

MEMO

To: Verné Boerner, Chair - Program and Planning Committee, Chair
Through: Steve Williams, Chief Executive Officer
From: Katie Baldwin-Johnson, Chief Operating Officer
Date: July 15, 2022
Re: FY21 Closed Grant Report for Trustees

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

FY21 Closed Grant Report

The report was generated to provide additional information about Trust funded projects as the Trust finalizes its FY24/25 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 FY24/25 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.

FY21 Closed Grant Selection Criteria

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

- a. Only FY21 closed grant projects (Authority Grants and MHTAAR grants)
- b. Only FY21 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 FY21 closed grant projects recommended for continued funding in the FY24/25 budget. (NOTE: If the FY24/25 recommendation is below the \$100,000 threshold, for example, a project is ramping down, the grant is not included in this report)

There were 38 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 beneficiaries¹. 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 FY21 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

¹ 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) framework² 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.

² 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 FY24/25 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

Contents

Peer Support Workforce	6
Beneficiary Employment Technical Assistance and Program Coordination.....	12
Micro Enterprise Funds.....	23
NAMI Juneau BPI (Beneficiary Projects Initiative) Grant	56
NAMI Anchorage BPI (Beneficiary Projects Initiative) Grant	82
Polaris House Clubhouse BPI (Beneficiary Project Initiative) Grant	95
Community Based Peer Navigation-Anchorage (Beneficiary Projects Initiative).....	119
Alaska Mental Health Consumer Web BPI (Beneficiary Projects Initiative) Grant	144
CHOICES Community Options Program	183

Project Title: Peer Support Certification (FY21)	
Grantee: Division of Behavioral Health, DHSS	
Fund: MHTAAR	
Geographic Area Served: Statewide	Project Category: Capacity Building
Years Funded:	
FY21 Grant Amount: \$125,000.00	
High Level Project Summary: <p>FY21 Project Summary: 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 with support from the Commission for Behavioral Health Certification (ACHBC) were responsible for ongoing work with the PSS advisory committee and community partners to develop a comprehensive certification program for PSS. ACBHC is contracted to oversee the certification body for all future PSS certifications. The PSS advisory committee continues to provide advisory support to the contractor for any iterative changes to the process for certification.</p> <p>Besides these duties, DBH oversees several contracts to community providers to develop PSS training modules, who continue to deliver 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 agencies to support their clients in need. 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 Certification (FY21)**Staff Project Analysis:**

FY21 Staff Project Analysis: The DBH staff continue to support a multi-year PSS advisory committee process that produced a pathway for peer staff to obtain certification at multiple levels of expertise and experience. These processes and outcomes are 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 can 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: Peer Support Provider Certification Body

The Alaska Commission on Behavioral Health Certification was selected to be the Alaska Peer Support Provider Certification Body on March 30, 2020. There were a number of factors that led to the delayed award in FY20 but given this, the Commission's work is just beginning. The Certification Advisory Board was established and met initially on May 14, 2020. They will be doing development work on the Certification until December, following which they will begin to accept applications. In FY 21, their costs are projected to be \$82,000. The project will be able to utilize Federal State Opioid Response (SOR) funding for \$50,000 of these costs in FY21, leaving \$32,000 requested from the Alaska Mental Health Trust.

Certification Body

Certification Staff: One staff (plus supervisory support) to manage the development tasks outlined below and coordinate 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. 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 of similar software
- Coordinate website content creation and maintenance

Travel (Advisory Committee): Although advisory committee meeting will be conducted remotely through Zoom, the committee will meet face-to-face once a year to complete all necessary tasks.

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.

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

Trust Funding - \$32,000

The Peer Support Provider Conference

The Conference was originally planned for FY20 but had to be cancelled due to the social distancing precautions related to the COVID crisis. This was a much anticipated conference and the plan is to re-schedule it for May 2021, if social distancing requirements permit it at that point.

The Conference will 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, and outside speakers. There will be increased costs related to the keynote national speakers for this conference in FY21.

Trust Funding - \$68,000

Training Scholarships

With a number of training entities developing Peer Support Curricula based on DBH Guidelines, Peer Support Providers will soon begin to take these trainings both to satisfy provider requirements for the 1115 services as well as the developing requirements for Peer Support Provider Certification. We anticipate that the cost for the 40 hour foundational training would likely be an obstacle for many individuals.

Trust Funding - \$25,000 (\$500 x 50 individuals)

Grantee Response - FY21 Grant Report Executive Summary: The Division of Behavioral Health (DBH) has many programs working to enhance and promote treatment recovery. These programs include behavioral health and substance misuse treatments; employment and training services; housing; and reentry services. Within these programs, a major section of treatment revolves around the integration of peer support services. Peer supports encompasses a range of activities and interactions between people who share similar lived experiences.

Looking to develop the peer support services, DBH has worked in conjunction with the Alaska Mental Health Trust Authority (AMHTA) and other community stakeholders to expand this area of treatment. Peer Supports are also an essential part of Medicaid Services under the 1115 waiver. This past year,

DBH through AMHTA funding has focused on providing training, certification and providing a peer support conference to the state. All programs have assisted in increasing the workforce and the personal growth of Peer Support Specialists.

In FY 21 DBH solicited a contract for a 40-hour training which would encompass the values, standards and SAMHSA's guiding principles of peer support. The core competencies of this foundational training were originally developed in 2015 by a national group of subject matter experts in Peer Support and apply equally to both peers with a substance use and peers with a mental health focus. Alaska Behavioral Health was awarded the contract to provide the 40-hour training. This training is a main element required for the peer support certification and/or individuals wishing to enter the workforce.

With support from the AMHTA, a scholarship program was available allowing over 50 consumers to attend the training for free. Due to COVID all trainings were held virtually. This worked to be an advantage as it eliminated the expenses related to travel and therefore, was able to reach a outlining communities.

With peer supports entering the workforce more, training continues to be a rising area of need. DBH has worked in conjunction with the Alaska Training Cooperative to produce a series of six ECHOs in FY 21 and will host another 12 sessions in FY 22. ECHOs are a new learning method in which individuals participate in a didactic presentation, then through group participation work a case presentation. This type of training allows for education and then input and recommendations from others peer supports and clinical professionals throughout the state. This format allows for all levels in a field to provide input and feedback to solve a case issue. Didactic topics include ethics, trauma informed care and integration into treatment teams.

In expanding the peer support workforce and the addition of peer support services into the State Medicaid plan, it was evident Alaska needed a certification program that would recognize and promote the field. It became clear that both agencies and Peer Support Providers both wanted a certification. Agencies wanted to see a certification program to provide some assurance of the competencies of their existing peer support staff and potential new hires and Peer Support Providers working in the field wanted a certification to acknowledge their skills and abilities.

In FY 20 with the assistance of the AMHTA, the Division contracted with the Alaska Commission for Behavioral Health Certification (ACBHC) to develop a multi-tiered peer support certification. AMHTA helped fund staff to maintain all applications; training standards; code of ethics; develop and maintain the website; create and maintains the database to track demographics on peer support applications; create forms as needed; review new and grandfathering applications with Commissioners; and convene the advisory board quarterly. This year the plan was for the Advisory Board to meet in person; however, due to COVID, this was not an option. The Peer Support Commission was able to meet once in person during the short window when COVID numbers were lower. ACBHC has also been unable to do in-person outreaches to organizations to present on the certification process due to safety concerns with COVID and many organizations have COVID restrictions on visitors.

The Certification Committee completed their work on the certification standards in December 2020 and in January 2021, the first applications were accepted. The Certification Body has received applications for new peers, grandparenting peers and even for dual certifications as both a Peer Support and a Traditional Peer Support. Traditional Peer Support Specialists have a specialization that focuses on the Native Alaskan and American Indian cultures. With further financial assistance from the Trust, the Certification Board was able to provide a discount for all applicants that had applied to help with certification fees.

To further promote professional development with peer supports, the State in conjunction with AMHTA hosted a statewide conference. The conference was 3- ½ days and had professional speakers from the nation who spoke on new advancements in the field and the importance of peer support

services. The conference hosted several pillars in the Peer Support world, such as Will Hall and Steve Samra. The conference incorporated youth and family peer supports along with professionals. While we had hoped to have a face-to-face conference, we were unable to do this due to COVID issues; however, through the virtual platform the conference drew participation from people in the lower continental US. This conference, while DBH hosted, it was topic and speaker driven by peers. There were peers from all different service arenas, such as medical, family, youth, mental health, SUD, and reentry, who participated in the conference. Survey feedback was very positive and encouraging the need for a yearly conference.
Number of beneficiaries experiencing mental illness reported served by this project in FY21: 0
Number of beneficiaries experiencing substance misuse reported served by this project in FY21: 0
Number of beneficiaries experiencing a developmental disability reported served by this project in FY21: 0
Number of beneficiaries experiencing Alzheimer's Disease or a related dementia reported served by this project in FY21: 0
Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY21: 0
Number of individual trained as reported for this project in FY21: 0
Performance Measure 1: Pathway to Certification Process fully defined by the Alaska Commission on Behavioral Health Certification by 12/15/20.
Grantee Response to Performance Measure 1: The Alaska Commission on Behavioral Health Certification (ACBHC) along with peer support stakeholders completed the process and standards for both the Peer Support Specialist and the Traditional Peer Support Specialist in December 2020. Both certifications are multi-leveled and combine both training and hours of experience in the field. ACBHC started taking application in January 2021. At the end of the FY 21, 26 Peer Support Specialists/Traditional Peer Support Specialist were certified and had received 59 applications (many were for dual certifications as both a Peer Support and a Traditional Peer Support). We continue to advertise and promote certification at other DBH sponsored conferences and at the ECHO series. ACBHC is also in the process of conducting a series of surveys to continue to improve and modify areas of the application process for certification.
Performance Measure 2: Peer Support Provider Certification available for applications by 1/15/21.
Grantee Response to Performance Measure 2: In January 2021 ACBHC began accepting application for both the Peer Support Specialist (PSS) and the Traditional Peer Support Specialist (TPSS). Many applicants were dual licensed. As of June 30, 2020, there were: 3 Peer Support Associates (entry level); 3 PSS I; 2 PSS II; 11 PSS III; and 7 TPSS III. There are several pending applications; however, the Certification Board is waiting on additional documents on applicants (many are employment verifications from outside employers) to approve certifications. ACBHC has extended their grandparenting window for applicants and still has funding to offer the discount to applicants. The Certification Body and DBH continue to encourage and market the certification as opportunities present. One large opportunity to discuss the announce the certification process was at the Recidivism Conference held in May of 2021. Together members from DBH and ACBHC presented a comprehensive training on the certification process for applicants. While both organizations look to further educate peer supports and agencies on the value of certification, COVID has limited outreach to complete this task. ACBHC has staff specifically for the certification of peer support and additionally provides supervisory support to that staff. The staff assigned to peer support certification provides administrative support

in all areas of the certification, including tracking, applications, coordinating with the approval from the Commission and providing certificates. ACBHC has begun to also track the locations of peer support certification in hopes to address any areas that may need additional support around certification or identify communities which may need a peer support program. The staff coordinates the work of the Advisory Board which meets quarterly. Due to COVID restrictions the Board had to meet virtually. There were two Board Members who resigned after serving for their terms and the ACBHC staff helped recruit and oversee the process for electing new members. It was determined there was a need and 3 members were added.

Performance Measure 3: Training Scholarships distributed by 6/30/21.

Grantee Response to Performance Measure 3:

As noted above Alaska Behavioral Health was awarded the contract to provide the 40-hour training for Peer Support Providers. The 40-hour training was based on a curriculum designed to provide core competencies and SAMHSA's guiding principles on peer support. The training gives Peer Support Providers the foundational skills to work in the field and provides one of the major requirements to apply for certification. Certification is needed for Peer Supports to provide Medicaid billable services under the 1115 waiver. AMHTA provided funding to provide 50 scholarships for Peer Supports to attend this training. For FY 21, there were 75 substance use disorder peer supports and 53 mental health peer supports trained with the aid of the AMHTA scholarships. These training were all held virtually due to COVID. Alaska Behavioral Health has also provided trainings to agencies to support agencies in their drive to have a certified peer support workforce. DBH continues to look at additional trainings to enhance Peer Support Specialist skills, Peer Supervision, and crisis training.

Performance Measure 4: Peer Support Provider Conference held by 6/30/21.

Grantee Response to Performance Measure 4:

Through support from the AMHTA and the State, the peer support community held a virtual peer support conference providing support and education. The conference provided the opportunity for peer supports and providers a chance to hear from national speakers to expand their knowledge on the advancements in the field which are happening in other parts of the country. Just a few topics for the conference included youth peer supports, family supports- NAMI, WRAP/WHAM, peer crisis support, and cultural humility. We had guest speakers, Will Hall, Steve Samra, and Dr. Gary Ferguson. For the 3-day conference – Day 1- 107 individuals attended; Day 2- 105 individuals attended; and Day 3-105 individuals attended.

While we had hoped for a face-to-face conference, due to COVID the conference was provided virtually. Much like the trainings, this allowed to expand our audience to individuals nationwide; however, the technical expenses for this conference increased. The survey provided mixed feedback as many liked the virtual platform while many missed the in-person meeting. Regardless of the platform, feedback has been very positive and DBH continues to hear from the community how much a yearly conference is needed.

Project Title: Beneficiary Employment Technical Assistance and Program Coordination	
Grantee: Governor's Council on Disabilities & Special Education	
Fund: MHTAAR	
Geographic Area Served: Statewide	Project Category: Data/Planning
Years Funded: FY14 to Present	
FY21 Grant Amount: \$100,000.00	
<p>High Level Project Summary:</p> <p>Funds support advisory board technical assistance (TA) from the Governor’s Council on Disabilities and Special Education (GCDSE) related to planning, coordination, expansion and service implementation related to Trust Beneficiary Employment and Engagement (BEE) focus area priorities. GCDSE staff engage with Department of Health & Social Services and Department of Labor & Workforce Development partners to coordinate the state level response to Alaska’s 2014 Employment First legislation. Funds support related activities and contractual arrangements to promote system change and programmatic opportunities to improve employment outcomes for Trust beneficiaries.</p> <p>In FY21, GCDSE met Trust expectations related to grant performance measures related to key BEE TA activities. The level of Trust funding has fluctuated for this work over recent years following shifting federal funding access and was reassessed for Trust budget recommendations in FY22-23 to an annual amount of \$123,500 to ensure continuity of key activities that enhance beneficiary employment and engagement opportunities.</p> <p>This project aligns with Comp Plan Goal 3 related to beneficiary economic and social well-being.</p>	

<p>Project Title: Beneficiary Employment Technical Assistance and Program Coordination</p> <p>Staff Project Analysis:</p> <p>The Governor’s Council on Disabilities and Special Education (GCDSE) continues to provide technical assistance and program coordination to Trust staff and partners in support of the Beneficiary Employment focus area.</p> <p>Activities are largely focused on the systems level and include activities related to programmatic technical assistance, policy advocacy, and public awareness and training. Sustainability of GCDSE supported BEE TA activities will be assessed during FY22-23 with potential refocusing of core BEE TA activities to occur in FY23 and beyond due to changing needs of the Trust and partners related to beneficiary employment as well as changing capacity and expertise of Council staff. Cross beneficiary population integration of the GCDSE’s BEE TA activities continue to be a challenge which may limit the impact and sustainability of focus area efforts.</p> <p>This reporting period highlights adaptation of planned activities due the ongoing the COVID19 pandemic with the majority of core activities sustained to the greatest extent possible amid staff turnover and other related changes. Council staff worked closely with the Trust and Division of Vocational Rehabilitation, among other partners, during the reporting period to initiate the “Work Matters Task Force.” The task force is a time limited initiative intended to analyze and address policy barriers and opportunities related to beneficiary employment.</p> <p>This project directly supports programs and initiatives related to the Beneficiary Employment and Engagement focus area as well as Goal 3 of the Comp Plan related to Economic & Social Well-being/Integrated employment.</p> <p>Trust staff recommends that FY23 be the final year of funding to the GCDSE for the BEE TA project funding with concurrent analysis of to revise the scope and intent of this project based on the current landscape related to beneficiary employment as well as identify a future home agency for this work moving forward into FY24-25. No agency has been yet confirmed for this role beginning in FY24 as of completion of this written project analysis.</p> <p>Trust staff will continue to work closely with GCDSE during FY23 to be more inclusive of DHSS-DBH and other advisory board staff (i.e. AMHB/ABADA) in TA activities to enhance representation of Trust beneficiary groups in the ongoing employment focus area work.</p> <p>Project Description: Beneficiary Employment & Engagement (BEE) Technical Assistance activities continue to assist the Trust with planning, coordination, expansion and implementation of the BEE focus area. The focus of FY21 activities will support the Trust and partners in COVID-19 response related to the pandemic impacts on beneficiary employment, and provide ongoing assistance to further develop systems that will result in more beneficiaries seeking, securing and maintaining competitive, integrated employment. Technical assistance and coordination will build provider and state agency capacity to ensure beneficiaries have greater access to employment, related support services, and accurate resources and information on how paid employment impacts Social Security and other benefits (health, housing, food, etc.).</p> <p>Council staff will engage in the following activities:</p> <p>TECHNICAL ASSISTANCE:</p> <ol style="list-style-type: none"> 1) provide technical and administrative assistance to the AMHTA Program Officer, to assist with planning, development and implementation of activities related to increasing employment
--

outcomes for Trust beneficiaries

- 2) provide technical assistance support to Alaska Project SEARCH program

EMPLOYMENT FIRST & POLICY:

- 3) work with the Departments of Education & Early Development, Labor & Workforce Development, Health & Social Services and the office of the Governor to create a task force to develop and implement clear guidelines and reporting procedures to provide the Trust with the annual report on implementation of the Employment First Law

PUBLIC AWARENESS & TRAINING:

- 4) coordinate with business and industry organizations and leaders to dispel myths, increase awareness on the services and supports for hiring Trust beneficiaries and create linkages with providers to improve employment outcomes;
- 5) train state agencies and providers, beneficiaries and the general public on employment services, supports, and resources for individuals with disabilities (ABLE, Disability Benefits 101, Transition Handbook) including statewide resource dissemination mailout
 - a. increase awareness of and impact of Transition Handbook
 - b. increase awareness of the Alaska Disability Benefits 101 website and provide support for maintenance efforts
 - c. increase awareness of AK ABLE Act and provide support for implementation efforts.
- 6) provide support for self-advocacy leadership training;
- 7) provide support for Supported Decision Making Agreements (SDMA) implementation and increase awareness of SDMAs and associated resources across the state and across beneficiary categories; provide support for authentic rural transitions for students with disabilities.
- 8) provide support for authentic rural transitions for students with disabilities.

Grantee Response - FY20 Grant Report Executive Summary: The Governor's Council on Disabilities & Special Education was granted \$200,000 to assist the Trust with implementation of the Beneficiary Employment & Engagement (BEE) Initiative to increase employment outcomes of Trust beneficiaries. The Council offered staff time (Planner and Program Coordinators) and expertise in specifically addressing 8 Performance Measure activities in FY21:

TECHNICAL ASSISTANCE:

- 1) provide technical and administrative assistance to the AMHTA Program Officer, to assist with planning, development, and implementation of activities related to increasing employment outcomes for Trust beneficiaries
- 2) provide technical assistance support to Alaska Project SEARCH program

EMPLOYMENT FIRST & POLICY:

- 3) work with the Departments of Education & Early Development, Labor & Workforce Development, Health & Social Services and the office of the Governor to create a task force to develop and implement clear guidelines and reporting procedures to provide the Trust with the annual report on implementation of the Employment First Law

PUBLIC AWARENESS & TRAINING:

- 4) coordinate with business and industry organizations and leaders to dispel myths, increase on the services and supports for hiring Trust beneficiaries and create linkages with providers to improve employment outcomes.

- 5) train state agencies and providers, beneficiaries and the general public on employment services, supports, and resources for individuals with disabilities (ABLE, Disability Benefits 101, Transition Handbook, Empowerment Through Employment: Employment Resources Guide for Alaskans with Disabilities)
 - a. increase awareness of and impact of Transition Handbook and Empowerment Through Employment guide
 - b. increase awareness of the Alaska Disability Benefits 101 website
 - c. increase awareness of AK ABLE Act.
- 6) provide support for self-advocacy leadership training.
- 7) provide support for Supported Decision-Making Agreements (SDMA) implementation and increase awareness of SDMA's and associated resources across the state and across beneficiary categories;
- 8) provide support for authentic rural transitions for students with disabilities.

Council staff continued to provide technical and administrative support to the Alaska Mental Health Trust Program Officer for the purpose of planning, development, and implementation of designated activities. Council staff has continued to provide substantial technical assistance to Alaska's Project SEARCH sites in Anchorage, Mat-Su, and Fairbanks, and continue to attend site steering committee meetings on a frequent basis to ensure that barriers are addressed and/or assist in removing barriers. Council staff also provided guidance on data reporting requirements.

The Council provided support to DVR to complete the annual Employment First report, submitted in December 2020. Council staff led stakeholder discussions on Employment First and will continue to work with state agency partners with intentions to enhance Employment First annual reporting.

Throughout this reporting period, Council staff facilitated high-level leadership meetings with the State Exchange on Employment and Disability (SEED), the Council on State Governments (CSG), and other Alaskan leaders to discuss the next steps for Alaska's policy implementation for the Employment First law. Council staff led planning group efforts and provided several presentations for state agency leadership for the Alaska Work Matters Task Force. Council staff continued to research and explore telework best practice strategies during this reporting period, which was incorporated into the Legislative priority papers as discussed by Council Members at the Legislative Meetings.

Council staff collaborated with the State Vocational Rehabilitation Committee (SVRC) to request a Disability Employment Awareness Month (NDEAM) proclamation from the Governor's office. Staff took the lead and posted the NDEAM proclamation on multiple forms of social media and listservs, such as Facebook and GovDelivery. Staff continued to collaborate with the Business Employment Services Team (BEST) and the new Employment First Coordinator to orient into their new position, and with the Employment First Coordinator to hold the 2021 Virtual Job Fair. Council staff coordinated and led the work group meetings. The Governor's Council on Disabilities and Special Education (GCDSE) launched the Empowerment through Employment resource guide and offered trainings on the Empowerment Through Employment Guide and Transition Handbook. Council staff presented both the guide and handbook at multiple virtual events and generated social media posts and listserv bulletins. Council staff planned to update the website during the summer of 2021, but the DHSS website outage prevented that from occurring.

Regarding the Alaska ABLE Act, Alaska Disability Benefits 101, and the ABLEtoSAVE campaign, the Council led statewide outreach efforts by developing marketing materials and disseminating

information to the public through listserv publications and social media. Council staff also participated in through social media and listserv such as Facebook posts and GovDelivery emails. Staff posted information related to Disability 101, the Alaska ABLE Plan, the employment handbooks regularly throughout the year on Facebook to increase awareness and access to individuals with disabilities.

The Council has continued to support Alaska's statewide self-advocacy organization for individuals with I/DD. Peer Power held the 4th annual statewide self-advocacy summit. Topics covered during the Summit included: Disability Confidence, Disability and Sexuality, Comedy and Disability and Social Hours. Staff collaborated with Senior and Disabilities Services (SDS) and self-advocates to produce a resource guide and Zoom webinar called "I Have Rights" for individuals with disabilities, which covered the following topics: access, choice, community, dignity & respect, privacy, safety, and work.

The Council has continued to lead Supported Decision-Making Agreement (SDMA) efforts, increasing the resources for the Council's SDMA website section, and seeing increased website hit counts. The Council held a three-day Supported Decision-Making Agreement virtual conference entitled Supported Decision Making: Three Days, Three Questions. Council staff highlighted Supported Decision Making at the Full Lives conference and have been working with a self-advocate to create a coffee-chat style panel for the upcoming Healthcare Advocacy Conference.

The Council has continued its role as a subject matter expert in planning for a long-term effort to develop more Traditional Skills Curriculum. Council staff worked with staff from the Trust and the Center for Human Development throughout this reporting period. The Rural Transition Curriculum Roll Out webinar with the authors, Rain Van Den Berg, Frances Gage, and Charlene Hadley was held virtually over Zoom Webinar in November 2020.

Number of beneficiaries experiencing a developmental disability reported served by this project in FY21: 11,516

Performance Measure 1: TECHNICAL ASSISTANCE:

Provide technical and administrative assistance to the AMHTA Program Officer to assist with planning, development and implementation of activities related to improved employment outcomes for Trust beneficiaries.

- a) Provide support for completion of the strategic plan

Grantee Response to Performance Measure 1: Council staff continued to provide technical and administrative support to the Trust Program Officer for the purpose of planning, development, and implementation of designated activities. Council staff worked together with the Trust to disseminate the Comprehensive Integrated Mental Health Program Plan through a vast network of partners and beneficiaries over the past reporting period. This was done by linking others to the program relating to economic self-sufficiency by sharing social media posts and email list serv bulletins. The Council staff continues to meet monthly with the Trust Program Officer to provide regular GCDSE BEE updates and to discuss future work projects. Council staff held a meeting for Advisory Board executive directors (ED) to introduce current BEE efforts and obtain input regarding future endeavors.

Significant support was provided (and continues to be provided) in support of the Empowerment Through Employment Conference. Strategic planning meetings were led by GCDSE staff, research into procurement and contracting vehicles was conducted, and considerations regarding timing and format (in person, virtual, hybrid) were all discussed multiple times. The conference timing was delayed from

Fall 2021 to Spring 2022 out of consideration for the ongoing COVID-19 pandemic.

Performance Measure 2: TECHNICAL ASSISTANCE:

Provide technical assistance support to Alaska Project SEARCH programs.

- a) Serve as liaison to national Project SEARCH technical assistance as needed.
- b) Provide timely technical assistance for sites as needs or issues arise.

Grantee Response to Performance Measure 2:

Council staff have continued to provide substantial technical assistance to Alaska's Project SEARCH sites in Anchorage, Mat-Su, and Fairbanks. Council staff continue to attend site steering committee meetings on a frequent basis, which are sometimes held monthly. This is to ensure that barriers are addressed and/or assist in removing barriers and that Project SEARCH sites are linked with appropriate state agency resources, in addition to the national Project SEARCH model fidelity resources.

Due to the continued COVID-19 pandemic Council staff were not able to provide "in-person" technical assistance trainings and site visits because the schools remained in virtual session. To overcome the "in-person" barriers created by the pandemic, Council staff provided virtual assistance and trainings by utilizing the Zoom virtual platform for visits instead. By scheduling and facilitating meetings between Council staff and the Alaska Project SEARCH teachers, site teachers were allowed opportunities to discuss their site's challenges and accomplishments with Council staff. Council staff were also able to utilize the Zoom platform to provide a meeting between site teachers and the National Project SEARCH Co-Founder, Erin Riehle on best practices for site teachers.

Council staff continued to provide assistance to the Alaska Project SEARCH team by responding to questions in a timely manner; providing resources via email or by phone throughout the year. Council staff also served as a liaison between the state Project SEARCH programs and the National Project SEARCH program. Council staff responded to more questions and requests for technical support from the Alaska Project SEARCH team during this reporting period than in previous years because of the pandemic. Council staff also provided guidance on data reporting requirements.

Performance Measure 3: EMPLOYMENT FIRST & POLICY:

Work with the Departments of Education & Early Development, Labor & Workforce Development, Health & Social Services and the office of the Governor to implement of the Employment First Law.

- a) Coordinate annual Employment First reporting to the Trust by DOL, DEED, & DHSS
- b) Continue development of Employment First Task Force, including policy solutions to beneficiary employment barriers.
- c) Lead October National Disability Employment Awareness Month efforts, including social media and list serv distribution as well as Governor's proclamation request.

Grantee Response to Performance Measure 3:

The Council supported the Employment First project by partially funding the Employment First Coordinator position at the State of Alaska's Division of Vocational Rehabilitation (DVR) through the SFY20 BEE MHTAAR funding. The Council also provided support to DVR to complete the annual Employment First report to the Trust by coordinating the report requests to the Department of Health and Social Services (DHSS), Department of Labor and Workforce Development (DOLWD), and Department of Education & Early Development (DEED). The report was submitted in December of 2020. This performance measure included supporting more state agencies to provide reporting within their respective departments as well as some reporting format enhancements. Support was provided by

Council staff by periodically checking in with other state staff in the event questions arose during the reporting process.

The Council staff led stakeholder discussions on Employment First and will continue to work with state agency partners and intends to enhance Employment First annual reporting by including more data through the upcoming creation of an online data dashboard. Council staff provided guidance and overview for the scope of work the Trust obtained for employment data efforts. Council staff also held discussions on identifying the next steps for enhancing the current Employment First reporting efforts. This included working towards a robust data dashboard and updated reporting template that includes stories, data, and narrative. Report format enhancements are planned for the next performance period.

Throughout this reporting period, Council staff facilitated high-level leadership meetings with the State Exchange on Employment and Disability (SEED), the Council on State Governments (CSG), and other Alaskan leaders, to discuss the next steps for Alaska's implementation of policy for the Employment First law. The Council led planning group efforts and provided several presentations for state agency leadership for the Alaska Work Matters Task Force. Presentations were provided to the Board of Trustees in January 2021, and to the commissioners of both DHSS and DOL. Governor Dunleavy provided the Council with a letter of support regarding this task force; former executive Director, Kristin Vandagriff, co-chaired the Alaska Work Matters Task Force along with DVR Director Mayes. A Task Force roster was developed to ensure a robust team including staff from DVR, GCDSE, DOR, DBH, DOT, SEED, AVTEC, beneficiary board members, and employers, was brought together to collaborate on this project. The Council created a new webpage to host the Work Matters Task Force documents for easy access, but the DHSS website was taken offline due to a cyberattack and remains offline with no firm timeline for full restoration yet available. Additionally, Council staff provided background support with scheduling, surveying, document development and sharing, meeting notes and minutes, and technical assistance for Zoom. The task force has met twice since January 2021.

A third Work Matters Task Force meeting will occur in September 2021, with specific focus on refining and documenting the Core Topic areas which will serve as the foundation for the final report. The Work Matters Task Force has a final meeting in December 2021, after which three of the GCDSE staff along with Director Mayes will serve as the report writing team. The report writing team and SEED team staff plan meet frequently to check in on report writing progress and the planning committee will meet approximately monthly until the report is finalized for submission to the Governor and Cabinet-level State staff.

DVR Chair Director Mayes created subcommittees for the Work Matters Task Force to discuss matters specific to topic areas such as employment data indicators, rural employment and discrimination, inclusion, and equity. The intent the Task Force is to explore policy enhancements such as the creation of a centralized accommodation fund and other "State As a Model Employer" efforts. Other topics included low or no cost changes to policy which would remove barriers to employment outcomes for Alaskans with disabilities.

Council staff continued to research and explore telework best practice strategies during this reporting period, in part due to the Covid-19 pandemic because many individuals with disabilities fall into the "high risk" category. Also, because many individuals who experience disabilities experience greater productivity and better quality of life by working from home. Council Staff included telework in the Legislative priority papers as discussed by Council Members at the Zoom Legislative Meetings (Feb. 2021) and plans to further develop this research. The Priority Papers included information on how state

and federal government workforces had found success in the use of telework as a standard of practice. These studies were provided to Trust staff and other advisory boards. Council staff met with SEED to gain understanding of the SEED telework policy brief as well.

In September 2020, Council staff collaborated with the State Vocational Rehabilitation Committee (SVRC) to request a Disability Employment Awareness Month (NDEAM) proclamation from the Governor's office. Council staff took the lead and posted the NDEAM proclamation on multiple forms of social media and listservs, such as Facebook and GovDelivery. Throughout the month of October, Council staff published frequent social media posts as well as email listserv posts related to state and national employment resources, stories, and related information. In July 2020, during this reporting period, Council staff continued to promote the Americans with Disabilities Act (ADA) 30-year celebration by launching a section of the Alaska Governor's Council on Disabilities and Special Education (GCDSE) website which includes important employment related information and stories.

Performance Measure 4: PUBLIC AWARENESS & TRAINING:

Coordinate training and outreach to business and industry organizations including the State Chamber of Commerce, Anchorage Chamber of Commerce, the Alaska Society for Human Resource Management and other organizations on the benefits of and services/supports available in hiring qualified individuals with disabilities.

- a) Support Business Employment Services Team for collaborative employer engagement efforts
- b) Explore mediums to hold the next Employment First Job Fair (2021) in collaboration with DOL which could include utilization of virtual format.

Grantee Response to Performance Measure 4

Council staff continued to collaborate with the Business Employment Services Team (BEST) and the new Employment First Coordinator to orient into their new position throughout this reporting period. Staff at GCDSE collaborated with the Employment First Coordinator to hold the 2021 Virtual Job Fair which took place over an online virtual platform for four days during the last week of March. Council staff and the Employment First Coordinator created a work group comprising of staff from the Department of Health & Social Services (DHSS) and Department of Labor & Workforce Development (DOLWD) to explore various platforms for the virtual job fair.

Council staff coordinated and led the work group meetings with the following goals and objectives: To create an accessible platform for both employers and employees; to create virtual job fair promotional materials for both employers and job seekers (via email, social media, and radio); hold pre-job fair tutorial sessions for job seekers; and assisted with the job fair during the time it was live. The job fair saw 33 employers take part in advertising their employment opportunities, with 497 site visits recorded during the 4 days it was active online. The work group met to debrief after the conclusion of the job fair to discuss barriers and possible solutions. The workgroup will reconvene in the fall of 2021 to begin planning the 2022 BEST job fair.

Performance Measure 5: PUBLIC AWARENESS & TRAINING:

Train state agencies, providers, beneficiaries and the general public on employment services, supports, and resources for individuals with disabilities (including information on: ABLE, DB 101, Empowerment Through Employment guide, and the Transition Handbook);

- a) Hold at least 3 Employment Empowerment Tools presentations annually (in-person and/or statewide webinar)
- b) increase awareness of and impact of Transition Handbook and Empowerment Through

	<p>Employment guide through social media and listserv posts.</p> <p>c) increase awareness of the Alaska Disability Benefits 101 website through social media and listserv posting.</p> <p>d) Increase awareness of AK ABLE Act through social media and listserv posting.</p> <p>e) Lead August 2020 #ABLEtoSave social media campaign (at least 3 ABLE posts per week during August) in addition to listserv posting</p>
	<p>Grantee Response to Performance Measure 5:</p> <p>The Governor’s Council on Disabilities and Special Education launched the Empowerment through Employment resource guide in fall of 2020 and offered trainings on the Empowerment Through Employment Guide and Transition Handbook. Council staff presented both the guide and handbook at multiple virtual events. In June 2021, Council staff collaborated with self-advocates to hold an Empowerment Through Employment Guide and Transition Handbook overview webinar over Zoom, specifically for Beneficiary individuals with developmental disabilities, their families, and staff. Self-advocates and Council staff broke the guide into smaller, manageable pieces, allowing more detailed information to be provided in areas such as youth transitions, Alaska ABLE accounts, SDMA, and Alaska Disability Benefits 101; 33 people attended. Council staff generated social media posts and listserv bulletins promoting the webinars, guide, and handbook throughout the reporting period and planned to update the website during summer 2021, though the DHSS website outage prevented that from occurring. The website update will be reported on in the next reporting period.</p> <p>With respect to the Alaska ABLE Act and Alaska Disability Benefits 101, the Council has continued to lead the way in outreach efforts statewide to developing marketing materials widely across the state and disseminating information to the public through listserv publications and social media. As of April 22, 2021, DOR reports 620 ABLE accounts in Alaska totaling over \$5,000,000 in assets. Council staff also participated in the ABLEtoSAVE campaign in August 2020, through social media and listserv such as Facebook posts and GovDelivery emails. Council staff posted information related to Disability 101, the Alaska ABLE Plan, and the employment handbooks regularly throughout the year on Facebook so as to increase awareness and access to individuals with disabilities. Council staff conducted an Empowerment Through Employment training for the Alaska State Special Education Conference (Feb. 2021) and a webinar for individuals with disabilities and their families (June 2021) that covered the Empowerment through Employment and Transitions handbooks.</p>
	<p>Performance Measure 6: PUBLIC AWARENESS & TRAINING:</p> <p>Provide support for self-advocacy leadership training by supporting employment related content for an annual Self-Advocacy Summit and/or self-advocacy webinar</p>
	<p>Grantee Response to Performance Measure 6:</p> <p>The Council has continued to support Alaska’s statewide self-advocacy organization for individuals with I/DD. In 2020, Peer Power held the 4th annual statewide self-advocacy summit, which was originally scheduled to take place in person, but was switched to “virtual only” due to the Covid-19 pandemic. Council staff supported Peer Power by providing the Zoom platform and technical assistance through the management of the Zoom program and by sharing the event through Facebook Live. 114 Alaskans with developmental disabilities as well as supporters across the state registered for the virtual Self-Advocacy Summit. Monday’s speaker had 153 engagements, and 777 views. Topics covered during the Summit included: Disability Confidence, Disability and Sexuality, Comedy and Disability and Social Hours.</p> <p>Council staff collaborated with Senior and Disabilities Services (SDS) and self-advocates to produce a resource guide containing live web links for individuals with disabilities called “I Have Rights.” The guide</p>

was introduced to the public through a Zoom webinar in April of 2021 of the same name, which covered the following topics: access, choice, community, dignity & respect, privacy, safety, and work. The “I Have Rights” webinar allowed an opportunity for self-advocates to provide examples of situations they have encountered where they have advocated for their rights. Participants in the webinar were split into breakout rooms, where participants were able to have an open discussion about their rights and connect with others on how to advocate for their selves. The subject matter and format of this webinar was so popular among participants that Council staff has opted to begin utilizing the breakout rooms and open discussion forum in future webinars. A self-advocate presenter in this webinar was so inspired by the event that she came up with a topic for a new webinar called “I Have Dreams” which is planned for September of 2021, and will be included in the next reporting period.

Performance Measure 7: PUBLIC AWARENESS & TRAINING:

Provide support for Supported Decision Making Agreements (SDMA) implementation and increase awareness of SDMA's and associated resources across the state and across beneficiary categories;

- a) Increase SDMA awareness with all beneficiary populations (including individuals with mental illness, Alzheimer's and related dementia, as well as alcohol and substance abuse disorders) through trainings and resource outreach via social media and listserv as well as maintaining a relevant web presence.
- b) Disseminate SDMA guide for IEP teams to all school districts as well as to provider organizations and parents

Grantee Response to Performance Measure 7: The Council has continued to lead Supported Decision-Making Agreement (SDMA) efforts, increasing the resources for the Council's SDMA website section, and seeing increased website hit counts until May 2021 when the DHSS website was taken offline due to a cyberattack and remains offline with no firm timeline for full restoration yet available. Supported Decision Making Agreements continue to be a focus of Gov Delivery bulletins and Facebook posts created and disseminated by the Council.

The Council held a Supported Decision-Making Agreement virtual conference over three days entitled Supported Decision Making: Three Days, Three Questions, in March 2021. Day 1 focused on the experiences of self-advocates who have been choosing and directing their supporters and their supports; day 2 pulled together the tools we have and the tools we can envision for making supported decision-making easy, useful, and ordinary; and day 3 included a discussion by state and national experts on ideas and practices from around the country and in Alaska for funding the workers that make Supported Decision-Making possible. The conference was marketed towards individuals with developmental disabilities, their families, their staff, and State staff, and saw an average of 35 individuals attend per day.

A survey was administered and 24 attendees who attended the SDMA event took the session evaluation. The importance of Self-Advocates sharing their stories was echoed in the surveys: When asked: “What do you think was the most valuable information for you from this event?” many people that commented on sharing of personal stories: “I could have listened to Cory for a long time. Lived experience matters. I appreciated hearing all”, “Personal experiences with implementation of an SDM”, and “Stories highlighting the dignity & civil rights of consumers”. Council staff highlighted Supported Decision Making at the Full Lives conference in April 2021 and have been working with a self-advocate to create a coffee-chat style panel for the upcoming Healthcare Advocacy Conference in October 2021; additional details on the panel will be reported during the next reporting period.

The Council has continued working with partners to finalize the SDMA guide for IEP teams which will

seek to provide this important alternative to full guardianship at the pivotal time of transition where it can most directly impact and enhance future employment outcomes. A draft guide on strategies for including SDM and SDMA's in special education for middle school to transition-aged youth is in final editing. A prior staff member held workgroup meetings with school staff, State of Alaska behavioral health staff, and the Alaska Mental Health Board to further develop the curriculum for additional revisions. The Council plans to create a hub for SDMA resources for all ages, sourced from partner agencies, when the website is back up; details will be reported during the next reporting period.

Performance Measure 8: PUBLIC AWARENESS & TRAINING:

Provide support for authentic rural transitions for students with disabilities.

- a) Disseminate authentic rural transitions curriculum widely across the state to school districts
- b) Present and increase awareness of authentic rural transitions via Council website, listserv and social media.

Grantee Response to Performance Measure 8: The Council has continued its role as a subject matter expert in planning for a long-term effort to develop more Traditional Skills Curriculum. Council staff worked with staff from the Trust and the Center for Human Development throughout this reporting period. The latest units of the Rural Transition Curriculum teach foundational and traditional skills for self-employment in creative industries and hands-on instruction materials for fur sewing. They were created on the Seward Peninsula and reflect regional resources and Inupiaq culture. The two original units were based in Southwestern Alaska and use indigenous knowledge and Yupik stories and language. The curriculum has been widely praised for its culturally rooted approach, holistic view of adult lives, and focus on Alaskan education standards. During this reporting period, the Council engaged in outreach to other states with rural and ethnically diverse communities and engaged with rural and Alaska Native educators for input on curriculum development and dissemination of the materials.

The Rural Transition Curriculum Roll Out webinar with the authors, Rain Van Den Berg, Frances Gage, and Charlene Hadley was held virtually over Zoom Webinar in November 2020. The webinar gave an overview of the universally designed, culturally and linguistically diverse curriculum which teaches skills for adulthood for rural Alaskan lives and livelihoods. The authors explored the curriculum and gave a first look at cohesive lessons and tools for place-based teaching that uses indigenous language, stories, and demonstrations to increase access and choices for students with disabilities who seek traditional and rural lifestyles. The Council promoted the webinar on Gov Delivery and Facebook; the webinar saw 18 attendees and was recorded for posting on GCDSE website. One result from this effort was that the Targeted Disparity goal in the new Council five-year-plan also includes specific activities supporting rural transitions to enhance awareness and utilization of rural transitions across 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	
FY21 Grant Amount: \$150,000.00	
<p>High Level Project Summary:</p> <p>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.</p> <p>Key partners include the UAA Center for Human Development (fund administrator), 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 FY21 the Micro Enterprise program met expectations by directly supporting beneficiaries through access to self-employment opportunities.</p> <p>Trust staff recommend continued funding for FY24 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.</p>	

Project Title: Micro Enterprise Funds**Staff Project Analysis:**

Microenterprise continues to be a core strategy of the Trust's Beneficiary Employment and Engagement focus area. The grantee (UAA Center for Human Development) 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 enhanced in FY22 and beyond.

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 FY21 a total of \$82,452 was available to award to Micro Enterprise Grant Awardees in amounts of \$500 to \$10,000 being awarded per entrepreneur. Thirty-two applications were received during FY21. Five applications were not forwarded to the committee for review because they were submitted incomplete, and the applicants did not respond to attempts to contact them or were unable to complete them in the time allotted.

The Alaska Mental Health Trust beneficiary groups for FY21 were represented as follows:

- Mental Illness – 15
- Developmental Disabilities - 1
- Chronic alcoholism or drug addiction - 6
- Alzheimer's disease and related disorders – 0
- Traumatic brain injuries – 2

Two applicants fell into more than one beneficiary group. Both were in the Mental Illness/Chronic alcoholism groups. Twelve communities served by beneficiaries receiving Micro Enterprise funds included: Anchorage, Fairbanks, North Pole, Delta Junction, Seward, Glennallen, Cordova, Eagle River, Sterling, Circle, Juneau, and Wasilla.

UAA-CHD continues to conduct annual evaluation of the program to include surveys of the past three years of grant participants. For FY21, a total of 26 individuals responded to the survey with 88% of respondents reporting their business as still open after at least one year of funding. The Microenterprise project will continue to be closely monitored by Trust staff to assess evaluation results and beneficiary feedback to inform programming and funding levels as Alaska's economy and employment opportunities shift during COVID-19 recovery.

This project is recommended for continued FY24 funding at the FY22-23 level. This project aligns with Comp Plan Goal 3 related to beneficiary economic and social well-being.

Project Description: Prior to COVID, Alaska's economy was increasingly moving towards small business ownership. Data from a 2019 Alaska Small Business Development Center report shows 73,354 small businesses in Alaska (from Ketchikan to Utqiagvik) and 141,147 Alaskans employed by small businesses. 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 FY21 Microenterprise project funds may be designated to identify and provide supports and referrals to other services as needed for identified beneficiaries or to support self-employed beneficiaries negatively impacted by the COVID-19 pandemic. 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 - FY21 Grant Report Executive Summary: In fiscal year 2021, there were a total of two application periods held in the fall of 2020 and the winter/spring of 2021. The review committee met a total of four times for the two different application periods to review and make award determinations on funding requests and consisted of members from the following agencies:

- Alaska Division of Vocational Rehabilitation,
- Cook Inlet Tribal Vocational Rehabilitation,
- Center for Human Development,
- Governor's Council on Disabilities and Special Education,
- Alaska Mental Health Trust Authority
- Small Business Development Center
- Alaska Division of Behavioral Health

Larrisa Cummings, the Microenterprise Fund Administrator, with the UAA Center for Human Development, provided project management and coordination.

Nina Rawson, the business consultant provided short-term supports for the application process, and long-term follow up business coaching supports to grant recipients. Access Alaska processed and distributed grant awards.

Thirty-two applications were received during FY21. Five applications were not forwarded to the committee for review because they were submitted incomplete and the applicants did not respond to attempts to contact them or were unable to complete them in the time allotted. Three applicants were denied. Twenty-four applicants were awarded full or partial funds, for a total of \$82,452.01 grant funds awarded to beneficiary applicants.

Twelve communities served by beneficiaries receiving Micro Enterprise funds included: Anchorage, Fairbanks, North Pole, Delta Junction, Seward, Glennallen, Cordova, Eagle River, Sterling, Circle, Juneau, and Wasilla.

Follow-up support and self-employment coaching services were offered to previous Micro Enterprise grant recipients, including our newest recipients from the last 2-3 application and award periods who were being assisted to make sure their start up process goes smoothly.

Due to the Covid-19 pandemic outreach events were either cancelled or done via distance. The Trust was able to coordinate some marketing which significantly increased the number of applicants we had in January. In addition, the following outreach events were provided:

- Center for Human Development – National Certification in Employment Services (NCES) – 53 people attended
- UAA Center for Human Development - Self-Employment Classes – 11 people attended
- Marketing flyer sent out to our Constant Contact list serve – reaches approx. 7,500 people
- CHD Facebook page – reaches approx. 5,000 people

Beneficiaries reported significant challenges due to the pandemic, from losing venues from which to sell their product due to closures, to difficulty in retaining employees, fear of getting Covid-19, and reduced tourism. Even so, only three beneficiary businesses closed this year from among the last three years recipients.

Another significant challenge for us this year was the loss our business consultant, Nina Rawson, who passed away unexpectedly in May 2021.

Number of beneficiaries experiencing mental illness reported served by this project in FY21: 15

Number of beneficiaries experiencing substance misuse reported served by this project in FY21: 6

Number of beneficiaries experiencing a developmental disability reported served by this project in FY21: 1

Number of beneficiaries experiencing Alzheimer's Disease or a related dementia reported served by this project in FY21: 0

Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY21: 2

Number of individual trained as reported for this project in FY21: 63

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:

Funds were provided by the Alaska Mental Health Trust Authority in the amount of \$150,000.00 for FY21

Funds were expended as follows:

Total Salaries: \$ 33,134.00

Business Consultant: \$ 24,676.00

Access Alaska: \$ 92,190.00

The funds to the Business Consultant and to Access Alaska were to provide services and award grant funds to beneficiaries. \$82,452.01 was awarded to beneficiaries for FY21. All funds were expended.

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:

Twenty-four applicants were awarded funds in FY21 to begin or expand their business. Listed below are all the applicants who were awarded funds by the review committee.

21-001 Fairbanks: Nicole Rizer – Niki’s Nest

Grant Award: \$4,701.95

Chicken breeding, coop sitting and cleaning services, egg sales

21-002 Anchorage: Jierum Duarte – ILI Custom Leatherworks

Grant Award: \$1,126.36

Creating and selling custom leather items – check book covers, belts, dog collars etc.

21-003 Fairbanks: Angelica Koitzsch – Hair Fix

Grant Award: \$2,869.00

Hair salon services – cut, color, style

21-004 Fairbanks: Suki Merica – Two Sugars Tea & Sweets

Grant Award: \$3,713.06

Making and selling pastries.

21-005 Fairbanks: Edwin Cruz – Professional Cruz Cleaners

Grant Award: \$2,331.85

Professional, retail cleaning service.

21-006 Fairbanks: Liann Peryea – Tots Proper

Grant Award: \$969.58

Food truck

21-007 Delta Junction: Travis Funderburk - Delta Damascus & Leatherworks

Grant Award: \$1,811.61

Making and selling knives and custom leatherworks.

21-008 Anchorage: Beverly Modeme – Kaigenea Beauty & Glam

Grant Award: \$4,995.26

Online ales of make-up, clothing, and accessories

21-009 Craig: Immanuel Connelly – Connelly Enterprises
Grant Award: \$2,080.34
Providing power washing services for a variety of boats, equipment, and vehicles

21-010 Juneau: Michael Van Linden – Glacier Pack Studio
Grant Award: \$6,546.00
Graphic Design, 3-D modeling and printer, and photography

21-AS001 Anchorage: Ian Clark – Ian’s Game Paradise
Grant Award: \$8,000 Additional Supports award
Due to the pandemic, Ian was forced to move his business to another location which required an outlay of funds he did not have and was not expecting to need.

21-011 Seward: Kristin Rouse – Aligned Ent: Gypsea Treasures/Seward Space Savers
Grant Award: \$3,700.00
Used/recycle store and professional organizing.

21-012 Glennallen: Lori Wikle - JACE Transports
Grant Award: \$2,469.96
Transport services for youth and adult, via car or plane.

21-013 Cordova: Michael Butler – Butler Systems
Grant Award: \$5,000.00
Sales of Marine Navigational Products

21-014 Eagle River: Roger Branson – Integrity Roofing
Grant Award: \$3,562.60
Roofing business

21-015 Fairbanks: Liann Peryea – Phoenix Enterprises dba Tots Proper
Grant Award: \$8,462.45
Food Truck

21-016 Delta Junction: Stormie Mitchell – Stormie’s GSD v om Zwinger
Grant Award: \$5,000
Breeding of German Shepherd dogs

21-017 North Pole: Travis Blevins – Andrizo General Contractor
Grant Award: \$4,895.00
Remodeling and other construction services.

21-018 Delta Junction: Travis Funderburk – Delta Damascas & Leatherworks
Grant Award: \$5,263.91
Custom knives and leather products.

21-019 Anchorage: Ken Miller – Denali FSP
Grant Award: \$1,000.00
Financial Services – planning and consultation.

21-020 Wasilla: Larissa Conner – Salon De Beaute

Grant Award: \$1,000.00

Hair Salon – offering haircuts and styling.

21-021 Sterling: Lori Engler – Journey On Pack Light

Grant Award: \$953.68

Original art – paintings on paper, tile, and glass.

21-022 Anchorage: Sara Burt – Wonder Folds By Sara

Grant Award: \$999.41

Origami Art

21-023 Circle: Sonya Fields – Sonya’s Bed & Breakfast

Grant Award: \$999.99

B&B in Circle Alaska.

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:

Follow-up support and self-employment coaching services were offered to over 30 previous Micro Enterprise grant recipients who had maintained their business for one or more years. In addition, our newest recipients from the last 2-3 application and award periods are being assisted to make sure their start up process goes smoothly.

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:

When surveyed 100% of respondents reported they would not have been able to complete their business goals without the help of the microenterprise grant. Respondents reported an improvement in most aspects of quality of life and 88% indicated they were satisfied to highly satisfied with becoming self-employed and 84% were satisfied to highly satisfied with their business.

All individuals reported they would not have been able to complete their business goals without the help of the microenterprise grant. When asked to explain, seventeen respondents said they would not have had the finances to complete their goals without the microenterprise grant. Other participants explained what they had spent the grant on, said that it had been a great opportunity for them, and that their business would not have survived during COVID-19 without it.

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

Grantee Response to Performance Measure 5:

The total amount of leveraged resources (Match money) for FY21: \$199,257.71

DVR \$ 62,478.90

Personal \$120,286.63

Other \$ 16,492.18

Performance Measure 6: 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, to include assistance for businesses negatively impacted by the COVID-19 pandemic

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) We identified two individuals who were negatively impacted by the Covid-19 pandemic. Both individuals applied for additional funds. Only one was approved, the other applicant was encouraged to apply for Covid relief funds as those deadlines were coming up and the amount of money available was larger than what the microenterprise funds could provide. The one that was approved was able to successful (so far) survive the pandemic impacts and remain in business.

b) We did not identify anyone else to receive non-business supports.

**Microenterprise Grant
UAA Center for Human Development
Larrisa Cummings Project Director
Project Report – End of FY21
July 1, 2020 – June 30, 2021**

Project Overview & Activities:

Portions of the funds were allocated for contracting with a business consultant to provide short-term supports for the application process, and long-term follow up business coaching supports to grant recipients. Nina Rawson has filled this role as the project's Business Consultant for FY21

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 FY21 a total of \$82,452 was available to award to Micro Enterprise Grant Awardees in amounts of \$500 to \$10,000 being awarded per entrepreneur.

In fiscal year 2021, there were a total of two application periods held in the fall of 2020 and the winter/spring of 2021. The review committee met a total of four times for the two different application periods to review and make award determinations on funding requests and consisted of members from the following agencies:

- Alaska Division of Vocational Rehabilitation,
- Cook Inlet Tribal Vocational Rehabilitation,
- Center for Human Development,
- Governor's Council on Disabilities and Special Education,
- Alaska Mental Health Trust Authority
- Small Business Development Center
- Alaska Division of Behavioral Health

Larrisa Cummings, the Microenterprise Fund Administrator, with the UAA Center for Human Development, provided project management and coordination.

Summary of FY21 applicants:

Thirty-two applications were received during FY21. Five applications were not forwarded to the committee for review because they were submitted incomplete and the applicants did not respond to attempts to contact them or were unable to complete them in the time allotted.

Listed below are all the applicants who were awarded funds by the review committee.

21-001 Fairbanks

Grant Award: \$4,701.95

Chicken breeding, coop sitting and cleaning services, egg sales

21-002 Anchorage

Grant Award: \$1,126.36

Creating and selling custom leather items – check book covers, belts, dog collars etc.

21-003 Fairbanks

Grant Award: \$2,869.00

Hair salon services – cut, color, style

21-004 Fairbanks

Grant Award: \$3,713.06

Making and selling pastries.

21-005 Fairbanks

Grant Award: \$2,331.85

Professional, retail cleaning service.

21-006 Fairbanks

Grant Award: \$969.58

Food truck

21-007 Delta Junction

Grant Award: \$1,811.61

Making and selling knives and custom leatherworks.

21-008 Anchorage

Grant Award: \$4,995.26

Online ales of make-up, clothing, and accessories

21-009 Craig

Grant Award: \$2,080.34

Providing power washing services for a variety of boats, equipment, and vehicles

21-010 Juneau

Grant Award: \$6,546.00

Graphic Design, 3-D modeling and printer, and photography

21-AS001 Anchorage

Grant Award: \$8,000 Additional Supports award

Due to the pandemic, recipient was forced to move his business to another location which required an outlay of funds he did not have and was not expecting to need.

21-011 Seward

Grant Award: \$3,700.00

Used/recycle store and professional organizing.

21-012 Glennallen

Grant Award: \$2,469.96

Transport services for youth and adult, via car or plane.

21-013 Cordova

Grant Award: \$5,000.00

Sales of Marine Navigational Products

21-014 Eagle River

Grant Award: \$3,562.60

Roofing business

21-015 Fairbanks

Grant Award: \$8,462.45

Food Truck

21-016 Delta Junction

Grant Award: \$5,000

Breeding of German Shepherd dogs.

21-017 North Pole

Grant Award: \$4,895.00

Remodeling and other construction services.

21-018 Delta Junction: Travis Funderburk – Delta Damascas & Leatherworks

Grant Award: \$5,263.91

Custom knives and leather products.

21-019 Anchorage

Grant Award: \$1,000.00

Financial Services – planning and consultation.

21-020 Wasilla

Grant Award: \$1,000.00

Hair Salon – offering haircuts and styling.

21-021 Sterling

Grant Award: \$953.68

Original art – paintings on paper, tile, and glass.

21-022 Anchorage

Grant Award: \$999.41

Origami Art

21-023 Circle

Grant Award: \$999.99

B&B in Circle Alaska.

FY21 Totals:

27 beneficiary applications reviewed

24 beneficiaries awarded funds totaling \$82,452.01

3 beneficiaries were denied funding

The total amount of leveraged resources (Match money) for FY21: \$199,257.71

DVR \$ 62,478.90

Personal \$120,286.63

Other \$ 16,492.18

The Alaska Mental Health Trust beneficiary groups for FY21 were represented as follows:

- Mental Illness – 15
- Developmental Disabilities - 1
- Chronic alcoholism or drug addiction - 6
- Alzheimer's disease and related disorders – 0
- Traumatic brain injuries – 2

Two applicants fell into more than one beneficiary group. Both were in the Mental Illness/Chronic alcoholism groups.

Twelve communities served by beneficiaries receiving Micro Enterprise funds included: Anchorage, Fairbanks, North Pole, Delta Junction, Seward, Glennallen, Cordova, Eagle River, Sterling, Circle, Juneau, and Wasilla.

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. Currently follow-up support and self-employment coaching services were offered to over 30 previous Micro Enterprise grant recipients who had maintained their business for one or more years. In addition, our newest recipients from the last 2-3 application and award periods are being assisted to make sure their start up process goes smoothly.

Outreach Events:

Due to the Covid-19 pandemic outreach events were either cancelled or done via distance. The Trust was able to coordinate some marketing which significantly increased the number of applicants we had in January. In addition, the following outreach events were provided:

- Center for Human Development – National Certification in Employment Services (NCES) – 53 people attended
- UAA Center for Human Development - Self-Employment Classes – 11 people attended
- Marketing flyer sent out to our Constant Contact list serve – reaches approx. 7,500 people
- CHD Facebook page – reaches approx. 5,000 people

Business Consultant Update:

Sadly, our business consultant, Nina Rawson, passed away unexpectedly in May 2021. It will be hard to fill her shoes and she will be missed by many, many beneficiaries she worked with and provided such good support for. We are about to fill that position and are working to get a contract in place as soon as possible.

AMHTA Microenterprise Grant

2021 Survey of FY19, FY20 & FY21 Grant Recipients

Prepared by:

Lucy Cordwell

UAA Center for Human Development

Research and Evaluation

August 2021



UAA Center for
Human Development
UNIVERSITY of ALASKA ANCHORAGE

Table of Contents

Introduction	3
Methodology.....	3
ME Grant Survey Results	4
Business Basics	6
Impact of COVID-19	8
COVID-19 small business relief funds.....	9
Business Income and Finances.....	10
Business Training or Assistance	11
Business Satisfaction.....	12
Quality of Life	14
Business Accommodations	16
Public Benefits	18
Additional Comments	19
Appendix A – ME Grant Survey 2021.....	20

List of Tables

Table 1 – <i>Eligible Survey Participants and Response Rate</i>	4
Table 2 – <i>Demographics Associated with Completed Survey Responses</i>	5
Table 3 – <i>Business Basics</i>	7
Table 4 – <i>Has your business been impacted by COVID-19?</i>	8
Table 5 – <i>COVID-19 small business relief funds</i>	9
Table 6 – <i>Business Income and Finances</i>	10
Table 7 – <i>Draw Descriptive Statistics</i>	10
Table 8 – <i>Business Training and Assistance</i>	11
Table 9 – <i>Uses of My Grant Funds</i>	13
Table 10 – <i>Ability to complete business goal without the ME Grant</i>	13
Table 11 – <i>Improvement in Quality of Life</i>	14
Table 12 – <i>Business Accommodations</i>	17
Table 13 – <i>Public Benefits</i>	18

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. For the second-year questions related to the impact of COVID-19 have also been added to the survey.

Methodology

Individuals who received the ME Grant in fiscal years 19, 20, and/or 21 were included in the survey; that is anyone receiving a grant between July 1, 2018 and June 30, 2021 (Table 1). A total of 46 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 seven weeks, from June 23rd, 2021 through August 8th, 2021.

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*

Year received ME Grant	Number of participants (n)
FY19 Recipients	16
FY20 Recipients	16
FY21 Recipients	22
Received multiple ME Grants	n
FY19 & FY21	1
FY20 & FY21	5
FY19, FY20 & FY21	1
Total Survey Respondents	n
Included in survey	46
Unreachable ^a	2
Completed survey	26
Response rate	57%

^a Indicates the email bounced and the phone was disconnected

ME Grant Survey Results

A total of 26 individuals completed the survey. Individuals from each fiscal year completed the survey with the majority of participation from FY21 (Table 2). A total of 13 males and 13 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 Service and Arts & Crafts, which is typical of ME Grant applicants. Other business sectors represented included Retail, Food, and Farming & Gardening. Of those completing the survey, three (12%) were not currently open for business.

Table 2 – *Demographics Associated with Completed Survey Responses*

Fiscal Year	<i>n</i>	%
FY19	4	15%
FY20	4	15%
FY21	12	46%
Multiple years	6	23%
Gender ^a	<i>n</i>	%
Male	13	50%
Female	13	50%
Award Amount ^b	<i>n</i>	%
\$1,000 or less	6	23%
\$1,001 to \$3,000	3	12%
\$3,001 to \$5,000	7	27%
\$5,001 to \$7,000	2	8%
\$7,001 to \$9,000	2	8%
\$9,001 to \$10,000	6	23%
Business Sector	<i>n</i>	%
Service	10	38%
Arts & Crafts	8	31%
Retail	5	19%
Food	2	8%
Farm & Garden	1	4%
Still Open for Business	<i>n</i>	%
Yes	23	88%
No	3	12%

^a Gender was reported by grant administrator

^b 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). Twenty-four individuals (92%) reported having a current business license. Of the two participants without a business license (8%), both were now closed down. Therefore, the other business that had closed down still held a current business license. Grant recipients reported using a variety of methods to market their business and the majority of individuals were using word-of-mouth (92%). The second most seen method of advertising was using Facebook (54%). 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 (54%), bookkeeping support (54%), and tax assistance (50%). Over half (10/13) that reported they would benefit from marketing assistance also reported they would benefit from bookkeeping support. A majority of respondents have a bookkeeping system in place for their business (60%). When asked to explain the bookkeeping system, thirteen individuals reported using a computer program (e.g., excel, quick books) and three had hired people to help do their bookkeeping. One respondent reported receiving additional funds to support their business that were not COVID-19 related (4%). These funds were for office equipment from the Division of Vocational Rehabilitation.

Table 3 – *Business Basics*

Current business license	<i>n</i>	%
Yes	24	92%
No	2	8%
Marketing Techniques ^a	<i>n</i>	%
Word-of-Mouth	22	92%
Facebook	13	54%
Business Website	7	29%
Internet ads	4	17%
Instagram	4	17%
Flyers on bulletin boards	3	13%
Signs	3	13%
Twitter	2	8%
Newspaper ads	0	0%
Phone book	0	0%
Other ^b	7	29%
Support or service that would be beneficial ^c	<i>n</i>	%
Marketing assistance	13	54%
Bookkeeping	13	54%
Tax assistance	12	50%
Sales strategies	10	42%
Payroll	6	25%
Other ^d	10	42%
Bookkeeping System	<i>n</i>	%
Yes	15	60%
No	10	40%
Receipt of Other Funds	<i>n</i>	%
Yes	1	4%
No	24	96%

^a Respondents could select more than one marketing technique. Therefore, the percentages are reported as the percent of all respondents who answered this question, where N=24.

^b Those that selected “other” described using the following marketing techniques: Etsy, Podcasts, mention during interviews, business cards, visiting agencies personally, repeat customers from previous employment, radio adverts, and small television adverts.

^c 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 answered this question, where N=24.

^d Those that selected “other” described other support or service they would benefit from: financial advisor, support setting up operations, how to hire and support employees, a larger workspace, legal assistance drafting documents, time management skills, website building, shipping options, what grants/assistance/resources are available and how to apply for them.

Impact of COVID-19

Questions related to the impact of COVID-19 were asked (Table 4). These focused on how the participant's business had, or had not, been affected. Twenty-two participants reported that their business had been impacted by COVID-19 (85%). These participants described the ways they had been impacted. Eleven experienced a lack of customers due to limited tourism and people not having as much money currently. Eight had issues with finding venues to sell their products with other businesses closing down and events being canceled. Five participants had difficulties obtaining supplies with cost increases, supplier delays, and limited PPE availability. Five others were extremely worried they would catch COVID-19 or that they would spread it to their customers. Three participants experienced difficulties due to either not being able to afford or find new for employees. Other participants were impacted because of not being able to travel in and out of the country, not being allowed to open at full capacity, or by the fact they were experiencing heightened levels of depression and anxiety. Two participants had closed down their businesses, however, one of these had since managed to reopen at a new venue. Finally, one participant was impacted in a positive way as they were experiencing increased business.

Four participants had reported their business had not been impacted by COVID-19 (15%). Of these, two left comments to explain why they felt their business had not been impacted. Both participants stated they could perform their work online from home and one felt not needing staff had been a factor.

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

Business impacted by COVID-19	<i>N</i>	<i>%</i>
Yes	22	85%
No	4	15%

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 (68%), followed by applying for a Small Business Administration (SBA) Economic Injury Disaster Loan (EIDL) (16%).

Table 5 – COVID-19 small business relief funds

Applied for COVID-19 small business relief funds ^a	<i>n</i>	%
Did not apply	17	68%
SBA EIDL	4	16%
AK CARES Grant Program	3	12%
Paycheck Protection Program (PPP)	1	4%
Business for All SBA	1	4%
Fairbanks CARES	1	4%
Other ^b	0	0%
Why have you not applied ^c	<i>n</i>	%
Did not know about relief funds	10	59%
Did not need to apply	4	24%
Was not eligible	3	18%
Was not interested in applying	3	18%
Could not complete the application(s)	1	6%
Other ^d	1	6%

^a Respondents could select more than one relief fund. Therefore, the percentages are reported based on the percent of all respondents who answered this question, where N=25.

^b No participants applied for a relief fund not listed, however, one participant wrote in the 'Other' text box that they had not been awarded the AK CARES Grant Program fund they had applied for.

^c Question was 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=17.

^d One participant selected "other" and described the reasons they had not applied: they did not think they made enough money to apply and they did not want to take the money away from other people who need it more. Also, they did not know how to apply.

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 (72%) and approximately a third were able to pay themselves from their business income (32%). The amount paid in owner's draw varied greatly and ranged from \$500 to \$40,000 (Table 7).

Table 6 – *Business Income and Finances*

Filed Federal Taxes for Business	<i>n</i>	%
Yes	12	48%
No	13	52%
Does Business Owes Others	<i>n</i>	%
Yes	7	28%
No	18	72%
Paid Self from Business Income	<i>n</i>	%
Yes	8	32%
No	17	68%
Amount Paid Match Expectations	<i>n</i>	%
Yes	4	50%
No	4	50%
Amount of Owner's Draw ^a	<i>n</i>	%
\$1,000 or less	1	17%
\$1,001 to \$10,000	3	50%
\$10,000 and above	2	33%

^a 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=6.

Table 7 – *Draw Descriptive Statistics*

Mean (M)	Standard Deviation (SD)	Median	Range
\$13,583.33	\$15,863.22	\$6000.00	\$500 to \$40,000

Business Training or Assistance

Under half of the respondents attended trainings or workshops related to their business (38%) or received assistance from someone like a business counselor (40%) (Table 8). When asked to explain the type of training attended respondents described courses on how to advertise using social media, art classes, public speaking, master bookkeeping, hair cutting and coloring, culinary training, dealerships, and continued education to ensure their licensure remains current. The majority of participants explained that their courses had been online due to COVID-19. The ten participants who reported receiving support from either a business counselor or other professional service described receiving assistance from the Small Business Development Center, business coaches, the Rise Program, TLC Business Services, and the Division of Vocational Rehabilitation. Assistance received included how to apply for relief funds, creating business plans, how to use Quick Books, financial support, and having regular check-ins.

Table 8 – *Business Training and Assistance*

Attended Business Training or Workshop	<i>n</i>	%
Yes	10	38%
No	16	62%
Assistance from Business Counselor or Professional	<i>n</i>	%
Yes	10	40%
No	15	60%
Utilization of Business Resources ^a	<i>n</i>	%
Small Business Development Center (SBDC)	9	64%
Small Business Administration Website	6	43%
Made in Alaska website	3	21%
covid-sb.org	1	7%
Alaska SBDC COVID-19 Resource Center	1	7%
Other ^b	2	14%

^a Respondents could select more than one business resource. Therefore, the percentages are reported as the percent of all respondents who answered this question, where N=14.

^b The two participants who selected “other” both went to the Division of Vocational Rehabilitation.

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 (84%) rated their satisfaction a three or higher on a scale from zero, not at all satisfied, to five, highly satisfied ($M=3.560$, $SD=1.356$).

Several themes emerged among responses to the question, “What were the best things that happened for your business during the past year?” including increased sales, buying new equipment, enjoying work, and growing confidence. Six participants specified the Microenterprise Grant had allowed them to improve their business. Seven respondents had increased sales and three had recently been hired by new clients to exhibit their work. Six participants were enjoying their work and four described their confidence growing. Three liked having regular employment as their own boss. Three participants had expanded their business with one opening a second store. Two respondents had moved to more appropriate stores, two had opened their business, and one managed to reopen their business. One had hired new employees, one built their reputation, and one created a successful marketing campaign. Finally, one participant shared the Pandemic Unemployment Assistance had helped them stay afloat and one felt COVID-19 had prevented them from opening their business.

When asked about concerns for their business, responses ranged from day-to-day worries, sustainability, COVID-19, and overcoming personal barriers. Four participants stated the cost of supplies had increased, four worried they would not find ongoing business, and two were concerned they would never earn a profit. Four participants wrote about the impact of COVID-19. Worries included tourists not returning, catching COVID-19, and businesses never recovering. Four participants worried about their financial management skills when performing bookkeeping, accounts, and filing taxes. Three participants described personal barriers, such as being self-critical, time management difficulties, and worrying if health issues could make them miss sales opportunities. Finally, other participants described concerns in not being able to open their business, covering expenses over the winter season, and understanding when it would be advisable to transition into fulltime employment.

ME Grant Satisfaction

Just under half of the individuals responding to the survey mentioned using the ME Grant money to purchase equipment and tools for their business (46%) (Table 9). Individuals also spent the money on raw materials (42%), business and office supplies (31%), overhead costs (23%), marketing (4%), and to attend training (4%).

Table 9 – *Uses of My Grant Funds*

How spent ME Grant	<i>n</i>	%
Equipment & Tools	12	46%
Raw Materials	11	42%
Business and Office Supplies	8	31%
Overhead (e.g., utilities, rent, insurance)	6	23%
Marketing (e.g., website, printing)	1	4%
Training	1	4%

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=26.

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, seventeen respondents said they would not have had the finances to complete their goals without the microenterprise grant. Other participants explained what they had spent the grant on, said that it had been a great opportunity for them, and that their business would not have survived during COVID-19 without it.

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

Ability to complete goal without the ME Grant	<i>n</i>	%
Yes	0	0%
No	26	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=4.200, SD=0.957), “enjoyment of daily life” (M=4.120, SD=1.092), and “ability to make your own decisions” (M=4.115, SD=1.107). The least reported changes were related to “social life” (M=2.880, SD=1.424) and “feelings of anxiety” (M=2.923, SD=1.468). It is likely COVID-19 was responsible for part of 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 (88%) on a scale from zero, not at all satisfied, to five, highly satisfied (M=3.962, SD=1.428).

Table 11 – *Improvement in Quality of Life*

Aspects of Quality of Life	<i>n</i>	<i>Mean</i>	<i>Standard Deviation</i>
Personal sense of self-worth	25	4.200	0.957
Enjoyment of daily life	25	4.120	1.092
Ability to make your own decisions	26	4.115	1.107
Independence	26	3.885	1.107
Energy level	26	3.769	1.032
Feelings of anxiety	26	2.923	1.468
Social life	25	2.880	1.424

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

Twenty-three participants responded to the question “How has receiving the grant affected your quality of life?” Twenty-one of these participants wrote positive comments about the opportunity and its impact on their business and life. Of these, five described how helpful the new equipment had been and four had increased confidence and happiness. Three participants explained they now had financial stability, three felt independent, three were able to stay afloat during COVID-19, three said their life had improved, and three experienced reduced anxiety and depression. Two participants had more social opportunities, two were more trained now, and two described being respected and productive members of society. Two further participants described feeling self-empowered, two felt supported, and two had built up their businesses and hired new employees. Other participants stated they could follow their dreams, could decide their own schedule, and found it helpful keeping their mind busy on work. Participants shared, as a result of the ME grant individuals had:

- Building business, “It has allowed me to hire employees so I could build and expand the business, and help others which is the fulfilling part of my work. I am very happy with my life now, whereas I wasn't before I started this business”
- Keep going during COVID, “My quality of life was directly impacted by the microenterprise grant ... If it hadn't been for this support we may have been near 2 years behind what we were able to accomplish these past 5 years. I was at a true independence and self-sustainable path until COVID hit us. This last award has integrated a new computer which will allow me to grow in other ways through zoom meetings and training options”
- Increased financial stability, “It has enabled me to continue on the journey of self-empowerment and towards financial stability”
- Increased confidence, “I am following the dreams I had at age 16 and being true to myself, finally! I have never been this happy or confident. I get to decide what I do and when. I have control of how much I overwhelm myself with”

While the majority of individuals made positive comments as highlighted above, two participants said that the grant had not affected their quality of life as their businesses were not currently open.

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 (92%) 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 their disability (100%). When asked to explain how setting one's own schedule accommodates their disability many respondents explained it was helpful to have flexibility and control over their schedule. For example, participants shared:

- “With the variables that come with my disabilities I am able to have a schedule that accommodates all my medical appointments and when my body is unable to function properly. I am forever grateful for this opportunity”
- “I am able to adjust intensity, type of work, and within reason schedule to meet the needs of myself and my family, which is integral to my recovery. I am able to take jobs I am comfortable with which helps control my mental health challenges. I am able to really take responsibility for how I feel since I am the one in charge, which enables me to hold myself accountable for my own mental health and recovery”
- “I can go to AA meetings all through the day if I choose”
- “If I'm having a bad day or experiencing problems I can walk away and come back later without repercussions”
- “I can set my own times for getting out of bed and holding meetings. If I am having a painful day, I can adjust my schedule to accommodate”
- “Setting my schedule, with the help of my guardian, gives me a sense of responsibility and pride. I am limited by when the markets/festivals are offered, but being flexible is a life skill that I work on”
- “I am able to care for my mental health as needed. I am also no longer working in the restaurant/bar setting which has been very healthy for my recovery”

When asked, “How comfortable are you in your work environment at your business?” a majority of respondents rated their comfort a three or higher (88%) on a scale from zero, not at all comfortable, to five, highly comfortable ($M=3.846$, $SD=1.488$). A majority of participants reported it was easier to commute to work (80%) since starting their business. The number of hours worked each week was varied, with most working either 21 to 30 hours (24%) or 40 or more hours (24%).

Table 12 – *Business Accommodations*

Ability to Set Your Own Schedule	<i>n</i>	%
Yes	23	92%
No	2	8%
Setting Schedule Assists in Accommodating Disability	<i>n</i>	%
Yes	22	100%
No	0	0%
Easier to Commute to Work	<i>n</i>	%
Yes	20	80%
No	5	20%
Hours Worked on Business Per Week	<i>n</i>	%
0 hours	1	4%
1 to 10 hours	4	16%
11 to 20 hours	4	16%
21 to 30 hours	6	24%
31 to 40 hours	4	16%
40+ hours	6	24%

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). Less than one third of the respondents received benefits before applying for the ME Grant (31%) and the same amount were currently receiving benefits at the time of the survey (31%). Most grantees that received benefits would prefer to maintain their benefits while operating their business (57%). One individual reported having a PASS plan in place (13%), however, most did not have one (50%) or did not know what one was (38%).

Table 13 – *Public Benefits*

Receiving SSI or SSDI Before	<i>n</i>	%
Yes	8	31%
No	18	69%
Currently Receiving SSI or SSDI	<i>n</i>	%
Yes	8	31%
No	18	69%
Transition Off of Benefits ^a	<i>n</i>	%
Yes, I want to transition off All benefits	0	0%
Yes, I want to transition off Some benefits	3	43%
No, I want to operate my business such that I maintain my benefits	4	57%
Have a Pass Plan ^a	<i>n</i>	%
Yes	1	13%
No	4	50%
I've thought about it	0	0%
I don't know what a PASS Plan is	3	38%

^a 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 “Need help with advertising a new van.” The other respondents (17 out of a total of 18 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 described how the grant had been life changing, made them grow as a professional, helped keep them sober, and even that it had saved their life in the long run. Participants shared:

The microenterprise grant has been life changing for myself and my family. Of course, there are still struggles and challenges, all part of entrepreneurship and all helping to grow me as a person and professional. This funding has assisted me in leaning in to all I am capable of, and I am incredibly grateful.

Another participant wrote of how their social opportunities had increased, stating:

I appreciate the help from the ME Grant and DVR. My life now has so many more social opportunities and learning experiences. For those, I am greatly appreciative.

Finally, one respondent commented that they were now able to give back and provide employment to others, writing:

I would never have gotten as far as quickly as I would have without the assistance from the ME grant both times. On top of that, it makes me feel amazing that now I have the chance to hire people and give them a better life and job as well and give back whenever I am able to.

Project Title: NAMI Juneau BPI Grant (FY21)	
Grantee: NAMI Juneau	
Fund: Authority Grant	
Geographic Area Served: Juneau City and Borough	Project Category: Direct Service
Years Funded:	
FY21 Grant Amount: \$100,550.00	
High Level Project Summary: <p>FY21 High Level Project Summary: 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 FY21, 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.</p> <p>This project has demonstrated positive outcomes for beneficiaries as an advocacy and support agency and Trust staff recommends the program receive Trust funding through FY25.</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 (FY21)

Staff Project Analysis:

FY21 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 FY21, NAMI Juneau continued to overcome obstacles presented by the COVID-19 pandemic by serving 225 beneficiaries living with mental illness and training 8 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 has demonstrated positive outcomes for beneficiaries as an advocacy and support agency and Trust staff recommends the program receive Trust funding through FY25.

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 (hereafter NAJ) serves a unique role in the Juneau community providing peer- driven education, advocacy, 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.

FY21 will be a year of transition for NAJ; the organization is going through an Executive Director transition and entering into a strategic alliance with the Juneau Suicide Prevention Coalition (JSPC). NAJ anticipates a smooth leadership transition and is currently in the hiring process with Executive interim plans in place. However, these transitions combined with interruptions in programming due to COVID-19 may result in fewer in-person programs offered in FY21. NAJ has been working with NAMI Alaska to expand online programs and ensure some continuity of programming.

As of July 1st, NAJ will become the Juneau Suicide Prevention Coalition's (JSPC) fiscal agent with the JSPC becoming a program under NAJ. In addition to taking on the JSPC's administrative functions, NAJ will help oversee their programs and activities in partnership with the JSPC's advisory committee. NAJ will receive grants on behalf of the JSPC and be the employer of record for their five employees with one shared staff position. This is a big change

for NAJ, but we anticipate stronger collaboration between the two programs and increased visibility and greater financial sustainability for NAJ.

In FY21, we will continue to offer NAMI's core programs and ensure that individuals affected by mental illness in our community have access to quality education, resources, and peer support. The following FY21 activities are broken down into our four strategic goal areas: Support, Education, Public Awareness, and Advocacy.

SUPPORT

In FY21, we will offer recurrent support group meetings for both primary and secondary beneficiaries. While these programs have been suspended throughout Spring, we anticipate resuming in-person meetings by late summer. If this is not feasible, we will continue to promote and support NAMI Alaska's online support groups. Currently, several of our facilitators are trained to facilitate online support group meetings and will continue to do so while in-person programs are suspended. Due to COVID-19, several trainings to expand our facilitator cohort were cancelled and we are experiencing program setbacks as a result. As the budget reflects, we hope training will resume in FY21 and are positioning ourselves to offer online volunteer training if necessary.

EDUCATION

While hosting three multi-session education programs is the goal for FY21, NAJ will remain flexible as we continue to see how COVID-19 impacts our ability to hold in-person gatherings. If these programs resume as intended, our goal is to serve 20-30 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 FY21:

1. Family-to-Family: 8-session program for family members and caregivers who have a loved one with a persistent mental health condition
2. NAMI Basics: 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: 8-session mental illness education and recovery program for adults with a mental health condition or co-occurring substance use disorder

Adaptations: With our NAMI Alaska affiliate partners, NAJ is considering offering online multi-session education programs in addition to recurrent support groups. NAJ has successfully hosted several online seminars and will work with our partners to offer quarterly seminars targeted to secondary beneficiaries throughout FY21.

PUBLIC AWARENESS

NAJ continues to prioritize the public awareness umbrella of our mission and has several outreach activities planned for FY21. While the 2020 "Mental Wellness Miniseries" was adapted to an online video series, we plan to get back to the miniseries in Spring 2021 in partnership with Juneau Public Libraries. Inside Passages, NAJ's mental health speaker series, will resume in the fall with five monthly forums on topics related to advocacy, mental health treatment, suicide prevention, and related topics.

NAJ continues to provide mental health literacy presentations in high schools. There are unknowns about classes resuming in the fall and there may be additional restrictions for guests. However, the JSPC has one staff located in the high schools and we anticipate streamlining some of the NAJ mental health education presentations through this position.

As part of NAJ's goal to increase understanding and awareness of mental illness and reduce stigma, we have a speaker's bureau of volunteers who are willing to share their lived experience through panels, community presentations, etc. Potential collaborations with Capital City Transit and a local organization's youth behavioral health career program are opportunities we anticipate in FY21.

ADVOCACY

In partnership with NAMI Alaska, NAJ will help coordinate the 2021 fly-in advocacy day. This is held over 2-3 days in Juneau with teams from Fairbanks, Anchorage, Juneau, and North Slope meeting with their legislators and other policymakers to discuss issues important to our stakeholders. In FY20, we participated in a Lunch & Learn, met with over 40 legislators, and held meetings with the Commissioners of the Department of Education and DHSS. We anticipate a similar format and continued advocacy for key issues including mental health education in schools. As a part of these efforts, NAJ will host two advocacy trainings leading up to and during the legislative session.

Administration & Leadership

NAJ staff provide soft navigation services, linking individuals to needed services and supports within the community. Currently, NAJ is developing a printed youth and adult Juneau Mental Health Guide in partnership with the Juneau Community Foundation. Distributing this guide, as well as NAJ brochures and outreach materials, while continuing to build relationships with medical and behavioral health providers will be a priority in FY21.

Trust Mini-Grants: Currently, NAJ is discussing its ability to continue assisting three Mini-Grant applicants per month. This accounts for approximately 30% of the part-time Program Coordinator's position. We anticipate capping our application assistance to one beneficiary per month or developing a volunteer position to offer assistance with this program.

NAJ's Board has been very active in both the Executive Director and the fiscal agent transition process. In FY21, they will be focused on the onboarding of the new Executive Director, developing policies and procedures that reflect the expansion of NAJ through the JSPC partnership, and remaining focused on the strategic direction of NAJ. Fortunately, there will be little turnover on the Board this year with at least one additional member joining from the JSPC.

The enclosed budget will look different from previous years which reflect NAJ's partnership with the JSPC. NAJ and the JSPC will share administrative costs proportional to our budgets resulting in cost savings in administrative expenses and slightly increased expenses related to personnel as we will be sharing a staff position. With the exception of shared administrative expenses, NAJ and JSPC will keep separate program budgets as JSPC grants will continue to fund their program and activities and NAJ's grants will fund NAJ programs and activities.

Professional development and strategic planning funds are included in this year's budget to support the incoming Executive Director and so the new leadership team can develop a strategic plan that reflects the current needs and opportunities of the organization.

NAJ is anticipating a substantial decrease in fundraising and individual giving revenue this fiscal year. NAJ's signature fundraiser relies on local businesses for both sponsorships and silent auction donations which make up 70-75% of event revenue. As many local businesses are facing economic hardships, it is unlikely we will solicit them as in previous years and are looking into other fundraising strategies. Our signature fundraiser was postponed from the spring to the fall and we are unsure if hosting this large event will be possible by October. While we will continue to solicit our donors and members, we anticipate the possibility of a reduction in individual giving as well. NAJ will use some of its fund balance in FY21 but we do not anticipate needing to access our emergency reserve which remains at \$45,000.

Please note that NAJ and the JSPC are still finalizing several administrative expenses and, due to unknowns regarding fundraising events, this budget may require some amendments. Thank you for understanding.

Grantee Response - FY21 Grant Report Executive Summary:

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.

administration

Administratively, the first half of the year was spent completing two transitions that started in FY20: Aaron Surma replacing Crystal Bourland as Executive Director and becoming the fiscal agent for the Juneau Suicide Prevention Coalition (JSPC). In addition to adding a new Executive Director, there was turnover in JSPC's staffing in FY20 that resulted in new hires being added at the beginning of FY21. Both administrative transitions felt largely complete by the end of October, 2020 and both NAJ and JSPC were operating effectively thereafter.

The combined paid staff of NAJ and JSPC is five individuals plus an AmeriCorps member. Of these six people, four, including ED Aaron Surma, are Trust beneficiaries and one is a secondary beneficiary. We believe this perspective allows for more flexibility in the work we perform. For example, staff who are beneficiaries are trained to lead our Peer Support Group and Peer-to-Peer class. This way we do not need to solely rely on volunteers to offer these programs. Additionally, the perspective of beneficiaries in the workplace can help in relating to those who contact us with questions about mental health services in Juneau.

Due to the success of the relationship between NAJ and JSPC, NAJ pursued two other fiscal agent relationships during the year. NAJ is now the fiscal agent for Together with Juneau Veterans (TWJV), a VA-funded suicide prevention program, and has submitted

grants on behalf of Red Road Journey to Sacred Healing, a group that uses indigenous practices to promote healing from trauma. This increased administrative capacity is one of the key benefits of the new relationship with JSPC – both entities now have stronger administrative support which allows program staff to focus solely on programs.

Education & Support Successes

Due to COVID-19, education classes were offered online during the year. This allowed NAJ to partner with other NAMI affiliates in the state to both advertise and provide staff/volunteers to coordinate the programs. This led to an increase in support groups and educational classes.

- One session of NAMI Basics (for family members of youth & adolescents with mental illness) were offered during the year.
- Two sessions of NAMI Family-to-Family (for family members of adults with mental illness) were offered during the year
- Two sessions of Peer-to-Peer was offered to beneficiaries during the year.
- NAJ started a new program called Why I Stay.... WIS is based on the MHATS program in Anchorage. It is a mental health storytelling program. Over seven weeks, participants each craft a story about their own experience with their mental health. At the end of the seven weeks the participants recite their story to the public. Recordings of stories are available at whyistayak.org. We have also created a manual so other entities can have their own cohorts of Why I Stay.... participants. Their stories can be hosted on our website. The first cohort was with UAS students. We plan to work with UAS again in the fall. We used donations to pay for a stipend for WIS participants.
- NAJ facilitated a seven-day training for eight individuals to get certified as Peer Support Specialists. This program, in partnership with SERRC and Alaska Behavioral Health, gave all participants the required classroom education to qualify for state PSS credentials. Each participant also received a \$1,000 stipend (paid by donations from individuals) and was helped as they submitted their application to be credentialed.
- NAJ and JSPC teamed up for a variety of presentations about mental health. The most noteworthy was presenting 19 times to various groups of middle and high school students about how to stay mentally healthy. We focused on cultural, lifestyle and professional supports that are available to the students as they work to maintain good mental health during the pandemic.
- All of our support groups were online during the year. Like educational programs, these were offered in partnership with other NAMI affiliates. This allowed us greater reach in terms of potential audience and pool of volunteers. As a result we were able to provide 65 groups to 246 unique individuals.
- NAJ supported 21 individuals as they submitted AMHTA mini grant applications.
- Our Inside Passages series of presentations was held online this year. 124 individuals attended the eight webinars.

Public Awareness & Outreach Successes

Most outreach events were online or outdoors, and a larger number involved community partners than normal.

- We co-hosted mental health drive-in bingo with the Zach Gordon Youth Center. 25 cars were in attendance to fill out bingo cards that had a mental health theme.
- We had two staff members participate in a mental health career day panel at Juneau Douglas High School.

- We hosted a Pride Outside event with AWARE and SEAGLA. This afternoon event featured activities and prizes while promoting various services available to members of the LGBTQ+ community. This also marked our first collaboration with Johnson Youth Center. Three residents of JYC were volunteers at the tie-dye station at Pride Outside. We hope to collaborate more with JYC in the future.
- We hosted a non-profit networking day at the rock climbing gym in Juneau. 12 staff members from seven non-profit organizations came and climbed while we also brainstormed different ways for our organizations to collaborate. This resulted in the Peer Support Specialist collaboration mentioned above, as well as other projects.
- We had a total of five different outreach projects with the Juneau Public Library including a mental health shelf. The flyer for the shelf is included in this report.
- We regularly updated juneaumentalhealth.org to provide up-to-date information about behavioral health services in Juneau.
- We appeared on the radio four times to talk about mental health.
- We appeared in the newspaper three times -
<https://www.juneauempire.com/news/mental-health-groups-hold-care-for-the-caregivers-event/>.

Advocacy Successes

As with our other activities, this year NAJ increased our advocacy efforts by partnering with other organizations. These partnerships resulted in two rounds of advocacy.

- In February NAJ continued the annual practice of partnering with other NAMI affiliates in Alaska to meet with legislators about a handful of mental health bills that were being considered by the legislature. These efforts resulted in 46 conversations with legislators over three days.
- In March NAJ partnered with JSPC and AFSP-AK to promote the same slate of legislation. These efforts were spearheaded by AFSP-AK and resulted in 42 conversations with legislators over two days.

Challenges

COVID-19 is the most obvious challenge and, as mentioned above, was addressed through using online technology and increasing the quantity of partnerships with other organizations.

In addition to COVID-19, we had five new staff members and one new AmeriCorps member during the year. This resulted in a steep learning curve for all of our programmatic and administrative activities. Luckily we were buoyed by an active board, dedicated volunteers and the continued support of former ED Crystal Bourland.

We also had difficulty navigating the Juneau School District's requirements for providing various types of clubs and mental health presentations to students. To address this need we asked the Superintendent to nominate someone to be our 'point person' within the district. The Superintendent nominated one of the school counselors and she has been an enormous help as we try to bring as many different resources to students as possible.

We were also unable to hold our two annual fundraisers that bring in a combined \$15,000. While they were cancelled due to COVID-19, we were able to secure CARES funds to make up for the fundraising money that we lost by cancelling those events.

Number of beneficiaries experiencing mental illness reported served by this project in FY21: 225

Number of beneficiaries experiencing substance misuse reported served by this project in FY21: 0
Number of beneficiaries experiencing a developmental disability reported served by this project in FY21: 0
Number of beneficiaries experiencing Alzheimer's Disease or a related dementia reported served by this project in FY21: 0
Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY21: 0
Number of individual trained as reported for this project in FY21: 8
Performance Measure 1: How Much? <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> a) a) 225 beneficiaries from the mental health group were served during the year b) b) 109 new beneficiaries (49%) from the mental health group were served during the year. c) c) These individuals were served during the following activities: 82 phone calls/emails from people who want to learn more about receiving mental health services in Juneau 30 Connection Support Groups 21 mini grant applications 2 Peer to Peer classes 1 Why I Stay... class 1 Certified Peer Support Specialist training <p>a detailed list of all activities is included in the attached document "FY21 All Projects"</p>
Performance Measure 2: How Well? <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> a) Like all grantees, COVID-19 had a large impact on our programming during the reporting period. One unexpected benefit was the reduction in time spent on programs. For our classes, instead of staff and volunteers going to an offsite location and prepping it before each class,

they would simply log onto Zoom. Collaborating with other NAMI affiliates allowed us to save time in coordinating our support groups. This free time allowed us to spend more time working with local partners on new projects which are listed in the attached FY21 projects document.

- b) We partnered with 37 different community organizations on 113 different presentations or programs during the year. This was made possible partly due to the time savings associated with remote programming. The most noteworthy new partnership is with University of Alaska Southeast for the Why I Stay... mental health storytelling project. whyistayak.org
- c) 24 individuals filled out our complete satisfaction surveys (see responses below). An additional 79 people filled out brief satisfaction surveys after various presentations and programs. Of the 103 individuals who responded, 100% said they were happy with the program/service.
- d) See attached.

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:

Data collection from program participants was more difficult due to COVID. Instead of giving paper surveys at support groups and educational classes, we were limited to collecting online surveys. As a result, we had a lower response rate. An additional challenge was the agreement with our partner NAMI affiliates throughout the state to not send surveys after online support groups. And, as usual, we did not ask satisfaction information when people call or email our office with inquiries about mental health services in Juneau. 24 program attendees responded to our satisfaction surveys.

- a) 100% of the 24 individuals who submitted a survey reported overall improved functioning as a result of the program.
- b) 100% of the 24 individuals who submitted a survey reported improvement in two or more key outcome areas. See attached report for a breakdown of improvement in individual categories.
- c) "Help me become stable and on my own, independent." "NAMI Peer to Peer made me realize I was not alone, not just abstractly but literally meeting people like myself who helped me find my voice and my story."

See attached breakout of satisfaction survey results for more quotes from program attendees.

FY21 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	18%
Fundraising/Donations	\$43,910	8%
Grant - Juneau Community Foundation	\$103,000	19%
Grant – State of Alaska Dept of Behavioral Health	\$282,000	51%
Grant – Alaska Association of School Boards	\$19,500	3%
Grant – GCI	\$5,000	1%
Total	\$553,960	100%

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 \$108,000 _____

Number of months of unrestricted cash available 3 months

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	\$24,525
Office Space/Facility	\$1,000/month	\$12,000
Staff Training/Technical Assistance	\$0	\$0
Transportation	\$0	\$0
Office Supplies/Equipment	\$0	\$0
Other (specify)		

AGENCY NAME: NAMI Juneau

Total	-	\$36,525
--------------	---	----------

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, 2020 to June 30, 2021 (FY20). Include all paid employees regardless of FTE status.

$$\text{ATR} = \frac{\text{Total \# of paid employees who left employment during FY21}}{\text{Total \# of paid employees that are employed during FY21}} \times 100$$

2 employees left during FY21/5 employees x 100 = **40% annual turnover rate**. For both employees who left, their departure was planned. For one employee, her departure coincided with the birth of her first child and beginning a master's degree program. For the other employee, she worked part-time while in school and graduated in April, 2021 to pursue full-time employment.

2. Annual turnover rate (ATR) for **regular and active volunteers** reported as a percentage from July 1, 2020 to June 30, 2021.

$$\text{ATR} = \frac{\text{Total \# of volunteers who stopped volunteering during FY21}}{\text{Total \# of volunteers that volunteer during FY21}} \times 100$$

3 volunteers stopped volunteering / 22 regular & active volunteers x 100 = **14% volunteer turnover rate**. These three volunteers were all board members. All programmatic volunteers stayed with us during the year. Of the three board members, one was unable to meet regularly so she found a coworker to replace her on the board as a representative from Bartlett Regional Hospital. The other two volunteers who turned over had personal reasons for leaving the board.

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 FY21 to estimate health insurance coverage for all FTEs (use FTE total used to calculate FY22 BPI budget) in the categories below.

Health Insurance Coverage Type	# FTE
Medicaid	

AGENCY NAME: NAMI Juneau

Medicare	.25
Military (Defense Health Agency/TRICARE)	
Affordable Care Act (purchased through HealthCare.gov)	2
Private health insurance (employer-based)	
Uninsured	
Other – Indian Health Service	2
Total	4.25

- 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? **Yes. Our volunteer handbook which has been included in past grant reports. It has not been updated in a couple years so the Trust has seen the most recent copy.**

Satisfaction Survey Results

We received 24 responses from satisfaction surveys that were filled out after Peer-to-Peer classes and mini grants. Full surveys were not provided after phone/email consultations, Why I Stay.... or Peer Support Specialist class.

Improvement in functioning as a result of the program

24/24 (100%) reported an increase in healthy behaviors

23/24 (96%) reported an improved ability to manage challenging situations

22/24 (92%) reported a reduction in the number of days with poor physical or mental health

21/24 (88%) reported improved ability to manage challenging behaviors

14/24 (58%) reported a decrease in substance use

12/24 (50%) reported being more stably housed

8/24 (33%) reported a decrease in legal involvement

3/24 (13%) reported becoming employed

Mini Grant Testimonials

"It allowed me to have better mental health, reduce my stress, anxiety and depression, due to having to move, and having no bed, or household items. It increased my housing stability, as I was able to have money to pay rent, instead of having to spend it on a bed and household supplies, and be late on my rent."

"It allowed me to make a nice place to live by buying furniture and household items."

"The grant helped me get a potable water source and clean drinking water system for my live aboard boat. I now have running clean hot water! Thank you Trust!"

"I feel better with a more reliable vehicle for my newborn and 6 year old and having a reliable stroller to walk my baby in. Thank you!"

"When I got the grant I was in between jobs and was moving out of sober living. This provided all of the furnishing I needed and helped immensely with the things I wouldn't be able to provide for myself. It really helped me transition a lot. I'm very grateful to be a recipient."

"Help me become stable and on my own, independent."

"My little apartment is really set up now. It makes me want to come home at night. It's new stuff, it's new stuff. It's nice and I'm really grateful, absolutely. It's amazing, it's unreal. Going through

incarceration and addition I want to treat myself right. Be good to myself and be good to others. I'm just living better. It's too good to be true."

"Helped me to smile. I had missing teeth and so the grant has given me confidence."

"I'm cooking a lot more than I was before."

"Physically, emotionally it helped a lot. I have a better attitude. It decreased a lot of anxiety and pain. Everything is working out good, I love the bed and the couch is super. My attitude is knowing that I'm sitting and sleeping comfortably it's physically relieving."

Peer-to-Peer Class Testimonials

"NAMI Peer to Peer made me realize I was not alone, not just abstractly but literally meeting people like myself who helped me find my voice and my story."

"To increase my knowledge and compassion for mental health."

"It helped me set goals"

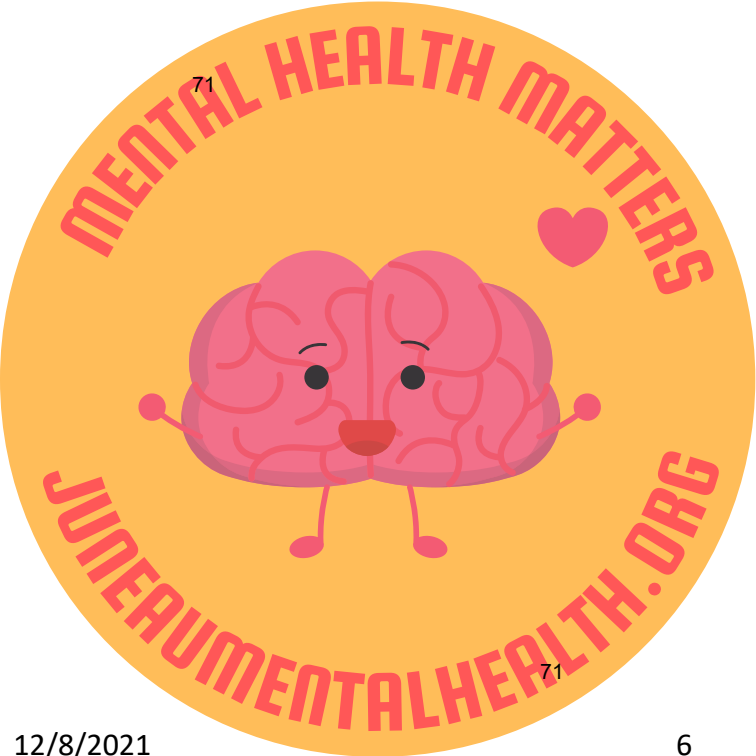
"This NAMI Peer-to-Peer Support training totally surpassed my expectations! First, by laying down possible paths to a potential healthier mental health condition that allowed me to notice the patterns and obstacles I now have in place. Second, by being in a group with other folks with so many different stories and settings but united in sharing our mental health struggles in an open-hearted and supportive way. One of the few times I felt understood when sharing my own mental health struggles. I really saw the power of building a peer community to overcome the societal stigma and personal shame/self-loathing to move forward in an open-hearted approach to the journey ahead."

"Peer to peer helped me see that there are a lot of people out there who struggle with things that I struggle with. That means a lot to me, and I haven't found that elsewhere."

"This class provided me with a safe space to examine my behaviors and create positive goals."

"It helped me focus on my goals and think about them in smaller steps and increments, which helped make them more achievable and less overwhelming."

"This course helped me understand my diagnosis and plan of care. More importantly, I enjoyed participating in a group where I could feel normal and discuss my challenges honestly."



NAMI Juneau & Juneau Suicide Prevention Coalition
Summary of Work
July 1, 2020 - June 30, 2021

We partnered with **37 community organizations** on **113 projects** during the year.

We provided **90 presentations to 3,063 people** about a variety of topics related to mental health and suicide.

9,367 people used our resources to help navigate Juneau's mental health system.

131 individuals participated in our seven ongoing programs.

Support services were used by **344 people**.

Our volunteers held **88 meetings with state legislators** about mental health legislation.

Our combined social media, email, radio, print, and flyers were seen an estimated **216,496 times**.

seven funding organizations and over 300 private donors supported our work

Presentation	Description	Individuals		NAMI Juneau	JSPC	Partners
		Number of sessions	Trained Funder			
Positive Protective Factors	Presentation for students about how to stay mentally well	19	682 AMHTA, JCF, SOA DBH	x	x	21st CCLC, JCCS, IDHS, TMHS
Let's Talk About... webinar series	Seventeen zoom presentations that were also broadcast on Facebook Live about various mental health topics in Juneau.	17	514 AMHTA, JCF, SOA DBH	x	x	AEYC, AWARE, CCHITA, ZGYC and many individuals
JSD Teacher Equity Trainings	Participated in JSD staff training about anti-racism and equity.	14	600 SOA DBH	x	x	AWARE, JSD
QPR Trainings	Nationally recognized training about how to interact with an individual who might be suicidal	10	135 AMHTA, SOA DBH	x	x	SOA PH, UAS
Inside Passages	Eight-part webinar series about a variety of mental health topics.	8	324 AMHTA, JCF, SOA DBH	x	x	
Positive Communication At Home webinar series	Created a six-part series of webinars about healthy communication at home. Series was designed for parents.	6	600 AMHTA, SOA DBH	x	x	TMHS
Basic Mental Health Training	Presentation about various mental health topics including how to navigate mental health services in Juneau	5	80 AMHTA, SOA DBH	x	x	BRH, CBI, CCS
ASST	Two-day training to train individuals how to be an effective ally when someone is suicidal.	2	17 GCI, SOA DBH	x	x	JFS, USCG
Grief training	Recorded a presentation about managing grief	1	122 SOA DBH	x	x	
Drive-in Bingo	Presented information about mental health and suicide prevention in the context of bingo	1	75 AMHTA, SOA DBH	x	x	CBI, ZGYC
CURED screening	Hosted a screening of the documentary CURED along with a Q&A with the directors and subjects.	1	45 SOA DBH	x	x	
IDHS behavioral health career camp	Spoke as members of a panel about behavioral health careers.	1	20 AMHTA, SOA DBH	x	x	SERRC, IDHS
NAMI Smarts	Presentation about how to be an effective advocate for mental health care when speaking with legislators.	1	18 AMHTA	x		NAMI AK, NAMI Anch, NAMI Fbks, NAMI NS
NAMI Family and Friends	Presentation about general mental health topics and supports that are available.	1	12 AMHTA	x		NAMI AK
UAS Suicide Prevention Trivia	Presented information about mental health and suicide prevention in the context of a trivia game	1	10 AMHTA, SOA DBH	x	x	UAS
Peer Support Specialist Training	Trained eight individuals in the state's Peer Support Specialist curriculum and helped them become certified Peer Support Specialists	1	8 100WWCI, SOA DBH	x	x	ABH, SERRC
Youth Mental Health First Aid	One staff member became trained as a Youth mental Health First Aid trainer	1	1 AMHTA	x		SERRC
		90	presentations to our community			
		3,063	individuals attended the presentations			
		2,271	AMHTA-funded presentation attendees			

Navigating Juneau's Mental Health System		Description		People Served	New beneficiaries	Funder	NAMI Juneau	JSPC
juneaumentalhealth.org		Regularly-updated listing of mental health provider organizations and private practice therapists in Juneau.		9,261		AMHTA, JCF, SOA DI x		x
Office contacts		Calls/emails received from the public about accessing mental health services in Juneau		82		AMHTA, JCF, SOA DI x		x
Juneau therapist listsev		NAMI Juneau created a listserv for private practice therapists to communicate about availability and referrals.		24		AMHTA, JCF	x	
				9,367		Individuals who received information that helped them navigate Juneau's mental health system.		
					50	new beneficiaries called/emailed our office.		

Activity	Description
NAMI Basics	Six-week class for parents of youth to learn how to support a young person with a mental health condition
NAMI Family to Family	Two eight-week classes to learn how to support adult loved ones with a mental health condition
NAMI Peer-to-Peer	Two eight-week classes to learn how to manage an individual's own mental health condition
Sources of Strength	Weekly club at TMHS and JDHS. Participants learn how to be active members of the communities, advocate for themselves and improve their school's culture
Why I Stay...	Seven-week class for participants to craft a story about their experience with mental illness. Participants are invited to share their story on whyistayak.org
#Tongass Time*	Weekly entertaining and educational program for young people to learn more about Alaska Native culture and SE Alaska.

Participants	New to AMHTA-funded		NAMI Juneau	JSPC	Partners
	programs	Funder			
9	9	AMHTA	x		NAMI AK, NAMI Anch, NAMI Fbks, NAMI NS
16	11	AMHTA	x		NAMI AK, NAMI Anch, NAMI Fbks, NAMI NS
27	22	AMHTA	x		NAMI AK, NAMI Anch, NAMI Fbks, NAMI NS
36		AASB, JCF, SOA DBH		x	JSD
8	8	AMHTA, SOA DBH	x	x	UAS
35		SOA DBH		x	CCTHITA, AWARE
<hr/>					
131	total participants in programs				
	<hr/> 50 people new to AMHTA-funded activities attended programming this year				

* we contribute but partner organizations are responsible for the day-to-day mgmt of the work

Activities	Description	New to AMHTA-					Partners
		Participants	funded programs	Funder	NAMI Juneau	JSPC	
Family Support Group	Support group for family members of individuals with a mental health condition.	167	23	AMHTA, JCF	x		NAMI AK, NAMI Anch, NAMI Fbks, NAMI NS
Connection Support Group	Support group for individuals to talk about their own mental health challenges.	79	14	AMHTA, JCF	x		NAMI AK, NAMI Anch, NAMI Fbks, NAMI NS
AMHTA mini grants	We submit applications and shop for individuals who receive AMHTA mini grants.	21	7	AMHTA, JCF	x		JAMHI, PH, Svdp
Teen Health Center*	We provide logistical and financial support for the Teen Health Center's behavioral health services.	60		JCF, SOA DBH		x	AWARE, CBJ, JSD, SOA PH, SEARHC
BIPOC Teen Talk*	We provide logistical support for monthly group for BIPOC youth.	12		JCF		x	AWARE, ZGYC
Youth Peer Support Group*	We provide clinical support for AWARE's youth peer support group.	5		JCF		x	AWARE, Teen Health Center
		344	total participants in support services				
			44	people new to AMHTA-funded activities attended support services this year			

* we contribute but partner organizations are responsible for the day-to-day mgmt of the work

Activity	Description
Round 1	We partnered with other NAMI affiliates in AK to lobby for mental health legislation in the state legislature
Round 2	We partnered with AFSP-AK to do a second round of lobbying for mental health legislation in the state legislature

Advocacy Conversations

46 JCF, NAMI AK, NAMI Anch, NAMI Fbks, NAMI NS
42 JCF, AFSP-AK

88 state legislators contacted regarding mental health legislation.

Outreach	Description	People Reached	Funder	NAMI Juneau	JSPC	Partners
JSPC facebook	2977 followers	66,907	JCF		x	
NAMI Juneau facebook	806 followers	48,392	AMHTA, JCF	x		
NAMI Juneau instagram	597 followers	32,114	AMHTA, JCF	x		
JSPC instagram	741 followers	29,155	JCF		x	
bulletin boards	Posting mental health flyers to ~20 local bulletin boards each week. Estimated 500 views for each unique item posted.	20,000	SOA DBH	x	x	
JSPC monthly newsletter	Monthly newsletter and other emails sent to ~300 individuals. 28% open rate. 5% click rate.	8,684	SOA DBH		x	
namijuneau.org	Website providing basic mental health information and links to register for NAMI groups and programs.	4,700	AMHTA	x		
Radio appearances	four radio appearances during the year	2,000	AMHTA, SOA DBH	x	x	
NAMI Juneau monthly newsletter	Monthly newsletter sent to ~650 individuals. 27% open rate. 9% click rate.	1,662	AMHTA	x		
juneausuicideprevention.org	Website providing basic information about suicide prevention and the coalition's activities	1,418	SOA DBH		x	
Means reduction and firearm safety campaign	Created a means reduction and firearm safety campaign.	500	SOA DBH		x	MDA, WA
Maritime Festival	Outreach event to share information/awareness	200	AMHTA, SOA DBH	x	x	
JSPC monthly coalition meeting	Held 12 monthly coalition meetings.	162	SOA DBH		x	many
whistayak.org	Website that is a platform for finished stories in the Why I Stay... series	82	GCI	x	x	
outreach to families of students at YDHS	Sent suicide prevention materials to the families of 80 students at YDHS.	80	SOA DBH		x	YDHS
Library Happy Bags	Worked with JPL to create "happy bags" for patrons to take.	70	AMHTA, JCF	x		JPL
Pride Outside	Event celebrating pride month. Activities included bonfires, s'mores, tie-dye and food.	60	AMHTA, SOA DBH	x	x	AWARE, JBD, PP, Latitude 58 Realtors, JYC
Saturday Sundae Festival	Outdoor outreach event with ice cream and activities for youth	60	AMHTA, SOA DBH, JCF	x	x	ZGYC, JYC
Emergency cold/rain gear to Haines	Sent cold and rain gear to people affected by the landslide in Haines.	60	AMHTA, SOA DBH	x	x	CCTHITA
Mental Health Book Collection at JPL	Helped JPL create a shelf of mental health-related books for guests to check out	50	AMHTA, JCF	x		JPL
Safe Grad Support	Supported UAS's safe grad program.	50	AMHTA, JCF	x		UAS
Breakfast for Dinner @ Zach Gordon Youth Center	Supported an event for youth receiving services at ZGYC	25	AMHTA, SOA DBH	x	x	ZGYC
ZGYC facebook live event - Jan 24, 2021	Facebook live event about mental health. Hosted by ZGYC.	25	SOA DBH		x	ZGYC
Grief resources sent to Haines School District	Sent grief resources to Haines School District employees after the sudden death of an employee.	25	AMHTA, SOA DBH	x	x	JSD
Nonprofit Networking Day	Networked with community partners at the Rock Dump	10	JCF	x	x	AWARE, JYS, SERRC, UAS
Mental Health Month book talk	Held a book club conversation about the book Maybe You Should Talk To Someone	5	AMHTA, JCF	x		JPL
		216,496	total people reached in outreach efforts			
		89,468	people reached by AMHTA-funded activities			

<https://www.juneauempire.com/news/mental-health-groups-hold-care-for-the-caregivers-event/>
<https://www.juneauempire.com/news/coalition-helps-va-start-suicide-prevention-program/>
<https://www.juneauempire.com/news/over-100-attend-street-warming-event/>

Activity	Description	Funder	NAMI Juneau	JSPC	Partners
Together with Juneau Veterans	NAMI Juneau serves as the fiscal agent for TWIV and JSPC participates in the planning process for the group.	AMHTA, SOA DBH	x	x	USCG
Juneau Street Warming	We organized an event to provide PPE and cold weather gear for people experiencing homelessness. 120 people received gear.	CBJ-19, SOA DBH	x	x	BRH, CCTHITA, FSC, ZGYC
Caregiver Recognition Project	We asked community members to nominate caregivers to be recognized. All recognized caregivers received a certificate and gift card. 40 people were recognized.	AMHTA, SOA DBH	x	x	
Postvention	We responded to five suicide deaths in the community. Responses include distributing information, connecting people to resources and providing one-on-one consultation.	SOA DBH		x	JSD, JAMHI
Trauma training scholarships for therapists	Seventeen therapists received trauma scholarships worth over \$9,000 to attend the training of their choice.	CBJ-19	x		
Hello B.A.B.Y.: Building Alaskan Babies with You	This project connects parents of prenatal and new borns at risk of substance misuse and other stress indicators to screening, referrals, and case management at Bartlett Hospital.	SOA DBH		x	ROCK
Safe Messaging in Media	JSPC shared safe messaging guidelines with local media organizations to ensure proper coverage when talking about suicide.	SOA DBH		x	

total beneficiaries served - Mental Illness

total	new	
82	50	people who called or emailed asking about receiving services
79	14	support groups
21	7	mini-grants
8	8	peer support specialist training
27	22	Peer to Peer
8	8	Why I Stay

total beneficiaries served - two or more categories

20 support group (MI/SUD)
10 Peer to Peer (MI/SUD)
10 mini-grants (MI/SUD)
4 PSS (MI/SUD)

Secondary beneficiaries served

167 support groups
30 NAMI SMARTS and NAMI F&F
25 BASICS and F2F

Non-beneficiaries reached

2271 presentation attendees
9285 people we helped navigate Juneau's MH system via website or listserv
89,468 people reached through outreach activities

activities

71 presentations
35 family support groups
30 connection support groups
14 outreach events
2 sessions Family-to-Family
2 sessions Peer-to-Peer
1 session NAMI Basics
1 session Why I Stay...

Funder Key

100WWCJ	100 Women Who Care in Juneau
AASB	Alaska Association of School Boards - STEPS Grant
AMHTA	Alaska Mental Health Trust Authority - Beneficiary Projects Initiative
CBJ-19	City and Borough of Juneau COVID relief funds distributed by Juneau Community Foundation
GCI	GCI - Suicide Prevention Grant
JCF	Juneau Community Foundation - Mental Health and Suicide Prevention Grants
SOA DBH	State of Alaska Department of Behavioral Health - Comprehensive Behavioral Health Prevention and Early Intervention Community Coalitions Grant

Partner Key

21st CCLC	21st Century Community Learning Centers
ABH	Alaska Behavioral Health
AEYC	Southeast Alaska Association for the Education of Young Children
AFSP-AK	American Foundation for Suicide Prevention - Alaska
AWARE	AWARE
BRH	Bartlett Regional Hospital
CBJ	City & Borough of Juneau
CCS	Catholic Community Service
CCTHITA	Central Council of the Tlingit & Haida Indian Tribes of Alaska
FSC	Front Street Clinic
JAMHI	JAMHI Health & Wellness
JBD	Juneau Bike Doctor
JCCS	Juneau Community Charter School
JDHS	Juneau Douglas High School: Yadaa at Kale
JPL	Juneau Public Library
JSD	Juneau School District
JYC	Johnson Youth Center
JYS	Juneau Youth Services
MDA	Moms Demand Action
NAMI AK	NAMI Alaska
NAMI Anch	NAMI Anchorage
NAMI Fbks	NAMI Fairbanks
NAMI NS	NAMI North Slope
PH	Polaris House
PP	Planned Parenthood
ROCK	Raising Our Children with Kindness - Juneau
SEARHC	Southeast Alaska Regional Health Consortium
SERRC	Southeast Regional Resource Center
SOA PH	State of Alaska Public Health
SVdP	St Vincent de Paul
THC	Teen Health Center
TMHS	Thunder Mountain High School
UAS	University of Alaska Southeast
USCG	United States Coast Guard
WA	Western Auto
YDHS	Yakoosge Daakahidi High School
ZGYC	Zach Gordon Youth Center

Project Title: NAMI Anchorage BPI Operating Grant (FY21)	
Grantee: NAMI Anchorage	
Fund: Authority Grant	
Geographic Area Served: Anchorage Municipality	Project Category: Direct Service
Years Funded: FY08 to Present	
FY21 Grant Amount: \$154,071.00	
High Level Project Summary: <p>FY21 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.</p> <p>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.</p> <p>This project has demonstrated positive outcomes for beneficiaries as an advocacy and support agency and Trust staff recommends the program receive Trust funding through FY25.</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 Anchorage BPI Operating Grant (FY21)

Staff Project Analysis:

FY21 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 FY21, NAMI Anchorage navigated the complications presented by the COVID-19 pandemic and reported serving 175 beneficiaries experiencing mental illness. NAMI Anchorage 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 receive Trust funding through FY25.

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: In the coming year, NAMI Anchorage will continue to further expand our reach and impact in regards to our 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 our 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 of our fundraising program, and continued participation and 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 - FY21 Grant Report Executive Summary:

As with the prior report for this year, COVID safety protocols played a large role in how we could and could not provide our services. Our building remained closed to the public for the duration of this timeframe. We lost our program coordinator at the end of the prior year and due to COVID, did not

replace until June of this reporting period. While this could at times be a bit overwhelming, it was mostly OK as we were quite restricted in our activities anyways.

Once NAMI National was OK with their programs being held virtually, NAMI Anchorage held two Family-to-Family courses online. MHATS held our session in-person by following the ASD safety protocols but that was our only in-person programming. We continued to direct anyone looking for support groups to the online groups being hosted by NAMI Alaska.

As you will read in our Outreach report, we were still pretty active in that field despite the community restrictions. It was good to partner with so many other folks trying to both make sense of and persist in our new COVID-paradigm and I think that, overall, we were successful.

We continued with a strong push in our advocacy work. We worked closely with both Rep Claman and Sen Gray-Jackson on HB60/SB80 and were often invited testimony at legislative hearings on the bills. We also continued our advocacy for a Mobile Crisis team in Anchorage funded by the Alcohol Tax. Our executive Director continued serving on the API Governing Body as well as chairing that body's Ethics Committee which, in June, began work on updating the hospital's policies to be transgender and gender-variant inclusive.

In June, we hired a Program and Outreach Coordinator and began the process of filling a part-time minigrant admin/office assistant.

While there were certainly many challenges to overcome during this reporting period, I'm happy to say we found many successes!

Number of beneficiaries experiencing mental illness reported served by this project in FY21: 175

Number of beneficiaries experiencing substance misuse reported served by this project in FY21: 0

Number of beneficiaries experiencing a developmental disability reported served by this project in FY21: 0

Number of beneficiaries experiencing Alzheimer's Disease or a related dementia reported served by this project in FY21: 0

Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY21: 0

Number of individual trained as reported for this project in FY21: 0

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:

a & b) Due to COVID-19 restrictions., NAMI Anchorage was still unable to provide in-person classes or support groups during this reporting timeframe. We directed all interest in support groups to NAMI AK's online groups and were able to host two virtual Family-to-Family classes. Due to these restrictions, we were unable to collect much of the data that is typically reported for this category.

We saw a significant increase in call traffic during the winter and spring months but did see a drop-off in calls once summer hit and restrictions in Anchorage were eased.

Numbers entered on the previous page are estimates based on weekly call volume.

c) see attached document: "NAMI Anchorage Outreach Activities"

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:

- a) As with the prior reporting period, challenges were largely related to COVID safety measures. We learned quite a bit more about doing things virtually (as you will see reflected in our Outreach Report) and even had a good bit of success at it. More detail on this point is given in both the ED report and the NAMI Anchorage Outreach Activities document.
- b) In addition to what is listed on the attached "NAMI Anchorage Outreach Activities," we worked in partnership with Anchorage Suicide Prevention Coalition, AKEDA, OutNorth, Anchorage Concert Association, Professor Mbise's UAA Social Work Class, UAA CHD & DHSS, the offices of Representative Matt Claman & Senator Elvi Gray-Jackson on HB60/SB80, Anchorage Assembly Member Meg Zaletel on MCT, API Governing Body
- c) Again, due to COVID restrictions, events were either virtual or social distanced and did not lend themselves to gathering this type of data. Anecdotally, there was lots of praise for all of our events and/or programs and the fact that we pivoted and persevered to try to continue to meet the need.

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. ix.	Reduction in number of days with poor physical or mental health. 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:	
a & b) As mentioned above, this type of data was not collected due to the restricted nature of our projects.	
c) AL, MHATS participant –	
"MHATS was amazing! I grew in so many ways. Not just by writing and sharing my own story at the event but by helping others to write their story and learning how to advocate. Probably the best part was having a safe and comfortable space to go to every week with people that supported me. Sometimes it was the only thing I looked forward to and wanted to do each week."	
Anonymous F2F participant --	
"It was all very valuable information. So much so that I wish this information was part of a mandatory curriculum for young adults, along the lines of civics or personal finance. I wish I knew all of this so much earlier - then I would be more prepared and less scared of mental health issues in my own life, and the lives around me. Knowledge is powerful, and empowering. Thank you for enlightening me so much on these matters."	

NAMI Anchorage Outreach Events

- 7/25 – **Sound Over Silence** - our FREE, social-distanced, drive-in style concert and fundraiser. We had 6 musicians and 3 MHATS storytellers perform to a crowd of 80+ cars at Kincaid Park. We raised over \$1500
- 8/26 – Presentation on NAMI Anchorage & MHATS by Lessard, Kaplan & Fraser given to the AMHTA Board of Trustees at their quarterly meeting
- 10/7 – NANC partnered with AK Behavioral Health and the Trust for ***Fight the Stigma***, a panel discussion. NANC ED, Jason Lessard, moderated and MHATS facilitator and NANC Youth Outreach Coordinator, Zoe Kaplan was a panelist.
- 10/23 - NANC E.D. joined Emma Hill for the pilot episode of **Amplify Alaska**. This new streaming concert/fundraiser series will feature a local musician and a representative from a non-profit they care about. The musician(s) will perform a handful of songs and in between, have a discussion with the non-profit's representative about their organization's mission. They intentionally kept this first episode low-key to work the kinks out but we discussed reappearing once the program gets its footing. We're hopeful this could turn into a really enjoyable and informative vehicle for raising both awareness and funds for Alaskan non-profits.
- 12/8 & 12/15 – NANC and MHATS partnered with the UAA Center for Human Development & DHSS to help pilot a potential storytelling workshop focusing on experiences with COVID for DHSS's ECHO program. We had 10 participants plus 2 individuals from the state. Jason Lessard, Zoe Kaplan & Natalie Fraser facilitated the workshop. Participant feedback was overwhelmingly positive. At this point we are waiting to hear back from the state with a scope of work if they would like to continue to pursue the program.
- 12/9 – NAMI Anchorage collaborated with Alaska Public Media in preparation for their virtual event "[Preventing Youth Suicide in Alaska: There's Hope, There's Help](#)" and Clair Rhyneer from MHATS was one of the four panelists who participated in the event.
- 12/11 - -ED Jason Lessard worked with director Inon Shampanier for a Q&A about his film, [Paper Spiders](#), at the Anchorage International Film Festival. Here is an Anchorage Press interview with Mr Shampanier wherein he mentions the partnership with NAMI Anchorage a few times and you can watch the Q&A Mr Shampanier and I did with the film festival [here](#).

NAMI Anchorage Family to Family Survey Results March 2021

Response of the Family to Family program (Last completed I can better able to: Respond to the stress and pressures of mental health condition)

Slightly Agree 20%
Agree 20%
Neutral 60%

Response of the Family to Family program (Last completed I can better able to: Understand the role of services people with mental health conditions need)

Slightly Agree 70%
Agree 30%

Response of the Family to Family program (Last completed I can better able to: Understand what "It's not in recovery" means as it relates to mental health condition)

Slightly Agree 70%
Agree 30%

Response of the Family to Family program (Last completed I can better able to: Manage stress that may result from symptoms of mental health condition)

Slightly Agree 60%
Agree 40%
Neutral 0%

Response of the Family to Family program (Last completed I can better able to: Manage the stresses and pressures related to time and discrimination against people with mental health conditions are caused)

Slightly Agree 20%
Agree 60%
Neutral 20%

Response of the Family to Family program (Last completed I can better able to: Manage the care and support services that you or family member need)

Slightly Agree 20%
Agree 60%
Neutral 20%

Based on the NAMI Family to Family program (Last completed I saw the symptoms of the mental health condition as separate from the person who has the condition)

Slightly Agree 70%
Agree 30%

Based on the NAMI Family to Family program (Last completed I do not believe historical mental health conditions are anyone's fault)

Slightly Agree 70%
Agree 30%

Based on the NAMI Family to Family program (Last completed I believe individuals have a right to actively engage and question their treatment provider)

Slightly Agree 80%
Agree 20%

Are you at least a relative or indirect relationship to someone?

Yes 90%
No 10%

What do you think of the teaching here that not your illness?

Excellent lesson!
They talked about the class material made to understand. They all were very compassionate and able to exercise empathy. A great lesson!
They were all excellent educators on mental health illnesses.
A very good class. Excellent. Very knowledgeable and great support with class attendance.
They are a really great job!
Professional, organized people with genuine spirit.
Outstanding, well run class!
They led with skill and compassion.

How has your participation in NAMI Family to Family, what other information or resources would be helpful for you?

More mental health provider information.
Have NAMI be providing more information and resources that would help my loved one connect with professional providers that will help her manage the world in the sense of her financial situation.
More that can help with life.
Resources available to fit loved one who lives in a different state. Techniques to encourage my loved one to seek help.
I would like to see the resources, and available to people in other states in different groups. There will always be support groups.
Having my loved one join a support group for someone who has mental health issues. People to meet, and help practice for managing a complex, diagnosed mental health care industry.
Alcohol, legal, CD information and other online planning sheet.

What suggestions do you have for future classes?

Include the content in part right for a beginning class for family members. I think NAMI ought to make the Zoom option even offer the providers available on to meet a person. To adjust the curriculum accordingly for distance delivery. That way more people in and AK can attend as well.
Perhaps offer the program more often throughout the year and have it be more. Having the program available when more things being the providers. For example, they will continue to support others in the state during the the time. More providing the video through other devices, school programs and resources to better reach and educate staff and families facing the challenges of mental illness.
Keep doing what you are doing as it is extremely helpful to families living with mental health issues.
Continue the communication between with the family member. Many of the communication techniques did not seem ready to work for me and my loved one. However, some of the techniques in the emergency section might work, and seem to me to be a better approach. Perhaps combine the two sections.
Add a section with family specific information. For example, financial health provider listed in Alaska could address current benefits, food options, health and physical resources, etc.
Review and assess the curriculum for Zoom. Illness even offer the providers. Institutions are reviewed. We can reach people in our homes and are not just meeting in other states if we keep the Zoom meetings and classes as a permanent one.

Please tell us about a moment when you were able to understand and understand someone who is struggling with mental health.

Learning that sound and noise are especially painful for many people with depression.
There is a specific content that comes to mind in regard to this experience. Besides the additional education about the many aspects of mental illness, one of the biggest "take aways" for myself is the comforting reminder that many of the past challenges and traumas related to my loved ones experiences and those who love her are not unique. It was a gift to me to be able to have Sullivan share his thoughts and perspective as an individual who struggles with mental illness. His courage, his heart of my loved one, and that ability to keep moving forward through life, while carrying the weight of their illnesses, is a gift to have, while hospitalized at the same time. Thank you for passing our gratitude on to Sullivan and/or providing a way for us to pass it on ourselves. Grateful to NAMI and those individuals that keep the programs and resources running.
As a parent I understand I could talk to my loved one provider in a similar way.
My loved one's experience with mental health was very helpful to me.
I have a great understanding of my loved one's experience with mental health.
I was happy to see the list of signs of caregiver fatigue in the end.
Discussion of how family members can help someone who is experiencing a relapse is a lot in my relationship with my loved one.

NAMI Anchorage Family to Family Survey Results June 2021

Because of the Family-to-Family program I just completed, I am better able to: [Recognize the signs and symptoms of mental health conditions]

Strongly Agree 100%

Because of the Family-to-Family program I just completed, I am better able to: [Understand the type of services people with mental health conditions need]

Strongly Agree 80%
Agree 20%

Because of the Family-to-Family program I just completed, I am better able to: [Understand what "living in recovery" means as it relates to mental health conditions]

Strongly Agree 80%
Agree 20%

Because of the Family-to-Family program I just completed, I am better able to: [Manage crises that may result from symptoms of mental health conditions]

Strongly Agree 80%
Agree 20%

Because of the Family-to-Family program I just completed, I am better able to: [Manage the stresses and negative impact that bias and discrimination against people with mental health conditions may cause]

Strongly Agree 80%
Neutral 20%

Because of the Family-to-Family program I just completed, I am better able to: [Access the care and support services that I or my family member need]

Strongly Agree 80%
Agree 20%

Based on the NAMI Family to Family program I just completed: [I see the symptoms of the mental health condition as separate from the person who has the condition]

Strongly Agree 80%
Agree 20%

Based on the NAMI Family to Family program I just completed: [I do not believe biological mental health conditions are anyone's fault]

Strongly Agree 80%
Agree 20%

Based on the NAMI Family to Family program I just completed: [I believe individuals have a right to actively engage and question their treatment provider]

Strongly Agree 80%
Agree 20%

Are you or your ill relative a veteran or active duty service member?

Yes 20%
No 80%

What do you think of the teaching team that led your class?

They were the perfect team, they all complimented each other, Kudos!
Great
They were absolutely amazing.
Sincere, kind and supportive.
The team was wonderful- compassionate, caring, empathetic and supportive. They were all great facilitators and enthusiastic presenters.

Now that you have participated in NAMI Family to Family, what other information or resources would be helpful for you?

More information on paranoia and psychosis. I wish that these topics were discussed more.
I think I'd need more time really think about it.
I will be looking into the live, NAMI peer support groups.
advocacy assistance

What suggestions do you have for making this program better?

More info on psychosis and how to communicate with someone in active psychosis.
I very much enjoyed the "online zoom" to have the comfort of being in my safe place, yet being present with others.

Please tell us about a moment during the course when something about your personal experience suddenly made more sense. Was there a moment where you gained insight and understanding into an experience you've had?

My loved ones paranoia had been building up for years and it clicked that it was a the early onset of her illness.
Co-dependency
From the first class to this last class I have learned so much and from each class.
It was all very valuable information. So much so that I wish this information was part of a mandatory curriculum for young adults, along the lines of civics or personal finance. I wish I knew all of this so much earlier - then I would be more prepared and less scared of mental health issues in my own life, and the lives around me. Knowledge is powerful, and empowering. Thank you for enlightening me so much on these matters.
I found it so helpful to hear others experiences. They were all different, but it was healing to know I wasn't alone on the battlefield.



Municipality of Anchorage

P.O. Box 196650 • Anchorage, Alaska 99519-6650 • Telephone: (907) 343-4311 • Fax: (907) 343-4313 <http://www.muni.org/assembly>

ANCHORAGE ASSEMBLY

MEMBERS ZALETTEL, CONSTANT, AND DUNBAR

FOR IMMEDIATE RELEASE

NOV 17, 2020

ASSEMBLY FUNDS MOBILE CRISIS TEAM RESPONDING TO MENTAL HEALTH CRISIS CALLS

PRESS RELEASE: Assembly Members Meg Zaletel, Christopher Constant and Forrest Dunbar are pleased to announce the funding of a Mobile Crisis Team, beginning in 2021, using revenues from the newly-adopted alcohol tax. The Mobile Crisis Team, a group of mental health first responders housed in the Anchorage Fire Department, will provide a much needed service in the Municipality of Anchorage's emergency response system. The MCT will be a specialized first responder asset serving Anchorage residents in crisis, and will relieve the burden of responding to more than 7300 calls for service per year for mental health crisis currently shouldered by Anchorage Police Department.

"Not only does the MCT fill a much needed service gap that will improve outcomes for Anchorage residents, it also relieves from APD the burden of responding to so many calls when the need is actually for a clinician and someone trained to stabilize the situation from a behavioral health point of view," state Assembly Member Zaletel.

Jason Lessard, Executive Director of the National Alliance on Mental Illness, Alaska, adds, "We are thankful to the Assembly for taking this much needed step to change the way our community responds to behavioral health crises. As we have seen proven in other communities in the Lower 48, a shift from a law enforcement-based response to behavioral health related calls to that of a Mobile Crisis Team model has yielded, most importantly, better outcomes for individuals in crisis, but has also resulted in better utilization of community resources and the associated cost savings that come with that."

Assembly Members Zaletel, Constant and Dunbar are grateful to the Anchorage Fire Department's leadership and their recognition of the need in our community, as well as their willingness to step into this critical role. They also want to recognize the leadership role played by the Alaska Mental Health Trust Authority, Anchorage Police Department Deputy Chief Kenneth McCoy, who championed the idea of mental health first responders within the Municipality, as well as Acting Mayor Quinn-Davidson, who was a co-sponsor while on the Assembly, and the Administration's collaboration in bringing about this innovation for Anchorage.

Finally, this crucial step forward for public safety and mental health would not be possible without the the people of Anchorage, who approved an alcohol tax to fund these services in April of 2020.

###

Media contacts:

Meg Zaletel - Midtown Assembly Member - meg.zaletel@anchorageak.gov

Chris Constant - Downtown Assembly Member - christopher.constant@anchorageak.gov

Forrest Dunbar - East Anchorage Assembly Member - forrest.dunbar@anchorageak.gov

Individual Stories

A.M. from Washington State –

I had helped A. over a few phone calls with a situation involving a loved one in AK who needed help. She was having a hard time navigating our system from afar and needed resources, advice, and someone to just listen. A week after her situation was somewhat resolved, A. called to thank us for the help:

“I just don’t know how I would have been able to manage all this from down in WA. Thank You so much for all your time and help and please share this thank you with NAMI WA as well. Both your groups were so helpful to me at a time I felt helpless – I truly didn’t know how I was going to be able to help “X” because I couldn’t travel there to be with them. You guys helped both me and my son through this and I just wanted to call to say: Thank you!”

C.R. speaking on AK public Media about her experience with MHATS:

“After MHATS, I was inspired by so many people being open about their own struggle to open up to my own parents . . . that felt so freeing to me. At the beginning of MHATS when I first told my story, I told a story about my experience going to school in another state – it wasn’t actually about the hardest part of my life because I was still uncomfortable talking about it . . . I was still too scared to talk about things that happened earlier in my life that were harder . . . through MHATS, I have been able to talk about those things with my parents and my friends and I think the same has happened for other members as well as audience members”

NAMI Anchorage Outreach Activities

Of Hope –

NAMI Anchorage partnered with Anchorage-based artist Enzina Marrari to help produce **Of Hope** - a socially distant drive-in performance piece that addressed the impacts of social-isolation, grief, loss, and hope during COVID-19. NAMI Anchorage received a Community Arts Development Grant through the AK State Council on the Arts to help fund this one-time event. Cook Inlet Housing and The Anchorage Concert Association were also partners. The piece was performed live on April 10th to a limited in-person audience and streamed online as well. A second performance (no audience) was recorded a week later and can be viewed here: https://youtu.be/BxcqkEt_bME

One Story, Many Voices –

NAMI Anchorage partnered with Anchorage-based photographer, O'Hara Shipe, and the Anchorage Concert Association for a virtual screening and conversation based on her video miniseries of intimate concerts and interviews with Anchorage-based musicians. The project explored themes of mental health, creativity, inspiration, and finding community in these unparalleled times. One Story, Many Voices highlighted Anchorage's musical community while also providing a message of hope for those who are struggling with feelings of isolation, depression, and hopelessness, and hopes to normalize the discussion of mental health.

Here is a link to the project page: <https://www.shipeshots.com/one-story-many-voices>

A video of the live-streamed premiere and Q&A afterwards can be viewed here:

<https://www.facebook.com/anchorageconcerts/videos/305114984605564>

Youth & Young Adult Mental Health in Alaska—

This virtual discussion that took place on April 13th on the NAMI Anchorage Facebook page was a collaboration with UAA Professor Mbise's SWK class. For this class, students spend a semester working on a project (Outreach, fundraising, education, etc) for a local non-profit. NAMI Anchorage gave a presentation to the class about our work with a focus on our advocacy program and several students chose our organization to work with. We decided to host a virtual panel discussion on youth & young adult mental health in Alaska with a focus on HB60/SB80. We met several times over the course of a few weeks to help prepare. The panel included Representative Matt Claman, Claire Rhyneer a West High student and MHATS facilitator, Whitney Williams from UAA Student Support Services, and Jason Lessard from NAMI Anchorage.

A recording of the discussion can be viewed here:

<https://www.facebook.com/namianchorage/videos/1877045339138702>

Connecting Through Art: Annual Mental Health Awareness Month Art Show

A collaboration with AK Behavioral Health and Out North for a MH Awareness Month Art show. We hosted the show at both Kaladi Brothers on Jewel Lake and had a virtual gallery for COVID-safe viewing.

More info here: <https://alaskabehavioralhealth.org/virtual-art-show/?fbclid=IwAR2cgfJCL4keAqUN24C3w11N9SsN9Yzxv2h7t-5rSV4OeLRKVjnSdemXhzw>

Appearance on The Appeal Live –

On March 25, Jason Lessard and Anchorage Assembly Member Meg Zaletel were guests on The Appeal Live to talk about Anchorage’s new Mobile Crisis Team. The Appeal has a broad national reach and our conversation was viewed on their Facebook page over 80K times. You can view the program here:

<https://www.facebook.com/AppealNews/videos/3663656210410333>

‘Mysteries of Mental Illness’ Sneak Preview –

This was a very exciting partnership we had with PBS wherein we were given a set of exclusive preview clips for their 4-part series Mysteries of Mental Illness with which to host a virtual sneak peek showing and discussion/event afterwards. We decided to host a panel discussion afterwards and our panelists were: Steve Williams from AMHTA, Summer LeFebvre from UAA’s Center for Human Development, Dr. Alexander von Haften, and Zoe Kaplan from MHATS.

A recording of the event can be viewed here:

<https://www.facebook.com/namianchorage/videos/786594708707533>

Project ECHO COVID-19 Storytelling Series --

NAMI Anchorage and MHATS collaborated with ALASKA DHSS and UAA’s Center for Human Development to pilot a Storytelling ECHO program. We held two 3-session workshops over the course of several weeks in May and June. Although we received positive feedback from participants, they were few. After the second session it was decided that we would not continue the project at this time.

MHATS Season Five Storytelling Show –

MHATS completed its 5 storytelling workshop and held a drive-in Event in the Koot’s parking lot on June 4th. The Alaska Bookmobile again partnered with us to provide sound and radio transmission. The event was hosted by two MHATS alumni and featured six storytellers. We provided both speakers and radio transmission so folks could either sit outside or listen from their cars. About 80 people sat outside and several listened from cars. A recording of the event can be viewed on the MHATS Facebook page here:

<https://fb.watch/9B5GRNwS3e/>

Mental Health Mosaics –

A collaborative project with Out North, Mental Health Mosaics is an art and podcast project that seeks to foster and normalize open conversations around mental health by exploring the issue through a variety of social and cultural lenses. It centers the stories of people with lived experience.

To learn more as well as hear episodes, visit the webpage here: mentalhealthmosaics.org.

Project Title: Polaris House Clubhouse BPI Grant (FY21)	
Grantee: Polaris House	
Fund: Authority Grant	
Geographic Area Served: Juneau City and Borough	Project Category: Direct Service
Years Funded: FY08 to Present	
FY21 Grant Amount: \$182,959.00	
<p>High Level Project Summary:</p> <p>FY21 High Level Project Summary: 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).</p> <p>In FY21, 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.</p> <p>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 through FY25.</p> <p>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.</p>	

Project Title: Polaris House Clubhouse BPI Grant (FY21)

Staff Project Analysis:

FY21 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 FY21, Polaris House reported serving 66 beneficiaries as well as providing training for 5 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 through FY25.

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: Our mission is to provide Trust Beneficiaries rehabilitation services and supports. Those we serve can experience challenges in finding and maintaining employment. Our 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 can lead to paid work or volunteer positions. We see members struggle to balance earned income with government support checks. In addition to the employment services we normally provide, we also support members to participate in education opportunities that will increase their earning potential.

We provide three distinct employment programs. During FY18, FY19 and FY20 our employment processes were better defined to allow us to provide immediate access to jobs for beneficiaries stating employment goals. We have connections with six employers who are aware of our programs and support hiring beneficiaries.

Polaris House strives to assure no member is homeless. We provide a complete array of supports to beneficiaries to secure, maintain, or improve housing circumstances. We are in daily contact with members, and evaluate their housing needs. We are focused on a small number of members, who have through their histories been precluded from natural housing supports, assisted, living or other housing. A focus of daily conversations among staff is to continue to find housing for this group. Paid employment can often lead to sustainable housing situations.

Polaris House will continue to support beneficiaries for integration into local education opportunities such as; GED classes, obtaining Food Worker Cards, participation in Food Safety Manager Training, and the Computer Learning Center and the University of Alaska Southeast.

Polaris House will advocate for beneficiaries in securing and maintaining relative benefits such as; Medicaid, Social Security, Food Stamps, housing vouchers, Trust mini-grants, APA, PFD's, etc. We will continue to use the mini-grants allowed to Polaris House through the Trust Authority. We will ensure mini-grants are maximized for improvement of quality of life and supports for "turning the corner" in recovery.

We will continue to use a streamlined membership process. Our process can be completed in as little as two days. Our community partners are adept at completing our simple verification form, and the new member orientation can be completed in as little as four hours.

We continue 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; and radio broadcasts on KTOO and KINY.

Grantee Response - FY21 Grant Report Executive Summary:

The COVID-19 pandemic impacted beneficiaries in ways that no one was prepared for. The landscape of providing behavioral health services and supports has been altered significantly. During the first 6 months of the previous reporting period (July 1, 2020, to December 30, 2020), several significant alterations were made to the methodology, timing, quantity, and types of supports we were able to bring to members/beneficiaries. We implemented services designed to best serve members/beneficiaries remotely. The aim was to maintain healthy relationships, offer opportunities for addressing stress and issues related to isolation, food security, and access to appropriate services within the Juneau community. We organized several outdoor events to further advance efforts to alleviate isolation. Overall, we completed more than 4000 reach out telephone calls, and 500 Zoom meetings to provide members/beneficiaries contact with peers and access to behavioral health, and primary care as needed, or requested. We home-delivered more than 1000 meals to address the nutritional health of members/beneficiaries and provide food security. In this reporting period, we use a combination of remote and on-site services and opportunities.

As of February 4, 2021, the Polaris House clubhouse space is open Monday to Friday 8:00 AM to 4:00 PM. We ensure there is an affordable lunch each day. We plan structured social activities every afternoon. We continue to support member/beneficiary needs in all areas of clubhouse work. We plan picnics, camping trips and have had several important social events that were well attended. We continue Zoom meetings, reach out phone calls, an on-site dual recovery support group, a monthly newsletter publication, and separate individual mailings to support member inclusion and participation in activities for health and wellbeing.

No Polaris House members/beneficiaries have contracted the virus. By the close of this reporting period all active Polaris House members/beneficiaries, and staff has been successfully vaccinated. One Polaris House member/beneficiary used the Emergency

Room services in this reporting period. No Polaris House member/beneficiary was admitted to the locally based psychiatric inpatient unit. One member/beneficiary participated in an inpatient program out of state. In this reporting period, there were a total of 12 law enforcement encounters involving six members/beneficiaries. There were no incarcerations because of these incidents. Beneficiaries/members self-report consistent attendance at provider appointments, a greater likelihood of participating in care, and a higher degree of willingness to accept medications and therapies.

Beneficiaries/members consistently self-report local behavioral health providers discourage them from seeking paid work. Beneficiaries/members self-report they are discouraged from participating in recovery-oriented activities that are not provided by traditional mental health care organizations. A few beneficiaries/members have self-reported certain providers have actively discouraged them from participation in the Polaris House community. This challenge has caused us to continue to promote inclusion, participation, and activities, and supports that lead to self-support for beneficiaries/members. We are reaching out to families to promote education of the Polaris House mission. We continue to present and support the science and research that demonstrates paid work and community involvement are the single greatest predictors of maintaining health and wellbeing in all aspects of life. We continue a recruiting campaign to enlist new members. We maintained the number of new member applications this reporting period. During the reporting period, we received 12 new member/beneficiary applications. Beneficiaries/members developed a description to use in the recruiting campaign. This description will assist us in locating prospective members.

At the close of this reporting period no Polaris House beneficiary/member was homeless. During the reporting period, five members experienced homelessness, four of which were rehoused within a short period. One had been homeless for an extended period.

In the last five months of this reporting period, it has become obvious major changes need to continue. For us to provide supports that result in employment, education, and success to provide community supports and services to members/beneficiaries we must shift our emphasis. Our main objective has become engagement with members/beneficiaries. The pandemic caused long-lasting, and ongoing impacts from forced isolation, restricted access to community supports, and significant alterations in member/beneficiary activities and lifestyle. Most notably is the exacerbation of behavioral health symptoms, and erosion of motivation to participate in the community.

We have maintained the number of Transitional Employment placements. We added one new board member during this reporting period. We are pleased to state that we are maintaining Clubhouse International accreditation conditions, and we are maintaining our current accredited status through March 2022. We are applying for our reaccreditation survey with Clubhouse International.

Throughout this grant reporting period, we had one staff member resign, and one who was discharged due to an inability to complete important job functions. One person was hired in the reporting period. Consistent staffing provides stability and consistency for members/beneficiaries. We are pleased with the new hire. The new staff member works in the Culinary Unit.

We continue to celebrate holidays on the day of the holiday. This continues to be an

effective support for members who would otherwise be isolated during these times. This provides an opportunity for members to combat isolation and depression in a meaningful manner and helps contribute to the quality of life. Holiday activities have begun to seem more normal to members.

Member engagement in the work of the clubhouse is consistent. Daily attendance is lower than pre-pandemic levels but is slowly improving. However, the beneficiaries/members who attend seem eager to participate. For example, in the last month of the reporting period 35 beneficiaries/members signed in, (unduplicated) of which 34 actively engaged in the Work Ordered Day.

We were able to maintain three Transitional Employment Placements throughout the reporting period. This exceeds accreditations standards. We had a total of 5 members/beneficiaries who participated in the placements. We maintained 19 members in Supported or Independent employment in this reporting period. This is a decrease of 7 members/beneficiaries during the reporting period. We are currently partnering with the MASST Program. In this reporting period, we had one member/beneficiary who is being paid to participate in job placements through MASST.

We are working to secure funds to hire staff to work in the Education Unit and Employment Unit. We believe these units could be very productive. These two units would work in close partnership. We believe education leads to better-paying, higher-quality employment.

Over the past seven years, we have diligently sought to diversify our funding sources. We believe that our efforts to achieve sustainable funding sources have 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 FY21: 66

Number of beneficiaries experiencing substance misuse reported served by this project in FY21: 32

Number of beneficiaries experiencing a developmental disability reported served by this project in FY21: 20

Number of beneficiaries experiencing Alzheimer's Disease or a related dementia reported served by this project in FY21: 1

Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY21: 6

Number of individual trained as reported for this project in FY21: 5

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:

In this reporting period, 66 beneficiary/members who are living with a serious mental illness were served. (This is not the number of active members. This is the unduplicated count of any clubhouse member served in this reporting period.) We continued to add new members each month during this reporting period. During the reporting period, we received 12 new member/beneficiary applications. Member participation in the daily work of the clubhouse is hampered by long-term negative effects of forced isolation and reduced social contact with peers.

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, 3 staff are clubhouse trained. In the subsequent reporting period, the fourth staff will attend training with one member.

We continue to celebrate all holidays on the day they are 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 (we home-delivered approximately 40 meals); Super Bowl party at the clubhouse (10 attended); Easter (15 attended); Valentine's Day (12 attended meals); Memorial Day picnic (25 attended). We held several outdoor picnics as weather allowed. We averaged twelve member/beneficiaries at the events. We planned and participated in a weekend camping activity. This was the most well-attended camping trip we've had with 15 members/beneficiaries attending. (Pictures attached)

We have continued the temporary suspension of evening and weekend social hours. This is due to the overall reduction in the active FTE's. We continue daily Zoom meetings and reach out phone calls. We maintained a home meal delivery service for the first 30 days of the period. Hot meals are served at the clubhouse Monday to Friday. Members can 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:

We continue to actively pursue member engagement in the clubhouse Work Ordered Day. We conduct two Work Ordered Day meetings each day. We believe, even though we are improving, this is an area of challenges. A considerable number of beneficiaries/members self-report other behavioral health providers in Juneau encouraged them not to participate in social events and/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 re-vitalize the Work Ordered Day to better utilize beneficiary/member strengths, abilities, and talents.

We conducted 120 Zoom meetings in 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 beneficiaries/members to participate in planning, decision-making, and implementing decisions. Regular clubhouse community-building activities impact the beneficiary/member's view of the world and promote participation in the community.

In the first month of the reporting period, the clubhouse was not able to maintain in-house social activities. During the subsequent months, we did find ways to organize outdoor picnics. A component of the activity was to support virus mitigation awareness and practice good physical hygiene.

We strive to promote the completion of training and education for members to become eligible for higher-paying jobs. Member interest in paid employment and employment-related activity has been waning. We are reorganizing to revitalize our efforts to motivate beneficiary/member involvement in this important recovery support. We maintained three clubhouse standards-based Transitional Employment placements. We also maintain a relationship with MASST to support one member in a non-traditional Transitional Employment placement. We averaged 22% of active members in paid work during the reporting period. This considerably lower than the previous reporting period.

We continue efforts to be a resource to our community partners. We continue to provide opportunities for tours and orientation to case managers of the local mental health center. The mental health center has not demonstrated a commitment to use the clubhouse as a resource for beneficiary improvement for quality of life and for "turning the curve" involvement in community life. Involvement by our partners with Polaris House impacts beneficiaries/members twofold. It provides an additional resource to the community mental health center and makes the clubhouse easier for their patients to access services. Involvement in Polaris House produces the following outcomes for beneficiaries/members: greater attendance and participation in groups; keeping appointments with psychiatrist and behavioral health providers; participating in primary care; a greater likely hood of participation in activities that produce positive mental health recovery, such as, paid work; fewer visits to emergency rooms; fewer instances of admissions to inpatient units; greater adherence to treatment plans, such as, willingness to use medications; and fewer law enforcement encounters. All of these are a benefit to Juneau in providing a means for improved overall health of the whole community, and a reduction in funds spent on safety net and crisis services.

We address 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. The conditions of the pandemic restrictions have made this extremely difficult. We did not have the opportunity for person-to-person contact that we found useful.

We have returned to a monthly Board of Directors meeting in the clubhouse. Member attendance has been stable at 1 to 3 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 Housing Unit Leader serves on the Juneau Housing First Case Review group and the Executive Director is a member of the Juneau Economic Development Council for Polaris House.

In this reporting period, we were very restricted in our ability to obtain completed member surveys (attached). 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 they find our current reach out efforts satisfactory; however, everyone was looking forward to attending services when can reopen the building. The reopening took place on February 4, 2021.

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:

Our average daily attendance in the reporting period was 12 beneficiaries/members. This lower attendance is a direct result of the negative impacts of the pandemic restrictions. We anticipate member reporting to be consist with reports by members for the past eight years. 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 66 active members in this reporting period, all were housed at the end of the period.

18 beneficiaries/members maintained employment, 3 became employed in the reporting period.

Three Transitional Employment Placements were maintained.

Of the 66 active members, 85% (estimate from member self-report) report decreased substance abuse. However, through unintentional contact with some beneficiaries/members, we have seen a significant increase in substance use by non-active members.

Of the 66 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. No incident resulted in incarceration.

Of the 66 active members, less than one-third report actively changing their diets and increasing exercise (self-reported by members).

We do not actively track the number of days with poor physical or mental health. We do not 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.						
Because of involvement in the Clubhouse:	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Not Applicable
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.						
Education/Work						
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.						
Community Support						
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 This May Concern,

Hello my name is ***** and I want to thank you for this opportunity to tell you what Polaris house has done for me since my membership beginning May 20, 2016. In the past four and a half years Polaris House has helped me in many ways. I'm sure there are more examples but for now I will name a few. I received help applying for the Mental Health Trust Fund Grant and upon receiving the grant Polaris House Staff assisted me in the shopping process and helped me get my items home. From this program I have received among other things a bed, a couch, a recliner, \$500 worth of work clothes, and household items like a vacuum cleaner, toaster oven, microwave etc... In 2017 I moved from one apartment in Douglas to another in the valley and Polaris House helped me to move my household. In September 2017 I went with Polaris House to the Clubhouse International Conference in Detroit, MI. It was fun, exciting and an eye opener into all that our clubhouse provides. During the pandemic Polaris House has shopped for, put together, and delivered sack lunches. These lunches were at times the one meal I had eaten that day. For Thanksgiving, Christmas and New years day, entire meals were delivered.

I especially enjoy the opportunities Polaris House offers its members to come together. Cook outs, camping trips and for \$2.00 a prepared lunch that would easily cost a great deal more if offered in a restaurant. I love the opportunity to sit and eat with Bruce, Staff, and other members. It's like sitting down with family and spending time together. We also come together for holidays for a great big meal. Well that was before the Pandemic. During the Pandemic Polaris House started Zoom Meetings so that members would not feel alone and isolated.

Polaris House has also been a source of support and encouragement. The director Bruce cares a great deal about our members - how we feel and what we think. Staff both past and

present have been very open, friendly and encouraging. They, along with other members have been a support during times when my mental illness has felt overwhelming. Working with Hazel upon our return from the conference in Detroit, MI I was able to help bring about and currently participate in the Duel Diagnosis Monday Night Madness meeting. Hazel held extra meetings on Thanksgiving, Christmas, and New year's day. This is a program for persons who have both substance abuse issues and mental or emotional illness. With the support of this group I have stayed clean and sober through times that have tested my determination to maintain sobriety from alcohol (sober since July 22, 2013) and substance use (clean from crack since December 9, 2009). Maintaining my abstinence from these substances would not have been possible without the support of this program.

I have a history of cutting. Self-destructive behavior started between seven or eight years old. The support I have through the Polaris House has also helped me to maintain my no cutting policy. My last cut was in October of 2004. There have been many times talking to Polaris House staff or members kept me from this self-destructive and possibly fatal behavior. I've contended with suicidal ideation, most severely, in the past two years. With the support of the Polaris House program I am able to overcome that obstacle one day at a time sometimes. Only a short time ago, the Polaris House program, being a phone call away helped me during my last, and to date, most severe manic phase. During the most intense time of mania I was suffering from lack of sleep. My PTSD was also a problem at that time. I was bombarded with flashbacks and panic attacks... Tamee was the one who answered the call then. She stayed on the phone with me for quite a while not knowing I had decided to reach for the phone instead of hurting myself. Tamee was fairly new as a staff member of the Polaris House then but she handled the call like a pro. It also helps that Laurie always tells me she is glad to see me. And whenever

Bruce isn't around and someone has a question about what's going on at our Polaris House Steve is the one we ask because he usually knows...

It's not just what was done for me, Polaris House has also offered me a chance to be a helping hand or listening ear. Members work alongside staff to help make things happen. Members are given an opportunity to help with projects that come along and also with long standing tasks like reach out calls. During this last holiday season I did reach out calls to other members and was able to alert Staff about a member who was dealing with suicidal ideation. This member and I started daily conversations offering each other support during the lonely holiday season. I have felt welcomed, supported, and encouraged with the whole Polaris House program. The programs and people at Polaris House have given me the chance to believe in myself.

Sincerely,

My name is *****.

I'm a member of Polaris House. I found the clubhouse by chance, and was told it was a club for people with a mental illness diagnosis, so I joined. I had been diagnosed in the past with Bi-polar disorder.

The second day I was in Juneau I met the owner of the building and he offered me a job. I started to come in more often. I still didn't know what a clubhouse or what Bi-polar was. I didn't know what structure was. I became more involved with Polaris House.

I lost my leg due to a car accident and the clubhouse was supportive. After my amputation I came back to Juneau where I was going to stay at the shelter, and the Director of Polaris House put me in a room in a house next door. That's where my housing came in.

Things got better when I followed directions. Before I got my leg I went to the clubhouse every day to man the reception desk.

The clubhouse became an important place in my life. The owner of the building gave me the keys to the building to look after it while he was out of town.

When the clubhouse closed because of the pandemic we served 27 lunches each day to members. This was to help them stay connected to the clubhouse and make sure they had enough to eat.

In the mean time I would go down every day to clean the kitchen, shovel snow, or whatever I could do. It got me out of my apartment and gave me something meaningful to do. Since then our clubhouse has reopened and I go there every day.

And, so far I've been camping, and fishing. I've been to two clubhouse training conferences. I like to be involved.

The clubhouse has been and still is an important part of my life. Some people say I've been through a lot of adversity. But I haven't. Some days are just better than others.

Right now I'm 66 and I'm just going to enjoy being 66. There's more to the story, but I'm not here to write a book.

Sincerely,

To Whom It May Concern,

I moved to Juneau 3 years ago and knew no one. I suffered with chronic depression. Someone at a shelter recommended Polaris House. I got my Dr. to fill out the membership request form. I was approved and went to orientation. I liked the place and was open to it.

I am so glad this place was sent my way. There are people just like me. Polaris House welcomed me with open arms and have been there when I needed them. I would not want it any other way.

I have endless opportunities as a member here. I have gotten to go on trips. Camping, and been able to take some peer support classes to.

I've enjoyed being a member here and will continue to be.

FY21 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 (BPI, IPS & COVID)	\$251,224	42.99%
DBH Clubhouse grant	\$210,153	35.96%
Juneau Community Foundation grant	\$25,000	4.28%
Mini-grants	\$8,501	1.45%
Fundraising/Donations	\$89,501	15.32%
Total	\$584,379	100%

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 \$213,068

Number of months of unrestricted cash available 5.63 months

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	\$130,847
Board Hours	\$30 - \$40 depending on Board Position	\$6,947
Grant Accountant & CPA Services		\$2,001
Total	-	\$139,795

AGENCY NAME: Polaris House

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, 2020 to June 30, 2021 (FY20). Include all paid employees regardless of FTE status.

$$\text{ATR} = \frac{\text{Total \# of paid employees who left employment during FY21}}{\text{Total \# of paid employees that are employed during FY21}} \times 100$$

ATR = 33%

2. Annual turnover rate (ATR) for **regular and active volunteers** reported as a percentage from July 1, 2020 to June 30, 2021.

$$\text{ATR} = \frac{\text{Total \# of volunteers who stopped volunteering during FY21}}{\text{Total \# of volunteers that volunteer during FY21}} \times 100$$

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 FY21 to estimate health insurance coverage for all FTEs (use FTE total used to calculate FY22 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	
Other	
Total	

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.



International Standards for Clubhouse Programs TM

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.
- Members and staff manage the program together.
 - Members who live there do so by choice.
 - Members choose the location of their housing and their roommates.
 - Policies and procedures are developed in a manner consistent with the rest of the Clubhouse culture.
 - The level of support increases or decreases in response to the changing needs of the member.
 - 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

747 Third Avenue – 2nd Floor
New York, New York 10017
USA
Telephone: 212 582 0343
Web: www.clubhouse-intl.org

October 1989 ©
Revised as of December 2018

Press Release Juneau Empire 6-14-2021

Polaris House, located at 434 W Willoughby Av in beautiful downtown Juneau, Alaska, is grateful to announce grant support from the Alaska Trust Authority. For Fiscal Year 2022 the Trust is providing \$213,000.00 for ensuring our operations. Over the years the Trust has been a strong support of the work we do to ensure persons living with a mental illness diagnosis have the opportunity to live in a manner that exemplifies self support and a truly independent lifestyle. These opportunities provide Juneau residents with cost effective services that have a positive impact on our community. Thanks to the Trust Authority for supporting a healthy and vibrant city.

Press release 5-6-2021

Polaris House is an accredited Clubhouse International Clubhouse and a recipient of the following award:

Clubhouse International Recipient of American Psychiatric Association's 2021 "Special Presidential Commendation Award".

New York, NY, May 2021 -- Clubhouse International was deeply honored to receive the Special Presidential Commendation Award at the American Psychiatric Association (APA) 2021 Annual Meeting.

The prestigious award was presented by Jeffrey Geller, M.D., M.P.H. during the 65th Convocation of Distinguished Fellows.

The award recognizes the evidence-based, cost-effective Clubhouse model of psychosocial rehabilitation as a leading recovery resource for people living with mental illness around the world.

"In recognition of their worldwide efforts to assist people living with mental illness recover and live meaningful, productive lives, I am pleased to present Executive Director and CEO, Joel Corcoran, with this presidential commendation for Clubhouse International," said Dr. Jeffrey Geller.

For more information please call 780-6775 Monday to Friday 8:00 to 4:00 PM.

In December our company truck was destroyed in an accident. The driver is recovering nicely. However, we need a truck to continue to provide quality services and supports to Polaris House members in Juneau. The Reitman Family Charitable Trust provided a generous gift. The funds donated purchased a new 2021 full size pickup truck from Mendenhall Auto Center. The Reitman Family Charitable Trust was founded by Stan Reitman. Stan had a child with an intellectual disability. Stan wanted to ensure opportunities for children and adults with intellectual and mental health needs access to services across Alaska. We are ever so grateful for this support.

Project Title: Community Based Peer Navigation-Anchorage (FY21)	
Grantee: Alaska Youth and Family Network	
Fund: Authority Grant	
Geographic Area Served: Anchorage Municipality	Project Category: Direct Service
Years Funded:	
FY21 Grant Amount: \$208,650.00	
High Level Project Summary: <p>FY21 High Level Project Summary: This project supports Alaska Youth and Family Network (AYFN), a family-run, non-profit organization that provides comprehensive support, education, advocacy, 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 FY21, 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 through FY25.</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 (FY21)

Staff Project Analysis:

FY21 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 continues working to develop Medicaid billing infrastructure to leverage opportunities presented by the 1115 Medicaid Behavioral Health Waiver.

AYFN served 895 individuals in FY21, 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 through FY25.

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: Alaska Youth and Family Network affirms that it is a non-profit corporation incorporated under 26 U.S.C. 501(c)3 and has a governing board consisting of a majority of Trust beneficiaries, or family members of beneficiaries.

During FY21, 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. Our 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. During FY21 AYFN will continue our work building the infrastructure and implementing a strategy 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. We will continue our work in preventing 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, our 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. We will also continue our strong support of 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 they're 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 we serve. We 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.

During FY21 AYFN will continue to build collaborative relationships with our partners across Alaska and the communities we serve. AYFN will provide and support policy and individual advocacy efforts to improve the care of the families we support. The goal of our 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 we will continue our positive work with our stakeholders to improve our organizational infrastructure and increase AYFN's likelihood of long-term sustainability and growth. The involvement and interest of The Trust in AYFN's success has been key to gaining the participation and support of our other funding partners.

In FY21 we will continue 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 our data management, reporting,

and billing capabilities within our CareLogic clinical record, 4) build the capacity to bill Medicaid and, 5) develop a reasonable and sustainable revenue management and growth model.

We would also be remiss if we failed to acknowledge the significant additional funding supports that The Trust has provided to stabilize AYFN during this past fiscal year and say “Thank you.” We cannot express our gratitude and appreciation adequately or strongly enough. The Health Insurance Stipend has significantly contributed to the stabilization of our workforce.

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 and hopes to expand services to other communities if sustainable funding can be identified.

In light of the state’s current fiscal challenges, the transition of this project to additional state general funds or federal funding is not likely in the foreseeable future, though the agency has recently committed to developing Medicaid billing infrastructure as their work aligns well with proposed 1115 Medicaid Behavioral Health Waiver services.

AYFN provides access to quality peer support services for children and families in Southcentral Alaska. As long as this project continues to demonstrate positive outcomes for beneficiaries, it is recommended that Trust funding continue while concurrently working with the program to address sustainability.

Grantee Response - FY21 Grant Report Executive Summary:

Financial Modeling and 1115 Waiver:

AYFN completed a working draft financial model and implementation plan with Agnew: Beck near the end of October 2020. We intend to have a model that AYFN can use to reach informed business and financial planning decisions based on staffing patterns, staff compensation, client counts, existing and potential new programming, and existing and potential new revenue sources. This work's driving focus is developing a plan that will guide us in intentionally moving toward billing services under the 1115 Medicaid waiver. This model will be used to guide our next steps and development decisions for FY21-FY22. As part of our model development, our team spent a considerable amount of time understanding the opportunities, pitfalls, and implications of billing 1115 waiver services on the beneficiaries we serve and on AYFN itself. We quickly realized that many of the assumptions made in our model's development came with a great deal of uncertainty because of our team's inexperience with practically billing Medicaid services and of the newness of the 1115 waiver in general. For example, we learned that understanding that the intention behind the 1115 waiver is to expand opportunities for beneficiaries to receive improved recovery supports and agencies to be reimbursed for providing those supports is not the same as having the certainty that the supports AYFN effectively provides will be reimbursable. We also made assumptions about the number of service episodes AYFN would have to provide and our ability to attract and train qualified staff to deliver

those services consistently. Given the current workforce challenges faced by Alaskan providers, our assumption may prove to be unrealistic.

To improve AYFN's likelihood of success, we've decided to continue our partnership with Agnew: Beck while seeking guidance from Optum Alaska, XPIO Health, and others to improve and inform our assumptions and process. We began a conversation with Optum Alaska in November 2020 that resulted in an initial meeting with their executive director in December 2020. Near the end of January 2021, we met with a team that consisted of more than 20 people from Optum, DBH, MPASS, Agnew: Beck, and AYFN to ask for insight and technical assistance to help AYFN achieve our goal of billing Medicaid without changing the scope or impact of our services. This team is going to meet again near the middle of February 2021 to continue its work. So far, this work has cost about 30,000 dollars in unrestricted funds and hundreds of hours of staff time. We anticipate the costs to rise as we move forward, and we concern about AYFN's ability to meet the financial burden it is facing as we move forward.

Because of the impact that COVID-19 has had on AYFN's general operations and programming, our progress toward becoming Medicaid billable is moving more slowly than anticipated. We are just beginning to get back on track to achieve this goal. In the spring of 2021, AYFN's administrative team and the president of our board of directors received training in fundraising through The Foraker Group with the financial support of the Mat-Su Health Foundation. During our training, staff at Foraker took an interest in the work that AYFN does for the community and expressed an interest in possibly helping us raise funds to take the next steps to prepare for billing Medicaid. In June of 2021, we met with the CEO of Foraker to discuss the possibility of receiving support to build a business plan to acquire bridge funding and address AYFN's lack of administrative capacity. In August of 2021 began this work with Foraker.

We look forward to reporting our progress to The Trust as we move forward.

- Staff

Overall, AYFN has one of the most compassionate and skilled teams of staff that we've ever seen. They have stepped up to serve families and youth during these trying times with commitment and grace. They are tenacious in their drive to see that their beneficiaries receive the excellent care they deserve, despite the challenges they may face in their personal lives. We are blessed that they are a part of AYFN's team. During this reporting period, AYFN hired two parents to fill family navigator positions who have lived experience in the child welfare and criminal justice systems while sustaining their recovery and parenting successfully. These family navigators have completed their initial training and recently have started to work with families independently. Because of the impact of COVID-19 on the available workforce and the uncertainty of our budget, we decided to postpone filling the business manager and team lead positions until we have a better lay of the landscape. Unfortunately, due to performance issues, we will likely have to end one of our team members' employment early in FY22. The challenge of hiring inexperienced staff who will require background variances, close supervision and training, and maintaining an employee on staff while they cannot be productive remains a reality and an expensive proposition for AYFN.

We returned to our Mat-Su office and about 50% in-person services in April of 2021 and returned to our Anchorage offices in June of 2021. Unfortunately, our return to our Anchorage offices was delayed by renovations undertaken by our landlord that rendered the space unusable for families.

- CareLogic E.H.R.

After several years of service having a patchwork of modules and reports developed and implemented to meet our agency and stakeholder groups' varied needs, Carelogic had become unwieldy and ineffective as a management and reporting tool. To improve things, AYFN initiated a project with XPIO, our CareLogic administrator, to improve workflows, enhance ease of use for employees, and prepare for billing the Medicaid State Plan and 1115 Medicaid Waiver Services. We are also moving all of our hr, payroll, and grants management and tracking to CoreLogic. Additionally, AYFN has contracted with XPIO Analytics as a Service to improve our ability to make business and program decisions with near real-time data in graphical form. We have spent approximately \$15,000 on this work and anticipate costing another \$12,000 to \$15,000 to complete. Our monthly cost for the EHR has risen to about \$4,000 per month. We expect to achieve significant cost savings in payroll, HR, program management, and reporting. This work continues from the prior reporting period.

- Transition to Virtual Service Provision

AYFN maintains a halt to all in-person services due to the coronavirus pandemic. We anticipate re-opening for face-to-face services in March 2021, with strict requirements for facility sanitation maintenance, social distancing, and masking. 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. About 50% of our staff have contracted COVID up to this point, 30% remain unvaccinated. COVID hit one of our staff particularly hard. She has lost eleven families members, a sibling, aunts, uncles, and cousins to COVID as of this writing.

Personal protective equipment has been generously provided to us by Rasmusson, The Trust, and the Mat-Su Health Foundation, and cleaning products are readily available. We initially saw a drop in engagement and contact, which has improved as our technology and understanding of this new way of working improved. Referrals to services have been increasing, but the need for parent coaching and social connection is most challenged by the nature of telephonic and virtual service provision. We currently have approximately 30 families waiting for services.

Number of beneficiaries experiencing mental illness reported served by this project in FY21: 816

Number of beneficiaries experiencing substance misuse reported served by this project in FY21: 506

Number of beneficiaries experiencing a developmental disability reported served by this project in FY21: 49

Number of beneficiaries experiencing Alzheimer's Disease or a related dementia reported served by this project in FY21: 0

Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY21: 151

Number of individual trained as reported for this project in FY21: 0

Performance Measure 1: How Much?

- The number (#) of beneficiaries (unduplicated) served, broken down by Trust beneficiary group.
- The number (#) and percentage (%) of new beneficiaries (unduplicated) served during the reporting period, broken down by Trust beneficiary group.
- 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:

a) Mental Illness 816/895

Chronic Alcoholism/Substance Use 506/895

Developmental Disability 49/895

Traumatic Brain Injury 151/895

b) All beneficiaries are unduplicated for this reporting period and beneficiaries are broken down by category in section a).

c) During FY21 AYFN held parent support group twice weekly for 10 months of the year, parenting classes twice weekly for 10 months of the fiscal year. A total of 794 duplicated attendees were present at these events in total.

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:

a) AYFN provided intensive family preservation, reunification, and stabilization to families, youth, and children this quarter. We provided case management, systems navigation, care coordination, crisis support and stabilization, individualized treatment planning, collaboration, recovery-oriented mental health and substance use support, peer support, recovery and social connection-based groups, classes, skill-building, and connection to resources. AYFN served as a warm line for people calling to connect to services; if our agency cannot help them, we connect them to another provider who can. So far, in FY21, we provided these services to a total of 864 people, including 395 information and referral calls. Peer support specialists, called Family and Youth Navigators at AYFN, engage in the described activities regularly. Our navigators utilize motivational interviewing, relapse prevention planning, recovery-based individual and group support, and transportation support to facilitate recovery-based activities. Because our navigators can provide community-based support and crisis support services, families feel supported in ways they do not receive elsewhere. We are often the agency people utilize when they need assistance in overcoming barriers to entering treatment or on a long waiting list. By having peers available to support each family, we hold hope for recovery for those in need of an example. The peer relationship is the intervention. We use individualized service planning and shared documentation so Beneficiaries can choose goals they feel they can complete with support, which significantly 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 one additional navigator in Mat-Su who lived experience with mental health, addiction, and having substantiated maltreatment and neglect cases that they have

been able to overcome. They have closed their cases with OCS (Office of Children Services) and services with AYFN. We are excited to be the first agency to hire Family Navigators who had significant involvement with OCS and DOC to provide peer support and other services to Alaskan families. The challenge of hiring inexperienced staff who will require background variances and close supervision and training, and maintaining an employee on staff while they cannot be productive remains with us. Covid-19 restrictions add to this challenge, as most work is completed online or telephonically, limiting our ability to work closely with new trainees. We are looking forward to returning to our offices in March 2021 if things remain stable.

b) AYFN engaged in many partnerships and community networking events in this reporting period. , Drug Endangered Children Workgroup, Strengthening Families Training, Secondary and Tertiary Prevention Workgroups, Thrive-Mat-Su, Alaska Behavioral Health Association monthly meetings, Strengthening Families Training, Substance Use Recovery Training, ACES and resilience training, FCIP training and workgroups, YDHP workgroup, Mobile Crisis Response and Community Connector Workgroups in Mat-Su, Family Contact Workgroup, and the Hiland Mountain Reentry Project.

c) Out of the 411 clients who completed a satisfaction survey during the reporting period, 94% were satisfied with the services they received.

d) n/a

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:

- a) 83% 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: 54
 Positive housing outcomes: 85
 Trial home visits: 57
 Reunification: 53

Number of children returning home on a trial home visit: 107

Positive parenting outcomes: 247

Positive adjustments in visitation allowances: 83

Positive mental health outcomes: 193

Positive substance use outcomes: 124

Additional positive results: 248

Total positive outcomes this reporting period: 1,152

Other outcomes achieved include 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.

Families in our program were also engaged with over 100 other agencies while engaged in our services.

While our numbers only reflect the challenges our primary beneficiaries face, AYFN provides a great deal of support to children who are considered secondary beneficiaries in this report, children who are navigating their own significant behavioral health challenges, but 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 our clients' quality of life. 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 diagnosis symptoms 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 listed below.

FY21 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 (BPI & COVID-19)	223,865	21.85%
DBH	756,628	73.85%
Mat-Su Health Foundation	33,548	3.28%
Fundraising/Donations/Contracts	10,479	1.02%
Total	1,024,520	100%

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 \$373,941

Number of months of unrestricted cash available 3.74

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	1,132
Board Hours	\$25 - \$40 depending on board position	3,180
Grant Accountant & CPA Services		2,876
Office Supplies/Equipment		22,724
Facility Remodel		50,000
Total	-	\$79,912

AGENCY NAME: Alaska Youth & Family Network**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, 2020 to June 30, 2021 (FY20). Include all paid employees regardless of FTE status.

$$\text{ATR} = \frac{\text{Total \# of paid employees who left employment during FY21}}{\text{Total \# of paid employees that are employed during FY21}} \times 100$$

$$\text{ATR} = 15.38\%$$

2. Annual turnover rate (ATR) for **regular and active volunteers** reported as a percentage from July 1, 2020 to June 30, 2021.

$$\text{ATR} = \frac{\text{Total \# of volunteers who stopped volunteering during FY21}}{\text{Total \# of volunteers that volunteer during FY21}} \times 100$$

$$\text{ATR} = 62.5\%$$

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 FY21 to estimate health insurance coverage for all FTEs (use FTE total used to calculate FY22 BPI budget) in the categories below.

Health Insurance Coverage Type	# FTE
Medicaid	4
Medicare	
Military (Defense Health Agency/TRICARE)	
Affordable Care Act (purchased through HealthCare.gov)	5
Private health insurance (employer-based)	1
Uninsured	
Other	3.6
Total	

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.

DBH Treatment and Recovery FY21 Grant
CBHTR – Peer and Consumer Support Services
Quarterly Report Checklist & Transmittal Coversheet

To: DHSS Finance & Management Services
 Grants & Contracts Section,
 Attention: Katlyn Felkl,
 Grant Administrator

Date: July 30, 2021

Organization: Alaska Youth and Family Network

Grant Number: 602-208-21003

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

☒ A Cumulative Financial Report (CFR) for the quarter.

☐ Program Reports (select one);

☐ FY21 Peer and Consumer Support Services Report (Northern Hope Center, Alaska Mental Health Consumer Web, Choices – Peer Bridger)

☒ FY21 Peer Navigation Report (Alaska Youth and Family Network)

☐ FY21 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.)

☐ FY21 ISM-EBP Report (for agencies providing ISM services)

State of Alaska

Department of Health and Social Services/Division of Behavioral Health

FY21 Quarterly Narrative Report

Peer Navigation Grants

Date: 7/30/2021

Organization: Alaska Youth and Family Network

Grant Number:

Quarter: Q4

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)	94	65	91	140	390
Families who participated in parenting coaching.	74	36	65	102	277
Calculated %	79%	55%	71%	73%	71%
Families who demonstrated improvement in parenting coaching	63	31	60	90	244
Calculated %	85%	86%	92%	88%	88%
Families with OCS or DJJ involvement.	83	59	87	124	353
Calculated %	88%	91%	96%	89%	91%
b) Number of caregivers served. (Unduplicated)	115	114	145	154	528
Parents w/MH Issues (diagnosed, self identified or anecdotal evidence).	94	97	120	139	450
Calculated %	82%	85%	83%	90%	85%
Parents w/SUD Issues (diagnosed, self identified or anecdotal evidence).	79	97	110	111	397
Calculated %	69%	85%	76%	72%	75%
Parents w/DD, FASD/FAE, TBI, ASD (diagnosed, self identified or anecdotal evidence).	41	46	55	37	179
Calculated %	36%	40%	38%	24%	34%
Parents in jail or on probation.	13	24	23	29	89
Calculated %	11%	21%	16%	19%	17%
c) Total number of youth served. (Unduplicated)	40	73	255	77	445
Primary referral youth (Unduplicated)	12	35	45	37	129
Siblings of primary referral youth or other youth (Unduplicated)	28	21	212	40	301
Youth whose primary referral reason is OCS or DJJ related (Unduplicated)	12	35	45	37	129
Unattached or emancipated youth (Unduplicated)	12	35	45	31	123
d) Youth w/SED (by history, diagnosis or self-report).	40	73	176	77	366
Calculated %	100%	100%	69%	100%	82%
e) Youth w/SUD (by history, diagnosis or self-report).	10	35	43	21	109
Calculated %	25%	48%	17%	27%	24%
f) Youth w/DD, FASD/FAE, TBI, ASD (by history, diagnosis or self-report).	4	16	28	17	65

<i>Calculated %</i>	10%	22%	11%	22%	15%
g) Youth who are also parents.	12	35	43	34	124
<i>Calculated %</i>	30%	48%	17%	44%	28%
h) Youth who made improvements on their goals.	12	35	37	25	109
<i>Calculated %</i>	30%	48%	15%	32%	24%
i) Youth who went into long-term residential setting this quarter (RPTC, RTC, or jail)	0	1	0	0	1
<i>Calculated %</i>	0%	1%	0%	0%	0%
j) Youth who were in a residential setting (BH or DJJ) in previous 12 months.	0	3	3	3	9
<i>Calculated %</i>	0%	4%	1%	4%	2%
l) Number of family members served (Unduplicated - individuals not included in "b" or "c" .)	29	41	61	59	190
Total number of individuals served	184	228	461	290	1163
m) Number of individuals attending support/education groups.	70	144	236	284	734
Parents/Caregivers	70	144	236	284	734
Youth (13 - 24)	0	0	0	0	0
Tweens (8 - 12)	0	0	0	0	0
Children (birth - 7)	0	0	0	0	0
n) Number of new referrals received.	120	105	123	81	429
o) Number of individuals served who received information & referral only.	103	118	95	79	395
<i>Calculated %</i>	56%	52%	21%	27%	34%
p) Number of hours of direct service provided this quarter (includes training, meetings, individual/group support, phone calls, etc.)	4089	2880	3700	3648	14317
q) Number of youth that completed an organization satisfaction survey.	12	27	29	18	86
r) Number of youth that completed an organization satisfaction survey that were "satisfied" with services.	12	27	28	18	85
<i>Calculated %</i>	100%	100%	97%	100%	99%
s) Number of parents that completed an organization satisfaction survey.	79	93	86	67	325
t) Number of parents that completed an organization satisfaction survey that were "satisfied" with services.	74	86	80	65	305
<i>Calculated %</i>	94%	92%	93%	97%	94%

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, Big Lake, Eagle River, Kenai, Palmer, Pilot Station, Wasilla, Willow. Palm Bay, Florida and Belgrade

2nd Quarter: Note any changes this quarter.

Anchorage, Big Lake, Chugiak, Eagle River, Girdwood, Homer, Kenai, Palmer, Soldotna, Wasilla, Willow,

3rd Quarter: Note any changes this quarter.

Brevig Mission, Nome, Chevak

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, stabilization, and crisis support services to the families

2nd Quarter: Note any changes this 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:

2nd Quarter: Note any changes this quarter.

All staff attended and complete MRT (Moral Reconation Therapy) training -40 hrs, Family Contact Improvement

3rd Quarter: Note any changes this quarter.

Family Contact Improvement, Financial Literacy for SMI, Strengthening Families, FFTA Quarterly Support, Peer

4th Quarter: Note any changes this quarter.

Alaska Peer Support Echo, Strengthening Families Train the Trainer, Recovery Oriented Practice Webinar Series-George Town University, FREDLA: 2021 Parent Peer Support Institute, Advancing Parent Peer Support:

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.

1st Quarter:

Anchorage Regional Behavioral Health Coalition for appropriate referral and treatment access. Business Associates

2nd Quarter: Note any additions this quarter.

3rd Quarter: Note any additions this quarter.

UAA Human Services

4th Quarter: Note any additions this quarter.

ROCK Mat-Su, FCIP, ARBHC

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.

1st Quarter:

AYFN continues to work with OCS to improve the care we provide to families through our Parenting as Partners

2nd Quarter: Note any additions this quarter.

The OCS Parenting as Partners program has ended, although AYFN continues to work closely with OCS involved 3rd Quarter: Note any additions this quarter.

No Additions

4th Quarter: Note any additions this quarter.

We are actively collaborating with OCS on the Circles of Support Program, receiving referrals for substantiated and unsubstantiated families during initial assessment, and providing crisis supports of families who have drug endangered children.

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:

1115 waiver, we anticipate AYFN will need to access DBH expertise frequently to ensure that we are on the correct path and our implementation is technically correct.

2nd Quarter: Note any new technical assistance needs or previous requests that were addressed this quarter.

AYFN continues to move toward Medicaid billing, and resources in completing all interim approval requirements and staying on track with implementation processes are appreciated and needed. We are working to engage OPTUM-Alaska in a conversation to determine if they can provide us with needed technical assistance in becoming a Medicaid biller.

3rd Quarter: Note any new technical assistance needs or previous requests that were addressed this quarter.

No new technical assistance needs

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:

AYFN is serving more families and parents who are experiencing severe mental illness, sexual abuse, and domestic violence than ever before. The typical parent we are serving has an ACE(s) score of 6. We are helping many parents whose scores are 8,9 or 10. This takes an emotional toll on our staff, who are experiencing more secondary trauma than they have in the past. AYFN is working to identify an appropriate approach for supporting our staff's emotional needs.

2nd Quarter:

We are seeing an increase in the number of families being referred due to sexual abuse and serious physical abuse of the parent and/or children. The first quarter information remains true, and resources to support staff burnout prevention are appreciated. Covid-19 has taken its toll on everyone as the social isolation and need for child care resources affect staff and the families they serve alike.

3rd Quarter:

I believe that we've identified an error in this spreadsheet that we would like to discuss with DBH. Everything reported in the first two quarters of this year is still relevant.

4th Quarter:

AYFN invested a considerable amount of time and money with our medical record vendor to improve our ability to use the data we collect real-time business decisions and successfully bill for our services under the 1115 waiver.

State of Alaska
Department of Health and Social Services / Behavioral Health
FY21 – Peer and Consumer Support Services Quarterly Report

Organization / Program Name: Alaska Youth and Family Network

Date submitted: July 31, 2021

Grant Number: 602-208-21003

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. We work diligently to connect the families we serve to resources within the community to meet their various needs. AYFN fills the gaps as much as possible for those who cannot access and/or whose needs are not fully met by those resources.

AYFN groups provide activities to build social connections, social and emotional competence, parenting skills, knowledge of child development, resilience, coping skills, relapse prevention skills, and social skills. Our groups are typically 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), and MRT (Moral Reconnection Therapy). During Covid19 hunker, down, we had to reduce our groups to online-only, and have focused on parent support groups, Scream Free Parenting Class, and MRT/Reunification.

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. Staff provided and participated in Family Contact Improvement Project Training and MRT. Additional partnership successes include: working with trained parents participating in the Family Contact Improvement Partnership, The Hiland Mountain Correctional Facility Reentry Project for Pregnant and Parenting Prisoners, and hiring and training parents with lived experience in Alaska's child welfare system and the criminal justice system and who are former AYFN clients who successfully completed their treatment with AYFN.

Challenges:

The level of advocacy needed in many systems requires a significant amount of employee time and it continues to increase. Our advocacy on behalf of families with OCS focuses on family contact, helping OCS staff see paths to reunification, adherence to statute, policy, and best practices. We have been unable to work with the initial assessment team in OCS in a direct way, which limits our provision of valuable preventive services. We have identified a need for education and understanding of foster parents' role in bio-families' ability to successfully reunify. During Covid-19 hunker-down, we have the challenge of providing necessary services with minimal in-person contact. Our ability to support children and youth is greatly reduced, we have improved our ability to provide parent coaching and parenting classes remotely and these activities are well attended through distance learning. Staff availability to parents has improved because they are able to work flexible schedules and parents no longer feel the need to schedule an in person appointment before they reach out for assistance to address their needs or the needs of a family member.

We will need 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 a broader cross section of families in our community, rather than our current focus of 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.

Examples of Complex Family Work as Described by Family Navigator Providing Care

Case Examples:

1. A mother of a child with special needs came to AYFN (Alaska Youth and Family Network) with a civil custody order and supervised visits with her son, having concerns about her son's safety when staying with his father. AYFN staff supported her through filing a report, which was substantiated and led to the removal of the son from his father's home. The child had been placed with his father in 2019 due to the mother threatening to harm herself and her son. AYFN staff supported the mother in gaining parenting knowledge and skills, building a personal support system, and addressing the mental health needs that had led to her thoughts of self-harm. The son is currently thriving in his placement home. The mother has now secured employment to provide for herself and child and a hearing for reunification is scheduled for the last week of July 2021.

2. A mother of 6 came to AYFN following an emergency removal of her children; her oldest daughter had reported to her mother that she was being abused by her stepfather. The mother took her daughter to the hospital and confronted her husband, who admitted to inappropriately touching her oldest daughter. The mother took her husband to the police station and pressed charges. It took a full year before he was arrested. The soon-to-be ex-husband has been in jail for over a year. The mother turned to alcohol to numb her emotions around the situation. OCS (Office of Child Services) became involved, and the mother reached out to AYFN for support, advocacy, and assistance navigating the system and OCS case. Within 2 months of engagement, the children returned home on a safety plan. Within 6 months, the case was closed. The mother stays in contact with her family navigator, working on healing from the trauma as are her children. She has been alcohol free for a year, engages in her treatment process, and recently took her children to fish camp to connect with their culture and relatives, and is proud to be recovering and substance-free.

3. A mother contacted AYFN while in Residential treatment and on ankle monitoring. After graduating treatment, she was placed in a Transitional living home in Palmer. The transitional home considered the ankle monitor to be house arrest, which prevented her ability to attend 12-step meetings. Her navigator advocated with the probation officer in Fairbanks and the treatment center, gaining clarification that allowed the mother to attend 12-step meetings and expand her support network. She currently attends Intensive outpatient and has more freedom as she gains momentum with her recovery.

4. A married couple with 3 children in foster care contacted AYFN 7 months ago, for assistance navigating the OCS system. The mother had a no contact order with her children. They attended our Scream Free Parenting classes, accessed family therapy at CITC, and receive frequent support from AYFN including one on one navigation services and attending Family Night support groups. After much advocacy and 2 different OCS case workers, the family was granted a Trial Home Visit, with Circles of Support services provided by AYFN. They are currently still engaged in their Trial Home Visit.

5. A 36 year old new mother contacted AYFN after her newborn was removed from her custody at the hospital, with severe substance withdrawal and medical issues. AYFN staff immediately began crisis support, outreached to the OCS caseworker, and began to supervise visitations between the mother and the foster parents in the AYFN Valley Office, working together to allow the mother to safely build a bond with her child and to develop her parenting knowledge and skills. AYFN staff supported the mother with her recovery, including provision of peer support and coordinating assessment and enrollment in residential treatment. OCS has agreed to place the baby with mom and after completion of the program and with Circles of Support services from AYFN, the baby will go home. AYFN has also supported the foster parents in crisis care for the infant, building relationship with the bio-mother, and working to maintain a relationship between all that will last beyond reunification.

6. A couple with significant history of substance use and earlier OCS custody had their children removed. They were advocating for themselves and their children, following their case plans and making life changes when they reached out to AYFN for added support and guidance. Their navigator worked with the family to ensure that their rights were respected, including providing advocacy and supporting them in filing grievances throughout their OCS case. Originally OCS was going to have one year of oversight of the family while on the trial home visit, but this has been

found unnecessary. After 6 months of THV, the 4 children and their parents are reunited and doing well, regularly checking in with their navigator for support as needed. They found a home that they are renting to own. The Father is a stay-at-home parent to their 5 children (they had a child after the OCS case was closed, with no OCS intervention or investigation). The Mother has always been the working parent, she for the first time had a job that supplies leave pay and insurance. The family is still working to advocate for other families involved with OCS by continuing to seek accountability of OCS for the injustices that took place throughout their case. The Father hopes to work in peer navigation in the future when his children are a little older.

- 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, serve as a bridge to treatment by utilizing motivational interviewing, relapse prevention planning, recovery based individual and group support, and assisting families in accessing transportation to attend 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. We support families in all walks of life, whether 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 their goals, which greatly increases positive outcomes and recovery gains. We work collaboratively with treatment settings, 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, not just the symptoms of a diagnosis in only a prescriptive way. We are working more intentionally with community partners. Our most acute challenge is workforce. Recruiting and training qualified peer staff requires focus and intentionality. We have staff with previous histories that they have overcome, including OCS cases, substance use recovery, mental health recovery, brain injury survival, and completing navigation services with AYFN. Training them takes time, but is worthwhile to ensure they 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 369 received direct services of which 79 were information and referral only

- Number of individuals served from Start of Grant to End of This Quarter 1,590 (1,163 individual family peer supports and navigation 427 information and referral only)
- Number and types of referrals to:
 - a) Other treatment (this Quarter) _____
 - b) Other Treatment (from Start of Grant to End of this Quarter) _____
 - c) Recovery supports (this Quarter) _____
 - d) Recovery Supports (from Start of this Grant to End of Quarter) _____
 - e) Housing (this Quarter) _____
 - f) Housing (from Start of this Grant to End of Quarter) _____
 - g) Employment (this Quarter) _____
 - h) Employment (from Start of this Grant to End of Quarter) _____
 - i) Other (this Quarter) _____ 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 -64-- 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, Bartlett Regional Hospital, Providence, Hospital, 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, 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, Family Centered Services of Alaska, Heart Reach, Family Promises, Connect Mat-Su, AHFC, CIHA, Neighbor Works, HeartReach, DVR, MatSu Health Services, Children's Place, AK Cares, AA, NA, and Sunshine Treatment Center, and various churches. _____
- Number of clients, or peers, receiving services who access other treatment and/or recovery support services (this Quarter) 39 families are actively utilizing SUD treatment in agencies other than AYFN and 47 are engaged in mental health counseling. The biggest barrier to treatment for the families serve is the lack immediate access to care. And the a shortage of skilled clinicians.
- 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) 108 families are actively utilized substance use treatment programs or groups and 81 families engaged in mental health counseling.

- Program Cost per client (From Start of the Grant to End of This Quarter) \$412 dollars DBH funds only, \$668 all funds
 - Number and types of recovery outcomes achieved
 - a) Employment (This Quarter) 17
 - b) Employment (From Start of the Grant to End of This Quarter) 54
 - c) Housing (This Quarter) 27
 - d) Housing (From Start of the Grant to End of This Quarter) 85
 - e) Education (This Quarter) Combined with employment
 - f) Education (From Start of the Grant to End of This Quarter) _____
 - g) Other (This Quarter) 248 Describe: 15 family reunifications with 33 children returning home, 108 positive parenting outcomes, 35 positive adjustments in visitation allowances, 95 improved mental health outcomes, 64 improved outcomes for substance use, 17 positive employment outcomes, and 57 other outcomes (OCS case closure, no recidivism, resource connection, etc.)
 - h) Other (From Start of the Grant to End of This Quarter) 1,152
 - 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.
 - c) Use of center resources e.g. computer access none Describe: Access to our centers computer and other agency-based resources were temporarily discontinued due to the COVID-19 pandemic. Our will be available to the people we serve again during the first half of the Q1, 2022.
 - d) Center sponsored social/recreational integration activities 68 Describe These activities were support groups hosted and facilitated by AYFN this quarter. The focus of these groups is recovery, stronger parenting, and reunification.
 - 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 1558
 - Program Cost per client this Quarter \$336 DBH only, \$596 all funding sources
 - Program Cost per client (From Start of the Grant to End of This Quarter) \$412 dollars DBH funds only, \$668 all funds
 - Have you had any audits or site visits that occurred this quarter? Single audit completed If so were there any substantial findings? none

FY2021 COVID-19 Quarterly Reporting

The Division of Behavioral Health is requiring agencies to report quarterly on the impacts of COVID to your DBH grant funded program. This information is used for the following:

- To establish documentation on any changes to the grant funded program because of COVID.
- To record approval from the grant program manager for changes to your grant funded program because of COVID.
- To inform the Division of challenges and needs related to COVID so that Division staff can identify resources to support the provider community.

Date: April 29, 2021

Agency: Alaska Youth and Family Network

Grant Number: 602-208-21003

Quarter (check one):

☐ July 1- Sept 30 ☐ Oct 1-Dec 31 ☒ Jan 1-March 31 ☐ April 1-June 30

For the time of the quarter reported on, please answer the following and indicate non applicable if necessary.

1. Please describe the impacts the COVID-19 has had on your DBH grant funded program.
During the last quarter covid has impacted our services by continuuing to limit most them to telehealth/distance delivery. We are beginning to slowly increase in-agency and in-home family services and parent coaching as staff as staff get vaccinated and the parents and other stakeholders we work with become more comfortable with the idea.

We have staff who are in higher than normal risk categories for various age or health related reasons who experienced strong reactions to the vaccine that required greater than normal time away from work to recover.

AYFN is going to require that all of our staff be completely vaccinated no later than June 15. Our board of directors and administration concluded in reaching this decision that it is best for the health of our communities and the people we serve and that as a behavioral health provider it is incumbent upon to promote and protect that heatlh. We are experiencing pushback from several staff. If termination becomes necessary service delivery could be negatively impacted until replacement staff can be reruited, hired, and trained. We have not terminated the three employees who still vacinated because they are some of our best employees, and because of the uncertain legal ground surrounding terminations due to covid. We are working to encourage these staff to voluntarily be inocculated

2. Please describe any substantial program changes pre-approved by DBH because of COVID.

Substantial changes to our program because have COVID have been the shifting of most of our services to telehealth and most of the training our staff receives to distance delivery. Shifting services has both enhanced our ability to engage more families and diminished our capacity to address some of their most significant needs. Many of the families we serve benefit most from in-person services because they are experiencing behavioral health conditions or are facing other situations in their lives that require learning skills that don't translate well to telehealth.

3. If applicable, please describe any use of funds, including total dollar amount spent for activities not approved in the original budget submission.

n/a

4. What is the current capacity for your program (examples include # of beds in residential, housing program, spaces available in outpatient, employment, or training program)
70 to 140 people depending on the acuity of their needs. We currently have a waitlist for services.

5. Please tell us about the innovative solutions your agency has achieved in order to overcome challenges and if there are any challenges that your agency continues to experience.
We have learned to deliver more services effectively through telehealth. We are providing more supports to families that are experiencing isolation or losses due to COVID. We are providing wellness check-ins, going to persons home and checking on them using the opportunity to do an in-person assessment of their mental health and living situation. We are teaching families about technology and helping them acquire the technology they need to stay connected to the things that are important to them. We deliver materials for classes and support groups to the homes of our families to ease their burden and stress around coming into the agency.

Please submit a line item budget revision as necessary to reflect the changes your program may have experienced because of COVID (i.e. reduction in bed availability, staffing, travel, etc.).

Project Title: Alaska Mental Health Consumer Web BPI Grant	
Grantee: Alaska Mental Health Consumer Web	
Fund: Authority Grant	
Geographic Area Served: Anchorage Municipality	Project Category: Direct Service
Years Funded: FY06 to Present	
FY21 Grant Amount: \$333,600.00	
<p>High Level Project Summary:</p> <p>FY21 High Level Summary: 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 FY21, 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 can be inadequate to sustain this model of service.</p> <p>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 through FY25.</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:

FY21 Staff 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 FY21, the Web reported serving approximately 1,416 unduplicated beneficiaries as well as providing training for 73 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 can be 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 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 through FY25.

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, 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 a relationship and story. The Web recognizes sharing stories 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. Currently, Web services include one-on-one Peer Mentoring, referral to and coordination of health services, assistance with benefits applications, housing assistance, AA and NA recovery groups, life skills training through WRAP, Mind, Body & Spirit and Women's Groups, computer usage, clothing vouchers, outreach, assistance with employment search & resume building, resource referral, cooking class, and community engagement & social inclusion through recreational activities (fishing trips, state fair, performing arts events, etc.). **** was that

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. Both CHOICES and the Web continue to focus on collaboration and have agreed to quarterly joint staff meetings and program liaisons to attend weekly staff meetings to set the foundation for connection and trust to build openly and organically. In addition to Peer Bridger's, the Web continues to refer to the CHOICES Assertive Community Treatment Team (ACT) for wraparound services outside of the scope of services Web peer mentors can provide. The ACT Team provides Web participants with that continued peer connection while ensuring consumer choice and empowerment. This relationship with CHOICES has been advantageous for participants of the Web, with referrals to the ACT Team & Peer Bridger to help meet the often-complex needs of participants. The Web also values the collaboration with behavioral health partners; Anchorage Community Mental Health Services, South Central Foundation, RurAl Cap's Housing programs, such as Sitka Place, 325 3rd Avenue building and Safe Harbor Muldoon Gardens for participants with children; additional collaboration with Cook Inlet Housing Authority, NeighborWorks Alaska and AHFC to help meet the need of appropriate, affordable housing. The ability to assist through housing referrals & linkages to other community partners helps prepare participants to take their first steps toward sober living, wellness, and overall health.

Outcomes that have demonstrated to be meaningful to our consumers will be reported to The Trust and other funders, which include consumer satisfaction surveys, employment gains and housing successes, homeless preventions, and coordinated integrated community activities.

Grantee Response - FY21 Grant Report Executive Summary: During the report period the program continued to operate at reduced capacity due to the COVID-19 Pandemic six days a week. All staff continued weekly COVID-19 testing and received their first vaccination shot in early January & receiving their second shot in February. We have been very fortunate & have 100% of staff successfully vaccinated. The adjustments made to provide safe in person services necessitated the requirement of face masks for all participants, staff, and visitors who enter the facility. In addition to face masks, we needed to reduce capacity to effectively promote and achieve 6 feet distance and to limit the number of people in each room of The Web to ensure we were in compliance with the 6 feet guidelines. Due to a lack of an HVAC system, air cleaning is being handled by 12 new Ultraviolet & HEPA air cleaners that are serviced weekly. Additional touchless hand sanitizers were installed along with signs promoting handwashing. During check-in, each person is asked to provide information for contract tracing should we have an incident that would require us to assist the MUNI Department of Public Health to reach one or more of our participants.

Peer Support services continue in person and virtually via Zoom 6 days a week to maintain a connection for current and new participants. With the reduction of the number of people permitted into the facility at any given time, we split the day into three sessions to serve as many people as

possible per day; this change has enabled us to serve up to 45 individuals per day. We have added our membership application in fillable PDF format on our website to further streamline access to participants.

Between each of the three daily sessions, staff sanitizes all hard surfaces and commonly touched items such as light switches, phones, restrooms, computer keyboards and mice, and door handles. The reduction in the number of people we can safely serve each day continues to be a challenge for us, and we continue to explore ways we can increase those served in our new reality of the Pandemic. The Web's Peer Mentors work daily to connect participants with appropriate services for primary care, behavioral health, and substance misuse treatment. This support includes pre and post-treatment services both in person and via Zoom as needed. Life skills groups provided throughout the week empower participants to share their successes, challenges, and failures in a supportive environment. Peer Mentors work one on one with each participant to develop and refine their individual plan for sobriety, wellness, and recovery based on the individual's goals and priorities. Each week Peer staff offer assistance in receiving food from the various food pantries, as many of our participants struggle with food insecurity. We have had to change how we provide food assistance since the lifting of the Hunker Down order; we work with the individual food pantry to ensure our participant is registered and eligible to receive food either weekly or monthly. Once we have confirmed eligibility, one of our staff will pick up the food box and bring it back to The Web for distribution to the participant.

Number of beneficiaries experiencing mental illness reported served by this project in FY21: 865

Number of beneficiaries experiencing substance misuse reported served by this project in FY21: 568

Number of beneficiaries experiencing a developmental disability reported served by this project in FY21: 72

Number of beneficiaries experiencing Alzheimer's Disease or a related dementia reported served by this project in FY21: 4

Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY21: 164

Number of individual trained as reported for this project in FY21: 73

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:

- 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

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:

- a) During the report period Web participants and staff faced the ongoing challenges that the Pandemic required to remain safe & healthy by requiring reducing our daily capacity, social distancing, face mask, health screenings and contact tracing. To minimize the impact of the reduction of the number of people permitted into the facility at any given time, we split the day into three sessions to serve as many people as possible per day; this change has enabled us to serve up to 45 individuals per day. The assistance we received from The Trust was vital in assisting us in purchasing the needed safety supplies early in the Pandemic. One bright spot, we received support from Alaska Medical Missions with several cases of PPE such as face masks, exam gloves, sanitizing wipes and hand sanitizer, this donation has been a welcome donation that has helped The Web continue to serve Trust Beneficiaries.
- b) The Memorandum of agreement we signed with Bean's Café to utilize CARES Funds that The Web received to help meet the nutritional needs of participants who were impacted by COVID-19 and unable to access congregate shelter services throughout FY21. Our continued partnerships with Southcentral Foundation, Anchorage Coordinated Entry, Anchorage Project Access, Anchorage Behavioral Health Coalition, Alaska Behavioral Health Association, Anchorage Coalition to End Homelessness, Disability Law Center continue to provide information, access and resources for Web participants. These community partnerships continue to provide a conduit to link our participants with needed services and reduce the incidents where a participant fails to receive the needed services.

- c) The Web conducts a semi-annual satisfaction survey 100 surveys were distributed; 97 surveys were returned: for a 97% return rate. Please note: Percentages are based on responses to each question, not all questions received a response. 93 members (97.89%) report they are satisfied with the services at The Web.

- d) BPI Organizational Capacity Worksheet has been submitted with attachments.

Performance Measure 3: Better Off?

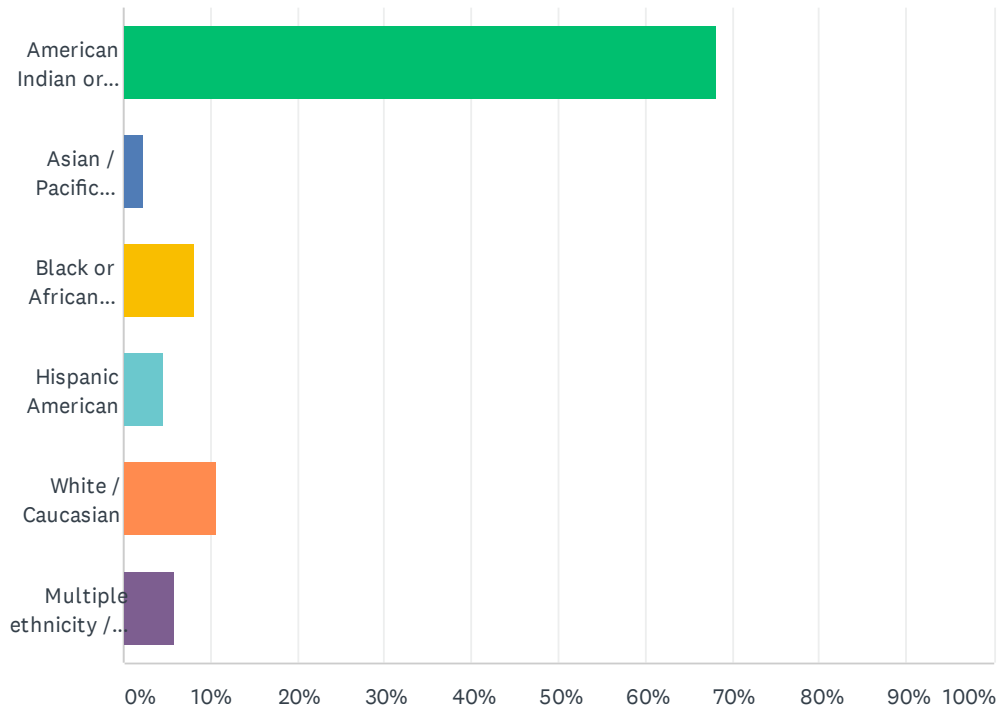
- a) Number (#) and percentage (%) of individuals who report overall improved functioning and/or quality of life since participating in the program.
- b) Number (#) and percentage (%) of individuals who have experienced two or more of the following key outcome areas pertinent to your program:
- i. Increased 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:

- 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.) 57members (61.29%) report the Web offers increased access to paid employment.
 - v.) 76 members (80.00%) report the Web helps them stay sober.
 - vi.) 94 members (97.92%) report the Web is a safe place to be during the day.
 - vii.) 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.

Q1 Which race/ethnicity best describes you? (Please choose only one.)

Answered: 85 Skipped: 12



ANSWER CHOICES	RESPONSES	
American Indian or Alaskan Native	68.24%	58
Asian / Pacific Islander	2.35%	2
Black or African American	8.24%	7
Hispanic American	4.71%	4
White / Caucasian	10.59%	9
Multiple ethnicity / Other (please specify)	5.88%	5
Total Respondents: 85		

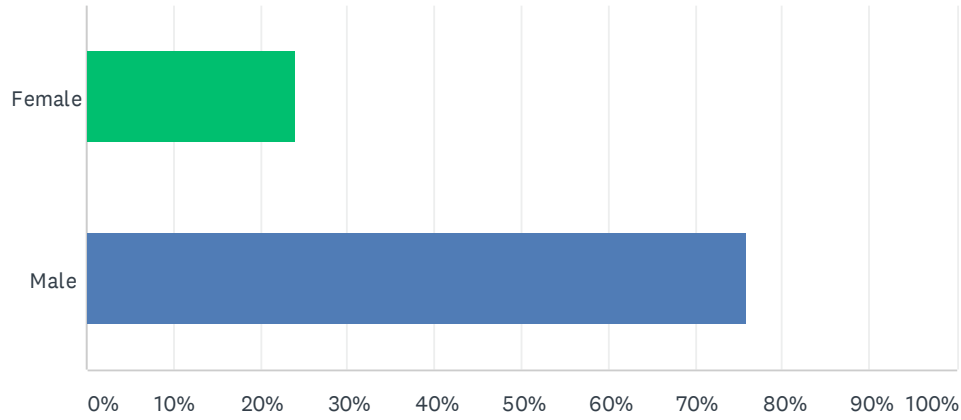
Q2 What is your age?

Answered: 96 Skipped: 1

Average Age 47.93

Q3 What is your gender?

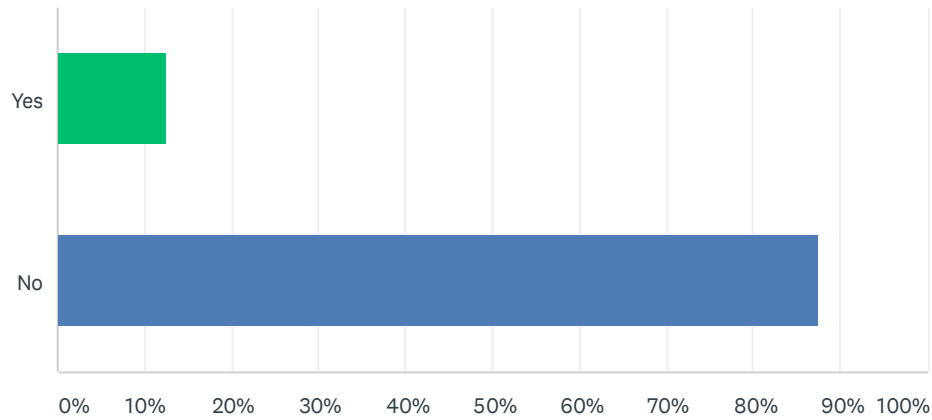
Answered: 96 Skipped: 1



ANSWER CHOICES	RESPONSES	
Female	23.96%	23
Male	76.04%	73
TOTAL		96

Q4 Are you a veteran?

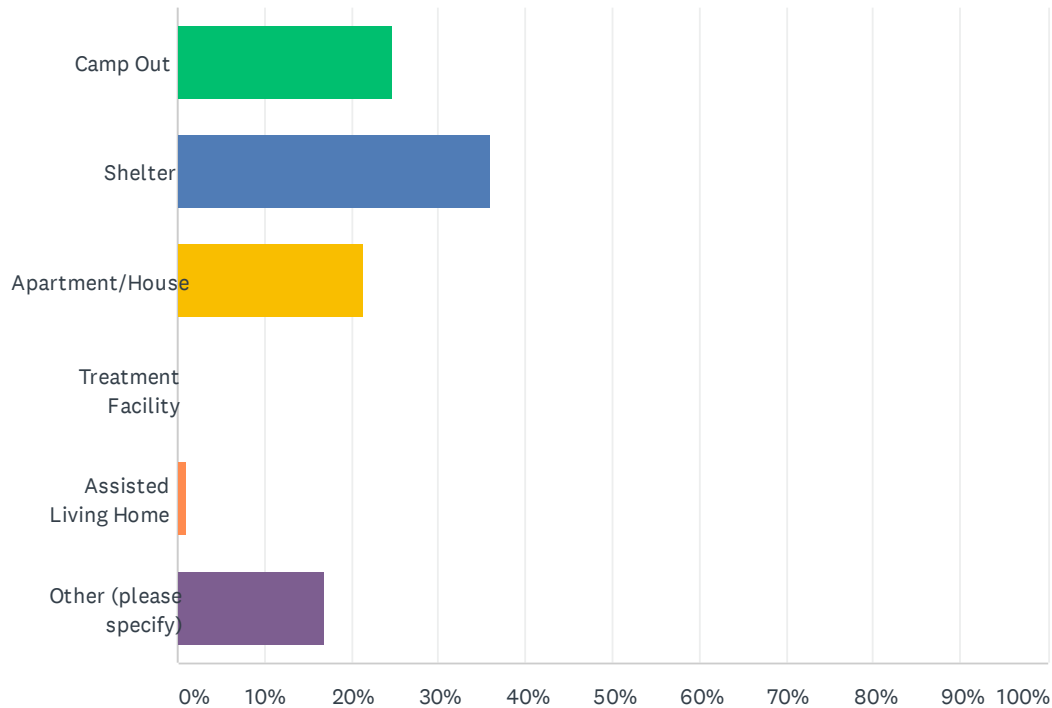
Answered: 95 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	12.63%	12
No	87.37%	83
TOTAL		95

Q5 Where do you live?

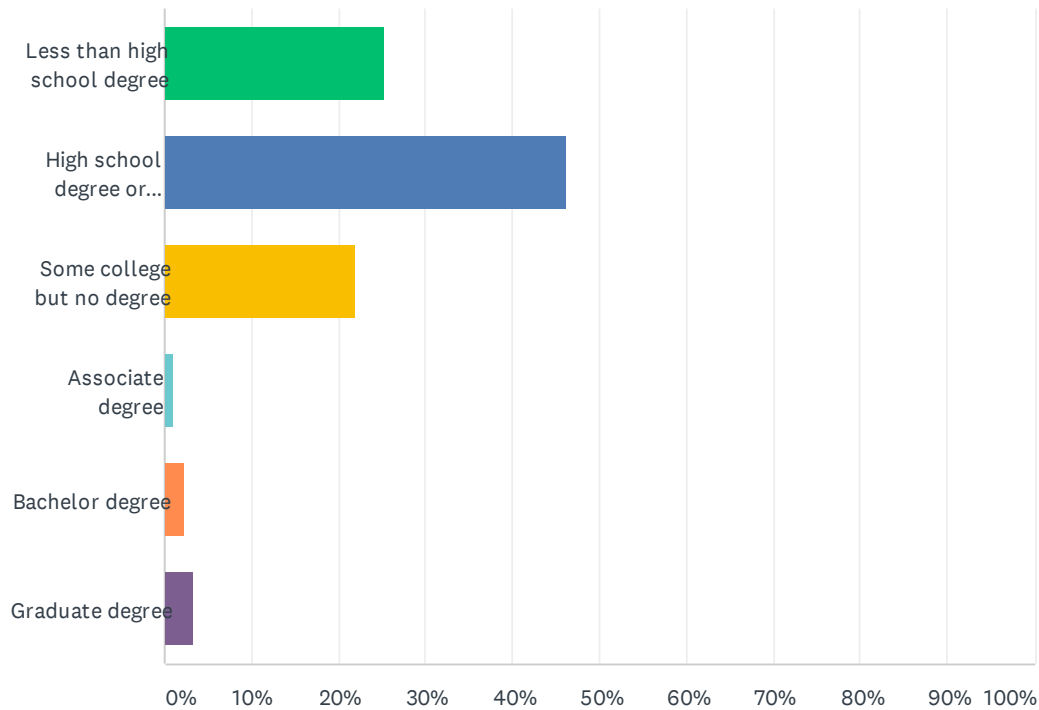
Answered: 89 Skipped: 8



ANSWER CHOICES	RESPONSES	
Camp Out	24.72%	22
Shelter	35.96%	32
Apartment/House	21.35%	19
Treatment Facility	0.00%	0
Assisted Living Home	1.12%	1
Other (please specify)	16.85%	15
TOTAL		89

Q6 What is the highest level of school you have completed or the highest degree you have received?

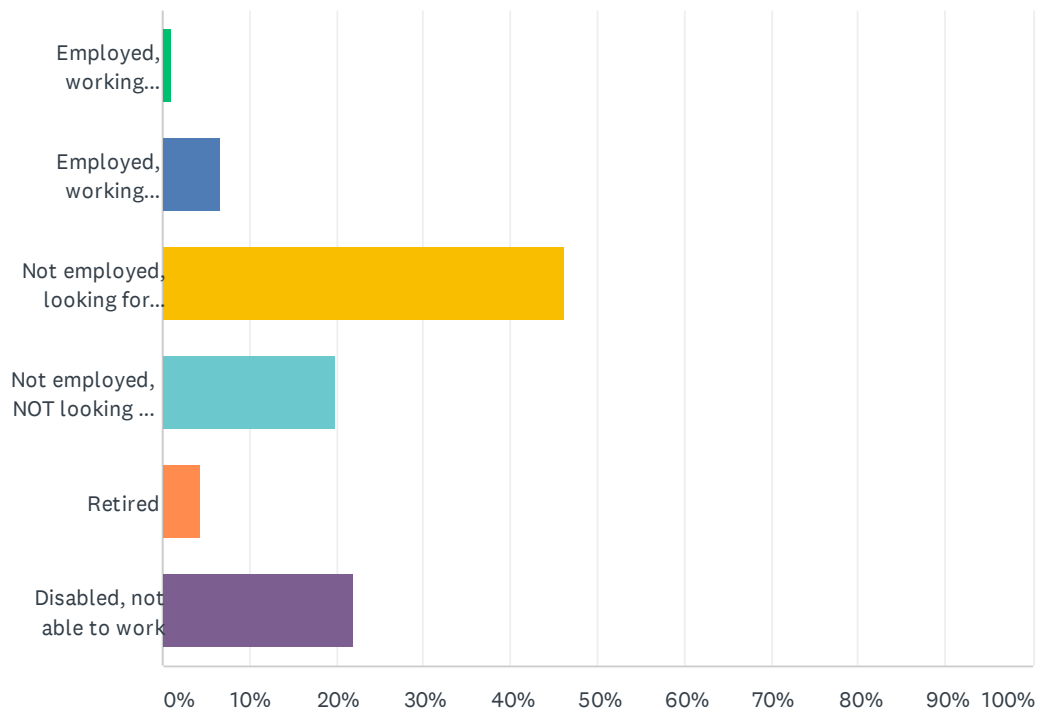
Answered: 91 Skipped: 6



ANSWER CHOICES	RESPONSES	
Less than high school degree	25.27%	23
High school degree or equivalent (e.g., GED)	46.15%	42
Some college but no degree	21.98%	20
Associate degree	1.10%	1
Bachelor degree	2.20%	2
Graduate degree	3.30%	3
TOTAL		91

Q7 Which of the following categories best describes your employment status?

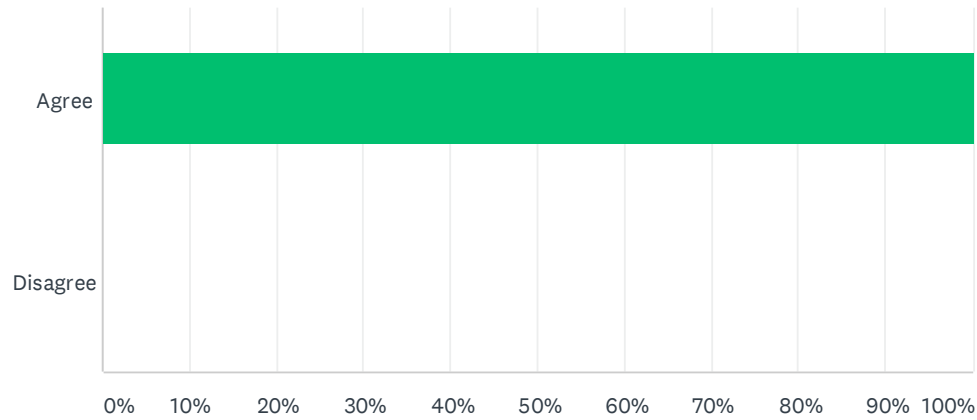
Answered: 91 Skipped: 6



ANSWER CHOICES	RESPONSES	
Employed, working full-time	1.10%	1
Employed, working part-time	6.59%	6
Not employed, looking for work	46.15%	42
Not employed, NOT looking for work	19.78%	18
Retired	4.40%	4
Disabled, not able to work	21.98%	20
TOTAL		91

Q8 The staff at the Web treat me with respect and dignity.

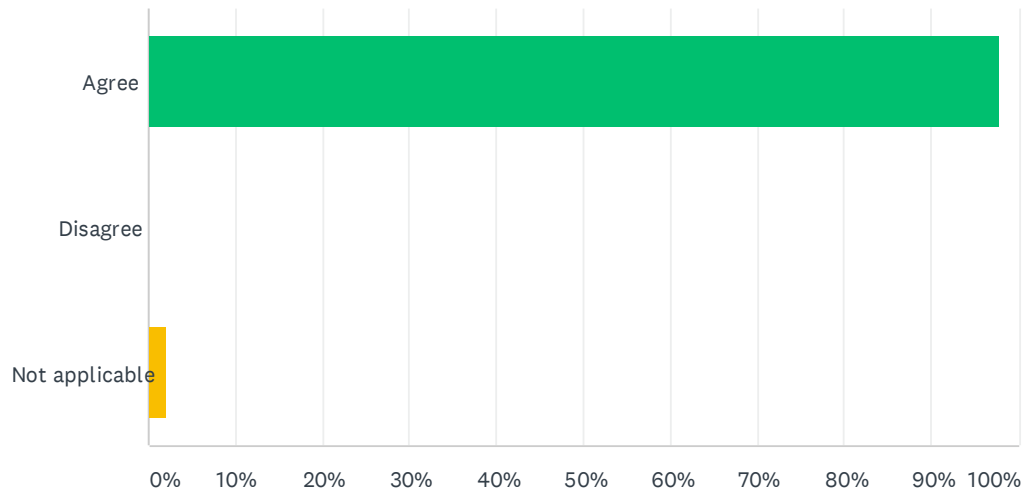
Answered: 92 Skipped: 5



ANSWER CHOICES	RESPONSES	
Agree	100.00%	92
Disagree	0.00%	0
TOTAL		92

Q9 Participation at the Web has helped me access some of life's necessities such as clothing, food, ID, mail, and etc.

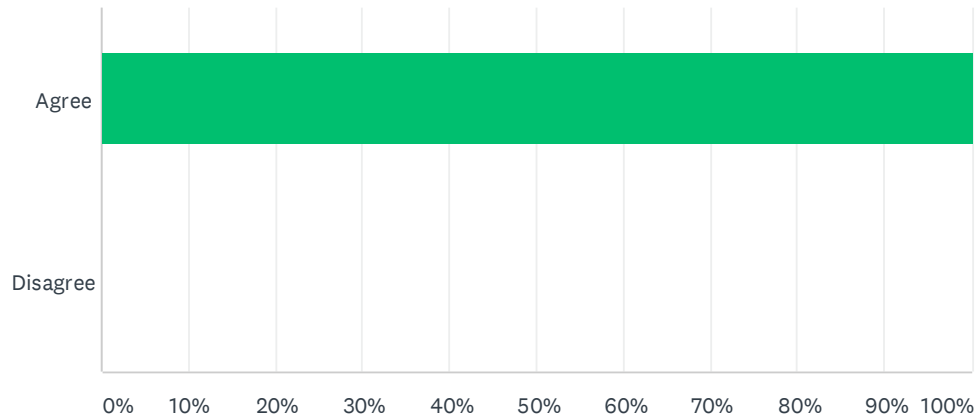
Answered: 94 Skipped: 3



ANSWER CHOICES	RESPONSES	
Agree	97.87%	92
Disagree	0.00%	0
Not applicable	2.13%	2
TOTAL		94

Q10 The Web is a safe place for me to be during the day.

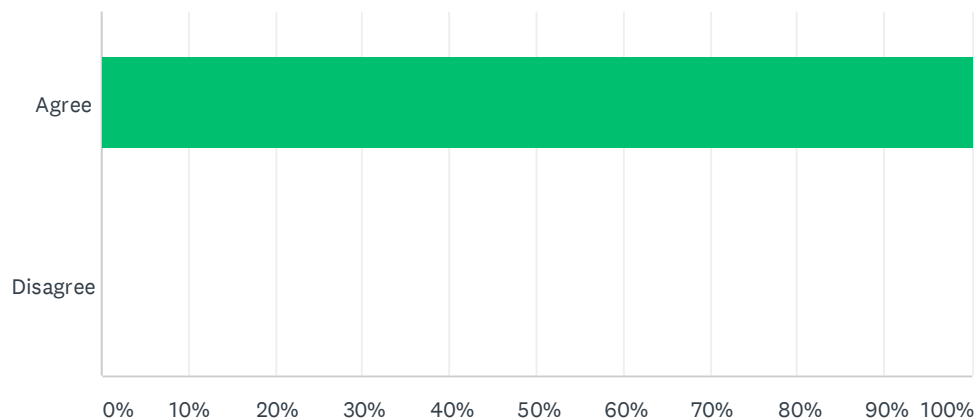
Answered: 94 Skipped: 3



ANSWER CHOICES	RESPONSES	
Agree	100.00%	94
Disagree	0.00%	0
TOTAL		94

Q11 Using the Breathalyzer at the Web is helpful.

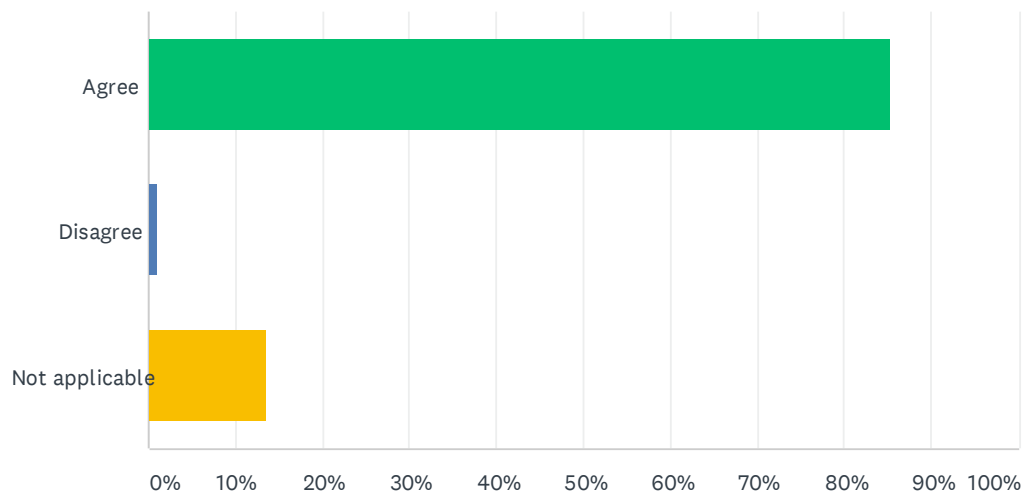
Answered: 91 Skipped: 6



ANSWER CHOICES	RESPONSES	
Agree	100.00%	91
Disagree	0.00%	0
TOTAL		91

Q12 The Web helps me stay sober or drink less.

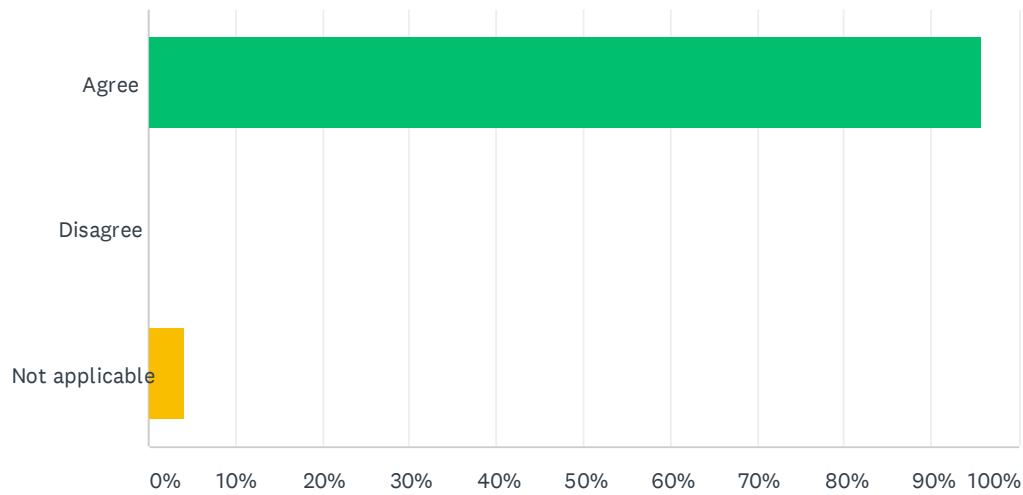
Answered: 95 Skipped: 2



ANSWER CHOICES	RESPONSES	
Agree	85.26%	81
Disagree	1.05%	1
Not applicable	13.68%	13
TOTAL		95

Q13 The Web staff help me feel better through personal support.

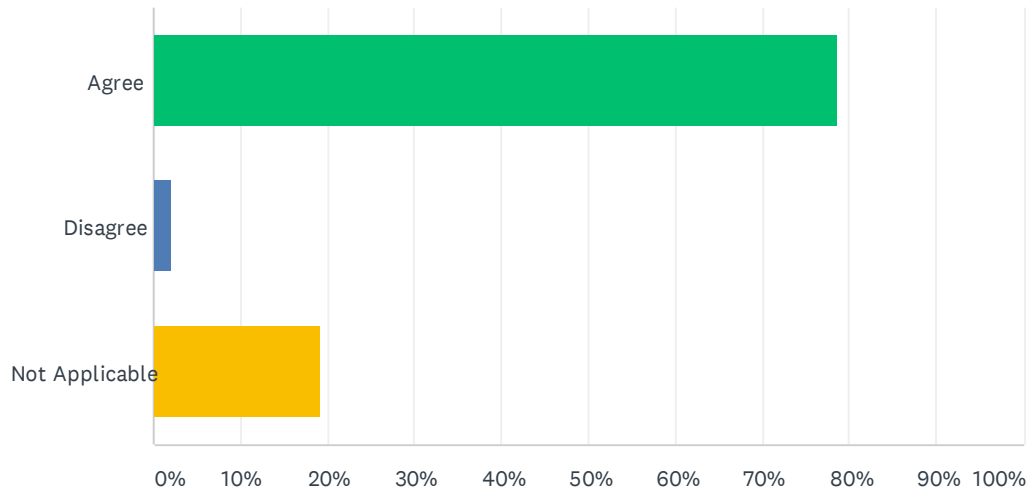
Answered: 95 Skipped: 2



ANSWER CHOICES	RESPONSES	
Agree	95.79%	91
Disagree	0.00%	0
Not applicable	4.21%	4
TOTAL		95

Q14 The Web helps me with personal challenges such as mental illness.

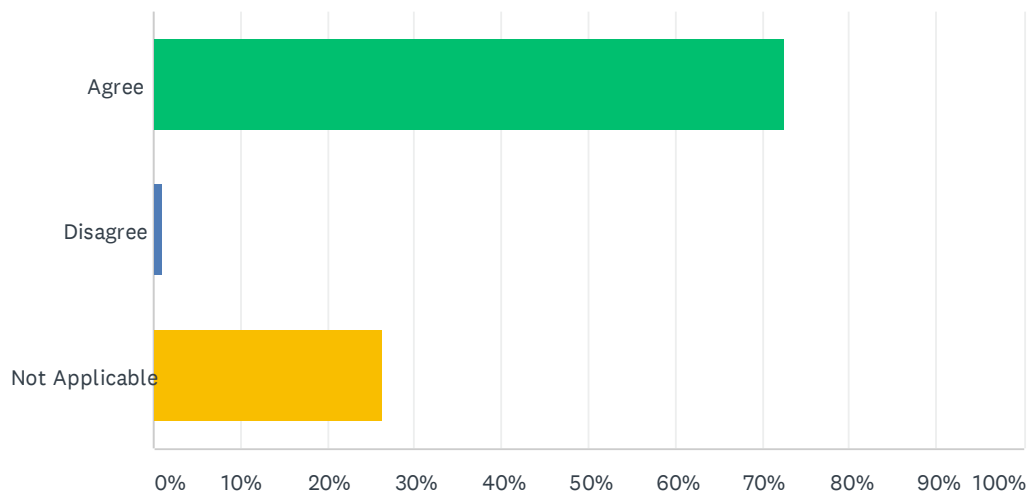
Answered: 94 Skipped: 3



ANSWER CHOICES	RESPONSES	
Agree	78.72%	74
Disagree	2.13%	2
Not Applicable	19.15%	18
TOTAL		94

Q15 The Web offers me increased access to mental health treatment.

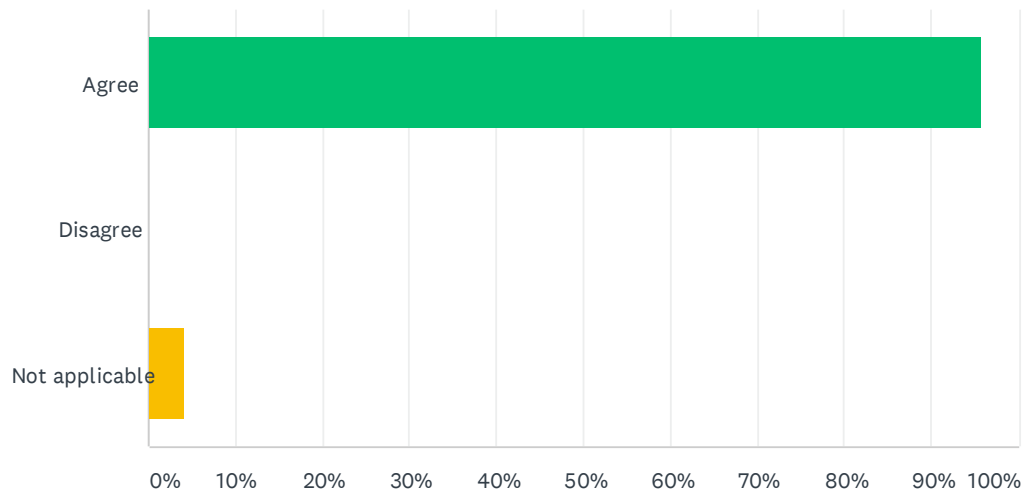
Answered: 95 Skipped: 2



ANSWER CHOICES	RESPONSES	
Agree	72.63%	69
Disagree	1.05%	1
Not Applicable	26.32%	25
TOTAL		95

Q16 The Web offers me a place for positive social interaction.

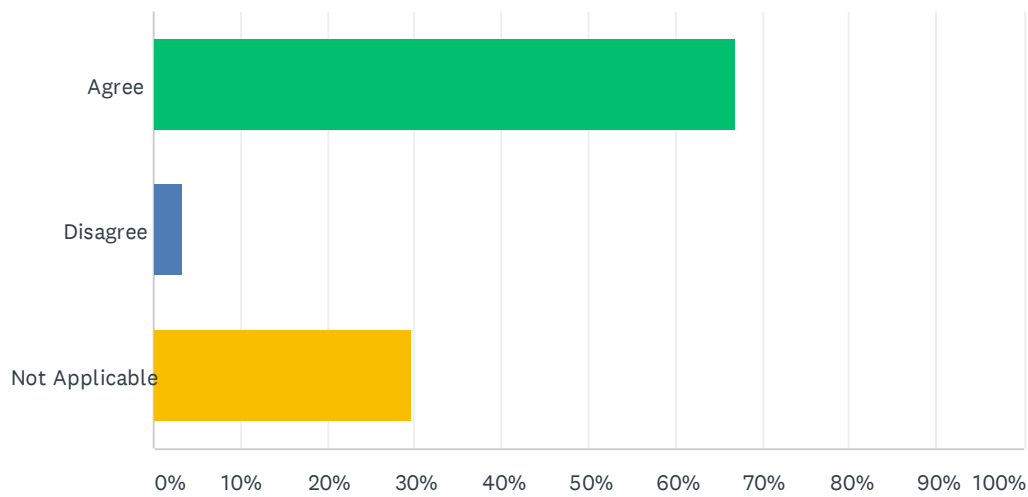
Answered: 97 Skipped: 0



ANSWER CHOICES	RESPONSES	
Agree	95.88%	93
Disagree	0.00%	0
Not applicable	4.12%	4
TOTAL		97

Q17 The Web offers increased access to paid employment.

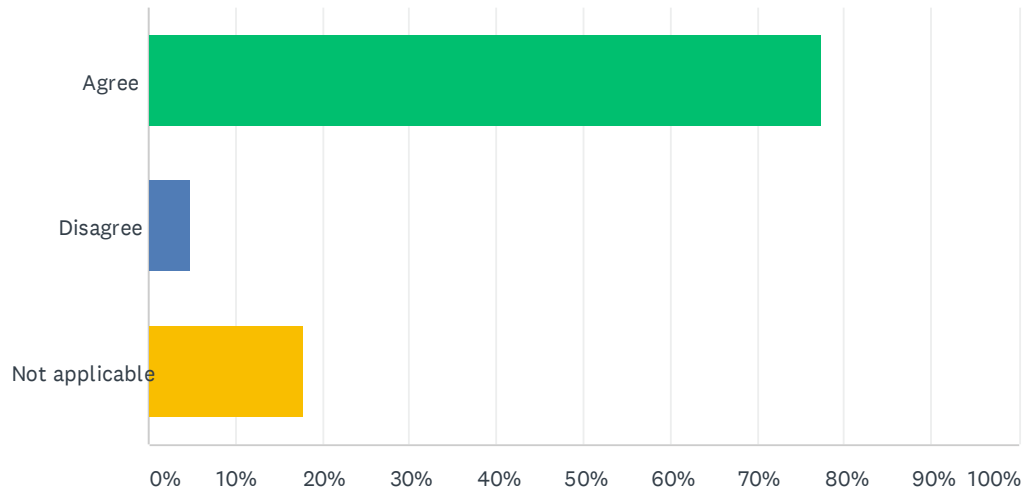
Answered: 91 Skipped: 6



ANSWER CHOICES	RESPONSES	
Agree	67.03%	61
Disagree	3.30%	3
Not Applicable	29.67%	27
TOTAL		91

Q18 The Web offers me increased access to housing opportunities.

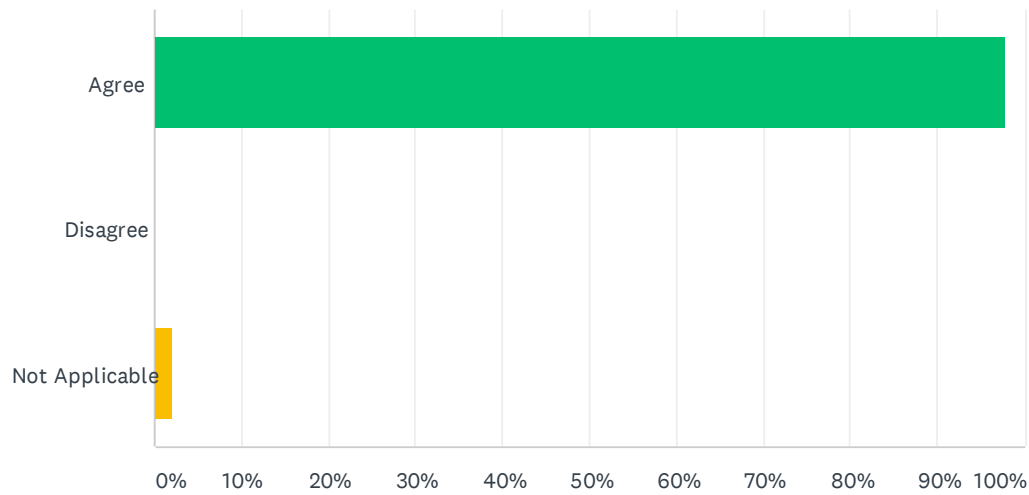
Answered: 84 Skipped: 13



ANSWER CHOICES	RESPONSES	
Agree	77.38%	65
Disagree	4.76%	4
Not applicable	17.86%	15
TOTAL		84

Q19 Overall, I am satisfied with services at the Web.

Answered: 95 Skipped: 2



ANSWER CHOICES	RESPONSES	
Agree	97.89%	93
Disagree	0.00%	0
Not Applicable	2.11%	2
TOTAL		95



Alaska Mental Health Consumer Web

1248 Gambell Street
Anchorage, AK 99501

907.222.2980
907.222.2981

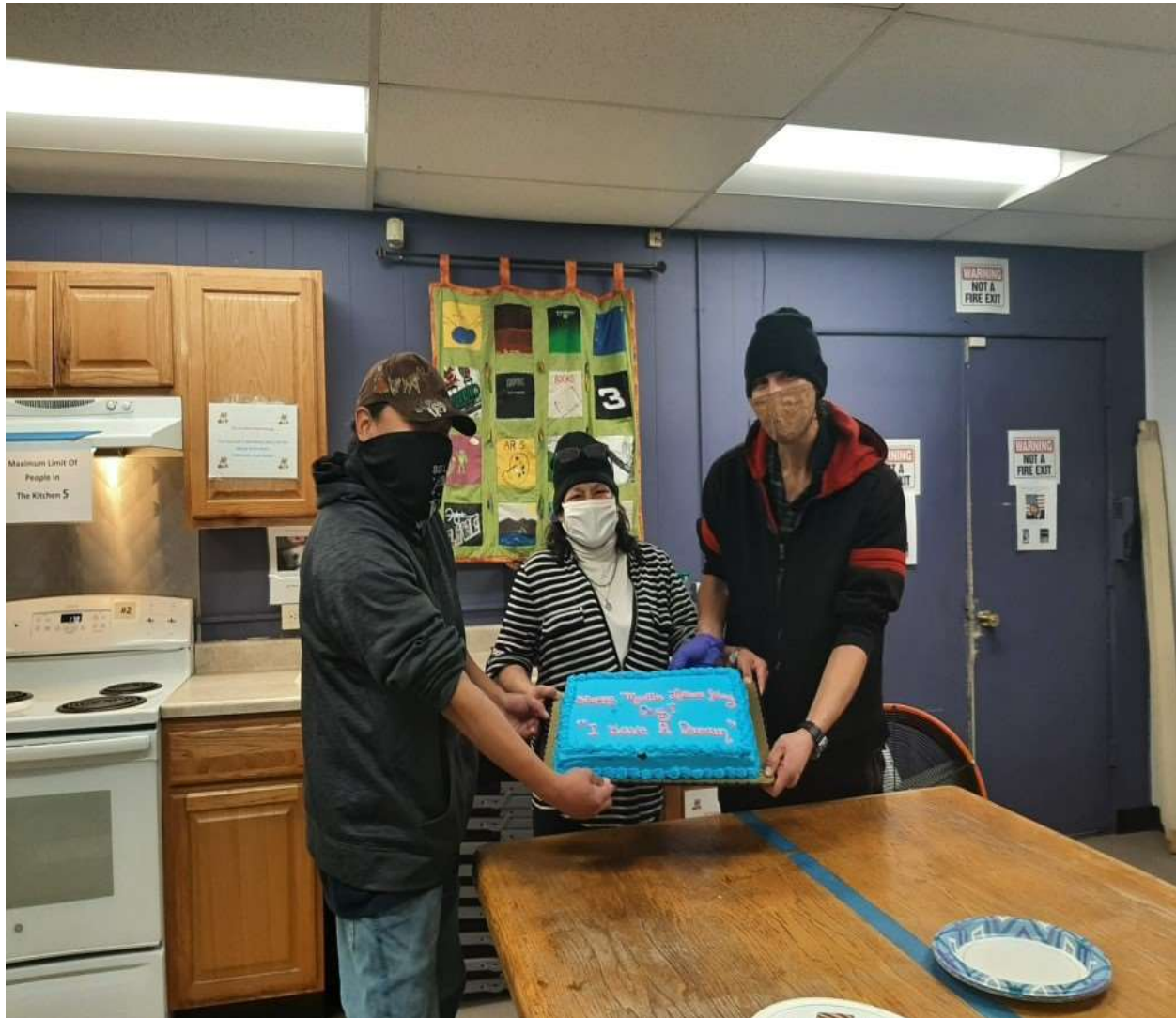
January to June 2021 @ The Web



Web Member & Beading Artist Clarence Maille Receives His Silver Hands Certificate

Mission

The Web provides peer-driven, peer support in a safe environment guided by unconditional positive regard using a recovery-based philosophy.



Web Memebers Dana, Debbie & Richard Celebrate Dr. King's Birthday January 2021

Mission

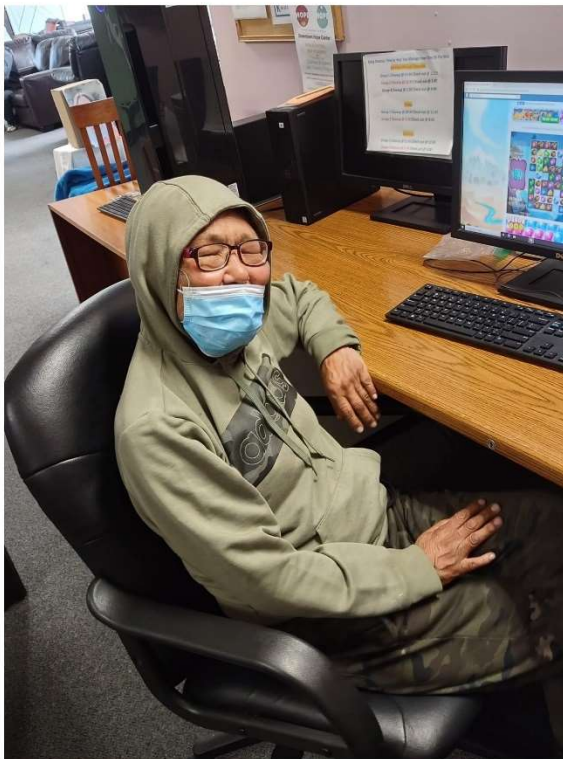
The Web provides peer-driven, peer support in a safe environment guided by unconditional positive regard using a recovery-based philosophy.



Web Member Linda Celebrating Her New Apartment March 2021

Mission

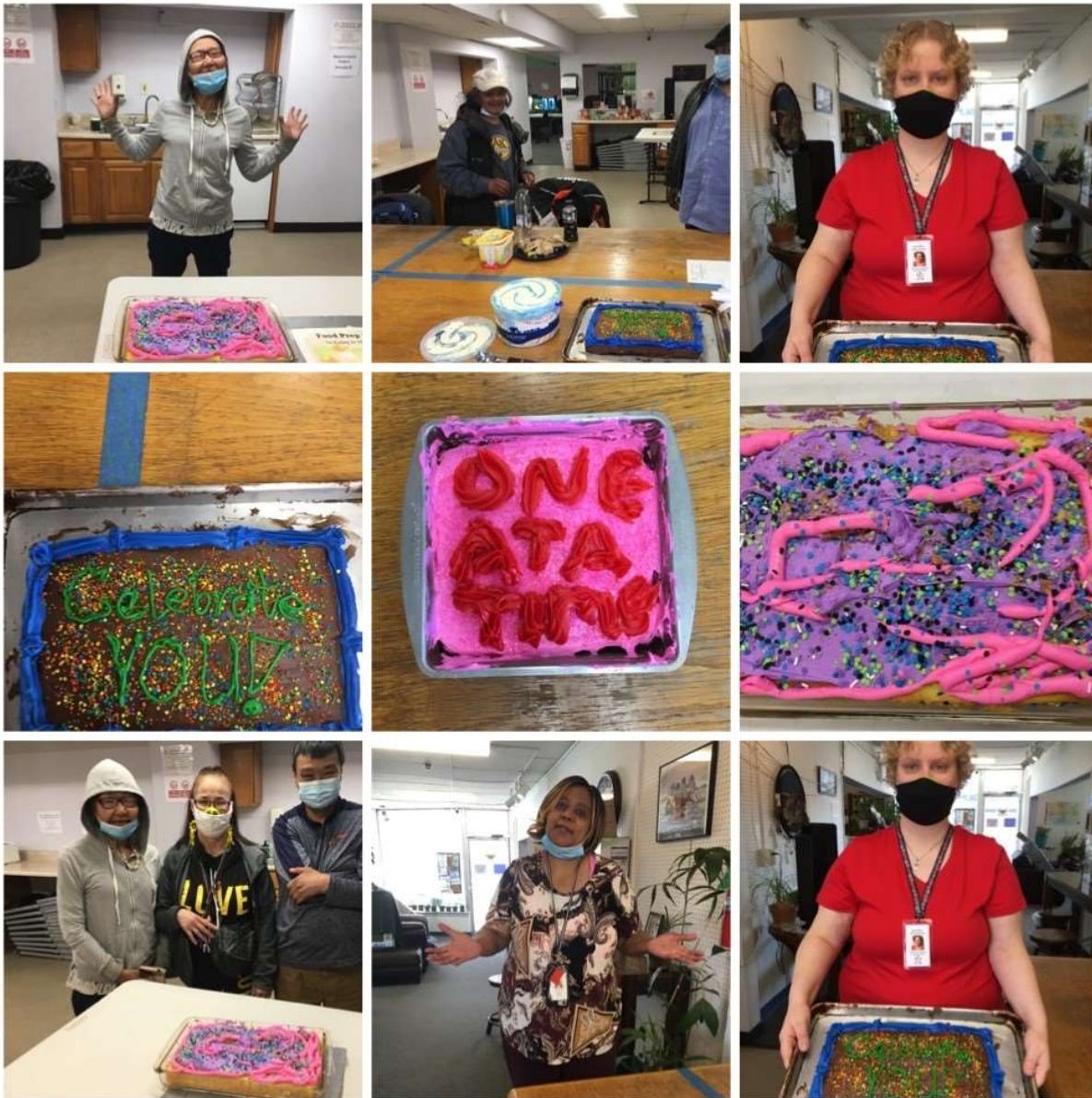
The Web provides peer-driven, peer support in a safe environment guided by unconditional positive regard using a recovery-based philosophy.



Web Members Enjoying a Spring Day @ The Web

Mission

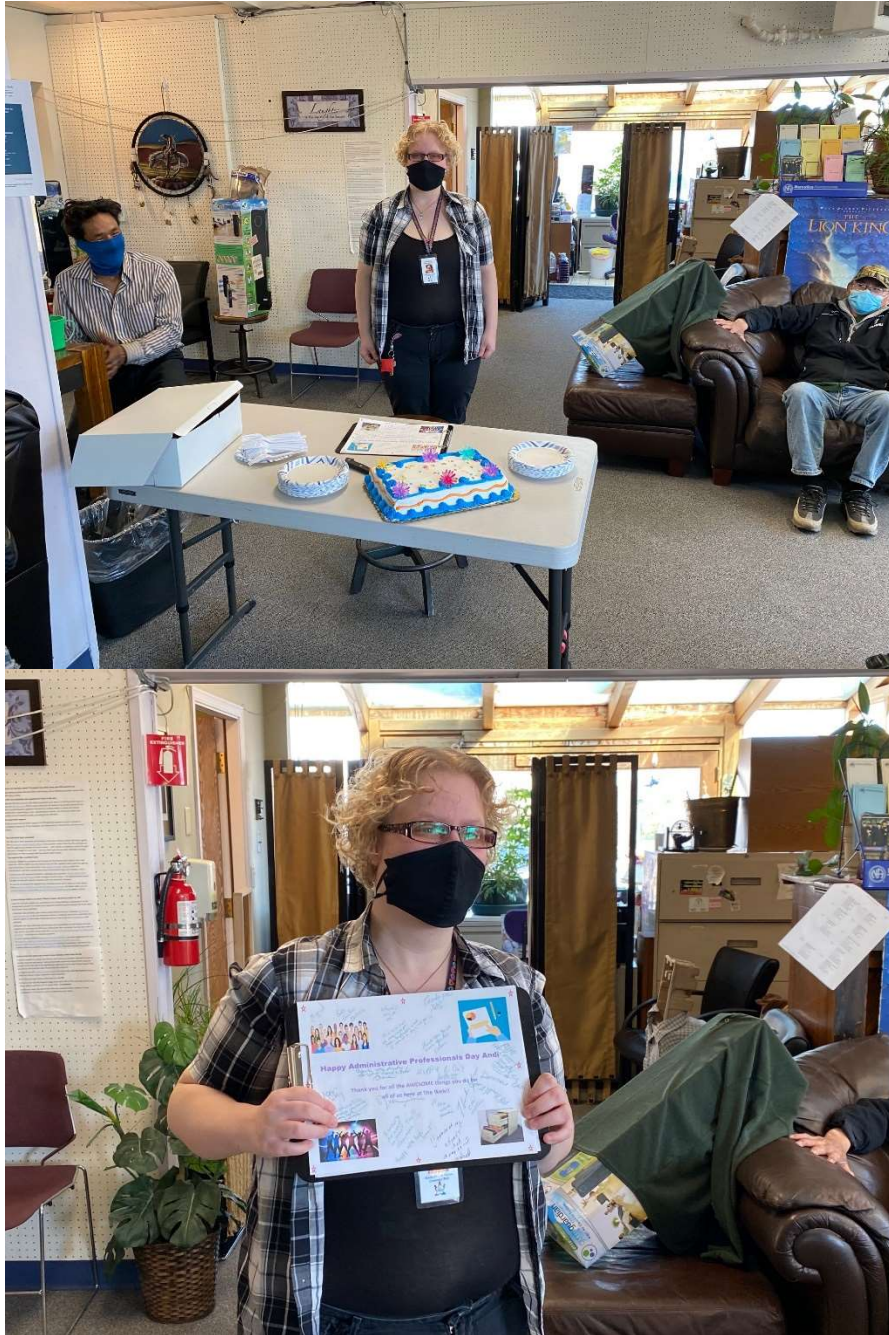
The Web provides peer-driven, peer support in a safe environment guided by unconditional positive regard using a recovery-based philosophy.



Web Members & Staff Celebrating Recovery Birthdays April 2021

Mission

The Web provides peer-driven, peer support in a safe environment guided by unconditional positive regard using a recovery-based philosophy.



Honoring Andi on Administrative Professionals Day

Mission

The Web provides peer-driven, peer support in a safe environment guided by unconditional positive regard using a recovery-based philosophy.



New Web Member Damien helping plant seeds for our garden

Mission

The Web provides peer-driven, peer support in a safe environment guided by unconditional positive regard using a recovery-based philosophy.



Web Member & Volunteer Alonzo Cooking & Serving for Memorial Day BBQ

Mission

The Web provides peer-driven, peer support in a safe environment guided by unconditional positive regard using a recovery-based philosophy.

June 9, 2021

I am [REDACTED]. I have been a member of AKMHCWeb since the summer of 2009 I believe. Since my membership started at the web I have been on many of the web's outings into the community. I started the process of getting SS disability. Right now "my case is still pending" I am still in the determination stage of my application.

Since we (Eva Foxglove & David Fratis) went to alcohol treatment camp at "SPUD Farm" in Dec 2009 and we completed treatment in 2010 I was put on probation for 3 yrs in 2011 until I got off of probation in 2/15. We have had Rental assistance from the web at which time we were dismissed from one Rental property to the next. The web has been here to help me and my wife even got married on 12/21/2020 the web stood by us and supported us when times got hard for us. The AKMHCW has been a great source of information and direction we may have needed at any time. My hat is off to the Alaska Mental Health Consumer web as well as the Alaska Mental Health Trust. Thank you very much [REDACTED]

June 9, 2021

I, [REDACTED] Went to treatment Dec 21, 2019
we drink like 2-3 times since, we moved in
our place (Eva & David) after we got
our place we got Married at the web, I
always have my Grandkids over with us
When to school, I Go Feed the homeless &
give clothes & blankets also Socks, I've
taken in 1-2 people but only like 1-2 days
to shower & wash clothes & get some Rest &
eat with us, I've tried to work but my
back give out, puk all over the floor so I
just quit. Every now & then when someone
comes from home (Selawik) & I stay too
long I get tempting so I'd say time to
Go, Now it's like I'd just stay & say
spill it, it get Easy for me to be around
it & not want it took like 2 1/2 yrs. to get
used of it... I Go help Elders Cleaning
for free when needed, we always Go
Ride with our Friend when she going
places.. Sober life is Fun & Clean
& have a place to live, where I can Cook
what we want & share who ever is in our
building, they always appreciate ME: I'm
also ~~he~~ in the process of learning
How to make Dong, Cause my Grandson

Loves Fry bread. Sometimes I go play
Bingo only when Family Sponser Me. I love
going Walking even in a Rainy day
Far as My back can go. People ask
Me to Make Run (go buy Me Jug) I'll
Pay you. I'd say \$1,000 so they Quit
asking me to do it. I love Cleaning
my home also when I VISIT I do there
Dishes For them, people want Me More
now that I'm Sober. Well Good
Enough

THIS IS

ME

June 2001

FY21 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 (BPI)	333,600	36.24%
DBH (CBHTR & COVID)	437,026	47.47%
BHAP	96,708	10.51%
AMHTA Small Project Grants	10,034	1.09%
Trust Mini-grants	40,028	4.35%
Fundraising/Donations	3,144	.34%
Total	\$920,540	100.00%

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 \$113,480

Number of months of unrestricted cash available 2.54 months

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	16,285
Board Hours	\$30 - \$40 depending on Board Position	8,031
Grant Accountant & CPA Services		6,206
Staff Counseling	\$175	5,250
Total		\$35,772

AGENCY NAME: Alaska Mental Health Consumer Web

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, 2020 to June 30, 2021 (FY20). Include all paid employees regardless of FTE status.

$$\text{ATR} = \frac{\text{Total \# of paid employees who left employment during FY21}}{\text{Total \# of paid employees that are employed during FY21}} \times 100$$

$$\text{ATR} = 27\%$$

2. Annual turnover rate (ATR) for **regular and active volunteers** reported as a percentage from July 1, 2020 to June 30, 2021.

$$\text{ATR} = \frac{\text{Total \# of volunteers who stopped volunteering during FY21}}{\text{Total \# of volunteers that volunteer during FY21}} \times 100$$

$$\text{ATR} = 700\%$$

(Due to COVID our volunteer opportunities were limited)

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 FY21 to estimate health insurance coverage for all FTEs (use FTE total used to calculate FY22 BPI budget) in the categories below.

Health Insurance Coverage Type	# FTE
Medicaid	2
Medicare	2
Military (Defense Health Agency/TRICARE)	
Affordable Care Act (purchased through HealthCare.gov)	1.85
Private health insurance (employer-based)	
Uninsured	
Other – Tribal Health	2
Total	7.85

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.

AGENCY NAME: Alaska Mental Health Consumer Web

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.

Project Title: CHOICES Community Options Program	
Grantee: Choices, Inc.	
Fund: Authority Grant	
Geographic Area Served: Anchorage Municipality	Project Category: Direct Service
Years Funded: FY08 to Present	
FY21 Grant Amount: \$404,170.00	
High Level Project Summary: <p>FY21 High Level Project Summary: 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.</p> <p>This project continues to demonstrate positive outcomes for beneficiaries and staff recommends that Trust funding continue through FY25.</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:

FY20 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 77 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 through FY25.

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 FY2021, 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 the expedience 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, 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 distality, 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, Inc. 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 collaborates 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, 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 has addressed intake and billing to become more efficient: CHOICES will be acquiring a Care Logic Electronic Medical Record System (was put off last year due to administrative changes). The full time Medicaid Billing Manager handles billing and timely and efficient problem resolution. The Intake Specialist handles timely processing of applications / referrals that come to the organization to ensure they get processed through a program in a timely manner.

Programs & 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 - FY21 Grant Report Executive Summary:

This grant period covered an entire year during a Pandemic. Both beneficiaries and staff alike, encountered issues that required new approaches to problem solving. The Pandemic resulted in an increased in depression and substance use among participants. More people presented with needing assistance to accessing and maintaining housing than in previous grant periods. Clients' need for linkage to food supplies also increased. Additionally, there was an increased in the number of people reporting depression and relapse to drugs and alcohol. Service to clients had to be provided via telephone and video conferencing which limited access to those consumers without a telephone device. The grant project also allowed for the agency to purchase laptop computers so that staff members were able to work remotely, safely, and efficiently to continue services to beneficiaries. The agency problem solved by issuing prepaid phones to clients that did not have a phone device because telephones became the primary mean by which the agency could provide services to clients. CHOICES collaborated with the local Alaska Food Bank to become an access point as a Food Pantry for clients in need of food to have this need met. Clinical services were offered to clients in the modalities of psychiatric services, substance abuse services, individual counselling, and group therapy to address symptoms of mental illness and substance abuse behavior or co-occurring disorder.

This report period covers the midst of the COVID-19 Pandemic, from 7/2020 through 6/2021. All services provided were according to the Centers for Diseases Control and Prevention recommendation to practice Social Distancing. Additionally, the State of Alaska implemented mandates that allowed direct care providers to work with service recipient remotely. Medicaid released service codes that included Telehealth Services so that beneficiaries were able to access the services that seemed more needful during this period that at other times. For staff members, the grant project allowed for the program to purchase laptop computers so that staff were able to provide services to beneficiaries via telehealth. The challenge during this period was that the amount of clients needing assistance has risen greatly. The ICM program has a waiting list of over 30 clients waiting to get services, but due to our staff to client ratio, we can only take so many on into the program. Another FT case manager and a PT Clinician would be beneficial for this program to get the clients on the waiting list, in the door and receiving services.

During this period, the project saw an increase in maladaptive behaviors in service recipient. There was an increased in the number of beneficiaries that reported symptoms of depression and relapses to substance use.

The project also saw an increased in needs for clients seeking assistance to secure housing or to maintain their housing. Food was also a need that increased during this first half of this reporting period.

To address the issue of increased symptoms of cooccurring disorders, clients were offered individual and group psychotherapy via phone and video conferencing. To ensure that all beneficiaries had access to services, the agency collaborated with Track Phone and Cricket Wireless to purchased prepaid phones and issued to those clients that did not have phones, so that all clients had access to telehealth services.

The program began to provide psychiatric services via telehealth through this grant project. Clients have been able to address mental illness with medication management.

Another challenge that came about towards the end of this period, was a breach of Alaska's Department of Health computer systems. Being that the agency utilized AKAIMS to manage clients' health care records such as their progress notes, treatment plan, and psychosocial assessments; the way that the agency continued documentation under the project had to be adjusted to the change to continue maintenance of documentation.

The agency collaborated with transitional living programs such as, House of Transformation, to assist clients that did not have permanent housing. Staff provided Case Management to beneficiaries without permanent housing, by applying for Alaska Housing and Neighborworks vouchers on their behalf as the sponsoring agency or the agency that communicates with these housing offices on client's behalf. Staff provided information to beneficiaries about rental assistance due to the pandemic and assisted them in applying for the support. Most of the clients that applied for the assistance were granted rental assistance for one year.

The agency dealt with the issue of an increased request for assistance with food, by coordinating with the Alaska Food Bank locally and enacted a memorandum that allowed the agency to get foods in bulk from the food bank, created a food pantry, and issued food items to clients as needed and requested.

The following beneficiary stories highlight a small sample of CHOICES Inc. successful outcomes: Recovery Coordinator and Clinician coordinated with two clients to access higher level of care due to ongoing Substance Use of drugs and alcohol.

TB engaged with CHOICES, since 2019. When he first began services, he was in the Pre-Contemplation Stage of Change and had no intention to quit using methamphetamine. Staff approached the client from the Harm Reduction Model. He was homeless and living in his car at the time of admission to the program, was not treating diagnosis of diabetes and wrestled with homicidal ideations and anger. The client engaged with individual therapy to address depression, anger management, substance abuse, and budgeting groups. He worked with Recovery Coordinator to address homelessness through case management services. He was referred to Intensive Outpatient and utilized Medication Assisted Treatment Services for substance abuse treatment. He is housed in his own apartment with a housing voucher and is better maintaining his finances with Social Security. He expressed thanks for the services he has gotten with CHOICES and stated that the program has changed his life. He often has recalled the day he met a friend who told him about the agency.

In 2019, RW self-referred to CHOICES for Case Management services to address a history of homelessness, diagnosis of a Traumatic Brain Injury (TBI), and mental illness. The client engaged with CHOICES for Individual Psychotherapy and Case Management weekly. He was assisted by Recovery Coordinator in obtaining Interim Assistance and Social Security Disability. Due to legal issues, the client was incarcerated and served time in custody during the Pandemic. When the client was released from prison, his sources of income were already suspended, RW was homeless, and struggled with the co-morbid conditions of a TBI and Depression. The client returned to CHOICES for services and re-engaged for Psychotherapy and Case Management. Staff aided the consumer with reapplying for a housing voucher that was approved and revoked while incarcerated. Staff linked the consumer to transitional housing and assisted the participant with reapplying for benefits which were eventually reinstated. RW regained a sense of self and hopes to find part-time employment in the future. The client enrolled with the Department of Vocational Rehabilitation (DVR). The felony

charge was dropped to a misdemeanor and the client plans to take the case to trial as an attempt to prove innocence. The client remains in good standing with Choices.
Number of beneficiaries experiencing mental illness reported served by this project in FY21: 105
Number of beneficiaries experiencing substance misuse reported served by this project in FY21: 59
Number of beneficiaries experiencing a developmental disability reported served by this project in FY21: 6
Number of beneficiaries experiencing Alzheimer's Disease or a related dementia reported served by this project in FY21: 0
Number of beneficiaries experiencing a traumatic brain injury reported served by this project in FY21: 27
Number of individual trained as reported for this project in FY21: 8
Performance Measure 1: How Much? <ul style="list-style-type: none"> 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: <p>The project has served a total of 77 beneficiaries during the reporting period. Of the total people served 39 were diagnosed with a Serious Mental Illness, 7 were diagnosed with TBI, and 39 were diagnosed with a Cooccurring Disorder. During the reporting period, a total of 16 new beneficiaries were added for services. There were no consumers served with a developmental disorder.</p> <ul style="list-style-type: none"> a) The number (#) of beneficiaries (unduplicated) served, broken down by Trust beneficiary group. <ul style="list-style-type: none"> i. mental illness – 65 total beneficiaries with mental illness were served. ii. developmental disabilities – 0 total beneficiaries with a developmental disability was served. iii. chronic alcohol or drug addiction - 20 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. <p>Total number of new beneficiaries served – 35%</p> <p>Total percentage of new beneficiaries served – 35%</p> <p>The project has served more beneficiaries in the reporting period than in previous years</p>
Performance Measure 2: How Well?

<ul style="list-style-type: none"> 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).
<p>Grantee Response to Performance Measure 2:</p> <ul style="list-style-type: none"> a) During the reporting period, the project addressed issues that were unique to the pandemic due to COVID-19. Most services were provided via telehealth. b) During the reporting period, the Recovery Coordination Team partnered with Anchorage Police Department, Crisis Intervention Team to be a point of contact for clients facing legal issues while in crisis in the community. The Recovery Coordination Team also collaborated with the Department of Corrections to link beneficiaries to Case Management Services after being released from being incarcerated.. c) Total number of beneficiaries reporting satisfaction – 40; percentage 61%
<p>Performance Measure 3: Better Off?</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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.
<p>Grantee Response to Performance Measure 3:</p> <p>Beneficiaries that participated for services, continued with recommendations and followed through with their Treatment Plan goals were observed to have better quality of life in the area of managing mental illness, maintaining sobriety, improving social engagement with others, securing employment, pursuing training and educational advancements, accessing peer support and ending homelessness.</p> <ul style="list-style-type: none"> a) Total number of beneficiaries reporting satisfaction – 43; percentage 51% b) <ul style="list-style-type: none"> i. 30 total; percentage 46% ii. 30 total; percentage 46%

- iii. 20 total; percentage 30%
- iv. 3 total; percentage 4%
- v. 15 total; percentage 75%
- vi. 8 of 10 total; percentage 80%
- vii. 5 total; percentage 8%
- viii. 40 total; percentage 61%
- ix. 10 total; percentage 15%

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.

AP began services with CHOICES Inc., last year (2020) seeking services to address homelessness, substance abuse, lack of income, legal issues, and mental illness. The client was pregnant, homeless while staying in a car with her boyfriend during winter, had two older children in OCS' custody, had legal issues, history of substance abuse, and untreated mental health issues.

The client stated at the onset of service, "I am lost". I am having issues with homelessness. Everything is a problem. I do not have my kids; I do not have anyone. I just want to give up, but I love my kids too much. This is the first pregnancy that I have not been able to stop using and drinking. I feel like I am fighting the baby's father. I feel completely unwanted by everyone. I feel like I am not good enough for anybody. I know I am good enough for my kids. It is the only thing that keeps me going. I feel like I do not want to be here anymore. I would never do it; I love my kids too much to do that. I am tired of begging people to love me, my mom, boyfriend, kids.

The client engaged with Case Management and Comprehensive Community Services. Staff assisted her to apply for a housing voucher, provided support with gas card for transportation, and assisted the client with getting laundry done at times.

The client obtained housing voucher, custody of children was reinstated, has been sober/clean for substances, she applied for a Mini Grant to furnish home, her boyfriend obtained employment, and the client contemplated to address mental health issues with counseling and medication management.

PG has been engaged with CHOICES Inc., starting with the ACT Team when it was in operation. The client was transferred to the Recovery Coordination Program when the ACT Team ended with Choices. The client struggles with depression, lack in social support, and tending to personal care. Staffs visited him daily to supervise how the client is doing with self-care, remaining safe, managing mental health by taking medication, and physical health.

Staff provided Case Management and Community Support Services to ensure that the client maintain housing, take medication as prescribed daily, not give in to suicidal thought, and that client's home is clean. Staff linked the client to Personal Care Assistance (PCA) services provided by the state and advocated for the client to be considered for Assisted Living due to the challenges the client faces living alone.

As a result of engaging with ICM, the client remained housed, takes meds as prescribed when supervised by staff, has a PCA, home is being professionally cleaned, and the client may consider Assisted Living in the future.

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.

Kim Martinez

From: Kim Martinez
Sent: Wednesday, August 11, 2021 11:24 AM
To: Lind, Lucas A (DOR); Welch, Travis B (DOR)
Subject: Funding extension request

Importance: High

Good morning Luke and Travis,

I am writing to request that the Trust consider reallocating \$25,000 originally intended to pay a portion of the salary of a SS Representative Payee in FY21. During the pandemic, payee certification was difficult to acquire. That, along with the use of a Rep Payee was not needed due in part to the backlog at the Social Security office. We were just not seeing the need like we did for FY20.

At the end of May 2021, the Trust reallocated the unused \$25,000 for a Case Manager's salary. However, the applicant needed a variance and the State's electronic systems were down due to a cyberattack. Before the problem could be resolved, FY21 ended and the \$25,000 line item in the Salaries category remained unused. Thus, we would like to request that the Trust reallocate the \$25,000 for a Case Manager's partial salary in FY22.

The CHOICES Intensive Case Management BPI program has over 30 consumers on a waiting list, as well as DOC referrals, qualified to enter into the CHOICES ICM Program. The current caseload (i.e., staff-to-client ratio) however does not allow us to add new consumers. We continue to discharge those that do not engage, but for every one or two consumers we add into the program, another one or two end up on our waiting list. It is a vicious circle.

A reallocation of the \$25,000 to fund a portion of a Case Manager's annual salary of \$42,000 (plus fringe) would allow us to serve vulnerable Alaskans currently on the waiting list.

As you are aware, that would also push us into needing another Clinician (who's position is not grant funded). Because of this, we are hiring a Clinician (whose position is not grant funded) to conduct standalone assessments and BHA's for the Public Defender's office on a part-time basis. The remaining PT hours will be utilized doing assessments, treatment plans and BHA's for the BPI program to allow us to get a good chunk of those consumers off of our waiting list and into our program.

This Clinician's Medicaid reimbursements along with the stand alone assessments, will also be able to add to CHOICES' unrestricted income, continually working towards sustainability.

Thank you for your consideration in this matter. I look forward to hearing back from you.

Respectfully,



Kim Martinez
Chief Executive Officer
CHOICES, Inc
1231 Gambell Street, Suite 300
Anchorage, AK 99501

FY21 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	404170.00	20%
Medicaid/Insurance	358717.85	18%
Fundraising/Donations	1421.90	6%
Grants (source and amount)	816489.73	42%
Other	294036.28	14%
Total	1,874835.76	100%

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 **\$380,756.24**

Number of months of unrestricted cash available **3 months at that time**

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	0
Office Space/Facility	\$6721.50 x 9	\$60,493.50
Staff Training/Technical Assistance	0	0
Transportation	0	0
Office Supplies/Equipment	0	0
Other (specify) Professional	various	\$7,000.00
Total	-	\$67,493.50

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, 2020 to June 30, 2021 (FY20). Include all paid employees regardless of FTE status.

$$\text{ATR} = \frac{\text{Total \# of paid employees who left employment during FY21}}{\text{Total \# of paid employees that are employed during FY21}} \times 100$$

66.67%

NOTE: this higher percentage is getting the renewal denial for the HF-ACT grant from DBH – we had to lay off 8 staff members

2. Annual turnover rate (ATR) for **regular and active volunteers** reported as a percentage from July 1, 2020 to June 30, 2021. **0%**

$$\text{ATR} = \frac{\text{Total \# of volunteers who stopped volunteering during FY21}}{\text{Total \# of volunteers that volunteer during FY21}} \times 100$$

- 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 FY21 to estimate health insurance coverage for all FTEs (use FTE total used to calculate FY22 BPI budget) in the categories below.

Health Insurance Coverage Type	# FTE
Medicaid	16
Medicare	0
Military (Defense Health Agency/TRICARE)	1
Affordable Care Act (purchased through HealthCare.gov)	1
Private health insurance (employer-based)	14
Uninsured	0
Other	4
Total	36

- 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**

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