## CITY OF UNALASKA FY24 COMMUNITY SUPPORT APPLICATION TITLE PAGE

ORGANIZATION:	Aleutian Pribilof Is	slands Association, l	Inc. FORMED: 1976							
MAILING ADDRESS	S: <u>1131 E. Internati</u>	onal Airport Rd CITY	Anchorage STATE AK ZIP	99518						
CHIEF EXECUTIVE	'S NAME & TITL	E: Dimitri Philemonof	f, President/CEO							
CONTACT'S NAME	& TITLE (if differ	rent): Luke Stowe, Co	ommunity Health Services Exe	cutive Assistant						
TELEPHONE NUME	BER: 907-276-270	00 FAX	NUMBER: 907-222-4279							
EMAIL: lukes@apiai	.org	AMOUNT OF FY2	3 AWARD: \$_140,000							
IF REQUESTING MORE FOR FY23 THAN AWARDED IN FY24 BRIEFLY EXPLAIN WHY:  Organization's Fiscal Year: From October 1 to September 30										
FY24 REQUEST: \$_	FY24 REQUEST: \$ 130,000 LOCAL PROGRAM BUDGET TOTAL: \$ \$ 394,946									
	SUMMARY	Y OF FY24 SOUR	CES OF INCOME:							
Grants	City	44%	Fees/Earned Income	<u>6.76</u> %						
	State	<u>7.09</u> %	Fundraising	<u>.93</u> %						
	Federal	<u>81.07</u> %	In Kind	0.0 %						
	Other Grants	_2.36_%	Other Income	1.35_%						
Please list the prim	ary budget cate	gories the City will	be funding (do not include	sub items):						
Did applicant atten	d a Grant Help V	Vorkshop in the las	t 3 years? Yes X No							
*IRS Non-Profit Sta	tus: Is the orgar	nization's IRS filing	current? Yes_X_ No	-						
*Alaska Incorporati	*Alaska Incorporation Status: Is the organization's State filing current? Yes X No									
of this application have that <u>all</u> contents of the Guidelines, both appro-	been reviewed and City of Unalaska Co	approved by the Board mmunity Support FY24	nd the Director/Executive acknow d of Directors. The signatures for Application packet and the Cor to been reviewed and will be follow	urther indicate mmunity Support						
organization.  Make	Ing any	_1/	19/23							
Chair/President, Board o	f Directors	Date	·~ 22							
Director/Executive Direct	or/General Manager	Date	-14-2							
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#### I. EXECUTIVE SUMMARY

**A. Executive Summary:** Aleutian Pribilof Islands Association, Inc. (APIA) Integrated Health Department, Community Health Services (CHS) Division provides behavioral health care, community wellness activities, healthy relationship services, youth programs, and elder care services in Unalaska. Similar to previous years, some of the most frequently requested services in Unalaska are around substance abuse prevention and treatment, diabetes awareness, which includes access to healthy foods, and services for Elders. With the prolonged pandemic, some of these health concerns have elevated. On July 25, 2022, Alaska Health Analytics and Vital Records Section and the Office of Substance Misuse and Addiction Prevention released the 2021 Drug Overdose Mortality Update. The report showed an AN/AI overdose rate of 77.7 deaths per 100,000 people, up from 40.1 in 2020. compared to an overdose death rate of 35.2 for all of Alaska, up f. Continued focus on mental health, substance abuse services, and prevention is needed.

APIA offers these services at two locations in Unalaska: Oonalaska Wellness Center (OWC) and the APIA Biorka Clinic. We are the only State of Alaska certified organization for comprehensive mental health and substance abuse services for residents in Unalaska. These services are available to tribal and non-tribal community members. APIA BH collaborates with community partners to meet the behavioral health demands in the community. Another vital part of services in Unalaska includes our behavioral health providers responding to unforeseen crisis situations. Without behavioral health support, the burden to provide needed care would fall to other stressed community service organizations (e.g., law enforcement and medical providers).

This grant enables APIA to retain quality providers and host community events that align with requested services. We strive to hire staff skilled in working with individuals and families experiencing a variety of life challenges. Moreover, this award dovetails with APIA's mission to assist in meeting health, safety, and well-being of each Unangan community.

Funding will be allocated to maintain adequate behavioral health staffing for the community. We aim to have a strong behavioral health workforce available to Unalaskans. This award will help support 1 FTE for direct behavioral health services including Master's level providers. Behavioral health staff are qualified to work with individuals with co-occurring disorders (i.e., substance abuse disorders and mental health disorders such as depression or post-traumatic stress disorder). The additional salary costs, to support the staff members, will be covered by the State of Alaska or other grant funds. Positions will continue to—1) support APIA BH with providing services to meet court referrals requirements, 2) provide individualized, culturally responsive treatment to individuals with a dual-diagnosis whose relapse may be a direct trigger of a mental health issue such as history of trauma, and 3) support outreach in the community and prevention efforts.

In addition to staffing support, this project proposal includes—1) collaborating and coordinating with local organizations on prevention efforts, 2) supporting on-going activities for youth and elders, and 3) hosting Alcohol and Drug Information School classes.

**APIA is requesting a total of \$130,000** to meet the staffing needs and targeted activities that will have a direct benefit to residents of Unalaska. This is a decrease of \$10,000 from FY23.

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<sup>&</sup>lt;sup>1</sup> https://stateofreform.com/featured/2022/08/drug-overdose-deaths-increased-in-alaska-in-2021/

#### II. ORGANIZATION INFORMATION

**B.** Organization Programming: APIA's mission is to 1) provide self-sufficiency and independence of the Unangan by advocacy, training, technical assistance, and economic enhancement; 2) assist in meeting health, safety, and well-being of each Unangan community; 3) promote, strengthen, and ensure the unity of Unangan; and 4) strengthen and preserve Unangan cultural heritage.

A summary of services provided by APIA to the community of Unalaska include: Behavioral Health Services: APIA offers culturally responsive behavioral and mental health services. Our staff are well-trained professionals and emerging professionals. Our program is nationally accredited by the Joint Commission. We are a State of Alaska approved site, which means we are obligated to see all individuals in a community, not just Indian Health Services beneficiaries. We provide individual, family, couples, and group therapies as well as psychoeducation classes. APIA contracts for afterhours, evenings, holidays, and weekends provider coverage via an on-call phone service. Thus, a professional is accessible at all times to the community. Psychiatric services are available via video tele-delivery services. This summer will be our fifth year offering an Intensive Outpatient Program (IOP). This is the first American Society of Addiction Medicine level 2.1 program available in the region. This means individuals can stay in Unalaska while receiving intensive recovery treatment. Our behavioral health team are readily available during tragic events. We plan to maintain this level of professionalism into the future. Moreover, we have an additional pool of behavioral health professionals who travel to Unalaska and provide video therapy. This helps to diversify access to behavioral health services to Unalaskan residents. Benefits to Unalaska: A robust offering of behavioral health and mental health services are available to all community members in Unalaska. If a provider is not on island or if a community member prefers, we have video tele-delivery services available to see a provider based in Anchorage. Behavioral Health Aide (BHA) Program: Promotes individuals, families, and communities to resume responsibility for their lives through self-reliance, self-determination, and involvement in community development. This program builds on existing successful community services and resources and supports community-based programs to strengthen their ability to successfully co-develop solutions that will work in the community. Provides basic behavioral health care and support depending on behavioral health aide certification level. Benefits to Unalaska: This program provides a work-based, supportive training program for those interested in the behavioral health field. Local prevention staff, the BHA, can provide educational services on issues such as suicide, alcohol and drug use, and tobacco prevention. BHAs support a comprehensive care team.

Wellness Programs: Focuses on prevention of chronic illnesses, such as diabetes and tobacco prevention. Sponsors educational activities in schools and local community settings while promoting healthier lifestyles. Benefits in Unalaska: Provides healthy lifestyle activities to Unalaska residents eager to learn and use healthy life habits. This program has hosted, health walks, wellness booths at community events.

Billing Consultant: Seeks to maximize collection of alternate payers to fund behavioral health programs, including private insurances, Medicaid, Denali Kid Care, and Medicare. Benefits in Unalaska: Submits billable services, which generates third party revenue

applicable to sustaining and enhancing behavioral health services. APIA's billing helps support sliding fee scale options including full write-off services for clients with financial difficulty.

Regional Tribal Health Clinic: Ensures primary health care to Unalaska tribal members. In Unalaska, this includes home monitoring and case management for chronic care tribal patients. APIA has been working with IFHS on a strengthened partnership for primary care as well as behavioral health. Benefits in Unalaska: Facilitates an integrated approach to wellness. Ensures behavioral health clients appropriately receive referrals and reasonable access to primary care services as needed.

Eldercare Program: APIA provides elder outreach and case management services to help link elders to necessary care. Benefits in Unalaska: Provides an additional resource for local Unalaska Elder residents to remain in their community rather than relocating to a nursing home, thereby reducing psychological and physical distress.

Youth Services Program (YSP): The YSP offers services for youth around prevention and education. We have a regional youth advisory council to help inform programming for youth. Benefits in Unalaska: With youth-informed programming, we anticipate continued targeted, peer-driven youth services.

Healthy Relationships Team: The Healthy Relationships Team offers awareness raising campaigns such as domestic violence prevention and stalking awareness. We have two certified advocates and a strong partnership with local agencies addressing domestic violence such as USAFV and Alaska Native Justice Center. Benefits in Unalaska: The Healthy Relationships Program aims to not duplicate services in Unalaska, rather we want to collaborate with USAFV and enhance outreach and educational efforts to Unalaskans.

Administration: APIA Health Board Committee provides leadership of programs, budgets, compliance, evaluation of programs and services, consumer relations concerns, development of current and long-term strategic planning, and provides board representation on the Alaska Native Health Board, the Alaska Native Tribal Health Consortium, and various other health service boards and committees. In addition to our Board, Administration includes Human Resources and Finance. Human Resources assists with annual evaluations and overall policy compliance. The Finance team is led by a qualified Chief Financial Officer (CFO). They offer budget support on grants, process accounts payable and receivable, travel, and payroll. Benefits in Unalaska: Provides support for and direction around development of services in Unalaska. Harriet Berikoff is the Qawalangin Tribe representative from Unalaska. Our CFO reviews all budget document associated with this award. Also, our Travel Coordinator assists with arranging travel for staff from Unalaska to attend trainings and travel for Anchorage based staff to travel to Unalaska.

C. Organization History and Experience: APIA has been a 501c3 nonprofit Native corporation since 1976. APIA is a federally-recognized tribal organization that represents the Unangan (Aleut) people in the Western Aleutian Region of Alaska. A 13-member Board of Directors guides APIA in providing services. The board is composed of Alaska

representatives from each village in the region (including Unalaska). APIA has an extensive history of providing services across the spectrum of health, education, economic development, public safety, environmental, and cultural revitalization all of which are services equally benefited by the community of Unalaska. Our President/Chief Executive Officer, Mr. Dimitri Philemonof, has longevity in his role and a passionate commitment to the region.

APIA's programs have served the health and wellness needs of Unalaska for over 40 years. Our BH program began in the early 1990's to address mental health and substance abuse issues of its Unangan beneficiaries. The initial effort led to continued growth, and we are now well poised to serve beneficiaries and non-beneficiaries alike. In 2015, APIA became nationally accredited by the Joint Commission on Accreditation as an ambulatory and behavioral health facility, along with primary care medical home certification. This highlights our commitment to quality services.

APIA Community Health Services values collaborative efforts within the community including working with the senior center, domestic violence shelter, school district, and Iliuliuk Family Health Services. Our APIA BH and Wellness team are proactive with strengthening relationships with organizations to promote community wellness and increase awareness around behavioral health services available in Unalaska. Moreover, APIA completed a formalized Memorandum of Agreement between BH and Head Start program to provide mental health classroom observations. We have a collaborative relationship with USAFV and Public Safety. Our program also offers a recovery program that includes ten (10) hours per week of treatment for twelve (12) weeks. We feel as if our program is an essential part of Unalaska's continuum of care for the following reasons: 1) APIA BH offers culturally-responsive substance abuse and mental health services under the direction and supervision of qualified leadership, 2) Our clinic promotes an individually-defined, well-balanced mental, spiritual, and physical lifestyle, and 3) We encourage collaborative relationships with clients to guide them to view problems from a strengths-based lens.

- D. Community Relevance: For the entire community, not just Indian Health Services beneficiaries, APIA provides comprehensive services including community outreach, prevention efforts, case management services, individual, couples, family, and group therapies, State of Alaska approved Alcohol Drug Information School classes, psychological assessments, classroom observations for Head Start, culture classes/events, and intensive outpatient treatment program. We also offer services to loved ones of individuals struggling with a substance use disorder. This is an evidenced base intervention called: Community Reinforcement and Family Training (CRAFT). Through APIA's services, citizens of Unalaska have available to them behavioral health aides, Master's level providers (including social workers and counselors), psychologists, and contract tele-psychiatry. APIA is the only State of Alaska substance abuse provider in Unalaska. As community members express their concerns, APIA staff are responsive and flexible by developing and expanding existing services to meet individual needs to the extent possible. Currently, APIA and IFHS collaborate to ensure community members' needs are met via referrals.
- E. Program/Service Delivery: APIA Community Health Services Programs provide services in accordance with State of Alaska Department of Health and Human Services regulations and

the Joint Commission Accreditation national quality standards. APIA behavioral health policies and procedures are reviewed and updated to reflect such regulations, including required documentation criteria, meaningful use for screenings and assessments, safety and risk management, and leadership. Strategies for delivery of services emphasize a holistic, integrated approach to wellness. Furthermore, activities include a variety of best practice treatment modalities (e.g., cognitive behavioral therapy, Trauma-informed care, EMDR). We aim to have at least two Master's level providers for long-term stability of the clinic based in Unalaska. We have a locum Clinical Psychologist, based in Anchorage, assigned to Unalaska to support stability of care and support for regional based staff. The goal is to have staff feel supported and decrease feelings of isolation. APIA, in partnership with other agencies and community members, started a Community Action Group to discuss matters around substance misuse in the community. Stigma was a topic the committee wanted to address. The committee worked with KUCB on efforts to reduce stigma. Since COVID-19, this group has not been as active. The meetings were restarted in late 2022. Outreach services are developed in collaboration with local community partners (e.g., data from community assessments and attending the interagency monthly meetings). Clients are referred to other service providers in the community and outside of the community as deemed necessary, including IFHS, OWC Primary Care services to best serve the whole person, or a residential treatment facility. Some Behavioral Health staff in Unalaska are supervised by a Licensed Clinical Psychologist based in Anchorage. The Licensed Clinical Psychologist is supervised by the Community Health Services Regional Director, who holds a doctorate degree in Clinical-Community Psychology. Community Health Services (CHS) operates under a team approach, where staff work together on initiatives and targeted services. The CHS team stays connected via regional group behavioral health supervision, individual supervision, and regional team meetings.

- F. Director/Staff/Volunteer training: APIA Health Board committee representative/s attend annual trainings such as National Reservation Economic Summit, Regional 10 Tribal Consultation, and/or Indian Health Services Negotiations & Consultations.

  New personnel, both paid and volunteer, are required to complete a comprehensive organizational orientation, which includes an overview of policies and procedures, cultural training, and specific training on Health Insurance Portability Accountability Act (HIPAA). Employees and volunteers are required to complete annual trainings on HIPAA, mandated reporting, fire safety, tuberculosis, and other environmental safety competencies. Each year staff performance reviews are conducted. At this time, a personalized training plan is created for the following year. Furthermore, behavioral health clinicians are required to maintain current licensure or work towards licensure, which requires engaging in continuing education credits.
- **G. Director and Staff Evaluation:** Annual staff evaluations are required for all personnel. This includes rating staff on key organizational competency areas (e.g., dependability, following the mission statement, etc.). Furthermore, at the annual evaluation, a review of job-specific-tasks are assessed (e.g., completing case notes), specific trainings are identified for future growth, and goals for the coming year are defined. The President/CEO evaluates the Community Health Services Director. The Chief Executive Officer (CEO) is evaluated by the Board.

H. Governing Body/Board: The APIA Board Health Committee provides oversight of programs, budgets, compliance, evaluation of programs and services. They engage in the development of current and long-term strategic planning. The Board is vital to APIA CHS for two key reasons: 1) Reviews all consumer related concerns and 2) Provides guidance, support, and approval of expanding program services. Areas of emphasis from the board are around treatment for substance abuse disorders and eldercare services. The Board Health Committee is a sub-committee of APIA's full Board. APIA Board is comprised of thirteen members.

## **Current Chart of Board Members**

Annotated List of Board of Directors:

Mark Snigaroff, Chair, Atka IRA Council (1990-Present)

David Osterback, Vice Chair, Qagan Tayagungin Tribe of Sand Point (2013-Present)

Zenia Borenin, Secretary/Treasurer, Akutan Traditional Council (1989-Present)

Amos Philemonoff, Sergeant of Arms, Tribal Government of Saint Paul (2014-Present)

Delores Kochuten, Belkofski Village Council (2018-Present)

William Shellikoff, Jr., False Pass Tribal Council (2015-Present)

Etta Kuzakin, Agdaagux Tribal Council of King Cove (2014-Present)

Leona Nelson, Nelson Lagoon Council (1999-Present)

Arnold Dushkin, Nikolski IRA Council (2003-Present)

Hilary Smith, Pauloff Harbor Tribe (1988-Present)

Amy Foster, Unga Tribal Council (2017-Present)

Mark Merculief, Jr., St. George Traditional Council (2020-Present)

Harriet Berikoff, Qawalangin Tribal Council of Unalaska (returned in 2021-Present)

I. **Program Evaluation:** Throughout the year, APIA BH and Wellness programs evaluate performance utilizing both qualitative and quantitative data points. Evaluation findings are shared with the board. Evaluation data assist in program development and service improvements. APIA utilizes the following evaluations:

Outcomes Questionnaire (OQ): The OQ is an evidence-based screening tool, which meets Joint Commission and State of Alaska requirements.

Improving Patient Care (IPC), Electronic Health Records (EHR), AKAIMS and Government Performance and Results Act (GPRA): These data collection systems are used by APIA for monitoring client services, areas for improvement and opportunities for change. Behavioral health measures such as depression screenings, family violence, and tobacco use are some examples of areas being regularly screened.

Client feedback: APIA strives to seek client feedback throughout the client-therapist relationship. Such feedback facilitates the opportunity for clients to develop interpersonal skills (e.g., ability to advocate for oneself, set boundaries, etc.) and provides an evaluation of the provider services and opportunities for improvement.

*Peer chart reviews*: Chart reviews are conducted by peers and helps our program improve processes and ensures clients receive quality care. Moreover, our charts are audited by an outside billing consultant to ensure all components of treatment are present (e.g., an assessment, treatment plan, session documentation, etc.) for billing purposes.

Joint Commission on Accreditation site visit: Our State of Alaska grantor requires national accreditation. APIA had a site visit in October 2015. We were granted a three-year

accreditation. During our re-evaluation, in 2019, we were fully accredited for another three years. Our last site visit was in 2022, when we were fully accredited once again. *Community event evaluation forms*: APIA has used paper and pencil evaluation forms post community events. We are looking into acquiring hardware and software for an interactive input platform (e.g., iClicker), which collects and compiles data from a group of participants or survey monkey.

## III. PROPOSAL

- J. Need: Community members in Unalaska have expressed to APIA Integrated Health Department anecdotal/lived concerns around the rise in opioid and other drug misuse in the community and the desire to have access to quality, stable behavioral health and wellness services in the community. With the pandemic, this concern has remained. Through reviewing previous services delivered in Unalaska, APIA is meeting the behavioral health needs around providing treatments for depression, post-traumatic stress, and substance use disorders. APIA plans to maintain quality outpatient substance abuse treatment, while at the same time plan additional services in Unalaska to treat substance abuse disorders (e.g., Intensive Outpatient Program, Men's Groups, and Women's Groups). These services were well received over the past years. Targeted early prevention programing is warranted as well. Moreover, an increase in the geriatric population is anticipated throughout the region. APIA CHS teams aim to support our aging population through access to health screenings, activities to decrease isolation, and information to support successful aging. Over the years, it has become clear that enhanced systems work is needed to support individuals who are emotionally unstable but medically cleared and not a threat to the community to be in jail. Leaving them to their own devices could lead to greater deterioration of their situation. This could lead to needing preventable medical attention or being arrested. We are working with the safety committee in Unalaska to discuss processes in these situations.
- **K. Target Population:** The target population for this grant is the community of Unalaska (approximately 4,724). Specifically, this grant will serve individuals experiencing a substance use disorder (SUD) and/or mental health (MH) disorder, family members, and the broader community via intervention and prevention efforts. Supporting the health and wellness of one individual through prevention and intervention efforts in turn benefits the individual's family and supports the overall wellness of a community. Services at APIA are available to individuals throughout their lifespan.
- L. Proposed Description/Proposed Project: Behavioral health and wellness services are provided by qualified staff. This can vary from entry level providers, following an outlined training and supervision plan, to seasoned licensed providers. Offering the opportunity to hire entry-level positions in Unalaska assists with workforce development in the region.

APIA maintains positive relationships with off-island inpatient care providers in the event we need to refer clients who require higher levels of care. APIA maintains an MOA for telebehavioral psychiatry services with Dr. Rachad Rayess. These services meet the needs for

psychotropic medications and psychiatric consultation for needs outside the scope of our providers.

Prevention, outreach, and education initiatives are implemented by the APIA CHS staff (BH Clinicians, Behavioral Health Aides, Youth Services Program staff, Healthy Relationship Advocates, and Wellness staff) with support by the Regional Clinical Supervisor/Licensed Psychologist, Wellness Lead, Community Health Services Director, and administrative support staff. To be successful, APIA CHS team actively collaborates with community partners, including the interagency council members, public safety, senior center, school district, tribe and local city governments on an ongoing basis to enhance service delivery to clients in Unalaska.

APIA aims to reach the target population for this award through prevention/outreach activities and providing services to individuals who are court ordered, referred from other agencies, or self-referred. Being a State of Alaska grantee, APIA is required to provide services to the entire community and offer a sliding fee scale to ensure access to care. We are working on educating the community/marketing around the comprehensive services provided through APIA BH.

During the FY 2024 grant year, APIA plans to:

- 1) Offer well-rounded behavioral health services that align with needs of the entire community.
- 2) Enhance prevention and outreach efforts in topic areas that align with community request (e.g., anti-bullying, suicide prevention, and healthy lifestyle choices such as pro-social activities, nutrition/traditional foods, cultural values, and safe partner relationships). These events will comply with local mandates related to COVID-19.
- 3) Network with community partners in Unalaska to prevent and decrease drug use in the community.

## M. Goals & Objectives:

*Goal 1*— APIA will offer well-rounded behavioral health services that align with needs of the entire community.

Objective 1: APIA will retain Behavioral Health staff in Unalaska that will serve as a point of contact in Unalaska for behavioral health services, which includes the intensive outpatient program (IOP). The IOP is a recovery program for individuals and family members struggling with substance misuse that reside in Unalaska.

Objective 2: APIA BH will continue to host Alcohol and Drug Information School classes quarterly or as needed. The class will support individuals who are either struggling with addiction, interested in services, or family members who have a loved one that is addicted and may be at a loss for how to help them get help.

Objective 3: Work closely with IFHS and Public Safety to respond to crisis situations that may arise. This includes providing a psychological assessment, screening for suicidality, and assisting with Title 47s to aid in getting an individual to higher level of care (e.g., Alaska Psychiatric Hospital).

The anticipated outcome is to decrease feelings of psychological stressors such as social isolation and behavioral challenges such as substance misuse among clients, provide educational opportunities, increase access to health services, and offer robust behavioral health services to meet the needs of Unalaskans. These are ongoing activities.

Goal 2 – APIA will enhance prevention and outreach efforts to align with relevant community needs (e.g., anti-bullying, suicide prevention, and healthy lifestyles such as prosocial activities, nutrition /traditional foods, cultural values, and safe partner relationships). APIA will follow all COVID-19 mandates, which may impact a planned activity. Objective 1: APIA staff will coordinate with the school, Tribe, USAFV, and other community partners to support educational opportunities for the community. This may include assisting with classroom or community projects such as teaching Unangan values and providing services at Unalaska culture camp. These activities will follow the timeline proposed by the school, tribe, USAFV, or community calendar (e.g., culture camp in the summer and classroom-based activities during the school year).

Objective 2: APIA will collaborate with community partners to host an annual health fair. If it aligns with the community calendar, we plan to hold the health fair in March. Booths will include a number of health promotion and educational materials. We will monitor how to host the 2023 health fair to ensure COVID-19 case numbers and city mandates are considered. We are hopeful that a 2023 health fair can be held in person again.

The anticipated impact is that youth, adults, and elders in the community will feel better informed and supported to face some of the health and social concerns they are facing.

*Goal 3* – Network with community partners in Unalaska to prevent and decrease drug use in the community.

<u>Objective 1</u>: APIA staff will attend ongoing local community interagency meetings and maintain open dialogue with local organizations.

Objective 2: In partnership, APIA will host (or co-host) local events specific to the topic identified as pressing needs. A recent example of this includes the Community Action Group. These meetings will continue as long as there is community interest. This will occur throughout the calendar year and comply with pandemic precautions.

The anticipated outcome for this goal is to work with community partners to invite individuals and families to voice their ideas and have grassroots, localized plans to address substance misuse in the community.

**N. Other Resources:** APIA works closely with tribal, state, federal, and local nonprofit entities to ensure all individuals have access to care. Collaboration with these entities enables APIA

to provide quality services to the community. A valuable collaboration includes a memorandum of agreement with Dr. Rachad Rayess for psychiatric consultation for adults and youth. Dr. Rayess utilizes tele-psychiatry to consult on cases requiring psychotropic medication management and psychiatric mental status exams. This partnership increases access to care especially for clients choosing to remain in Unalaska where a psychiatrist is not on island. APIA secured a contract with Avail Solutions for evenings, weekends, and holidays coverage of the crisis phone line. This allows for local staff to have off during evenings, weekends, and holidays, while at the same time having a needed resource available to the community. This is in effort to increase staff retention and have trained professionals available to the community. For immediate crisis in Unalaska, we are working with public safety to have individuals call 911 and then the dispatcher will call an APIA BH provider if there is a mental health crisis. In addition to external resources, APIA accesses internal resources to support our success in Unalaska. These resources include a strong administration, partnerships with other departments including Cultural Heritage, Community & Family Development Department, and our Behavioral Health Program's collaborations with the Eldercare Program, Primary Care, and other Community Health Services programming.

O. Program Budget & Narrative: Please see separate spreadsheet for complete budget requirements. We have over 50 grant programs to support the four different departments at APIA. APIA has been approved to consolidate our overall budgets into one column. Below is the budget narrative for requested funds from the City of Unalaska.

## Personnel—

Salaries: BH Provider @ 1 FTE – Will provide direct client care to the individuals in Unalaska. This will include assessments, individual, group, and family therapy, and community outreach efforts. Provide court-referred clients with intake, assessment, and psychotherapy, comprehensive community support services to include Alcohol and Drug Information School (ADIS), assist with implementing the intensive outpatient program in Unalaska, lead group sessions as needed, and community outreach such as classroom presentations to students. Base salary \$91,160; the total of \$91,160 is requested from this award proposal.

Total Salary: \$91,160

This is the same as FY23.

<u>Fringe Benefits:</u> Benefits will include FICA, SSN, long/short term disability, and retirement for a total cost of \$36,464 requested from this grant award. **Behavioral Health Clinician** @ 1 FTE – This position has a benefit rate of 40%. Total is \$36,464.

Total Fringe: \$36,464

This is the same as FY23.

**Total Personnel: \$127,624** 

No increase for Personnel from FY23.

Facilities-

Maintenance: None requested.

**Total Facilities: \$0** 

This is the same as FY23.

Program Costs/Supplies and Commodities—

<u>Dues & Fees:</u> Funds will be used maintain professional licensures.

Commodities (food & office supplies): general office supplies (\$376) and food supplies

(\$2,000) for outreach opportunities.

**Total Program Costs/Supplies: \$376** 

**Total Commodities: \$2,000** 

**Total: \$2,376** 

This is a decrease of \$2,500 from FY23.

Travel-

Travel

**Total Travel: \$0** 

This is a decrease of \$5,000 from FY23.

Training-

Training

**Total Training: \$0** 

This is a decrease of \$2,500 from FY23.

Other/Misc.-

Miscellaneous:

**Total Other/Misc: \$0** 

This is the same as last year.

**AWARD TOTAL: \$130,000** 

This is a decrease of \$10,000 from FY23.

Revenue Detail:

Fee for Services –

# CITY OF UNALASKA FY24 COMMUNITY GRANT PROGRAM ESTIMATED REVENUES - Aleutian Pribilof Islands Associatin, Inc

**Use this to complete letter O, in Section III of application**						
Estimated Revenue Total		100%				

Fees for Services (cash)	Amounts	% of Total Revenue
Medical Billing from all clinics	\$ 2,000,000.00	6.76%
	\$ -	0.00%
	\$ -	0.00%
Fees for Services Total	\$ 2,000,000.00	6.76%

Grants	Amounts	% of Total Revenue
Local - City	\$ 130,000.00	0.44%
State -	\$ 2,100,000.00	7.09%
Federal -	\$ 24,000,000.00	81.07%
Other -	\$ 700,000.00	2.36%
Grants Total	\$ 26,930,000.00	90.96%

		% of Total
Fundraising (cash)	Amounts	Revenue
Donations for Cultural Heritage	\$ 275,000.00	0.93%
	\$ -	0.00%
	\$ -	0.00%
Fundraising Total	\$ 275,000.00	0.93%

In Kind Donations	Amounto	% of Total
III KIIIU DOIIAUOIIS	Amounts	Revenue
	\$ -	0.00%
		0.00%
	\$ -	0.00%
	\$ -	0.00%
	\$ -	0.00%
	\$ -	0.00%
	\$ -	0.00%
In Kind Donation Total	\$ -	0.00%

			% of Total
Other Sources of Revenue		Amounts	Revenue
Gaming Revenue (Bingo / Pulltabs)	\$	400,000.00	1.35%
Investment Income (Securities & Real Estate	\$	150,000.00	0.51%
	\$	-	0.00%
Other Sources of Revenue Total	\$	400,000.00	1.35%
Other Sources of Revenue Total	Þ	400,000.00	1.35%

Estimated Revenue Total	\$ 29,605,000.00	100%

#### FY24 GRANT PROGRAM ESTIMATED EXPENDITURES - Aleutian Pribilof Islands Association

**Use this to complete letter O, in Section	on III of application	n**												
	City Request	%	Grant A	%	Grant B	%	Cash	%	Other	%	In Kind	%	Total	
EXPENDITURES SUMMARY	\$ 130,000,00	100.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%		0.00%			\$ 130,000.00	100%
	ψ 100,000.00	10010070	Ψ	0.0070	· ·	0.0070	Ψ	0.0070	Ψ	0.0070	¥	0.0070	Ψ 100,000.00	10070
	0.577.550													
BUDGET LINE ITEMS	CITY REQ	UEST	Orant A	0/	Orant D	I 0/	Cook	OTH		0/	In Kind	1 0/	Tatal	0/
Personnel - Salaries Behavioral Health Clinician (1 FTE)	City Request 91,160.00	100%	Grant A	0%	Grant B	<b>%</b> 0%	Cash -	<b>%</b> 0%	Other 5	<b>%</b> 0%	In Kind	<b>%</b> 0%	<b>Total</b> \$ 91,160.00	<b>%</b> 100%
etc.	\$ 91,160.00	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ 91,160.00	#DIV/0!
etc.	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
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Personnel - Salaries Subtotal		100%	\$ -		\$ -		\$ -		\$ -		\$ -			#VALUE!
Personnel - Benefits	City Request	%	Grant A	%	Grant B	%	Cash	%	Other	%	In Kind	%	Total	%
Behavioral Health Clinician (40%)	\$ 36,464.00	100%	\$ -	0%	\$ -	0%	\$ -	0%	\$ -	0%	\$ -	0%	\$ 36,464.00	100%
etc.	<b>5</b> -	#DIV/0! #DIV/0!	\$ - \$ -	#DIV/0!	\$ - \$ -	#DIV/0!	\$ - \$ -	#DIV/0!	\$ - \$ -	#DIV/0!	\$ - \$ -	#DIV/0! #DIV/0!	\$ - \$ -	#DIV/0! #DIV/0!
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	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Personnel - Benefits Subtotal	\$ 36,464.00	100%	\$ -	0%	\$ -	0%	\$ -	0%	\$ -	0%	\$ -	0%	\$ 36,464.00	100%
Personnel - Payroll Expenses	City Request	%	Grant A	%	Grant B	%	Cash	%	Other	%	In Kind	%	Total	%
		#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
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Personnel - Payroll Expenses Subtotal	\$	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Personnel - Salary & Benefits Total	\$ 127,624.00	100%	\$ -	0%	\$ -	0%	\$ -	0%	\$ -	0%	\$ -	0%	\$ 127,624.00	100%
·														
Facilities	City Request	%	Grant A	%	Grant B	%	Cash	%	Other	%	In Kind	%	Total	%
Rent/Leases	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Communications	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Utilities	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Maintenance	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Facilities Total	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Program Costs/Supplies	City Request	%	Grant A	%	Grant B	%	Cash	%	Other	%	In Kind	%	Total	%
Program Supplies	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Printing - Brochures Community Outreach Costs	\$ -	#DIV/0! #DIV/0!	\$ - \$ -	#DIV/0! #DIV/0!	\$ -	#DIV/0! #DIV/0!	\$ - \$ -	#DIV/0! #DIV/0!	\$ - \$ -	#DIV/0! #DIV/0!	\$ -	#DIV/0! #DIV/0!	\$ - \$ -	#DIV/0! #DIV/0!
Advertising	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Dues/Fees/Subscriptions	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
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Program Costs Total	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0:	*	#21170.					Ψ -	
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Equipment	City Request	%	Grant A	%	Grant B	%	Cash	%	Other	% #DIV/O	In Kind	%	Total	% #DIV/OI
Equipment Equipment Purchase/Lease	\$ -	% #DIV/0!	Grant A	<b>%</b> #DIV/0!	Grant B	<b>%</b> #DIV/0!	Cash	<b>%</b> #DIV/0!	\$ -	#DIV/0!	In Kind	% #DIV/0!	Total	#DIV/0!
Equipment Equipment Purchase/Lease Equipment Maintenance	City Request  S -	% #DIV/0! #DIV/0!	Grant A \$ - \$ -	% #DIV/0! #DIV/0!	Grant B	% #DIV/0! #DIV/0!	Cash	% #DIV/0! #DIV/0!	\$ - \$ -	#DIV/0! #DIV/0!	In Kind \$ - \$ -	% #DIV/0! #DIV/0!	Total	#DIV/0! #DIV/0!
Equipment Equipment Purchase/Lease	\$ -	% #DIV/0!	Grant A	<b>%</b> #DIV/0!	Grant B	<b>%</b> #DIV/0!	Cash	<b>%</b> #DIV/0!	\$ - \$ -	#DIV/0!	In Kind \$ - \$ -	% #DIV/0!	Total	#DIV/0!
Equipment Equipment Purchase/Lease Equipment Maintenance Equipment Total	\$ - \$ -	% #DIV/0! #DIV/0!	Grant A \$ - \$ - \$	% #DIV/0! #DIV/0!	Grant B	% #DIV/0! #DIV/0! #DIV/0!	Cash \$ - \$ -	% #DIV/0! #DIV/0!	\$ - \$ -	#DIV/0! #DIV/0! #DIV/0!	In Kind	% #DIV/0! #DIV/0! #DIV/0!	Total \$ - \$ -	#DIV/0! #DIV/0! #DIV/0!
Equipment Equipment Purchase/Lease Equipment Maintenance Equipment Total  Commodities (food, cleaning products)	\$ - \$ - City Request	% #DIV/0! #DIV/0!	Grant A \$ - \$ - \$ -	% #DIV/0! #DIV/0! #DIV/0!	Grant B \$ - \$ - Grant B	% #DIV/0! #DIV/0! #DIV/0!	Cash \$ - \$ - Cash	% #DIV/0! #DIV/0! #DIV/0!	\$ - \$ - <b>\$</b> -	#DIV/0! #DIV/0! #DIV/0!	In Kind   \$ -   \$ -     \$ -	% #DIV/0! #DIV/0! #DIV/0!	Total \$ - \$ - Total	#DIV/0! #DIV/0! #DIV/0!
Equipment Equipment Purchase/Lease Equipment Maintenance Equipment Total  Commodities (food, cleaning products) Food	\$ - \$ -	% #DIV/0! #DIV/0!  #DIV/0!	Grant A   \$ -	% #DIV/0! #DIV/0! #DIV/0!	Grant B \$	% #DIV/0! #DIV/0! #DIV/0!	Cash \$ - Cash \$ -	% #DIV/0! #DIV/0! #DIV/0!	\$ - \$ - <b>\$</b> -	#DIV/0! #DIV/0! #DIV/0! % 0%	In Kind \$ - \$ -  In Kind \$ -	% #DIV/0! #DIV/0! #DIV/0!	* - * * - * * - * * - * * * - * * * 2,000.00	#DIV/0! #DIV/0! #DIV/0! % 100%
Equipment Equipment Purchase/Lease Equipment Maintenance Equipment Total  Commodities (food, cleaning products) Food Household Supplies	\$ - \$ - City Request \$ 2,000.00 \$ -	% #DIV/0! #DIV/0! #DIV/0!  % 100% #DIV/0!	Grant A   \$ -	% #DIV/0! #DIV/0! #DIV/0!  % 0% #DIV/0!	Grant B \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	% #DIV/0! #DIV/0! #DIV/0!  % 0% #DIV/0!	Cash \$ - \$ -  Cash \$ - \$ -	% #DIV/0! #DIV/0! #DIV/0!  % 0% #DIV/0!	\$ - \$ - <b>Other</b> \$ - \$ -	#DIV/0! #DIV/0! #DIV/0! % 0% #DIV/0!	In Kind \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	% #DIV/0! #DIV/0! #DIV/0!  **DIV/0!  % 0% #DIV/0!	Total \$ - \$ - Total \$ 2,000.00 \$ -	#DIV/0! #DIV/0! #DIV/0! #DIV/0!
Equipment  Equipment Purchase/Lease  Equipment Maintenance  Equipment Total  Commodities (food, cleaning products)  Food  Household Supplies  Office Supplies	\$ - \$ - \$ - City Request \$ 2,000.00 \$ - \$ 376.00	% #DIV/0! #DIV/0! #DIV/0!  % 100% #DIV/0!	Grant A   \$ -	% #DIV/0! #DIV/0! #DIV/0!  % 0% #DIV/0!  0%	Grant B \$ - \$ Grant B \$ - \$ -	% #DIV/0! #DIV/0! #DIV/0!  % 0% #DIV/0!  0%	Cash \$ - \$ -  Cash \$ -  Cash \$ -  Cash \$ -	% #DIV/0! #DIV/0! #DIV/0!  % 0% #DIV/0!  0%	\$ - \$ - <b>Other</b> \$ - \$ - \$ -	#DIV/0! #DIV/0! #DIV/0! % 0% #DIV/0! 0%	In Kind \$ - \$ -  In Kind  In Kind	% #DIV/0! #DIV/0! #DIV/0!  % 0% #DIV/0! 0%	Total \$ - \$ -  Total \$ 2,000.00 \$ - \$ 376.00	#DIV/0! #DIV/0! #DIV/0! *00% #DIV/0! 100%
Equipment Equipment Purchase/Lease Equipment Maintenance Equipment Total  Commodities (food, cleaning products) Food Household Supplies	\$ - \$ - City Request \$ 2,000.00 \$ -	% #DIV/0! #DIV/0! #DIV/0!  % 100% #DIV/0!	Grant A   \$ -	% #DIV/0! #DIV/0! #DIV/0!  % 0% #DIV/0!	Grant B \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	% #DIV/0! #DIV/0! #DIV/0!  % 0% #DIV/0!	Cash \$ - \$ -  Cash \$ - \$ -	% #DIV/0! #DIV/0! #DIV/0!  % 0% #DIV/0!	\$ - \$ - <b>Other</b> \$ - \$ -	#DIV/0! #DIV/0! #DIV/0! % 0% #DIV/0!	In Kind \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	% #DIV/0! #DIV/0! #DIV/0!  **DIV/0!  % 0% #DIV/0!	Total \$ - \$ - Total \$ 2,000.00 \$ -	#DIV/0! #DIV/0! #DIV/0! #DIV/0!

Travel	City Request	%	Grant A	%	Grant B	%	Cash	%	Other	%	In Kind	%	Total	%
Travel - Staff	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Travel - Other	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Travel Total	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Training	City Request	%	Grant A	%	Grant B	%	Cash	%	Other	%	In Kind	%	Total	%
Travel - Staff	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Travel - Other	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Training Total	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Professional Services	City Request	%	Grant A	%	Grant B	%	Cash	%	Other	%	In Kind	%	Total	%
Audit	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Bookkeeping	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Insurance	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Licensure	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Professional Services Total	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$	#DIV/0!	\$ -	#DIV/0!
Other/Misc.	City Request	%	Grant A	%	Grant B	%	Cash	%	Other	%	In Kind	%	Total	%
Fundraising Overhead	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$	#DIV/0!	\$ -	#DIV/0!	\$	#DIV/0!	\$	#DIV/0!
Miscellaneous	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$	#DIV/0!	\$ -	#DIV/0!
Other/Misc. Total	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
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	City Request	%	Grant A		Grant B	%	Cash	%	Other		In Kind	%	Total	
Project Totals	\$ 130,000.00	100.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ 130,000.00	100%

City of Unalaska FY24 Community Support Program Budget

## Statement of Financial Position September 30, 2021

<u>Assets</u>		Totals
Current assets:		
Cash and cash equivalents	\$	26,701,938
Receivable from funding agencies		1,643,260
Other receivables, net of allowance \$162,667		354,621
Prepaid expenses		37,885
Short-term note receivable		444,073
Accrued interest on note receivable		2,325
Total current assets	_	29,184,102
Long-term investments		11,370,249
Investment in joint venture		2,041,237
Bond issuance costs, net of accumulated amortization of \$1,141,615		-
Fixed assets, net of accumulated depreciation of \$9,916,528	_	22,372,057
Total assets	\$ _	64,967,645
<u>Liabilities and Net Assets</u>		
Current liabilities:		
Accounts payable	\$	535,210
Accrued compensation and		
related liabilities		1,613,242
Accrued interest		38,456
Deferred revenue		11,218,172
Current portion of long term debt		332,395
Total current liabilities	_ _	13,737,475
Long-term liabilities -		
Long term debt payable, net of current portion, net issuance costs (\$2,128,881),		
		6 501 100
net of accumulated amortization of (\$1,141,615)	_	6,581,198
Total liabilities	=	20,318,673
Net assets:		
With donor restrictions		8,613,698
Without donor restrictions	_	36,035,274
Total net Assets	_	44,648,972
Total liabilities and net assets	\$ _	64,967,645

## Statement of Activities Year Ended September 30, 2022

	Without Donor Restrictions	With Donor Restrictions	<u>Total</u>
Revenues:			
Compacts, grants and contracts	\$ 18,701,368	5,795,296	24,496,664
Investment income	(566,412)	-	(566,412)
Joint venture	805,683	-	805,683
Donations	329,037	-	329,037
Medical Billing Revenue	2,878,396	-	2,878,396
Other	523,121	62,275	585,396
Released from restriction	7,111,040	(7,111,040)	-
Total revenues	29,782,233	(1,253,469)	28,528,764
Expenses:			
Program services:			
Health care services	11,801,268	-	11,801,268
Elderly services	897,352	-	897,352
Children services	2,706,997	-	2,706,997
Social services	834,016	-	834,016
Education and training services	1,293,748	-	1,293,748
Community services	302,398	-	302,398
Public safety services	1,618,481	-	1,618,481
Land and resource services	30,835	-	30,835
Cultural heritage	1,116,419	-	1,116,419
Environmental services	226,756	-	226,756
Compact tribal support	1,929,822		1,929,822
Total program expenses	22,758,092	<del>-</del> -	22,758,092
Supporting services:			
Gaming and special services	336,881	<del>-</del> -	336,881
Administrative services	5,338,927	-	5,338,927
Less indirect cost recovery	(5,303,982)		(5,303,982)
Net administrative services	34,945	<u> </u>	34,945
Total expenses	23,129,918		23,129,918
Change in net assets	6,652,315	(1,253,469)	5,398,846
Net assets, beginning of year	29,382,959	9,867,169	39,250,128
Net assets, end of year	\$ 36,035,274	8,613,700	44,648,974

## Statement of Cash Flows Year Ended September 30, 2022

Cash flows from operating activities: Change in net assets	\$	5,398,846
A dissertance de la constitución		
Adjustments to reconcile change in net assets to		
net cash from operating activities:		002 505
Depreciation Amortization of debt issuance costs		882,585
		17,454
Amortization of debt premium Unrealized loss on investments		(13,505)
		875,615
Income earned from investments in joint ventures		(805,683)
(Increase) decrease in assets:		1 417 964
Receivable from funding agencies Settlement receivable		1,417,864
Other receivables		587,225
Prepaid expenses		(657,979) 6,583
Accrued interest on note receivable		29,067
Increase (decrease) in liabilities:		29,007
Accounts payable		(1,323,426)
Accrued compensation and related liabilities		144,663
Accrued interest		(5,484)
Deferred revenue		3,409,231
	_	
Net cash provided by operating activities	-	9,963,056
Cash flows from investing activities:		
Short-term note receivable		922,077
Payments received on long-term note receivable		220,276
Distributions received from joint venture		449,070
Purchases of securities		(2,309,983)
Proceeds from the sale of securities		2,218,000
Purchase of fixed assets		(4,836,815)
Net cash used in investing activities	_	(3,337,375)
The cash used in investing activities	_	(3,337,373)
Cash flows from financing activities -		
principal payments on long-term debt	_	(318,392)
Net increase in cash and cash equivalents		6,307,289
Cash and cash equivalents at beginning of year	<del>-</del>	20,394,649
Cash and cash equivalents at end of year	=	26,701,938
Supplemental disclosures of cash flow information - cash paid during the year for interest See accompanying notes to financial statement	\$_	272,752
1 -78		

Statement of Functional Expenses Year Ended September 30, 2022

Program Services

	_	Flogram Services							
	_	Education							
		Health				and		Public	
		Care	Elderly	Children	Social	Training	Community	Safety	
		<u>Services</u>	Services	<u>Services</u>	<u>Services</u>	Services	<u>Services</u>	Services	
Expenses:									
Salaries and wages	\$	4,044,464	372,126	1,187,585	197,889	440,289	81,329	807,514	
Fringe benefits		1,230,292	133,936	417,134	73,863	163,769	26,879	289,774	
Contractual personnel		-	-	-	-	-	-	-	
Subcontracts		1,071,289	-	53,711	-	2,115	-	-	
Consultants		1,203,136	42,445	92,293	2,643	35,456	29,369	68,550	
Travel and per diem		506,708	26,091	102,432	3,612	90,026	19,935	95,996	
Rent/facility expense		109,611	1,811	117,089	-	4,454	-	802	
Supplies		420,678	103,081	106,173	6,929	70,786	49,084	31,331	
Training and tuition		66,684	4,463	29,594	7,022	38,126	-	780	
Utilities		218,552	1,278	76,656	121	5,906	304	12,463	
Assistance payments		71,647	2,434	5,481	286,561	170,640	-	-	
Bad debt expense		-	-	-	-	-	-	-	
Insurance		39,322	1,868	7,765	-	1,038	-	4,900	
Repairs and maintenance		30,015	329	4,491	-	84	-	1,361	
Donations		1,000	-	-	-	-	-	-	
Depreciation and amortization		-	-	-	-	-	-	-	
Interest expense		-	-	-	-	-	-	-	
Other operating expenses		124,835	54,115	24,255	2,005	12,863	1,210	12,935	
		9,138,233	743,977	2,224,659	580,645	1,035,552	208,110	1,326,406	
Indirect expense allocation		2,663,035	153,375	482,338	253,371	258,196	94,288	292,075	
Total expenses	\$	11,801,268	897,352	2,706,997	834,016	1,293,748	302,398	1,618,481	

Statement of Functional Expenses, continued Year Ended September 30, 2022

	Program Services, continued					Supporting Services			
						_		Total	
	Land & Resource		Cultural	Environ- mental	Compact Tribal	Total Program		Admin- istrative	Total All
							Special		
		<u>Services</u>	<u>Heritage</u>	<u>Services</u>	<u>Support</u>	<u>Services</u>	<u>Services</u>	<u>Services</u>	<u>Functions</u>
Expenses:									
Salaries and wages	\$	10,241	481,596	96,853	349,322	8,069,208	2,226	2,318,058	10,389,492
Fringe benefits		5,824	124,675	35,234	129,787	2,631,167	(85)	786,293	3,417,375
Contractual personnel		-	-	-	-	-	-	43,040	43,040
Subcontracts		-	40,235	-	513,055	1,680,405	-	-	1,680,405
Consultants		5,000	42,204	40,399	34,340	1,595,835	4,500	313,846	1,914,181
Travel and per diem		-	148,292	7,899	2,075	1,003,066	10,545	115,543	1,129,154
Rent/facility expense		-	6,277	605	-	240,649	4,332	22,021	267,002
Supplies		2,244	33,082	3,047	46,339	872,774	24,818	97,266	994,858
Training and tuition		-	7,761	1,170	300	155,900	26,115	24,720	206,735
Utilities		-	1,356	-	32,625	349,261	52	175,302	524,615
Assistance payments		-	-	-	-	536,763	1,101	-	537,864
Bad debt expense		-	-	-	-	-	5,810	-	5,810
Insurance		-	-	-	7,980	62,873	-	101,089	163,962
Repairs and maintenance		-	1,300	-	2,469	40,049	-	138,596	178,645
Donations		-	-	-	-	1,000	150,725	-	151,725
Depreciation and amortization		-	-	-	-	-	-	900,039	900,039
Interest expense		-	-	-	-	-	-	291,741	291,741
Other operating expenses		131	3,249	776	33,839	270,213	51,689	11,373	333,275
		23,440	890,027	185,983	1,152,131	17,509,163	281,828	5,338,927	23,129,918
Indirect expense allocation		7,395	226,392	40,773	777,691	5,248,929	55,053	(5,303,982)	
Total expenses	\$	30,835	1,116,419	226,756	1,929,822	22,758,092	336,881	34,945	23,129,918

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ent of the Treasury

Date:

MAR 2 9 1985

Our Letter Dated: March 25, 1982 Person to Contact: Ellen Oliver Contact Telephone Number: (206) 442-5106

Aleution-Pribilof Islands Association, Incorporated 1689 C Street Anchorage, AK 99501

Dear Sir or Madam:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section See Below\* Your exempt status under section 501(c)(3) of the code is still in effect.

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section \_\_\_\_\*509(a)(1) \_\_\_\_ status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section  $\pm 509(a)(1)$  organization.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

District Director

\*509(a)(1) & 170(b)(1)(A)(vi)

APR 4 1985

Letter 1050 (DO) (7-77)

Aleution/Publiof Islands Asen., Inc.

DOCNO: 0529Z

915 Second Avenue, Seattle, Wash. 98174

25 MAJ. 1982

The Aleutian Pribilof Islands Association, Inc. 1689 C Street Anchorage, AK 99501

RECEIVED OSC 181 1982 8 A9A IRS, OGDEN, UTAH

**Employer Identification Number:** 92-0073013 Accounting Period Ending: September 30 Foundation Status Classification: 509(a)(1) and 170(b)(1)(A)(vi) Advance Ruling Period Ends: September 30, 1983 Person to Contact: John Sutton Contact Telephone Number:.

(206) 442-5106"

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Resease Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, you will be treated as a publicly supported organization, and not s a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a section 509(a)(1) organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from lassification as a section 509(a)(1) organization.

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Concrally now are not liable for social security (FIEA) taxes unless you file; a warrow of exemption contilicate as provided in the Federal Insurance Contributions. Set. If you have paid fill taxes without filing the warraw, you aloud call us. You are not liable for the tax imposed under the Federal Unsupplement Tax Set. (For ).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your gross receipts each year are normally more than \$10,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

District Director

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This determination letter is effective from October 26, 1981, inc.

accordance with section 508(a) of the Internal Revenue Order. Section:

508(a) precludes examption under section 501(c)(3) for organizations not.

(making application within 15 months from the end of the month in which the organization was organized.

# Unalaskans Against Sexual Assault & Family Violence

Box 36, Unalaska, AK 99685 • Office / Crisis Line: (907) 581-1500 • Fax: (907) 581-4568



January 18, 2023

City of Unalaska PO Box 610 Unalaska, AK 99685

Attn: Mayor Vince Tutiakoff

RE: APIA FY24 Community Support Program Grant Application

Dear Mayor Tutiakoff:

Unalaskans Against Sexual Assault & Family Violence (USAFV) wholeheartedly supports the FY24 City of Unalaska Community Support Program grant request submitted by the Behavioral Health Program of the Aleutian Pribilof Islands Association.

APIA Behavioral Health is seeking these funds to ensure ongoing collaboration with community partners to maintain relevant behavioral health and wellness programs. Their programming includes substance abuse therapy services; counseling and behavioral health support for those in crisis as well as those living with chronic depression, anxiety, and other behavioral health challenges; outreach and education to youth, women, men, and elders; programming focused on substance abuse prevention; culturally based activities; and community drug education opportunities.

USAFV works closely with the APIA Behavioral Health providers, not only to coordinate services to individuals in need but also to educate our community, destignatize behavioral health treatment, and normalize discussion around depression, anxiety, substance abuse, and other challenging topics. They are always cooperative and provide support for our staff and program participants that is not available anywhere else.

As you well know, the last few years have been a challenging one for Unalaska, due to many sudden and tragic events, and, of course, the onset and continuation of the COVID19 pandemic. The APIA Behavioral Health professionals have been steadfast in their commitment to serving all of us as we grapple with these difficult circumstances. We see the APIA providers working every day to improve the health and well-being of our community.

USAFV strongly values our collaborative relationship with the APIA Behavioral Health program, and we are happy to endorse them as an organization worthy of your continued support.

Sincerely,

M. Lynn Crane, Director

Unalaskans Against Sexual Assault & Family Violence (USAFV)

Generated fees from court-referrals, Alcohol and Drug Information School (ADIS), Group session, etc. are estimated at \$1,000 for Fiscal Year 2024. The generated fees purchase class workbooks and materials.

**Total Fee for Services: \$1,000** 

#### In-kind Contributions –

These positions will provide direct supervision and support of grant reporting requirements, goals and objectives, and supervision of Unalaska staff as follows:

BH Clinical Supervisor/Licensed Clinical Psychologist @ .25 FTE – Responsible for ensuring grant goals and objectives are completed, reporting and special requirements are met, and budget expenditures align with proposal and award guidelines. Responsible for overseeing programs under the BH Program. This cost is \$34,320 and is provided as an in-kind contribution through other funds.

Behavioral Health Clinical Lead/Licensed Clinical Psychologist @ .30 FTE – Responsible for shared clinical supervision of staff. Will also provide direct client services as behavioral health clinician. Cost is \$42,000 and provided is an in-kind contribution through other funds.

Admin Support Receptionist and Billing Support – Responsible for answering Primary Care and Behavioral Health phone calls and administrative office duties (@ .40 FTE for BH). Cost is \$22,880 and is provided as an in-kind contribution through other funds. Program Administration – including Behavioral Health Administrator and Community Health Services Program Assistant (@ .15 FTE and @ .10 FTE) who provides administrative support to the Unalaska OWC BH clinic, including ordering supplies, opening purchase orders, and assisting with report data gathering. Cost is \$18,300 and provided as an in-kind contribution through other funds.

<u>Janitor On-call and Building Maintenance</u> @ hourly on-call basis—Provides general janitorial duties in the OWC building. Additional maintenance includes grounds upkeep and light building maintenance. Cost is \$6,240 and provided as an in-kind contribution through other funds.

<u>Phone/ Internet</u> – Estimated at \$200 per month for a total of \$2,400. Provided as an inkind contribution through other funds.

<u>Facilities Lease</u> – At \$1,865/month for 12 months for a total of \$22,380. Provided as an in-kind contribution through other funds.

<u>Indirect at 20% of expenses</u> –administrative costs for financial reporting aligned with generally accepted accounting principles, oversight of all revenues and expenditures, accounting for property/equipment purchased by this grant award, proper documentation, payroll and so forth. A base in-kind of \$148,520 with an indirect of \$29,704. Also, a total of \$26,000 (base of \$130,000) is related to the City of Unalaska's award; these costs are covered by APIA behavioral health billings.

**Total In-Kind Contributions: \$204,224** 

#### Grants

APIA currently receives funds through the State of Alaska to support our regional Behavioral Health program for the communities of Anchorage, Atka, Nikolski, Unalaska,

and St. George. The anticipated State of Alaska award that will support City of Unalaska BH is \$60,722.

TOTAL AMOUNT OF PROJECT IS: \$394,946 with \$130,000 requested through this grant award and \$264,946 through other State, Federal, and generated funds.

P. Financial Management: APIA follows the Accounting and Financial Policies and Procedures Manual (December 2018). The policy covers topics including associational structure, business conduct, fraud policy, and security. APIA has been in operation for over 40 years. APIA is an Indian Health Services, Bureau of Indian Affairs, Health Resources and Services Administration, State of Alaska, and Local City Grantee. In our most recent fiscal year, we had grant revenues of almost \$27 million. Through these experiences, APIA has a depth of experience and expertise in grant administration, development, implementation, management, and evaluation.

## IV. GOAL ANALYSIS/CHANGES FROM PREVIOUS YEAR'S PROGRAM

Q. Goals & Objectives: APIA is on track to meet and exceed FY22 grant goals and objectives. We have a solid behavioral health staff based in Unalaska offering psychological services including individual, couples, and group therapy, and assessments as well as tele-psychiatry. We are requiring masks and social distancing for any in-person services. APIA staff are regular attendees at the monthly interagency meetings. APIA BH offered a men's group and women's group. APIA also hosted a summer youth activity focused on suicide prevention while building a kayak. APIA has hosted Alcohol Drug Information School classes when there are referrals for this service.

Clients, at the BH clinic, complete the outcomes questionnaire during scheduled intervals throughout treatment. This tool is used, along with clinical insight, to monitor progress in treatment over time.

**R.** Significant Changes from Previous Year: APIA plans to maintain similar areas of focus as we did last year. There are not significant changes from last year. Thank you for your support.