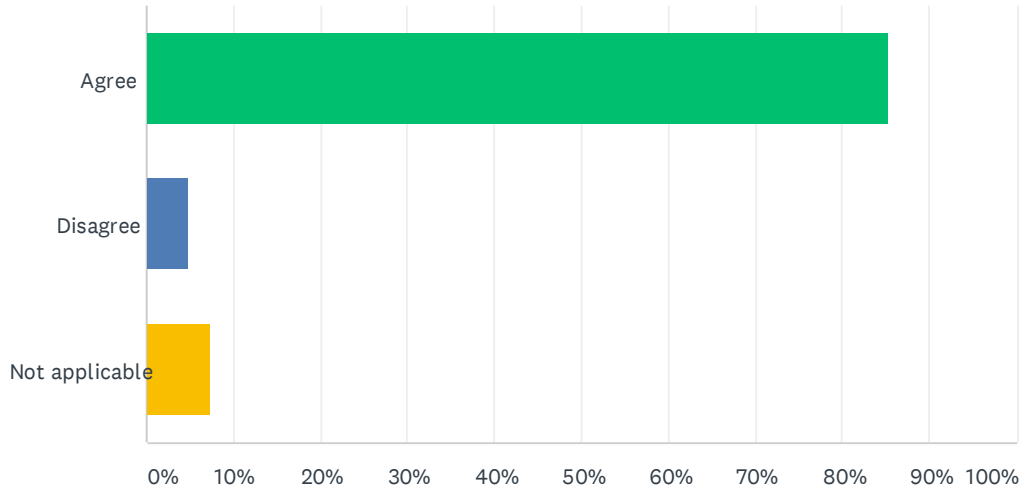
Answered: 82 Skipped: 4



ANSWER CHOICES	RESPONSES
Agree	86.59% 71
Disagree	2.44% 2
Not applicable	10.98% 9
TOTAL	82

### Q13 The Web staff help me feel better through personal support.

Answered: 82 Skipped: 4

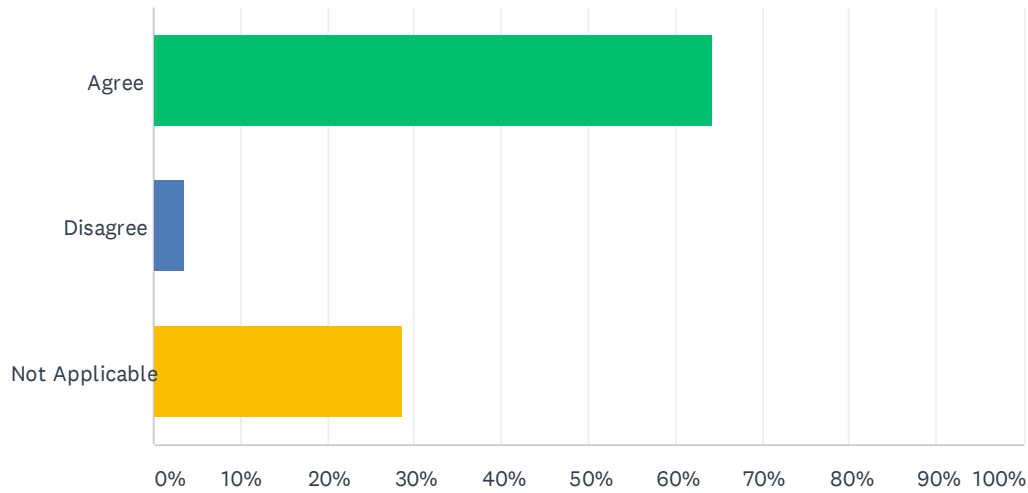


ANSWER CHOICES	RESPONSES
Agree	85.37% 70
Disagree	4.88% 4
Not applicable	7.32% 6
TOTAL	82



### Q14 The Web helps me with personal challenges such as mental illness.

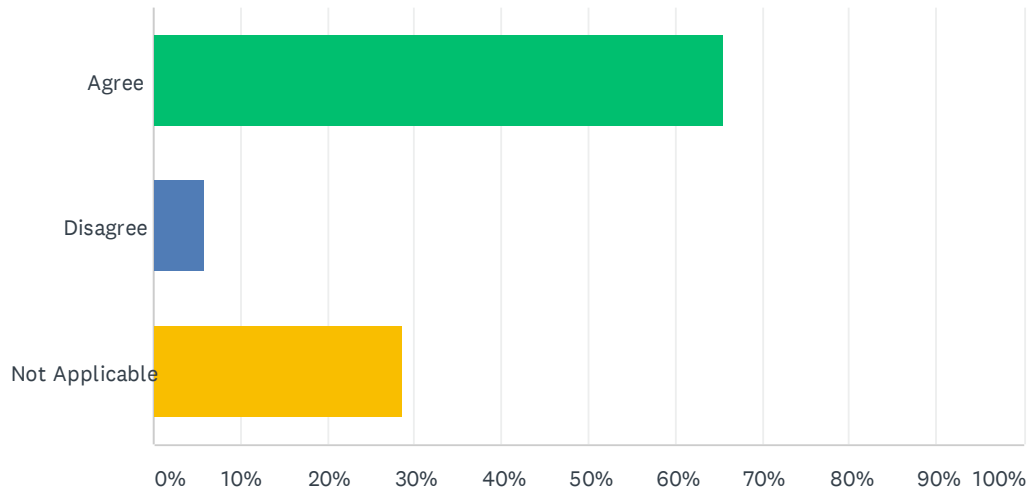
Answered: 84 Skipped: 2



ANSWER CHOICES	RESPONSES
Agree	64.29% 54
Disagree	3.57% 3
Not Applicable	28.57% 24
TOTAL	84

### Q15 The Web offers me increased access to mental health treatment.

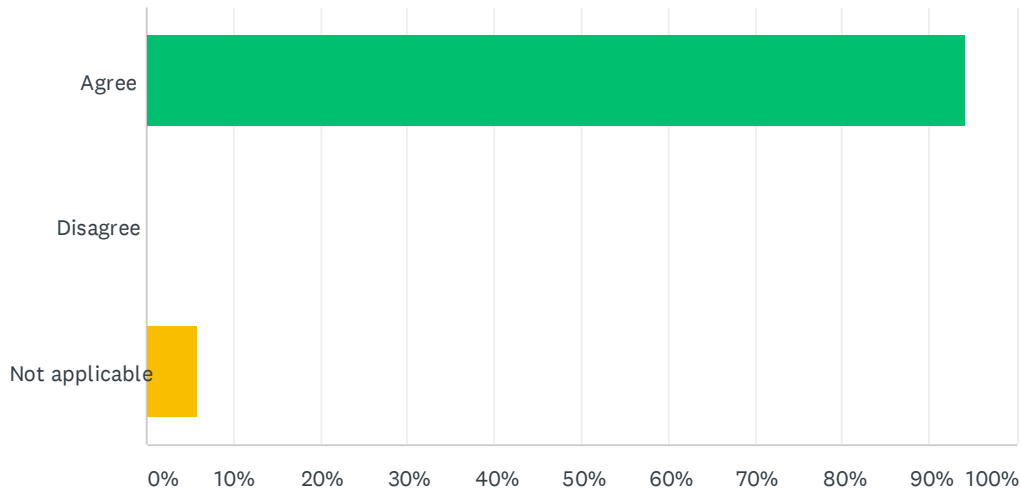
Answered: 84 Skipped: 2



ANSWER CHOICES	RESPONSES
Agree	65.48% 55
Disagree	5.95% 5
Not Applicable	28.57% 24
TOTAL	84

## Q16 The Web offers me a place for positive social interaction.

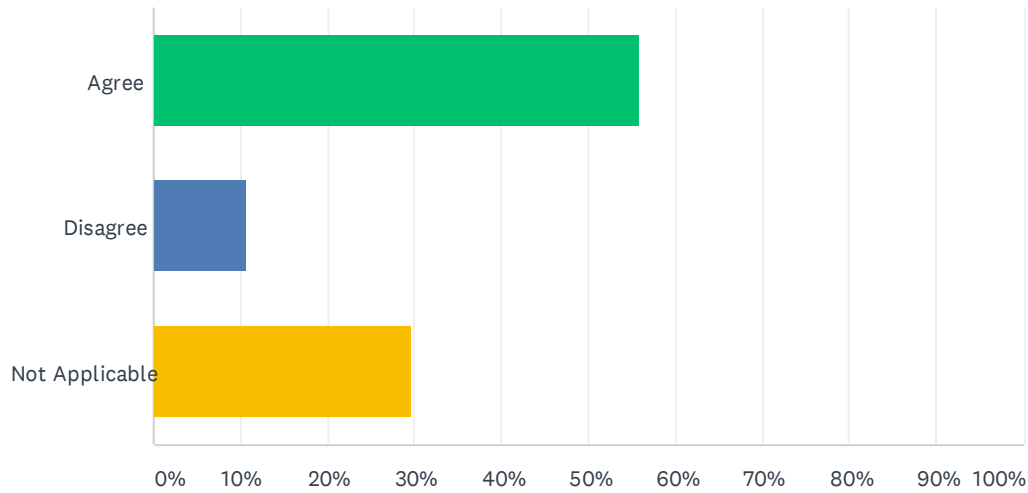
Answered: 84 Skipped: 2



ANSWER CHOICES	RESPONSES	
Agree	94.05%	79
Disagree	0.00%	0
Not applicable	5.95%	5
TOTAL		84

### Q17 The Web offers increased access to paid employment.

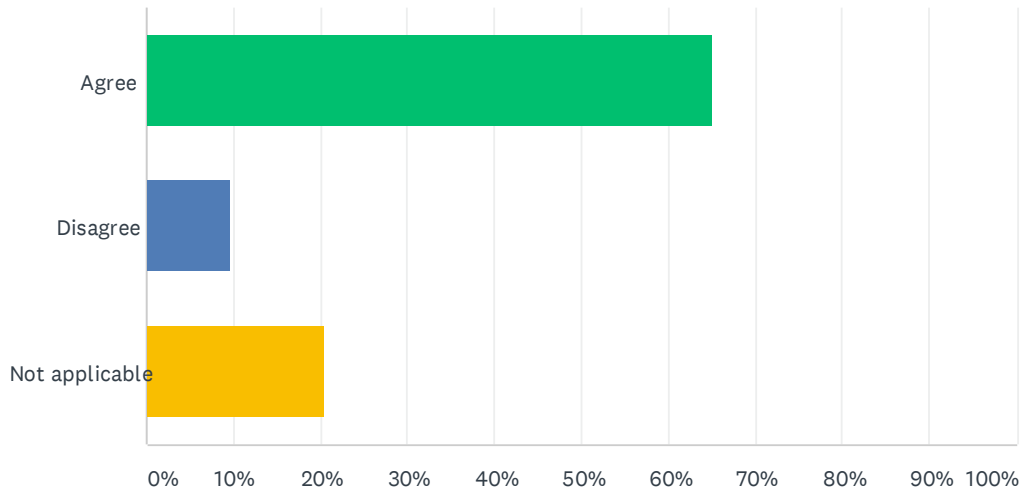
Answered: 84 Skipped: 2



ANSWER CHOICES	RESPONSES
Agree	55.95% 47
Disagree	10.71% 9
Not Applicable	29.76% 25
TOTAL	84

### Q18 The Web offers me increased access to housing opportunities.

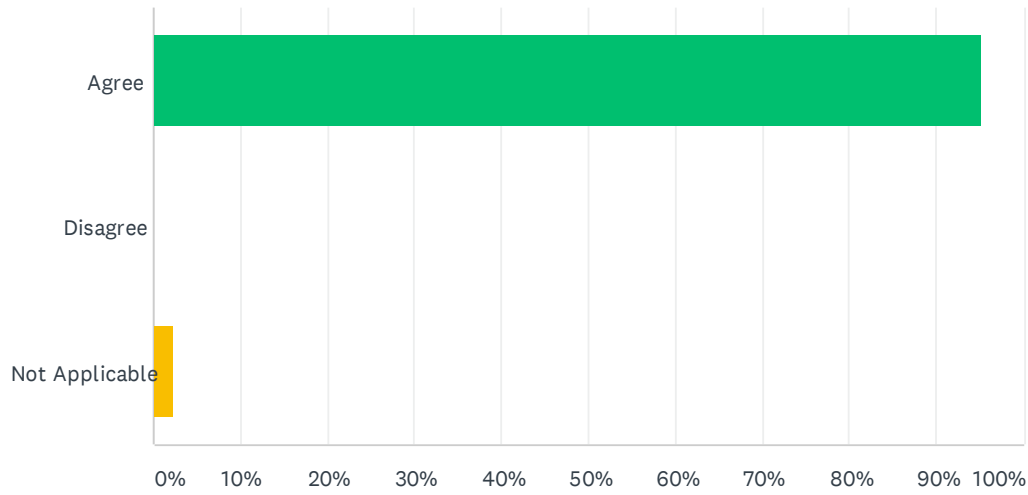
Answered: 83 Skipped: 3



ANSWER CHOICES	RESPONSES
Agree	65.06% 54
Disagree	9.64% 8
Not applicable	20.48% 17
TOTAL	83

## Q19 Overall, I am satisfied with services at the Web.

Answered: 84 Skipped: 2



ANSWER CHOICES	RESPONSES	
Agree	95.24%	80
Disagree	0.00%	0
Not Applicable	2.38%	2
<b>TOTAL</b>		<b>84</b>

**FY20 BPI Organizational Capacity Worksheet**

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**Performance Measure: How Well? – Organizational Capacity**

a. Please report on the following information that represents efforts made towards sustainability:

1. Total dollar amount of funding from all sources (Trust and non-Trust) and the percentage of funding listed by revenue source.

Revenue Source	Amount (\$)	% of Total Funding
Trust (BPI)	343,850	52.67%
DBH	137,638	21.09%
BHAP	76,137	11.66%
AMHTA Small Project Grants	22,630	3.47%
Trust Mini-grants	36,943	5.66%
Rasmuson Foundation	5,964	.91%
Fundraising/Donations	29,624	4.54%
<b>Total</b>	<b>652,786</b>	<b>100%</b>

2. Total dollar amount of unrestricted cash and *how many months of unrestricted cash do you have readily available?*

Total dollar amount of unrestricted cash     \$105,863    

Number of months of unrestricted cash available     2.37

**AGENCY NAME: Alaska Mental Health Consumer Web**

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**3.** Total dollar amount of in-kind services and volunteer hours (*Please use the rate of \$24.21 as recommended by the Bureau of Labor Statistics for 2016*).

<b>In-Kind Service</b>	<b>Amount/Rate (\$)</b>	<b>Total Amount</b>
Volunteer Hours	\$24.21/hour	8,407
Board Hours	\$30 - \$40 depending on Board Position	13,228
Grant Accountant & CPA Services		6,856
Facility and Community Cleaning	\$24.21/hour	30,844
Staff Counseling	\$175	1,925
<b>Total</b>		<b>61,260</b>

**Performance Measure: How Well? – Workforce Stability**

**a.** Please report on the following information in regards to the organization’s workforce stability.

**1.** Annual turnover rate (ATR) for **paid** employees reported as a percentage from July 1, 2019 to June 30, 2020 (FY20). Include all paid employees regardless of FTE status.

$$\text{ATR} = \frac{\text{Total \# of paid employees who left employment during FY20}}{\text{Total \# of paid employees that are employed during FY20}} \times 100$$

$$\text{ATR} = 0\%$$

**2.** Annual turnover rate (ATR) for **regular and active volunteers** reported as a percentage from July 1, 2019 to June 30, 2020.

$$\text{ATR} = \frac{\text{Total \# of volunteers who stopped volunteering during FY20}}{\text{Total \# of volunteers that volunteer during FY20}} \times 100$$

$$\text{ATR} = 2.14\%$$



## AGENCY NAME: Alaska Mental Health Consumer Web

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- b. The Board of Trustees approved increased BPI funding in FY19 to increase access to health care insurance for peer support workers and other staff based on agency FTEs.
1. Please choose a point in time in FY20 to estimate health insurance coverage for all FTEs (use FTE total used to calculate FY21 BPI budget) in the categories below.

Health Insurance Coverage Type	# FTE
Medicaid	1.75
Medicare	0
Military (Defense Health Agency/TRICARE)	.3
Affordable Care Act (purchased through HealthCare.gov)	3
Private health insurance (employer-based)	0
Other – Tribal Health	2
Uninsured	1
<b>Total</b>	<b>8.05</b>

- c. The Trust promotes recovery-oriented and culturally competent peer services and seeks to support best practice for BPI grantees to further develop policy and organizational capacity.
1. Does your agency currently have board approved recovery-oriented policies and procedures that reflect best practice related to financial practice, program services and human resources? **Y or N**

**If yes, please include copies of policies for potential learning community use.**

<b>Project Title:</b> CHOICES Community Options Program	
<b>Grantee:</b> Choices, Inc.	
<b>Fund:</b> Authority Grant	
<b>Geographic Area Served:</b> Anchorage Municipality	<b>Project Category:</b> Direct Service
<b>Years Funded:</b> FY08 to Present	
<b>FY20 Grant Amount:</b> \$404,170.00	
<p><b>High Level Project Summary:</b></p> <p>CHOICES Community Options Program complements other community- based services to meet a specific beneficiary need in Anchorage through an intensive community outreach model that includes psychiatric and peer-delivered case management supports. The program is designed to reduce hospitalizations, help beneficiaries’ access stable housing, and having a positive impact on quality of life for Trust beneficiaries. This project continues to demonstrate positive outcomes for beneficiaries and staff recommends that Trust funding continue into FY23.</p> <p>This project aligns with Comp Plan Objective 4.3 and 4.4 related to improved treatment and recovery support services (including peer support services) to reduce the impact of mental health and substance use disorders.</p>	

**Project Title:** CHOICES Community Options Program

**Staff Project Analysis:**

CHOICES Community Options Program complements other community-based services to meet a specific beneficiary need in Anchorage through an intensive community outreach model that includes psychiatric and peer delivered case management supports. The program is designed to support transitions/stabilizations between episodes of hospitalization, to help beneficiaries access stable housing, and to have a positive impact on quality of life.

CHOICES has experienced challenging leadership transitions since late 2018 and as of June 2021 is working to stabilize with a new executive director. Despite these challenges, however, the agency maintains Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation and provides services for more than 116 Trust beneficiaries living with a mental illness, substance use disorder, Alzheimer's, or Traumatic Brain Injury. Largely the beneficiaries served report overall satisfaction with the programs offered. CHOICES leadership reports increased access to Medicaid billing which will help diversify the agency's revenue and should have the effect of reducing reliance on Trust and other grant funding.

This project continues to demonstrate positive outcomes for beneficiaries and staff recommends that Trust funding continue in FY23.

This project aligns with Comp Plan Objective 4.3 and 4.4 related to improved treatment and recovery support services (including peer support services) to reduce the impact of mental health and substance use disorders.

**Project Description:**

CHOICES, Inc. is a mental health service provider that offers beneficiaries strategies, opportunities, and resources that support personal growth, recovery, peer support and successful community integration. Services link participants to resources within the community such as housing resources, benefits acquisition, development of natural supports, system and individual advocacy, socialization and community integration, job readiness training/employment, access to education, wellness, recovery, or support groups and participation in recreational activities.

In FY2020, funding from the Mental Health Trust will be used to continue efforts that provide recovery-oriented peer support services and recovery coordination activities, including:

**Peer Support**

Peer Support workers fulfill a critical role in the CHOICES continuum of services by providing wellness education (WRAP) classes and ongoing support groups to CHOICES program participants. Having a common understanding and experience of receiving mental health services and working on their own personal journeys of recovery, peer specialists serve as mentors, providing hope and encouragement to the people they serve. As CHOICES beneficiaries progress in their wellness, Peer Support plays an important role in their journey back into the community by providing referral and ongoing support to help them overcome the many challenges they may face in employment and accessing and retaining

adequate and safe housing and other critical basic needs.

### **Outreach and Engagement**

CHOICES peer staff will continue to work with community partners by providing information and assistance to clients accessing community services, wellness education, and access to housing, employment resources, mental health services and recovery support to beneficiaries.

### **Individual Case Management (Recovery Coordination)**

In complement to formal peer support and other CHOICES programs and services, Recovery Coordination will continue to provide intensive, individualized case management services to adults living with, severe mental health and substance use issues. Choices' "person centered" or individualized approach to services provided to consumers, bridges the gap between intensive case management/psychosocial therapy and ongoing peer support by providing one-on-one formal case management services for individuals transitioning from CHOICES Intensive Case Management/Chronic Inebriate Treatment and Assertive Community Treatment (ACT) programs to the Peer Support Program, other community agencies or for consumers wanting to progress to more independence from support services and has demonstrated the ability to do this. Additionally, the program provides ongoing support to clients mentally ill clients who are stabilizing in the community as a result of Residential/Inpatient treatment for Substance use, hospitalization due to a medical disability, recent discharge from psychiatric hospitalization, and re-entry in the community due to a history with the Department of Corrections.

### **Advocacy and Community Education**

CHOICES will continue to play an active and meaningful role in State and Local initiatives to advance the understanding and promote the availability of pro-active clinical and non-clinical recovery-oriented modes of services throughout Alaska. In addition, CHOICES will continue to work with the state in their efforts to formalize the certification process for Peer Support; including training, testing, certifying, marketing and service availability.

### **Continuum of Services**

CHOICES provides a continuum of basic needs and therapeutic services targeting the behavioral health needs of Anchorage's homeless and near homeless residents living with severe behavioral health challenges. Beginning with homeless outreach and engagement (PATH Program), comprehensive mental health treatment for homeless adults (Housing First Assertive Community Treatment), substance use intensive case management (Chronic Inebriate ICM), individualized case management (Recovery Coordination), and preparing consumers for success after discharge with wellness/recovery and community reintegration (Peer Support).

### **Community Collaborations and Partnerships**

All CHOICES programs and services are active and meaningful collaborative partners with local behavioral health service providers and coalitions. Choices collaborate with community service provider such as; Anchorage Regional Behavioral Health Coalition, the Alaska Behavioral Health Association, the Anchorage Coalition to End Homelessness, the AK DBH BRSS TACS Policy Academy, Alaska Peer Support Consortium, the Coordinated Resources Project (Mental Health Court), Providence Hospital, Anchorage Neighborhood Health, Alaska Housing Finance Cooperation, Neighborworks, and other ad hoc state and local behavioral health committees and task forces.

### **Enhanced Fiscal Capacity and Financial Resilience**

Choices will address intake and billing to become more efficient: CHOICES will be acquiring a Care Logic Electronic Medical Record System and will also be hiring a full time Medicaid Billing Manager to handle billing and timely and efficient problem resolution. In addition, with CHOICES facing a backlog of applications for services; therefore, this will be addressed by hiring an Intake Specialist to process applications more efficiently, so that CHOICES is able to meet the increasing demand of beneficiaries presenting with need for services.

All CHOICES programs and services follow recognized recovery-oriented modalities with the beneficiary at the center of all decisions and unless beneficiary actions show a danger to self or others; the beneficiary shall maintain veto power over all activities related to their behavioral health treatment.

Grantee Response - FY20 Grant Report Executive Summary:

**Executive Summary from January 31, 2020 Interim Report:** At the beginning of the grant period (July 1, 2019), the program has endured through challenges that arose due to funding cuts on a state level. The cuts affected transportation as client could not access bus passes, security deposits for housing was halted and financial aid for copayment for medication was not available. With a lack of transportation using bus passes, client's attendance to groups and appointments were affected. Housing assistance was non-existent. To address the transportation problems, the ICM Team began to utilize Medicaid Travel Vouchers to help consumers access transportation to their appointments for Case Management and Psychotherapy. Case Managers learnt of an Uplifting Grant that was provided by Credit Union 1 and used the resource to aid beneficiaries with financial assistance for food, medication and housing.

By November 2019, the problems were rectified when the State of Alaska released funding for the Individual Service Agreement Program (ISA). That allowed for consumers to have access to 30 Day Passes for People Movers or to use Anchor Rides and to get financial aid with deposit and first month rent for housing.

During the grant period, the Team saw an increase in the number of clients being approved for housing vouchers with Alaska Housing and Neighbor works. As a result, the concept of the Housing First model began to be more evident as clients who accessed housing were also maintaining sobriety, securing employment long term and demonstrated marked decrease in mental health symptoms.

The increase in beneficiaries seeking services began to be enrolled with the agency sooner due to employment of an Intake Coordinator under the grant project. Under the said grant project, the addition of a second Clinician helped to meet the need for psychotherapy that had grown among consumers who sought services.

Throughout the grant period, Choices Inc., Recovery Coordination/Intensive Case Management Program continued to strive in providing excellent recovery oriented, peer support and clinical relevant services to the consumers, clients or beneficiaries that presented with need for services that would empower them to improve the quality of their lives. The grant project allowed for these things to happen.

**Executive Summary from August 31, 2020 Status Report:** During the reporting period, CHOICES was

able to secure an Intake Coordinator and an additional Clinician for FY20. The staff assisted with streamlining new applicants for services. The program was funded for two Case Managers and Two Clinicians to provide services for a Case Load of 20 clients per Case Manager with a Clinician. The program served a total of 45 clients over the period of 7/1/2019 to 6/30/2020.

The Team of staff provided beneficiaries with Case Management, Comprehensive Community Support Services, Psychotherapy and Peer Support Services to address a range of presenting issues. The clients presented with problems that included homelessness, legal issues, untreated medical diagnoses, undiagnosed/untreated mental illness, trauma for which they wanted to receive counseling, and substance abuse history.

Collaborating with other service providers in the community was an important aspect in providing services to beneficiaries. Collaborative effort led to success stories such as homeless people becoming housed, clients accessed benefits such as Social Security, consumers addressed medical/psychiatric issues and legal matters.

Most of the challenges faced by the program during FY20, arose in the Third and Fourth Quarter of the fiscal year. The onset of the COVID-19 Pandemic presented with new and unique challenges. Staff rose to the occasion to meet requirements to working from home using telephone and laptops to provide services to clients via video conferencing and audio calls.

For the beneficiaries, the challenges during the onset of COVID-19 Pandemic manifested for them differently. In addition to adjusting to services via telephone predominantly, they were faced with increased symptoms of depression and anxiety, relapse to substance use, increased substance use and battling feelings of isolation. Some other issues they faced related to having their basic needs for food and shelter met/covered.

Staff addressed clients' needs by utilizing Emergency Client Funds provided through this grant project to secure prepaid phones for those clients that had no means of communication, purchasing bulk foods and packing grocery bags for clients and assessed clients frequently for risk of harm to self/others.

Being deemed as an agency that provides essential services, CHOICES Inc., Intensive Case Management Program continued to provide Case Management, Comprehensive Community Support, Psychotherapy, and Peer Support Services to beneficiaries throughout the entirety of the Fiscal Year.

Number of beneficiaries experiencing mental illness reported served by this project in FY20: 90

Number of beneficiaries experiencing substance misuse reported served by this project in FY20: 31

Number of beneficiaries experiencing a developmental disability reported served by this project in FY20: 8

Number of beneficiaries experiencing Alzheimer's Disease or a related dementia reported served by this project in FY20: 1

Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY20: 27

Number of individuals trained as reported for this project in FY20: 6

Performance Measure 1: How Much?

- d) The number (#) of beneficiaries (unduplicated) served, broken down by Trust beneficiary group.
- e) The number (#) and percentage (%) of new beneficiaries (unduplicated) served during the reporting period, broken down by Trust beneficiary group.
- f) The total (#) of activities or events held. For each activity or event, please include the date(s), location(s) and number (#) of attendees.

Grantee Response to Performance Measure 1:

Response from January 31, 2020 Interim Report

See email

Response from August 31, 2020 Status Report

- a) The number (#) of beneficiaries (unduplicated) served, broken down by Trust beneficiary group.
  - i. mental illness – 30 total beneficiaries with mental illness were served.
  - ii. developmental disabilities – 6 total beneficiaries with a developmental disability was served.
  - iii. chronic alcohol or drug addiction - 10 total beneficiaries with SUD were served.
  - iv. Alzheimer’s disease and related dementia – 0 total beneficiaries with Alzheimer’s disease and related dementia was served.
  - v. Traumatic brain injuries – 6 total beneficiaries with TBI were served.
- b) The number (#) and percentage (%) of new beneficiaries (unduplicated) served during the reporting period, broken down by Trust beneficiary group.

Total number of new beneficiaries served – 7

Total percentage of new beneficiaries served – 15%

Also, the project has served more beneficiaries in the reporting period than in previous years.

- a) The number (#) of beneficiaries (unduplicated) served, broken down by Trust beneficiary group.
  - i. mental illness – 45 total beneficiaries with mental illness were served.
  - ii. developmental disabilities – 1 total beneficiaries with a developmental disability was served.
  - iii. chronic alcohol or drug addiction - 15 total beneficiaries with SUD were served.
  - iv. Alzheimer’s disease and related dementia – 0 total beneficiaries with Alzheimer’s disease and

related dementia was served.

v. traumatic brain injuries – 3 total beneficiaries with TBI were served.

b) The number (#) and percentage (%) of new beneficiaries (unduplicated) served during the reporting period, broken down by Trust beneficiary group.

Total number of new beneficiaries served – 45

Total percentage of new beneficiaries served – 12.15%

Your progress on Performance Measure 1

Being approved to have an additional Clinician, the project provided psychotherapy to more clients with mental illness than in the previous years.

Performance Measure 2: How Well?

m) Provide a brief narrative describing the activities, successes, challenges, and any lessons learned during the reporting period.

n) Describe any community networking activities that occurred during the reporting period. This may include interactions with state or local non-profit organizations, governmental entities, or Trust advisory boards and/or partners.

o) Number (#) and percentage (%) of individuals reporting satisfaction with the program, service, event and/or activity in which they participated.

p) For the final report, provide the BPI Organizational Capacity Worksheet (form will be provided via email in June).

Grantee Response to Performance Measure 2:

Response from January 31, 2020 Interim Report

see email

Also,

a) Provide a brief narrative describing the activities, successes, challenges, and any lessons learned during the reporting period.

During the grant period, accessing transitional housing was a challenge. The program hosted an Annual Summer Picnic that was well attended by consumers who reported that the social event was something that they enjoyed. Staff learned to improvise by utilizing Medicaid Travel Vouchers to help clients get to appointments because of a challenge from lack of transportation when bus pass were no longer provided by the state. Staff accessed community resources to assist clients with funding for housing when the state halted funding that helped with preventing eviction, security deposit and first month rent

b) Describe any community networking activities that occurred during the reporting period. This



may include interactions with state or local non-profit organizations, governmental entities, or Trust advisory boards and/or partners.

During the grant period the Recovery Coordination/ICM Team collaborated with local business and other non-profit agencies for goods and services that benefited clients plus training and staff development to improve service delivery.

- c) Number (#) and percentage (%) of individuals reporting satisfaction with the program, service, event and/or activity in which they participated.

Total number of beneficiaries reporting satisfaction – 30; percentage 100%

- d) For the final report, provide the BPI Organizational Capacity Worksheet (form will be provided via email in June).

Response from August 31, 2020 Status Report

- a) Provide a brief narrative describing the activities, successes, challenges, and any lessons learned during the reporting period.

During the reporting period, the program was able to host an annual BBQ for beneficiaries in Summer of FY-20; however, the said event was anticipated to be canceled in for FY21 due to COVID-19.

The project secured a resource center for beneficiaries to access computer to help with job search, preparing resume, and writing letters.

The program staff saw beneficiaries moving from homelessness, transitional housing and into permanent housing with vouchers within an average three to six-month period during FY20.

Transportation continued to be an issue for clients when the State delayed in releasing Individual Service Agreement funds that covered monthly bus passes. When clients did not have means of transportation, they were less likely to keep in person appointments.

Describe any community networking activities that occurred during the reporting period. This may include interactions with state or local non-profit organizations, governmental entities, or Trust advisory boards and/or partners.

During the reporting period, the ICM Team engaged with the Coalition to End Homelessness, participated in a panel discussion and presented in a workshop during Fairbanks Symposium on Homelessness II, presented in a panel discussion during Alaska Coalition on Housing & Homelessness Annual Conference, collaborated with RADACT to provide training to staff, participated in the annual Point in Time Count and participated in the yearly Homeless Project Connect.

- b) Number (#) and percentage (%) of individuals reporting satisfaction with the program, service, event and/or activity in which they participated.

Total number of beneficiaries reporting satisfaction – 43; percentage 51%

- c) For the final report, provide the BPI Organizational Capacity Worksheet (form will be provided via email in June).

Performance Measure 3: Better Off?

- m) Number (#) and percentage (%) of individuals who report overall improved functioning and/or quality of life since participating in the program.
- n) Number (#) and percentage (%) of individuals who have experienced two or more of the following key outcome areas pertinent to your program:
  - xxxvii. Increased ability to manage challenging situations.
  - xxxviii. Increased ability to manage challenging behaviors.
  - xxxix. Became stably housed as a result of the program.
  - xl. Became employed as a result of the program.
  - xli. Decreased substance use.
  - xlii. Decreased legal involvement.
  - xliii. Increased healthy behaviors (e.g., physical activity or eating healthfully).
  - xliv. Reduction in number of days with poor physical or mental health.
  - xlv. Became connected to benefits programs (e.g., Medicaid or Food Stamps).
- o) Provide two (or more) stories from individuals (in their own words) that describe how their quality of life has improved since participating in the project.

Grantee Response to Performance Measure 3:

Response from January 31, 2020 Interim Report

- a) Number (#) and percentage (%) of individuals who report overall improved functioning and/or quality of life since participating in the program.

Total number of beneficiaries reporting satisfaction – 19; percentage 31%

- b) Number (#) and percentage (%) of individuals who have experienced two or more of the following key outcome areas pertinent to your program:

- i. Increased ability to manage challenging situations.

42 total; percentage 49%

- ii. Increased ability to manage challenging behaviors.

28 total; percentage 24%

- iii. Became stably housed as a result of the program.

18 total; percentage 15%

- iv. Became employed as a result of the program.

9 total; percentage 8%

- v. Decreased substance use.

27 of 29 total; percentage 93%

Decreased legal involvement.

12 of 24 total; percentage 50%

- vi. Increased healthy behaviors (e.g., physical activity or eating healthfully).

13 total; percentage 11%

- vii. Reduction in number of days with poor physical or mental health.

38 total; percentage 41%

- viii. Became connected to benefits programs (e.g., Medicaid or Food Stamps).

6 total; percentage 7%

- c) Provide two (or more) stories from individuals (in their own words) that describe how their quality of life has improved since participating in the project.

Since arriving to Choices' Inc., Ro Wa life began to turn around. Previously a victim of an assault that led to a Traumatic Brain Injury (TBI), Ra Wa was released from prison and quickly found himself without a source of income, homeless, and disabled. He decided to enroll with Choices Inc., after being encouraged by others. After beginning his treatment, the consumer was accepted for a lifetime housing grant, approved for Social Security Disability. Ra Wa has consistently followed through in every aspect of his treatment and has stayed active in his recovery. He has regained a sense of value in himself and hopes to find part-time employment in the future as he is enrolled with the Department of Vocational Rehabilitation (DVR) and continued improving in every facet of his life. He was able to achieve the after being connected for employment through Case Management, secured permanent housing and was offered an Alaska Housing voucher. Additionally, the said consumer entered services with significant other and both beneficiaries had demonstrated similar progress in their recovery.

Under Performance Measure 3, there is a markable increase in the number of consumers that reduced their substance use, a decrease in the number of legal involvement and consumers experienced noticeable ability to deal with difficult situations and difficult behaviors.

Response from August 31, 2020 Status Report

When they followed through with treatment plan and appointment for services; beneficiaries that participated for services continued to demonstrate improvement in their quality of life as evident by them adequately managing symptoms of mental illness, maintaining sobriety from drugs/alcohol, improving social engagement with others, securing employment, pursuing training, acquiring benefits, employing educational advancements, accessing peer support, and ending homelessness.

- a) Number (#) and percentage (%) of individuals who report overall improved functioning and/or

quality of life since participating in the program.

Total number of beneficiaries reporting satisfaction – 36; percentage 50%

b) Number (#) and percentage (%) of individuals who have experienced two or more of the following key outcome areas pertinent to your program:

i. Increased ability to manage challenging situations.

36 total; percentage 52.7%

ii. Increased ability to manage challenging behaviors.

36 total; percentage 50%

iii. Became stably housed because of the program.

11 total; percentage 24%

iv. Became employed because of the program.

6 total; percentage 13%

v. Decreased substance use.

6 of 15 total; percentage 13%

vi. Decreased legal involvement.

7 of 7 total; percentage 100%

vii. Increased healthy behaviors (e.g., physical activity or eating healthfully).

13 total; percentage 28%

viii. Reduction in number of days with poor physical or mental health.

20 total; percentage 44%

ix. Became connected to benefits programs (e.g., Medicaid or Food Stamps).

8 total; percentage 17%

c) Provide two (or more) stories from individuals (in their own words) that describe how their quality of life has improved since participating in the project.

MS came to CHOICES in Fall 2019. The client had lived in Alaska previously; however, left the state and was nomadic across the US for the last decade. The client was homeless, staying at the shelter, off medications, stopped receiving SSI and was afraid to settle down due to being paranoid that people gets in their belongings. Staff used Motivational Interviewing skills to encourage the consumer to pursue services. Staff assisted the client to apply for an Alaska Housing Voucher, Medicaid, Food Stamp, Social Security, and Interim Assistance. Clinician provided psychotherapy and referred client for physical exam and psychiatric assessment for possibly medication management. The client was linked to transitional housing. Through course of time, the beneficiary regained hope

that being nomadic was not necessary anymore. The client obtained a housing voucher, secured an apartment, worked part time, got SSDI reinstated after many years, addressed physical and mental health, and was awarded a Mini Grant to furnish new apartment. The client stated, "When I first met you (Clinician). I was ready to give up, because I was stalked and stalked everywhere, I go. I am glad that you helped me to try again." "I liked them helping me with the paperwork, because it seemed really overwhelming."

NL came to CHOIES in 2019 after being discharged from Providence Mental Health Unit. The client expressed, "I wanted to come here for counseling and ask to help the homeless." Through the course of services and treatment, the consumer addressed traumatic experiences through psychotherapy, maintain sobriety through group counseling and peer support, accessed housing assistance, obtained SSDI and Interim Assistance, and utilized psychotherapy to increase self-esteem. The client stated, "You guys help me getting my own backbone and help me standing up for myself and give me the right common knowledge to do that."

Under Performance Measure 3, there is evidence of increased ability to manage daily life, increase in managing mental health, and favorable outcome with legal issues.

# CHOICES, Inc. ICM Satisfaction Survey

Hello,

We would like to hear from you about how we are doing. Please complete this form and put it in the Consumer Survey Box at the Reception Desk or return to us in the self-addressed stamped envelope we sent to you if you received this through the mail. Your responses are important to us and will be kept completely confidential.

sincerely,

Lisa Noland

Chief Executive officer

CHOICES, Inc. is an Equal Opportunity Employer. Minorities and women are encouraged to apply. If you are a person with a disability and need a reasonable accommodation to apply for a position, please contact the Human Resources Department at (800) 445-2345.



	Poor	Fair	Good	Very Good	Excellent	Does Not Apply/NA	Standard Deviation	Responses	Weighted Average
Appointment available within a reasonable amount of time	1 (5%)	0 (0%)	2 (11%)	4 (21%)	12 (63%)	0 (0%)	4.18	19	4.37 / 5
Greeted in a prompt and courteous way	0 (0%)	0 (0%)	3 (16%)	3 (16%)	13 (68%)	0 (0%)	4.6	19	4.53 / 5
Phone calls were answered and returned within 48 hours	1 (5%)	0 (0%)	1 (5%)	3 (16%)	14 (74%)	0 (0%)	4.95	19	4.53 / 5
Treated respectfully	1 (5%)	0 (0%)	2 (11%)	1 (5%)	15 (79%)	0 (0%)	5.34	19	4.53 / 5
I felt involved in and listened to during my treatment planning	0 (0%)	1 (5%)	1 (5%)	0 (0%)	17 (89%)	0 (0%)	6.2	19	4.74 / 5
I feel that CHOICES has helped me in my recovery	0 (0%)	1 (5%)	2 (11%)	1 (5%)	14 (74%)	1 (5%)	4.88	19	4.56 / 5
									4.54 / 5

## 2 How did CHOICES help you on your path towards healing?

i have 16 1/2 months clean and sober because i was involved with CHOICES. The counseling has helped me heal and cope. The groups helped me with support and case management has helped me attain realistic goals and things i need.

My Clinician Delroy is brilliant, wise and fair. Both he and my case manager, Uriah Keith have both been supportive in believing that i could do things i thought i could do.

I am taking baby steps with my goals. The group Helping Women in Recovery has helped me with my sobriety and AA meetings sober support. The budgeting classes that i am taking help me to save money. My counselor Jessica is awesome. She advocates for me. our talks are the best. Delroy helps me to understand. he breaks it down for me.

i have been helped with support in both transportation and case management. The positive attitude and willingness to help is very good

getting initial paperwork done

continued case management

Housing

I have been blown off again month since November 10th. I feel unimportant when Dalroy justifies the inaction of his team. Dalroy



talks over me and interrupts me and has gone from compassionate to cruel. Uriah has dropped the ball many times from late notice cancellations or calling in on our scheduled appointment day. Uriah has helped me apply to rehab in Nov and January. Uriah has only submitted one application for housing.

By advocating and giving constructive positive hope and effective prompting to help me see things differently and healthily and that a lifestyle change is the key to a healthy life mentally, physically, emotionally, and spiritually.

CHOICES (Jessica and Delroy) has been a blessing. They have helped me move from a tent to a transitional house, then help with AK Housing which helped me move into my own place. They are teaching me tools for healthier, sober, clean, safe living. Helped me open my mind to fixing / adding spirituality into my life. Always positive encouragement. Reinforcing self care and that it is ok. There are so many things mentally, physically, spiritually that they have helped me with. I love this program.

Helped me achieve all my goals for stable housing and employments.

CHOICES has helped me better than most companies. CHOICES made me feel like i had help for hope and not so overwhelmed.

Better able to cope with life

Jessica reminds me that no matter how bad it may seem, there is always hope and optimism. I feel like Josh has helped in my ability to heal and overcome and it helps me feel empowered.

i have been through 6 recovery programs and this is the first place that has not abandoned nor condemned me on my endeavor to help myself.

CHOICES has helped me regain independence, helped me believe in myself and know i am not alone

They help me in every way

They have helped me with housing food and clothing They have helped me see a different future I am not all that was hoped but i can

they have helped me with housing, food and support. They have helped me see a brighter future. I am not on the way because I can see a time when I don't worry about being alone. It has helped by confidence.

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**3** What services would you like to see CHOICES provide? How can CHOICES improve our services?

I don't know, maybe more groups. i really am quite happy with CHOICES and don't really have any complaints.

Computer grants, school grants, more in depth substance abuse education. card for food @ Fred Meyer when food stamps run out

As far as i see, everything is meeting my needs. I enjoy with all my heart being here and getting help.

None of can think of right now

getting initial paperwork done

transportation from ICM Program

There isn't anything CHOICES doesn't provide to promote healthy lifestyle changes. It could however, improve on intake process time.

Everything was done good while in my treatment process.

Affordable home counseling

**Mens group**

Maybe limit number of group attendees (can feel counter productive and triggering at times.) Other issues already addressed.

The location is inconvenient, and the reception could be friendlier.

I think everything is great the way it is.