

2020

Annual Report





Our Mission

Akeela builds resiliency and wellness throughout the lifespan of Alaskans.

Our Vision

Recovery and wellness for everyone.



Akeela serves adults and children who have been adversely affected by the repercussions of addiction and/or mental health issues. We are dedicated to a client centered approach, first and foremost. This is demonstrated by our commitment to quality through Joint Commission Accreditation.

Contents

- 4 Message from the CEO
- 6 COO Report
- 8 Clinical Report
- 21 Chief Infrastructure & Safety Officer Report
- 23 Human Resources Report
- 24 Compliance Report
- 25 Strategic Growth Report
- 27 CFO Report





Message from the CEO



DEAR
AKEELA
FAMILY
& FRIENDS,

As 2020 comes to a close, it is fair to say that this has been a difficult year; leaving many of us with a sense of normlessness and fatigue with the events that are occurring worldwide. However, even during these trying times, our Akeela family has remained strong.

Many changes have taken place over the past twelve months. This year we have had to ask several employees to work from home; all while providing behavioral health services via video conferencing, implementing new regulations, and onboarding new employees from a distance. It does not go unnoticed that while Akeela was shifting to accommodate life during a pandemic, each of us, and our families, were also having to adjust to a new way of life.

Many of us struggled (and continue to struggle) with hunker down orders, the lack of ability to freely travel, limited entertainment and social engagement options, and many of our families continue to struggle with children being schooled from home. The pandemic forced Akeela to shift and change, almost overnight, but

we are adaptable and resilient – with many, many thanks to our incredible workforce.

Akeela employees have worked hard during a time that is unprecedented by any standard and they have done it with the utmost grace. I am incredibly proud to lead this company and honored to work alongside such capable and talented individuals. Alone we can do so little; but together we can do so much. Together, we have been successful and have many things to be proud of as we prepare for next year.

For Akeela, 2021 will bring the renewal of our organizational strategic plan, our triennial accreditation visit and review from The Joint Commission, as well as the long-awaited expansion of Akeela House. Without the dedication of our employees, as well as the support that we receive from the Akeela Board of Directors, the Alaska Mental Health Trust, and the Division of Behavioral Health, striving and thriving during these difficult times would not be possible.

Although the past long months have been tough, Akeela did experience some very thrilling moments throughout this past year. We hosted our first Akeela Hill Day in Juneau prior to the pandemic, launched our client councils and consumer advisory board, and moved our employee timekeeping online.

In addition, the substance use disorder side of the 1115 waiver was implemented at the Akeela House residential program – the first

Message from the CEO cont.

in the state and a truly a historic moment for this company. The implementation of this waiver has afforded us the opportunity to receive Medicaid reimbursement for the first time ever for the services provided within Akeela's 46-year-old flagship program.

With that, I hope you enjoy the 2020 Akeela Annual Meeting and this accompanying report.

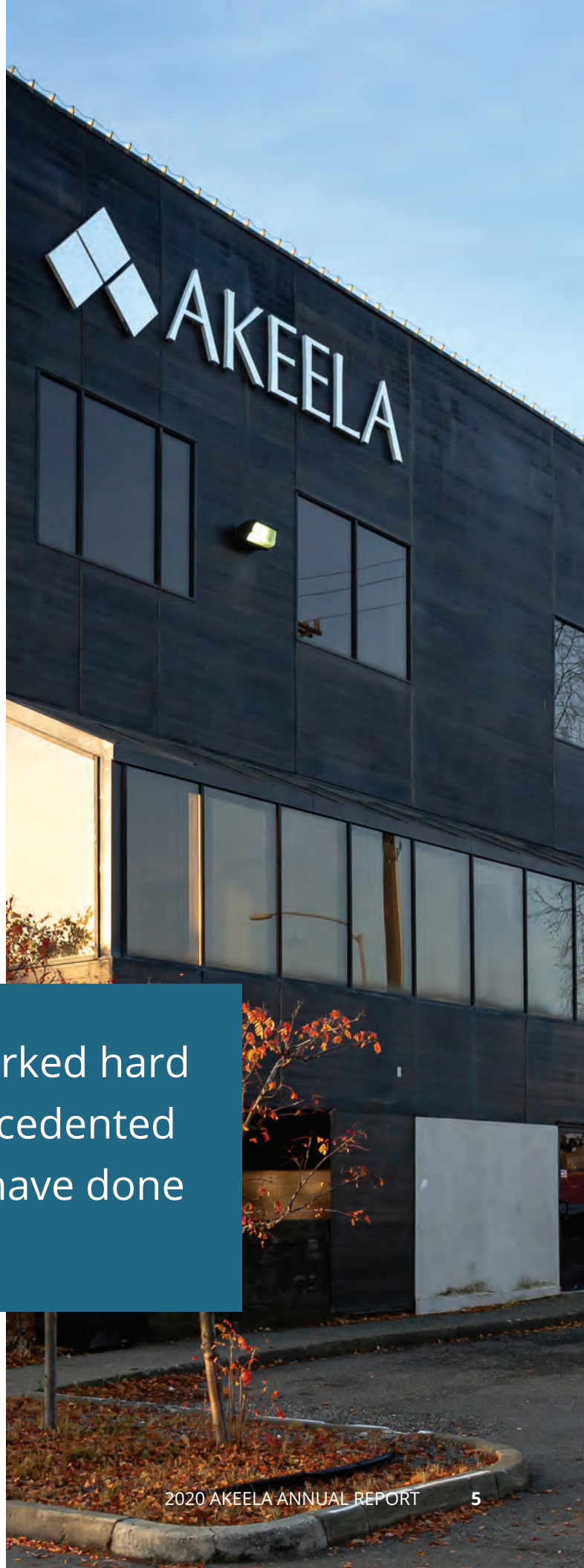
Stay safe and stay well.

Warmly,

Dr. Courtney Donovan, PhD
Chief Executive Officer



Akeela employees have worked hard during a time that is unprecedented by any standard and they have done it with the utmost grace.





COO Report



Like many organizations, 2020 has tested the resilience of Akeela over the last 12 months. In the midst of a pandemic, economic uncertainty, community unrest, and political turmoil,

our 100+ employees have seized the opportunity to ensure continuity of care for our community's most vulnerable residents.

On March 11, 2020, Governor Dunleavy declared a public health state of emergency. The next day, on March 12, Alaska received its first reported case of COVID-19. Akeela sent our first COVID-19 guidance to staff on March 13 and rolled out our comprehensive COVID-19 Prevention and Mitigation Plan on March 16.

On March 21, Ketchikan experienced the first cluster/community spread in the state and on March 23, Akeela transitioned 100% of outpatient services from in-person to telehealth and directed all non-essential staff to work remotely. There have been 17 updates to the COVID-19 Prevention and Mitigation Plan over the last nine months.

The foundations of Akeela's COVID-19 prevention and mitigation efforts has three anchors: health and safety of clients and staff; continuity of services for clients; and preservation of employment for our

employees. This has not been possible without shared sacrifice across the organization.

In the midst of uncertainty, Akeela advanced forward. We were poised on day one to flip the switch, sending clinical staff home and providing telehealth services.

Akeela has been a leader in distance service delivery and the pandemic provided an opportunity for Akeela to scale our telehealth service delivery model.

This would not have been possible without the flexibility provided by Alaska's Department of Behavioral Health allowable under the governor's public health emergency declaration. The pandemic forced rapid advancement of some of Akeela's other automation initiatives. Over the last nine months, we have automated a number of clinical and organizational processes, increasing efficiency and reducing redundancy. Clinically, we have experienced growth or sustained census levels compared to 2019 and increased our client show rate as a result of expanded telehealth.

COO Report cont.

At the time of this publication, Akeela's non-essential clinical staff remain home providing distance services. Our prevention/mitigation plan utilizes guidelines provided by the CDC and World Health Organization. To date, our core principles of health and safety, continuity of care, and sustained employment remain our top priority as we hunker down while COVID-19 rages on in our state.

2020 has not been all about COVID-19. In February, we hosted our first ever Akeela day at the capital where Akeela's staff and clients from across the state advocated on behalf of mental health and substance use treatment policy. Additionally, we continued our advocacy at the national level through our engagement with Treatment Communities of America.

Finally, Akeela has experienced great success under the state's SUD 1115 Waiver which will allow for a near doubling of Akeela House beds, Akeela's flagship program. Additionally, we are marching towards implementation of the state's mental health 1115 waiver which will allow for new and expanded services in our Juneau and Ketchikan programs.

Daniel Gladden, MBA, MSW, LCSW
Chief Operating Officer

100%

OF OUTPATIENT SERVICES
TRANSITIONED FROM IN-PERSON
TO TELEHEALTH ON MARCH 23





Clinical Report



Akeela remains honored to provide clinical programs across Alaska where we help people achieve resiliency and wellness even during a global pandemic. We are privileged to have staff

who demonstrated steadfastness, creativity, and astonishing determination, providing each of our clients the highest quality of services through virtual, telephonic, and occasionally face to face interactions.

Clinical programs moved towards more alignment as “One Akeela” with Zoom extensions of greater visibility in treatment teams and the standardization of important content being covered.

Teams from Ketchikan to Mat-Su each cover Joint Commission Standards, Performance Measures, Productivity, and Review of Policies and Procedures. This year brought about the review of program-specific screening tool data to aid and assist the programs in having objective information to inform the treatment.

Akeela clinical programs are excited for the advancement and growth opportunities afforded through accountability in becoming stronger financially and clinically.

Together, Akeela clinical programs are decreasing stigma, setting the standard, and contributing to the legacy of empowered lives.

Brandi Burchett, LPC, LCMHC, LCAS, CCS, NCC, ACS, CCTP, MAC
Chief Clinical Officer

416

MENTAL HEALTH CLIENTS
SERVED STATEWIDE IN FY20

1302

SUBSTANCE USE DISORDER CLIENTS
SERVED STATEWIDE IN FY20

1,471

TOTAL NUMBER OF CLIENTS
SERVED STATEWIDE IN FY20

*Akeela's Fiscal Year 2020 ran from
July 1, 2019 to June 30, 2020*

Clinical Report cont.

PROGRAM LOCATIONS

Anchorage

Akeela House Recovery Center
Akeela Outpatient Program
Transitional Housing
Stepping Stones Residential Program
Akeela Women and Families Program
Family Care Court
Mental Health Outpatient Services

Homer

Alcohol Safety Action and Juvenile Safety
Action Programs

Juneau

Mental Health Services for Children and
Families
Therapeutic Foster Care

Kenai

Alcohol Safety Action Program

Ketchikan

Outpatient Substance Use Treatment
KAR House Residential Program
Gateway Mental Health Services
Gateway Psychiatric Emergency Services
Ketchikan Horizon House

Mat-Su

Domestic Violence Prevention
Outpatient Program
Parenting and Pregnant Women
Outpatient Program



Clinical Report cont.

SOUTHCENTRAL REPORT

Anchorage Outpatient Programs

Over the past year, Akeela's Anchorage Outpatient Programs have seen great strides in both the quantity and quality of the care we are able to deliver to clients. First, assessment processes have been streamlined with the use of contract assessors such as Behavioral Health Response and an independent practitioner. Waitlists have been drastically decreased, along with the wait time for new client intakes into our programs.

COVID-19 has had a great impact on the court programs in that courts were closed for several months while we continued services. This translated into no intakes or assessments being conducted. With program completions continuing, the census dropped. Even with the re-opening of the courts in August 2020, the monthly intakes are capped by the courts and continue to be limited.

However, a great strength of the program has been client engagement and retention, with many clients completing the program and returning in tele-behavioral health form to support their peers in this unprecedented time.

Anchorage Outpatient has tripled its census since January 2020. The programs have seen tremendous growth over the last year

and have had incredible staff retention, with all current staff having been with Akeela for over one year. The leadership demonstrated by the lead clinicians and program manager of Anchorage Outpatient have developed high levels of investment and growth in the staff of each program.

Mat-Su Outpatient Program

Over the last year, Akeela's Mat-Su Outpatient Program has demonstrated consistency in maintaining census and providing quality, wrap-around services to clients. The capacity for the program has increased and staff work diligently to fill the available intakes.

Mat-Su continues to work closely with the FIT court and was also awarded a Pregnant and Parenting Women grant in July 2020 that allows for programming for women who are either pregnant or working on their parenting goals or reunification with their child(ren). The Mat-Su Outpatient Program has also had incredible staff retention, with all current staff having been with Akeela over one year. This speaks to the leadership of the program manager and the dedication of the staff to the clients we serve.

Akeela House

Akeela House has maintained a capacity of 20 beds over the last year, fairly consistently. Even in the face of COVID-19, intakes continue to flow, and referrals are consistently received.

Clinical Report cont.

SOUTHCENTRAL REPORT CONT.

Akeela House began billing under the Medicaid 1115 Waiver, and staff have worked tirelessly to ensure that service authorizations and documentation is up to par.

Akeela House experienced a large staff turnover in the last year, although all positions were filled by existing Akeela staff who obtained credentials and degrees to be moved into higher level positions. We have been successful at promoting from within.

Akeela House has seen several successful completions in the last year, as we move towards a more trauma-informed and co-occurring based modified therapeutic community model. Akeela House has been granted funds for expansion to 36 beds, which is a development project that we hope to make great strides in over the next year.

Stepping Stones

The capacity of Stepping Stones for the majority of the year has been at 12 apartments due to the COVID-19 pandemic. While the normal capacity is 15, the need for additional empty apartments for isolation has limited the amount of intakes we have been able to accommodate.

Stepping Stones has also seen some staff turnover this year, with COVID-19 fears striking a large blow to staff willing to come into the facility to work. The children in the

program have not been able to return to school due to potential COVID-19 exposure, which has resulted in program staff needing to find creative solutions to help the children engage in school while the mothers engage in treatment.

The Stepping Stones program manager has worked tirelessly to empower and train current staff and to fill open positions with the best suited candidates. Stepping Stones has seen several graduations this year as well, with many OCS cases being closed and reunification goals being successful with the mothers.

Jamie Elkhill, CDC II, BS

Regional Clinical Director - Southcentral



Clinical Report cont.

SOUTHEAST REPORT

As the sole Community Mental Health Center for the Ketchikan area and the Southern Southeast Alaska Region, Akeela/Gateway Center for Human Services continues to provide a myriad of substance use disorder and mental health treatment services. Additionally, as the provider of emergency psychiatric services for the Southeast Alaska catchment area, we collaborate with the local medical center PeaceHealth in evaluating for harm to self or others, as well as gravely disabled for possible recommendations for Title 47 involuntary commitment holds.

Over the past 10 months, some 450 on-call services were supported for 150 individuals through Gateway's Emergency Psychiatric Program.

Substance Use Program

Gateway Center for Human Services staff continues to strive to grow the numbers of services provided to those in our community requiring ASAM Levels of Care I.0 and II.1 Outpatient services, Level of Care III.5 residential through KAR House and our Transitional Housing facilities. Over 4,280 individual services were provided to Gateway consumers by our staff of a Program Manager, three SUD Counselors and two SUD Case Managers. Akeela is proud of the SUD supports we offer and level of skilled SUD treatment which is provided in our Ketchikan facilities. While

COVID-19 has created a multitude of challenges in our service delivery, having been allowed to utilize telephonic and video platforms has lessened these challenges and increased the level of supports we have been able to provide our community. Depending on regulations, some of these changes are improvements and may continue post-pandemic.

Adult Mental Health and Peer Support Program

Throughout 2020, our Adult Mental Health Program provided over 4,400 individual services for the severely mentally ill adult population in our community. The Adult Mental Health Program is currently staffed with two full-time master's level clinicians, two part-time master's level clinicians and three case managers; a team which works side by side in developing creative solutions for our consumers' needs. While COVID-19 has stifled our Peer Support program and resulted in the layoffs of our three Peer Support Specialists, SMI case managers have absorbed some of the void and continued to provide necessary supports for our Peer Support enrollees. Additionally, just as in our SUD programs, COVID-19 has created a multitude of challenges in our MH service delivery as well, yet having been allowed to utilize telephonic and video platforms has lessened these challenges too, and increased the level of supports we have been able to provide our SMI MH clients.

Jim Harryman, PhD., LPC., BACS., NBCC
Regional Clinical Director - Southeast



Client Testimonial

Making the decision to go to treatment is not easy. You may be forced by probation, the court, or OCS. You may make the choice to go on your own because you know your life cannot continue in the direction it is going. The latter is what brought me to Akeela for help. I truly believe had I not gone to treatment, I would have lost my life, and quite possibly both of my children.

I have been using drugs and alcohol for 20+ years. I gave up guardianship of my oldest, Emily, to my mom as my addiction began spiraling out of control so as to give Emily some sort of stability. Then I discovered I was pregnant with my youngest, Mya. Still in the throes of my addiction when Mya was approaching a year old, I was faced with three options: jail, death, or treatment.

On August 12, 2019, a Monday morning at 9 a.m., Mya and I arrived at Stepping Stones. Emily joined us on November 27, 2019. Nervous, scared, and full of guilt and shame for the way my life had been going, I entered into a world that soon changed my life. Akeela saved my life.

People say I saved my life because I chose treatment, because I completed treatment. But without Akeela, without the care of my treatment team at Stepping Stones, I never would have been able to work through the struggles of recovery along with living with other women and their children, and learning how to change behaviors I

possessed in my addiction as well as in my sobriety.

After 11 months at Stepping Stones, I graduated and walked out of residential treatment with both of my children. I graduated on a Friday and the following Monday, I began outpatient treatment.

Here I am now, 15 months from when I started my journey to recovery. I cannot thank Akeela enough for everything they helped me achieve. I may have done the work, but the care and concern Akeela staff gave me, and continue to give me now, truly helped me change my life. The experience I had has set me in motion to become a substance abuse counselor.

I realize Akeela may not be for everyone, but for me, they gave me hope at a time when I lost mine.

Akeela gave me an opportunity to change my life. My children got their mom back, my mom got her daughter back, and my sister got her sister back. I was given a new chance at a new life.

Clinical Report cont.

ALCOHOL SAFETY ACTION PROGRAM (ASAP)

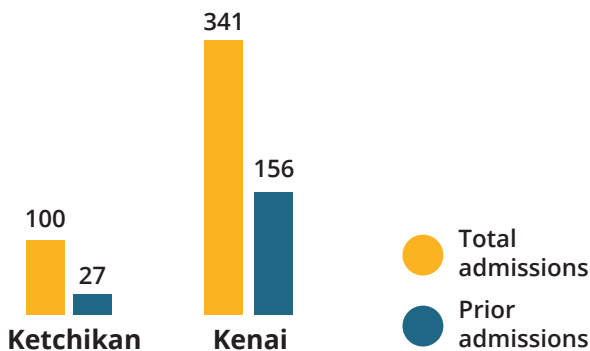
The Alcohol Safety Action Program (ASAP) monitors the treatment and compliance for both the Alaska Court System and the Division of Motor Vehicles. We screen, refer, and monitor our client progress throughout their time with our office. Clients can enter our program by self-referral for DMV purposes or be ordered to complete the program by the Alaska Court System.

During Fiscal Year 2020, ASAP had to juggle the COVID-19 pandemic along with the rest of the world. The Kenai/Ketchikan ASAP office closed its doors to the public beginning in March, as the Alaska shutdowns began.

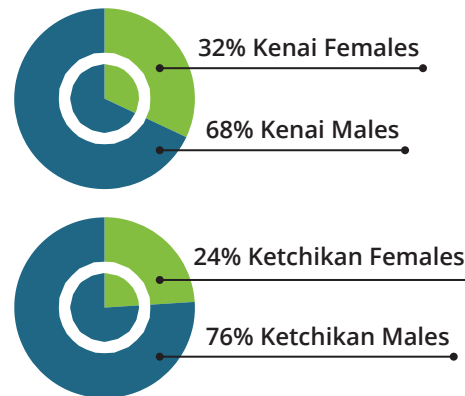
Due to our experience with distance work, the Kenai/Ketchikan ASAP office was able to easily transition all work with clients to the U.S. Postal System, fax, email, and telephone for completion of documents and all communication including with clients' treatment agencies.

Kenai and Ketchikan ASAP offices by the numbers FY 2020

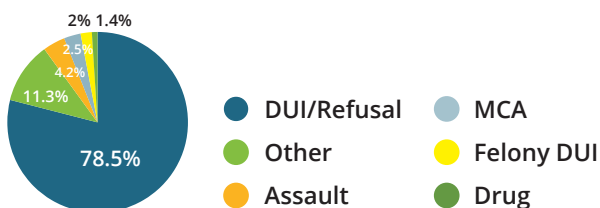
TOTAL CLIENT CASES & CLIENTS WITH PRIOR ADMISSIONS



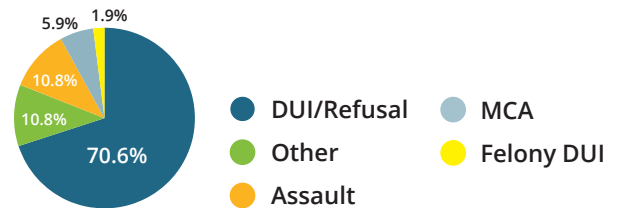
FEMALE AND MALE CASES



TYPE OF CHARGE - KENAI CASES



TYPE OF CHARGE - KETCHIKAN CASES



Clinical Report cont.

ASAP CONT.

As some of the restrictions in the area lessened, we were able to utilize our back door drop box for clients to return paperwork in person while still maintaining a barrier between ASAP staff and the clients.

Kenai/Ketchikan ASAP was able to enter phase two of reopening in August 2020. We had restrictions on office conduct such as limiting the waiting room to only one person, providing sanitized pens and hand sanitizer at the reception desk, utilizing the glass partition between the reception office and the waiting area, and blocking all seating in the waiting area with the exception of a couch that can be easily sanitized.

Office staff kept distance by staying primarily in their offices, wearing face coverings in common areas, utilizing Zoom for meetings and sanitizing the office often. ASAP staff still discouraged clients from in-person communication, to continue the limit of public exposure both for clients and staff safety.

JUNEAU

Akeela Children's Mental Health in Juneau provides special programming and services for children with severe emotional disabilities. Through various services, children, adolescents, and their families are provided wrap-around clinical and behavioral supports. These services

include individual and group therapy, family and play therapy, assessment and treatment planning/coordination, case management, skill development, Child Parent Psychotherapy, child and adolescent psychiatry and in-school behavioral support.

Therapeutic Foster Care Programming

Over the past year, Juneau Akeela's Therapeutic Foster Care Programming has maintained homes, gaining three through the year despite contextual challenges. At this time, there are eight active homes with 11 youth. Juneau has supported five youth through three adoptions.

Children's Mental Health

This past year, Juneau Akeela added an additional clinical building to service youth. The program continues to be active in its fostering of community relationships. Currently, the program is seeking opportunities to better meet the community needs with the development of Akeela's first Home Based Services as a result of the Behavioral Health 1115 waiver implementation.

5

YOUTH HAVE BEEN PERMANENTLY ADOPTED THROUGH THE PROGRAM

11

YOUTH IN JUNEAU THERAPEUTIC FOSTER CARE HOMES

Clinical Report cont.

PERFORMANCE MEASUREMENT

Performance measurement is the ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals. It focuses on whether a program has achieved its objectives, expressed as measurable performance standards.

The Akeela Board of Directors charged its Program Committee with developing a new performance measurement program in 2020. The committee will move forward with addressing measures as it

relates to treatment completion, effective screenings, and client improvement. The treatment Completion Measure is based on information uploaded into the AKAIMS and Qualifacts systems. The effective screenings and client improvement are based on information obtained through the CareLogic system and Millennium Health data tracking system. This provides the type of screenings, number of screens as well as the scores of each client. The Millennium Health records can now be pulled through the CareLogic system to track the drug testing results of our clients.

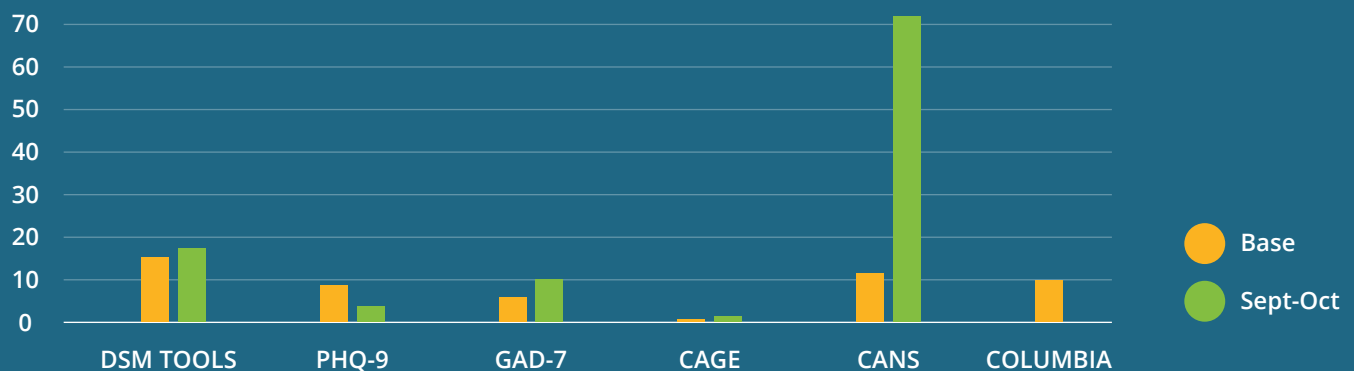
Performance Measures (Clinical Programs)

CLIENT IMPROVEMENT

Measure: Akeela Screening Tools

Background: The tracking of the number of tools administered as well as the scores of those screenings across programs. These will be measured as historical data as we track each quarter.

AKEELA SCREENING TOOLS - AVERAGE SCORES



Source: Akeela Qualifacts Electronic Health Record

Clinical Report cont.

Performance Measures (Clinical Programs)

CLIENT IMPROVEMENT – PHQ-9

Measure: Patient Health Questionnaire (PHQ-9)

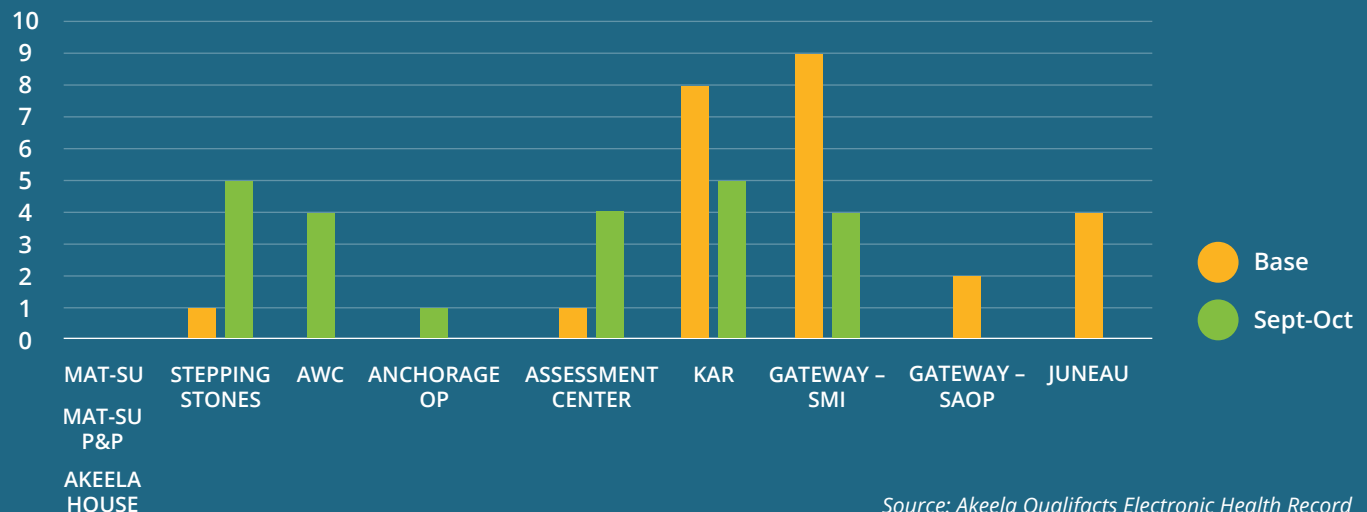
Background: PHQ-9 -Self-administered 9-item instrument based on the nine DSM-V criteria listed under criterion A for Major Depressive Disorder. The instrument aids in guiding criteria-based diagnosis of depressive symptoms, can assist in identifying treatment goals, determining severity of symptoms, as well as guiding clinical intervention.

Diagnostic Aid: • Major Depressive Episode: patient has answered at least “more than half the days” on five or more items (or at least “several days” on item 9), with one of the items being items 1 or 2
Severity Measure: • The total score serves as a marker of severity and distress. Total Score, Depression Severity: 1-9 – minimal depressive symptoms; 10-14 – mild moderate depressive symptoms; 15-19 – moderate depressive symptoms; 20-27 – severe depressive symptoms. Measuring Change Standard definition: Good clinical care requires that clinicians monitor patient progress. Determining clinically significant change recommends a person move from a depressed range (defined as scores greater than or equal to 10) pre-treatment to a non-depressed range (defined as scores less than or equal to 9) post-treatment. Improvement in scores should be 50% or greater of the patient's pretreatment score; a 5 point or more change in score indicates reliable change.

NCQA: National Committee for Quality Assurance: From here we have measures we will track and measure against ourselves.

Depression Screening and Follow-Up for Adolescents and Adults (DSF): The percentage of members 12 years of age and older who were screened for clinical depression using a standardized tool and, if screened positive, who received follow-up care. Depression Screening. The percentage of members who were screened for clinical depression using a standardized tool. Follow-Up on Positive Screen. The percentage of members who screened positive for depression and received follow-up care within 30 days. *We will also track the PHQ-9 score for those with a depressive diagnosis to see if the follow-up sessions are resulting in a decreased score.

PHQ-9 (STANDARD DEPRESSION MEASURE) NUMBER CONDUCTED



Source: Akeela Qualifacts Electronic Health Record

Clinical Report cont.

Performance Measures (Clinical Programs)

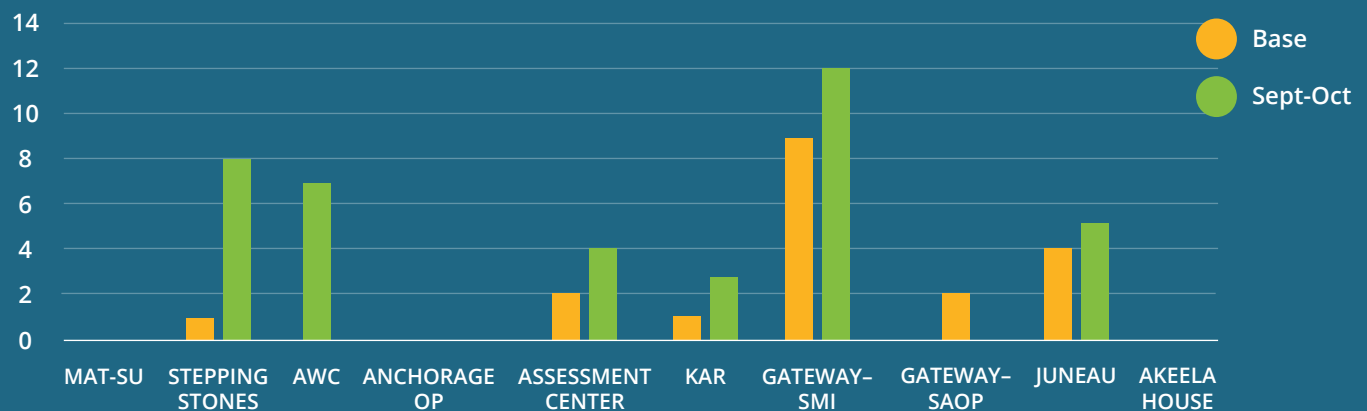
CLIENT IMPROVEMENT – GAD-7

Measure: General Anxiety Disorder – 7 Question (GAD-7)

Background: GAD-7 is a self-administered 7 item instrument that uses some of the DSM-V criteria for GAD (General Anxiety Disorder) to identify probable cases of GAD along with measuring anxiety symptom severity. It can also be used as a screening measure of panic, social anxiety, and PTSD. GAD-7 was modeled after the PHQ9 to be used quickly and effectively within a primary care setting.

Diagnostic Aid: • At a cut-off point of 10 or greater, sensitivity and specificity exceed 0.80, and sensitivity is nearly maximized. Most patients (sensitivity of 89%) with GAD had GAD-7 scores of 10 or greater, whereas most patients (specificity of 82%) without GAD had scores less than 10 • Using the threshold score of 10, the GAD7 is moderately good at screening for three other common anxiety disorders – panic disorder (sensitivity of 74%, specificity of 81%), social anxiety disorder (sensitivity of 72%, specificity of 80%), and post-traumatic stress disorder (sensitivity of 66%, specificity of 81%). For tracking change over time: Severity can be determined by examining the total score. A meaningful change is 5 or more points. • Interpretation of total score: Total Score Anxiety Severity 1-4 minimal symptoms, 5-9 mild symptoms, 10-14 moderate symptoms, 15-21 severe symptoms. Measuring Change Standard definition: Good clinical care requires that clinicians monitor patient progress. Scores of less than 5 twice in a row, at least 2 weeks apart, can serve as an indication that maintenance treatment may be appropriate. *For those with an anxiety diagnosis, we will track the GAD-7 score to see if the follow-up sessions are resulting in the clients' scores decreasing.

GAD-7 (STANDARD ANXIETY MEASURE) NUMBER CONDUCTED



Source: Akeela Qualifacts Electronic Health Record

Clinical Report cont.

Performance Measures (Clinical Programs)

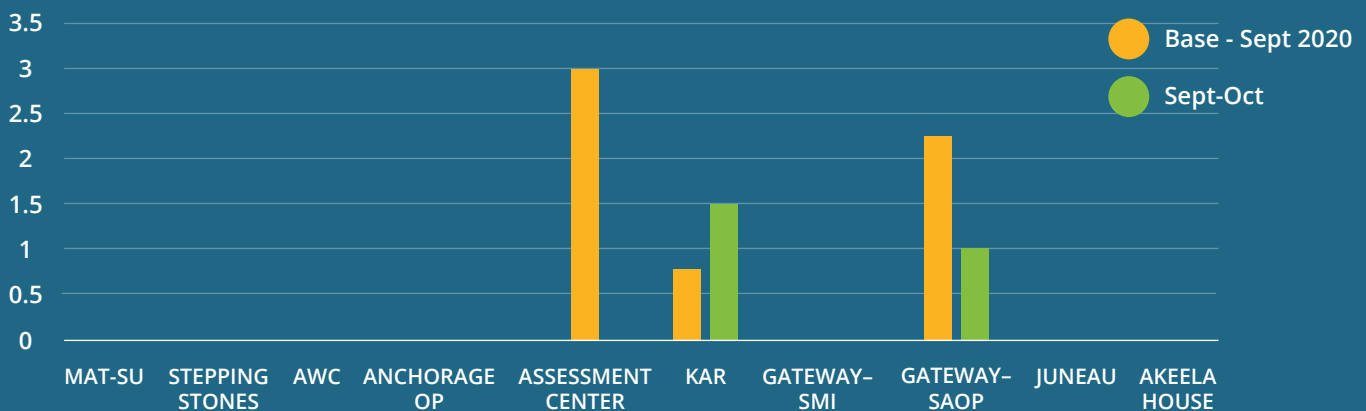
CLIENT IMPROVEMENT – CAGE-AID

Measure: CAGE Questions Adapted to Include Drug Use (CAGE-AID)

Background: The CAGE-AID is a conjoint questionnaire where the focus of each item of the CAGE questionnaire was expanded from alcohol alone to include alcohol and other drugs.

CAGE Questions Adapted to Include Drug Use (CAGE-AID): 1. Have you ever felt you ought to cut down on your drinking or drug use? 2. Have people annoyed you by criticizing your drinking or drug use? 3. Have you felt bad or guilty about your drinking or drug use? 4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)? Scoring: Item responses on the CAGE questions are scored 0 for “no” and 1 for “yes” answers, with a higher score being an indication of alcohol problems. A total score of two or greater is considered clinically significant. The normal cutoff for the CAGE is two positive answers, however, the Consensus Panel recommends that the primary care clinicians lower the threshold to one positive answer to cast a wider net and identify more patients who may have substance abuse disorders. A number of other screening tools are available. No training is required for the administration of this instrument. It should be administered by a professional or technician. Scoring of the CAGE is instantaneous. Each “yes” response is scored as 1. A score of 2 or higher is considered clinically significant and should raise the clinician’s index of suspicion that the individual has an alcohol-related problem or diagnosis. A cut point of 1 detects approximately 90% of those with an alcohol-related disorder, with 48% false-positive diagnoses. Norms are available for this instrument. *For those with a Substance Use Disorder diagnosis, we will track the CAGE score at admission and upon discharge.

CAGE-AID (STANDARD SUD MEASURE)



Source: Akeela Qualifacts Electronic Health Record

Clinical Report cont.

Performance Measures (Clinical Programs)

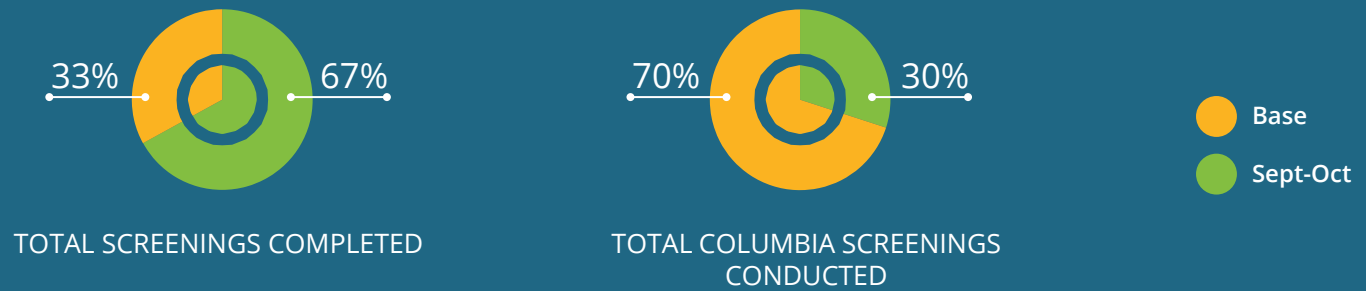
CLIENT IMPROVEMENT – CSSRS

Measure: Columbia-Suicide Severity Rating Scale

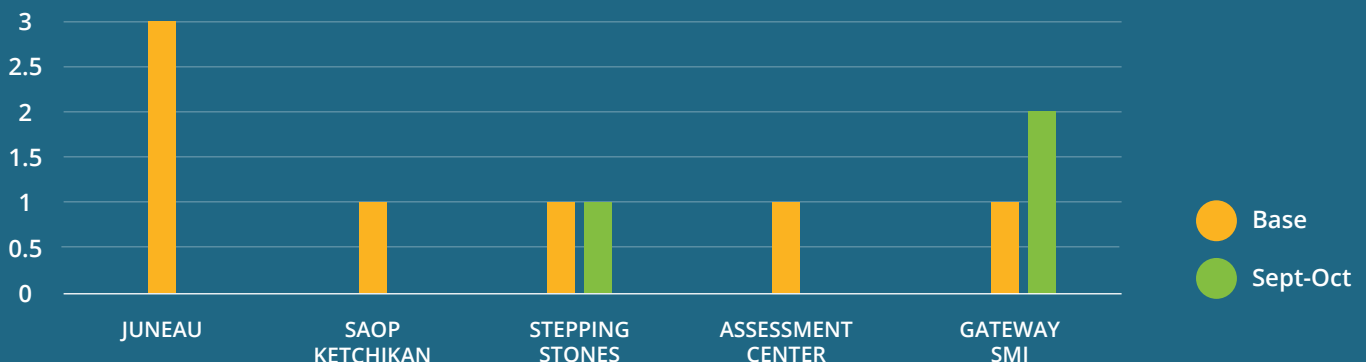
Background: The Columbia-Suicide Severity Rating Scale (C-SSRS; Posner et al., 2008) assesses a full-range of suicide-related ideation and behavior, as well as the intensity of the ideation.

Training is required to administer the C-SSRS. Potential setting/Population: Three versions of the C-SSRS are used in clinical practice to optimize patient safety and management and monitor improvements or worsening of suicidality. The "Lifetime/Recent" version gathers lifetime history of suicidality, as well as recent suicide-related ideation and/or behavior. This version is appropriate for use as part of the person's first interview. The "Since Last Visit" version prospectively monitors suicide-related behavior since the person's last visit, or the last time the C-SSRS was administered. The "Risk Assessment" version is intended for use in acute care settings as it establishes a person's immediate risk of suicide. Suicide-related ideation and behavior is assessed over the past week and lifetime through a checklist of protective and risk factors for suicidality. Mundt et al. (2010) tested and validated a computer automated version of the C-SSRS and found it correlated well to the Beck Scale for Suicide Ideation ($r = .61$). * For those who are screened for Suicidal Ideations, we will track initial score (intermittent scores), 90-day scores and scores upon discharge.

COLUMBIA SCREENING TOOLS CONDUCTED OVERALL



COLUMBIA SCREENING TOOLS ADMINISTERED



Source: Akeela Qualifacts Electronic Health Record



Chief Infrastructure & Safety Officer Report



KETCHIKAN

KAR House has had numerous upgrades to its camera positions and to the kitchen facilities. The kitchen has received a new commercial gas

stove, a stainless steel prep table and a new commercial dishwasher. The resealing of roofing with tar hot mop should be completed summer 2021, to assure a leak resistant roof until full membrane replacement can be facilitated by the budget.

We have sent a major amount of IT equipment to Gateway, including new monitors and reconditioned computers to Ketchikan for primary use at Gateway and KAR house. These were put into functional use shortly after delivery. The search has begun for qualified contractors to paint the exterior of the Gateway building, with the project budgeted for summer 2021.

At the Top of the Hill building, planned upgrades for the kitchen countertop and sink started at the end of November 2020. A security camera system has been installed and a Ketchikan contractor has been contacted for a quote on resurfacing the ramp and front and rear steps to the building.

JUNEAU

The Juneau program has expanded into the adjacent building to accommodate three new clinicians on the second floor. A large quantity of new furniture was purchased to enhance the original building and accommodate offices in the new building.

The network was connected through a conduit from one building to the other to provide phones and computer connectivity to our network. IT is sending for laptops set up for use by employees at their homes during the COVID-19 pandemic.

ANCHORAGE

For our transitional housing program, major renovations in the 7th Avenue building have been completed and the building is currently occupied. Exterior painting will take place spring/summer 2021.

Utilizing the Hope and Grace grant funds, Stepping Stones has started its apartment and office renovations. These renovations consist of repairs necessary to the overall condition of selected units including repainting all walls and ceilings. The bathrooms and kitchens received new vinyl and the remaining areas received a quality low pile carpet.

CISO Report cont.

Where possible, all existing fixtures are being replaced with LED fixtures. New curtain rods have been affixed. Stepping Stones also received a major amount of furniture for the apartments and offices. We still need to implement additional exterior cameras budgeted for FY21.

AKEELA HOUSE

Through a grant from the Mental Health Trust we have begun an upgrade renovation providing new client bedrooms and bathrooms within the annex building. We hope to accommodate up to 16 new clients with these renovations.

Possible additional clients can be housed in the large Akeela House building. The five south side window replacements and several on the north side will start in late summer 2021. The lower roof on the annex building has been completely replaced and two bathrooms in the building have been completely renovated. Numerous office chairs have been replaced. The exterior walk-in freezer has had its compressor completely replaced. New residential and group furniture will also be purchased this fiscal year.

PALMER

A new camera system has been installed and functions perfectly over the network.

KENAI

An eight-camera surveillance system has been received and will be installed in the tenant area in early December.

360 WEST BENSON BLVD. ADMINISTRATION BUILDING

The Assessment Center, Suite 210 will have the large group room renovated in early 2021. Suite 200 has received new office chairs for client use during counseling. Portable Plexiglas screens have been built and will be used for counseling and smaller offices to assure proper distancing and protection. Several of these will also be shipped to Ketchikan. During the start of the COVID-19 response, large Plexiglas screening was built to protect those at reception areas at the 360 building, along with residential treatment centers.

Earthquake damage renovations and exterior upgrades are currently underway around the building. Two new steel security doors have been purchased for installation to assure better exterior door security for the building.

Mark Marlow

Chief Infrastructure & Safety Officer



Human Resources Report

During the COVID-19 pandemic, Akeela, Inc. has experienced several firsts in respect to Human Resources issues. A large majority of the workforce began working from home beginning in late March and continues to do so as of today.

Employee and client safety continues to be a top priority.

While hiring of new employees was placed on hold early on, recruitment efforts have resumed and we have filled 11 clinical positions and two administrative positions.

During the recent four months, we have been able to fill several key clinical positions – Program Managers at Stepping Stones and KAR House; and Mental Health Clinicians at Akeela OP, Stepping Stones and Gateway Center for Human Services.

Employee morale continued to be a focus point as employees' work lives were turned upside down with having to go from an office environment to telecommuting extremely fast. Full time staff had a reduction in work hours to 30 a week, allowing employees to retain the company benefits and still accruing their full vacation and sick time. All employees received a one-time telephone stipend to help with the cost of using their home systems for work purposes.

Bonuses were processed for all full-time employees as a gesture of Akeela's appreciation of their loyalty and dedication during these tough times. Early on, an employee appreciation program was started, but was not executed due to variables surrounding the pandemic.

Presently, Akeela is in the final steps of selecting either a logoed hoodie or fleece jacket for all employees as an acknowledgement of their hard work, as well as for not being able to have the annual summer picnics or annual holiday parties this year.

David Rhodes

Director of Human Resources

108

TOTAL AKEELA EMPLOYEES
STATEWIDE

18

STATEWIDE EMPLOYEES

59

SOUTHCENTRAL ALASKA EMPLOYEES

31

SOUTHEAST ALASKA EMPLOYEES



Compliance Report

Since taking on the role of Director of Compliance in September 2020, I have been working on some very exciting items for Akeela's compliance program.

I have begun coordinating a quarterly meeting of a Risk Assessment Committee. This committee will be designed to look at the various departments and ways in which there may be risk of harm to the organization through various systems currently utilized. Although it is in its infancy, we met for our initial meeting the first week of November and look forward to sharing much more on this front.

My biggest task, which has already started and will come to fruition in the summer, is the preparation for the triennial Joint Commission Accreditation Survey. This is a large task that involves the entire organization's participation to ensure we are ready. Preparations start nearly nine months in advance and involve mock tracers who run throughout the various facilities as if the Joint Commission were here and surveying. It's a real-life opportunity that puts Akeela on the cutting edge of preparation.

There is also a new push to make use of statistical software and calculations to start measuring components of the Quality and Safety Committee meeting. This will be used in other areas of the organization as needed.

Education and new employee orientation has been a focus to ensure that employees joining Akeela during the pandemic are trained in the latest information on hand sanitization and mask wearing efforts throughout the organization.

The compliance program is in the middle stages of growth at this time, and over the next two years we are looking at having developed a robust Quality Assurance and Quality Improvement program that is in full swing.

LeLinda Bourgeois, MS

Director of Compliance





Strategic Growth Report

The year began on an optimistic note with the Board of Directors achieving 100% contribution participation for the first time in many years, led by board member Elaine Border. We were preparing for a year of reasonable development activities along with the regular suite of ongoing tasks that keep grant and contract funding flowing to aid our services. Akeela's strongest suit continues to be a fee for service model, moreso now as the State of Alaska further implements the 1115 Waiver program, first for substance use disorder services and the emerging behavioral health component as it is rolled out.

With the onset of the COVID-19 pandemic, the entire leadership team pivoted from the business of implementing the strategic plan to continuing to deliver services while swiftly transforming methods and protocols to ensure client and staff health and safety, as well as business continuity. This shift presented both unique challenges and opportunities. I will speak to the fiscal climate here.

The first shift was that many of the private funders in the community shifted their giving priorities from general grants to COVID-19 relief. We were initially successful in acquiring PPP funding from the federal government, as detailed in the financial report, as well as a \$25,000 grant from the Alaska Mental Health Trust Authority. It became apparent, however, that Akeela's financial position and ability to pivot our

service delivery model meant that we weren't struggling financially and needed to allow relief funds to flow to less sound organizations.

To that end, we made a decision not to apply for every category of relief funds and instead focused on continuing to implement our long term plans. Benefiting directly from 100% board contribution, we successfully negotiated an emergency proposal to rebuild the roof at Akeela House, the need for which was discovered during routine maintenance. Funds were generously contributed by Premera Blue Cross Social Impact Fund and Rasmuson Foundation. The roof replacement preceded a commitment from the Alaska Mental Health Trust Authority to fund \$300,000 to substantially increase capacity at Akeela House from 20 to 36 beds, which will go a long way to reducing our wait list and increasing the number of Alaskans who can be served at our flagship program.

Akeela is well positioned to manage and even lead through this very unusual time.

The strengths Akeela has to offer include a skilled team of committed leaders and also a decision that was made by the CEO over the past years to focus on providing the best quality of services rather than to chase

Strategic Growth Report cont.

every new opportunity that strikes our shores. This focus on our mission, rather than chasing dollars, has paid dividends measured by strong programs, committed staff, stable finances, and the ability to grow programs that meet our mission and serve the community.

Akeela's leadership team will be working with the Board of Directors to renew our strategic plan during the first part of 2021, in anticipation of a strong triennial review by the Joint Commission later in the summer. Finally, a new website is under development, with completion expected early 2021.

Christopher Constant
Director of Strategic Growth





CFO Report



Fiscal Year 2020 marked another year that Akeela received a clean audit opinion on our financial statements. This accomplishment exhibits our commitment

to excellence in financial reporting and confirms that our financial statements are presented fairly and free of material misstatements. Our success continues to be possible because of the incredible staff that goes above and beyond in their day-to-day duties.

One of Akeela’s many strengths throughout the organization is the longevity and resilience of the Finance Department. Akeela has a centralized Finance Department located in the Administrative Building in Anchorage. Our department consists of seven people, many of whom have been with Akeela for 5+ years. Each of them truly enjoys what they do and believes

in the mission and vision of Akeela. It’s because of their hard work, commitment, and diligence that we can perform at our best and remain resilient through challenging times.

Akeela delivered another solid year financially despite challenging economic conditions. FY20 was a competitive year for Comprehensive Behavioral Health Treatment and Recovery (CBHTR) proposals. As we anticipated, the state’s shift in its funding methodology from grant funding to fee for service continued in FY20. This shift resulted in a reduction in local state grants. Akeela remains fiscally viable as we continue to see increases in Medicaid due to expansion and the 1115 Waiver. Although we continue to see an increase in Medicaid year to year, we have yet to see that increase in the private insurance markets. This market continues to be difficult for us to tap into as the demographics we serve are generally eligible for Medicaid and don’t carry private insurance.

FY20 Highlights

\$25,000

ALASKA MENTAL HEALTH TRUST FUNDING FOR COVID-19 ASSISTANCE

\$1.2 million

PAYCHECK PROTECTION PROGRAM (PPP) COVID-19 FINANCIAL RELIEF

\$50,000

MENTAL HEALTH DEFERRED MAINTENANCE & ACCESSIBILITY IMPROVEMENTS FUNDING

\$398,000

REDUCTION IN STATE GRANTS

\$2.7 million

INCREASE IN MEDICAID

CFO Report cont.

This year was the first year that Akeela has been the recipient of the State of Alaska Mental Health Deferred Maintenance & Accessibility grant. This grant will allow us to make significant improvements to our Gateway building in Ketchikan, including a new roof and exterior paint.

The global pandemic of COVID-19 has made it difficult for businesses, however, Akeela has persevered during these difficult times. We would like to thank the Alaska Mental Health Trust Authority for their COVID-19 financial relief. These funds helped Akeela establish telehealth services throughout our organization. In addition, the funds allowed us to implement an employee portal which lets staff submit timesheets and leave requests electronically. This was a much-needed innovation as we adapted to our new remote work environments.

Akeela was granted a low interest \$1.2 million loan through the Paycheck Protection Program to aid in COVID-19 financial relief. We anticipate loan forgiveness during the 2021 fiscal year.

An ongoing strategic goal of Akeela's has been to diversify revenue sources through corporate philanthropy. As an organization, we receive cash donations and in-kind contributions from various resources within our community. Our program staff does an outstanding job of reaching out, and we appreciate all of those who give back in any way possible. This goal will continue to be a

focus for Akeela's future. Akeela's primary focus remains providing treatment services throughout the state and accounts for most of our expenses and revenues.

Management continues doing a great job with keeping expenses in line with revenue, as indicated in the graph below. Total revenue was significantly higher than our expenses, yet both coming in under what we projected. We finished FY20 with an increase in net assets of \$1.8 million.

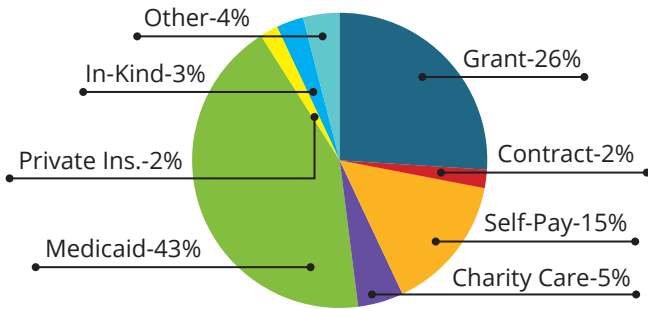
Akeela's growth has been steady and as programs continually evolve, whether by internal design or in response to external forces. It is vital that management continues to keep costs down, expand programs when financially possible, and diversify our revenue sources. We continue to remain optimistic, yet cautious, about the future.

The achievements we continue to make each year are a direct reflection of our talented and dedicated employees and without them, we would be unable to achieve our mission.

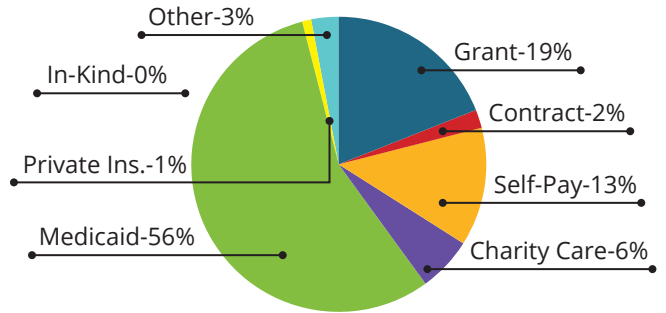
Shannon Pritchett, MBA
Chief Finance Officer

CFO Report cont.

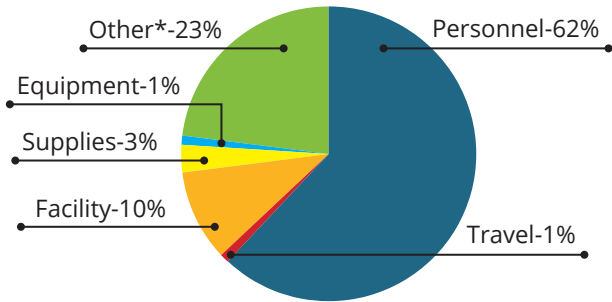
FY19 REVENUE SOURCES



FY20 REVENUE SOURCES

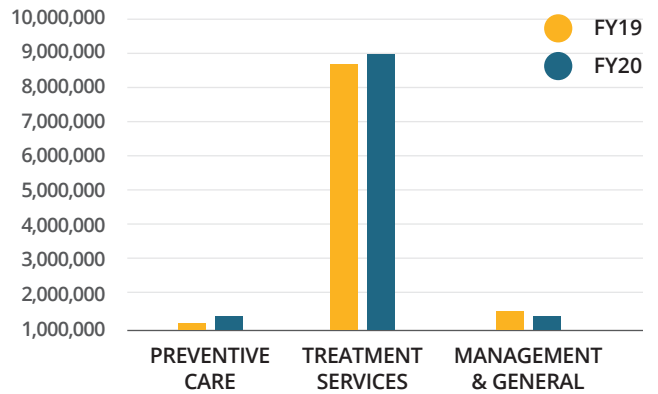


FY20 EXPENSES



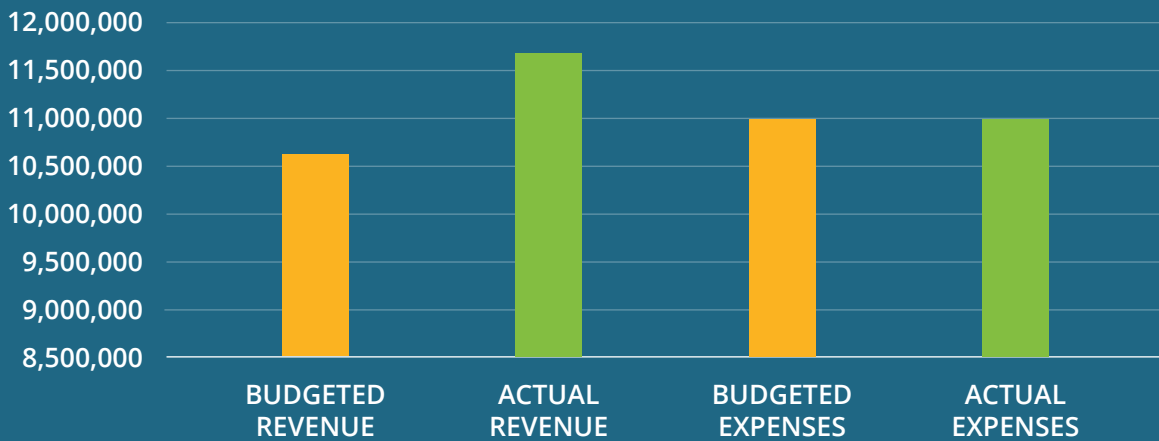
**Other includes depreciation, interest, insurances, professional services*

TOTAL EXPENSES BY SERVICES



Actuals vs. Budget

FY 2020





At the peak of the COVID-19 pandemic, Akeela partnered with Alaska Maskmakers to fund, manufacture, and distribute nearly 100,000 masks to communities across Alaska with emergency COVID-19 funds from the State of Alaska Division of Behavioral Health.

WWW.ALASKAMASKMAKERS.ORG

RECIPIENTS OF MASKS

Three Bears in Big Lake
 Abacus Care Coordination
 ACE Air Cargo
 Akeela, Inc
 Alaska Family Medicine Residency
 Alaska Health and Social Services Division of Juvenile Justice
 Alaska Native Birthworkers Community
 Alaska Native Medical Center
 Alaska Native Medical Center - Internal Medicine Clinic
 Alaska Native Medical Center - Ophthalmology
 Alaska Native Birth Workers Community
 Alaska Neurodiagnostic and Rehabilitation Medicine, Inc.
 Alaska Neurofeedback
 Alaska Oncology and Hematology, LLC
 Alaska Retinal Consultants
 Alaska State Ferries

Alaskan AIDS Assistance Association
 Aleutian Pribilof Islands Association Inc.
 Alutiiq Hearing Services
 Alzheimer's Resource of Alaska
 Anchorage Community Mental Health Services
 Anchorage Fire Department
 Anchorage Health Department
 Anchorage Neighborhood Health
 Anchorage Pioneer Home
 Anchorage Radiation Therapy Center
 Anchorage School District
 Anchorage Women's Clinic
 Alaska Native Tribal Health Consortium
 Arctic Chiropractic
 Atlas Air Cargo
 Bethel Family Clinic
 Blood Bank of Alaska
 Cardiology at ANMC
 Carlile Transportation
 Carrs Safeway Grocery
 Catholic Social Services
 Center for Psychosocial Development
 Chaplains at Spiritual Care Providence
 Chickaloon Village Traditional Council
 Chugiak Volunteer Fire and Rescue Department
 City of Houston
 City of Nome
 Clarion Hotel
 Covenant House
 Covenant House Rights of Passage (Transitional Living)
 Critical Defense Contractors at JBER
 Dimond Vision Clinic
 UAA dorm residents
 Dr Owen Bell's office
 Eagle River Senior Living
 East Side Physical Therapy, LLC
 Easter Seals Alaska
 Endicott Island Slope workers
 Fairbanks Memorial Hospital
 Fort Greely, Delta Junction, Alaska
 Fred Meyer
 Fred Meyer Click List

Geneva Woods Pharmacy/MyMedSupplies
Haines Borough
Healy Lake Village Council
Highland Employees
HomeWell Care Services
Hope Center
Hope Community Resources
Interior Region EMS Council
Kenai Fire and Police Department
Labor and Delivery ANMC
Liberty Dialysis AHP LLC
Maniilaq
Maple Springs of Wasilla Senior Living
Marlow Manor Senior Living
Mat-Su Health Services
Mat-Su Regional Medical Center
Mat-Su Regional Medical Center Emergency
Department
McLaughlin Youth Center
MSRMC
Municipality of Anchorage Assembly and
Clerk's Office
Mutual Aid Fairbanks
Naath Assisted Living Home
North Star Behavioral Health
Northern Lights Chiropractic
Norton Sound Health Corporation
OCS King Salmon
Office of Children's Services
Office of Children's Services, Barrow, AK
OCS Child Advocacy Center CPS Investigators
Opus Memoria
Outpatient Wound and Ostomy Clinic
Palmer Emergency Communications Center
Palmer Police Department
Port of Alaska
US Postal Service
Preferred Care at Home of Alaska
Primrose Retirement
Providence Alaska Medical Center
Providence Alaska NICU
Providence Transitional Care Center
Pump Station 1

RA Janitorial Services
ResCare Alaska & ALH
Rural Alaska Community Action Program
Santa Cops Program
SHOOT FOR THE CURE - Cystic Fibrosis
Signal 88
Sitka Counseling and Prevention
Sitka Pioneers Home
Skagway Community
Soldotna Fred Meyer Pharmacy
Southcentral Foundation
Southcentral Foundation Elder Program
Southcentral Foundation, Primary Care Center
of ANMC
Standing Together Against Rape (STAR)
Talkeetna Fire Department
The Alaska Hospitalist Group, LLC
The Arc of Anchorage
TSA Clitheroe Center
Valley Radiation Therapy Center
Wasilla Medical Clinic
Wasilla VA Community Based Outpatient Clinic
West Lakes Fire Dept
YWCA



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