

# 2022 Annual Report



**AKEELA**  
HELPING ALASKANS ACHIEVE  
RESILIENCE & WELLNESS



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## Our Mission

Akeela builds resiliency and wellness throughout the lifespan of Alaskans.

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## 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.

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## Message from the CEO



Dear  
Akeela  
Board of  
Directors,

Welcome to our Annual Board Meeting! It feels wonderful to be celebrating another successful year at Akeela after two long years of virtual meetings and social distancing. Of course, pre-pandemic life had its challenges; however, the COVID-19 pandemic was a unique, difficult, and universally shared experience. Even though the pandemic affected all facets of life, some of the areas most dramatically impacted at Akeela was our shared definition of how a business continues to operate during a global crisis and how a behavioral healthcare company continues to offer their services without sacrificing quality.

Virtual interventions, such as the use of telehealth, has played a crucial role in ensuring the continuity of Akeela's services. As we have recently entered COVID-19's third year of existence, it is not difficult to see the impact the preventative measures that were put into place, such as social distancing and the "hunker down" orders, had on those who struggle with addiction or their mental health. While necessary to protect our physical health, social isolation placed many at risk of experiencing long-term detrimental consequences; particularly those with pre-existing mental illnesses or substance use addictions.

The use of similar virtual platforms has been implemented throughout Akeela and has assisted in supporting our day-to-day business practices in a hybrid work environment. Applications such as Zoom, SecureVideo, and Microsoft Teams are used daily at Akeela, to host both planned and impromptu meetings between employees, to conduct interviews, and to provide a space for supervision. They have allowed our employees to remain connected and successful at a distance.

As we are beginning to see less impacts of COVID-19 on our daily lives, and are discovering our new normal, Akeela is building upon all the lessons that the pandemic taught us. We are placing a greater value on work-life balance, we have improved our strategies for assisting employees to deal with stress and burnout, and we lead with empathy and humility. Akeela's leadership is looking to the future; analyzing the behavioral healthcare gaps that sorely presented themselves during the pandemic. As you will read, in the following report, we are seeking to strengthen and expand our workforce through partnering with local universities, reviewing and revising our clinical programming and curricula, and through enforcing a cultural normalcy of wellness and self-care, excellence, and appreciation.

The future is bright at Akeela!

Warmly,

**Dr. Courtney K. Donovan**  
*Chief Executive Officer*



*"...We are placing a greater value on work-life balance, we have improved our strategies for assisting employees to deal with stress and burnout, and we lead with empathy and humility."*



## Clinical Report



**Deirdre D. Neeley, MA,  
NCC, LPC, CPCS**  
*Chief Clinical Officer*

This year has been one of rebuilding for the Clinical Department. We observed several critical concerns that needed to be addressed with the understanding that change requires strategic planning and more importantly patience. The Senior Clinical Leadership (SCL) team comprised of the Chief Clinical Officer, both Regional Clinical Directors, and the Utilization and Quality Director, has worked diligently this year to re-establish all programs to strengthen clinical staff in providing consistent and sound clinical care to our clients.

*Though we experienced resignation of employees across all programs and departments within Akeela and closure of programs, Akeela has maintained the care of clients and employees.*

In a brief overview of this year, the SCL team reviewed the clinical curriculum for outpatient, residential, and transitional housing programs; restructuring clinical program to meet the 90-day residential treatment model; reestablished the current KPIs experiencing an increase in staff productivity; developed a structured monthly supervision process; began leadership development with trainings for our Clinical

Leadership team; implemented a program that encourages client engagement; developed clinical trainings for staff as well as encourage professional development; re-establish our Stepping Stones treatment program; increased oversight of clinical supervision for licensure provided free of charge for master-level clinicians seeking state and national clinical licensure; and experienced internal promotions in the majority of our programs and hiring of new staff. The projects that SCL are actively developing is the establishment of the Akeela ASAP-Kenai program where Akeela Gateway staff will provide virtual clinical treatment for clients referred by ASAP that are in rural areas where resources for treatment are limited or inaccessible. During this year, the Clinical Dept. experienced the closure of Akeela's Juneau Children's Mental Health program closed as did Akeela Gateway's Peer Support Program. Those these programs were closed; we were able to retain 50% of the Children's Mental Health staff and 100% of the Peer Support Program.

As we bring this year to an end, we reflect on the victories and losses that have occurred with the acceptance that the losses have been the catalyst in our current and future success as the leading behavioral health agency in Alaska.

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# Clinical Report

## 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

### 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



# Clinical Report - ASAP

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

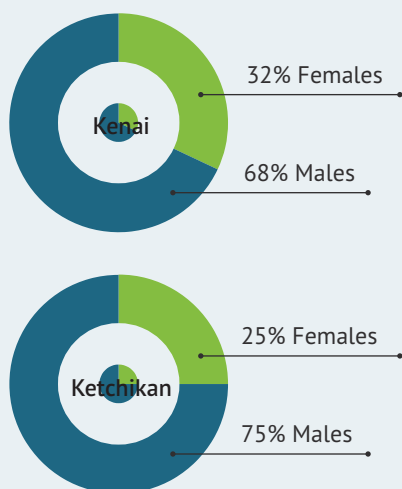
During the past 11 months we have worked to input all necessary data into AKAIMS from the files that were affected by the cyber-attack that took AKAIMS offline last year. It was a very long process inputting the backlog while actively working on incoming cases, and we still find files from time to time that need information updated, but our team worked hard to get our files updated and in order in AKAIMS.

This last year has remained largely uneventful. Much of our time was spent recovering from AKAIMS being offline but did start the conversation for some new and exciting things to come in the new year. We are working to

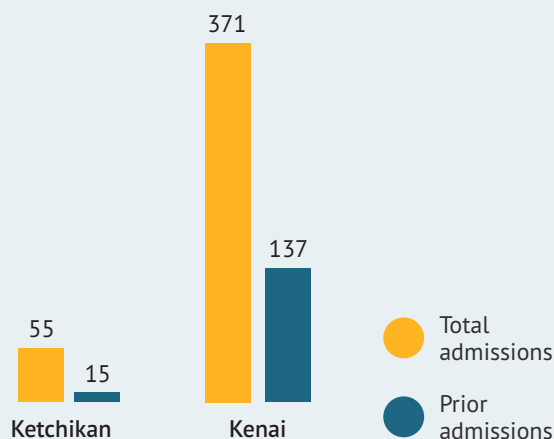
assist in piloting a program to offer assessment and telehealth services to try and expand the options available to our clients and hopefully provide assessments and services not only quicker than some of the agencies in the local area but to also touch those in rural villages that do not have substance use services readily available. This would allow our clients to access and hopefully engage and complete their recommended programs quicker, allowing for counselors to capture and act on motivation from their clients before it fizzles out.

The graphs below show both the Kenai and Ketchikan ASAP offices “by the numbers”. Figure one has the percentage of females and males opened so far during 2022. Figure two shows the number of client cases opened during the past 11 months as well as how many of these clients opened had ASAP cases previously. Figures three and four show the types of charges ASAP has opened by percentage. The number one charge ASAP monitored during this year remains the DUI charge for both Kenai and Ketchikan.

**FIG. ONE**  
FEMALE AND MALE CASES

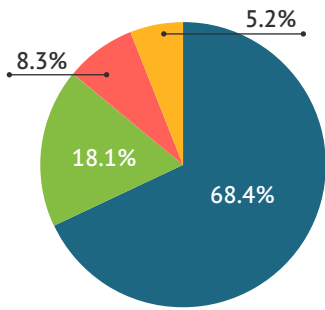


**FIG. TWO**  
TOTAL CLIENT CASES & CLIENTS WITH PRIOR ADMISSIONS



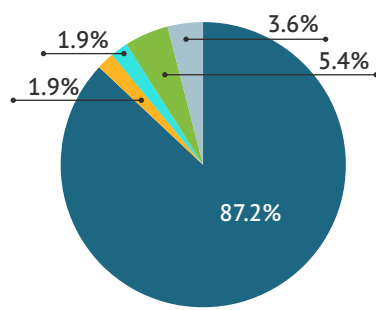
# Clinical Report - ASAP

**FIG. THREE  
BY CHARGE - KENAI**



- DUI
- Drug
- Assault
- Other

**FIG. FOUR  
BY CHARGE - KETCHIKAN**



- DUI
- Other
- Assault
- MCA
- Refusal





## Southcentral Clinical Report



**Dr. Nathan Fearington**  
*Regional Clinical Director*

### AKEELA HOUSE

Akeela House, our agency's flag ship, has continued to be the program that our community partners

and community members seek to support the healing of those in need of residential treatment.

During the past year, Akeela House has experienced some turnover in the last year but was able to rapidly recover by promoting internally allowing for quick back filling of open positions. Akeela House continues to encourage staff in obtaining the 'Chemical Technician', 'Chemical Dependency Counselor I and II', and 'Chemical Dependency Counselor-Supervisor' utilizing the modules built into Relias to support their endeavors. For the Master level-clinicians, they are receiving free clinical licensure supervision from Regional Clinical Director (SC) Dr. Nathan Fearington. During these transitions, clients continued to receive treatment without failure. And because of the consistency of all staff members, from client monitors to the Lead Counselor and Program Manager, clients recognized staff monthly that went above the expectations of their role responsibilities. The acknowledgement by clients of the work staff members provide has supported the morale of staff daily.

In July 2022, Akeela House participated in a one-day survey with Joint Commission. The survey results were overall positive with three

recommendations on improving established processes. Akeela Leadership developed the plan of correction, implemented the changes, and submitted the documented resolution of the three identified corrections and Joint Commission issued the approval in October 2022. Akeela House leaders recently participated in a Narcan training that will allow Narcan Kits and Fentanyl test strips to be available to all participants in the program with a history of Opioid Use Disorder.

### STEPPING STONES

Stepping Stones during the past year has been solely about rebuilding. In March 2022, Akeela Leadership identified the need to implement temporary capacity lock in order to re-establish the program. This also included temporarily closing the child care program and supporting mothers in connecting to a community daycare program to meet the needs of the children. Between March and June 2022, client apartments were painted, new furniture provided, and repairs completed. The treatment building rooms were re-painted and old furniture and equipment removed. This provided a refreshment to the clinical environment for clients and employees. Stepping Stones not only received new staff during this year of rebuild as well as re-training of curriculum. Stepping Stones maintained its partnership with Alaska's Department of Health's SNAP-ED promoting nutritional health for clients and their children. Currently, Stepping Stones' leadership is partnering with the University of Alaska Anchorage's (UAA) education department to arrange for students to complete internships in the childcare program.



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# Southcentral Clinical Report

The COVID-19 pandemic continued to affect service delivery, but its impact gradually decreased over time.

*Clients and their children have been able to engage in community activities including walks, shopping, going to the park, and attending the state fair.*

Family and healthy support visits have resumed. Similar to behavioral health organizations throughout the country, Stepping Stones embraced the idea of easy access to treatment via telehealth and added virtual services as a permanent option for receiving care. Leadership continues to support growth and development by encouraging clinical training for staff members, including Eye Movement Desensitization and Reprocessing (EMDR) and Moral Reconciliation Therapy (MRT). Additionally, staff members continue to work towards the Counselor Technician (CT), Chemical Dependency Counselor I (CDC-I), and/or Chemical Dependency Counselor II (CDC-II).

## JUNEAU

Akeela Children’s Mental Health in Juneau continued to provide special programming and services for children with severe emotional disabilities. COVID-19 continued to impact service delivery. However, children, adolescents, and their families were able to remain connected to wrap-around clinical and behavioral support. In-person services resumed, and a combination of in-person and telehealth services were utilized to provide individual therapy, family therapy, assessments, treatment

planning/coordination, case management, skill development, child and adolescent psychiatry, and in-school behavioral support. The Therapeutic Foster care program continued to maintain homes and support youth through permanency and adoption. Unfortunately, due to operational constraints, Akeela’s Children’s Mental Health program and the Therapeutic Foster care program closed on July 31, 2022. The Juneau team worked closely with the families and OCS to ensure that families were transitioned and connected to other providers, organizations, and supports. Fortunately, some team members were able to remain with Akeela working in Anchorage Outpatient program to provide telehealth services and the program’s resources were reallocated throughout Akeela.

*During the transition, Juneau’s Program Coordinator Alexandra Gembala passed. We greatly miss her energetic and inquisitive spirit.*

## ANCHORAGE OUTPATIENT

Anchorage Outpatient programs made significant strides over the past year. Although, the COVID-19 pandemic continues to exist, its negative impact has progressively lessened. Anchorage Outpatient was able to transition back to in-person visits and continue program development. Similar to other programs throughout Akeela, Outpatient has integrated telehealth as a permanent option for delivering services. Clients are able to receive in-person and virtual services. Although the “Great Resignation” has impacted Akeela and the rest of the country, leadership has been able to

## Southcentral Clinical Report

expand the search for qualified staff members by hiring providers that can work virtually and facilitate assessments, groups, and individual sessions. The use of virtual clinical treatment has helped to increase retention by allowing staff members to have a more flexible schedule to meet the needs of clients consistently with the added benefit of more time of self-care that encourages the life-work balance. Anchorage Outpatient leadership strengthened the process of conducting the UA procedure to ensure that all clients receive ongoing random requests throughout their treatment experience. Anchorage Outpatient implemented a new intake workflow that ensures that all new clients leave the intake session with a pre-determined group schedule that will allow them to start treatment immediately. And the Anchorage Assessment center is now staffed with master-level clinicians allowing for more consistent clinically supported assessments at intake and on-going treatment.

Anchorage Outpatient developed a pre-treatment program which will allow clients to immediately receive daily substance use education while waiting for their scheduled assessment. The pretreatment program allows clients to engage, make connections and start developing relationships within 24 hours of initial contact. Pretreatment has contributed to the decrease in no-shows and wait times from assessment to treatment. Anchorage Outpatient also restructured the Transitional Housing program by revisiting the curriculum. As a result, the Transitional Housing program is tailored to meet the specific needs of clients ready to transition back into the community with decreasingly less required supervision. The clients attend an array of groups that align with

the frequency and contacts of ASAM 2.1 and 1.0 levels of care.

Anchorage Outpatient experienced a brief staff shortage consistent with the rest of the country but was able to employ new team members with little to no disruption to treatment. Akeela continues to provide training and support to staff members and encourage internal promotions.

*The continued development of Anchorage Outpatient has created an upbeat thriving environment with team members continuing to work towards their own clinical growth.*

One of the major successes that occurred this year was Gary Mogg being awarded a scholarship from the Richard Pruss Foundation. Gary is the essence of client success at Akeela. He was once a client of Akeela's residential program and early in his recovery he sought to give back to those who were also seeking recovery. Since being employed with Akeela, Gary has worked in residential and outpatient and being an example to clients and his peers. Akeela has had the privilege of seeing Gary obtain his 'Chemical Technician' and 'Chemical Dependency Counselor' certifications. What we are most proud of in this outstanding staff member is his promotion to Lead Counselor.



# Southeast Clinical Report

## Christy D. Hawley, MA, LCMHCS

*Southeast Regional Clinical Director*

Throughout 2022, Akeela's Southeastern region recognized the need to reconnect with the local community and has concentrated on rebuilding relationships within the Ketchikan community and with community partners. The Southeastern region has also made huge strides in addressing staffing shortages throughout Akeela Gateway and KAR House, recruiting quality staff and filling multiple vacancies.

The Regional Clinical Director and Program Manager at KAR House leaderships positions were filled which has been vital in supporting staff, strengthening programming and services, as well as rebuilding community connections and partnerships. The Southeastern region additionally addressed residential staff shortages at KAR House filling Client Monitor, Clinical Associate, and Floor Counselor.

The understaffing challenges KAR House faced periodically throughout 2022 strained the existing residential team. The outpatient team at Akeela Gateway quickly offered their support with staffing at KAR House to minimize the impact of being understaffed. KAR House and Gateway staff, along with Akeela's HR department, rallied together promoting open positions and increased recruiting efforts for qualified candidates. As a result of recruitment efforts, KAR House was able to fill several positions.

In the coming year, we hope to expand the use of telehealth to expand access to behavioral health treatment and improve organizational

resource (staff) efficiency in the delivery of behavioral health services.

Akeela Gateway and ASAP will implement expanding outpatient substance use treatment to include clients in the Kenai region with the use of telehealth services, and Akeela Gateway will implement pre-treatment services for individuals in the process of establishing behavioral health services at Akeela, Inc. to improve treatment engagement and retention.

### OTHER HIGHLIGHTS OF 2022:

- Staff in the Southeastern region received Crisis Prevention Institute (CPI) training that specializes in de-escalation and behavior management training that puts people first and improves safety.
- Renovations were completed for Transitional Housing at Horizon House and KAR House.
- The Southeastern region expanded the use of telehealth in all services. Utilizing telehealth has allowed residential clients to continue to receive services with minimal disruptions during illness, isolation period, and other COVID related factors. In outpatient treatment, telehealth contributed to improvements in access to behavioral health treatment, overcome barriers such as lack of transportation or childcare, and provides greater scheduling flexibility for clients receiving outpatient services.



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# Southeast Clinical Report

*On Sept. 9, 2022, at Akeela Gateway, a client arrived for a scheduled appointment with the Peer Support Specialist, Dawn Albrant. During the appointment, the Peer Specialist began to notice the client exhibiting signs of a stroke and quickly contacted 911. The Peer Support Specialist then alerted the Program Assistant and Program Manager. The staff at Akeela Gateway worked together to ensure the client was supported until EMS arrived and ensured that all entrances were cleared so that the client was easily accessible by EMS. The staff at Akeela Gateway demonstrated an excellent level of teamwork, quickly assessed the situation, and implemented a rapid emergency response during the client's medical emergency.*

# Human Resources Report

## Tyler Mortensen

Senior Manager of Human Resources

The past year saw Akeela hire 42 new staff, with 29 of those staff continuing to maintain employment. During the year, Akeela was able to fill several key positions – Chief Clinical Officer, Program Manager for Akeela Outpatient Services, Program Manager for Stepping Stones Residential Program, and Regional Clinical Director for Southeast.

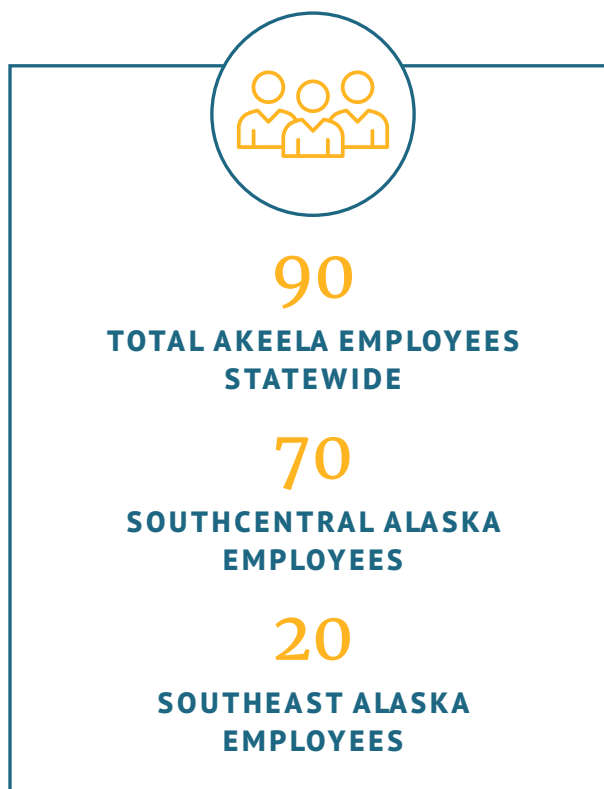
One of Human Resources' main highlights of the year was its completion of uploading employee personnel files into Akeela's existing payroll software, Accufund, to be used as a Human Resource Information System (HRIS). Doing this has provided Human Resources the ability to create up-to-date reports for a range of employee personnel items, which has been a significant asset for a wide range of projects.

The Human Resources staff had the amazing opportunity to attend the Society for Human Resource Management's (SHRM) National Conference in New Orleans in June. This national conference brought together over 18,000 HR professionals, along with HR leaders for a 4-day conference, where many topics were discussed. At this conference, HR staff attended several sessions from national HR leaders that addressed several issues currently facing Akeela – burnout, retention, attracting top talent, pay equity, and benefits provided to staff.

Human Resources has taken an active role in updating Akeela's Policies and Procedures and working with members of Senior Leadership to examine pay equity and career development

tracks here at Akeela. Changes and updates were needed in policy to keep our organization's expectations clear to our employees and to mitigate any risk posed to the organization. Ensuring that our employees know how they can advance their careers here at Akeela is also a top priority amongst senior leadership.

*By examining Akeela's own internal equity when it comes to position classifications and pay grades, and comparing that to the market's prevailing wages, Akeela will ensure that we remain competitive in the market for the best available talent.*



## Human Resources Report

Akeela’s Longevity Program has been a continued success to reward our employees for their dedication at Akeela, Inc. With a changing array of rewards to choose from, employee feedback has been positive to this award program.

2022 was the first full year of Akeela’s Employee Sign-On Bonus and Employee Referral Program. Ten employees have been referred to Akeela using the Employee Referral Bonus Program, signaling that employees have taken interest in this program. All new employees were eligible for the sign-on bonus, if they maintained employment for certain timeframes. These programs have been beneficial for the recruitment efforts at Akeela, Inc.

For the upcoming holiday season, Akeela is looking forward to having in-person holiday parties for staff at our programs. It has been several years since staff have been able to gather with one another to enjoy the holiday spirit with their colleagues. The pandemic shifted staff from working in the office, to virtual work, and now a hybrid work schedule. These holiday events will present an opportunity for all staff to be together and feel like “One Akeela.”

*Looking ahead, the Human Resources department looks to build off its completed Wellness Survey and embrace the trends occurring in the workplace.*

Coming out of the pandemic, the employee experience concept has slightly shifted to the life experience which isn’t associated with an office or physical presence with a team. Employee well-being is no longer an employee benefit. Rather, well-being now is an employer’s opportunity to support employees in all aspects of their personal and work lives. Human Resources will research employee wellness programs that focus on emotional, financial, social, and career wellness for our employees.



# Utilization & Quality Report



**Joanna Sanchez,  
MSW, MAC, CDAC**  
*Utilization and  
Quality Director*

This year Akeela's Utilization & Quality Department aimed to provide the organization with comprehensive data by using analytic technologies to improve the quality of care. The program committee and senior leaders at Akeela recognized the need for advanced analytics solutions to enhance care delivery. As a result, the organization purchased Pentaho, which was utilized to collect and analyze this year's data. In addition, Looker, a business intelligence software and big data analytics platform that quickly explores and shares real-time business analytics, will be implemented at the beginning of 2023.

One of our goals this year was to create an Insight to Impact Weekly report emailed weekly to clinical leadership to communicate data essential for daily clinical operations. The report includes treatment plan expiration, productivity benchmarks, residential utilization, and the number of services provided for each program. Secondly, the Clinical Dashboard was developed as a comprehensive dashboard to strengthen reporting practices while improving transparency and accountability. Please see attached report.

Lastly, as we strive for high-quality clinical documentation, we have decided to update the Progress Note/D.A.P. to a Progress Note/SOAP note. The acronym SOAP stands for subjective, objective, assessment, and plan. The SOAP model is an effective documentation tool for streamlining clinical notes. It provides an efficient method for consistently capturing, storing, and interpreting client information over time. The SOAP notes for clinical staff will ensure clinical reasoning to assess, diagnose, and treat clients utilizing the data presented. In addition, the SOAP note template structure acts as a checklist, enabling clinical staff to capture the information consistently and accurately.

*We can give solutions and provide more context and information to widen our understanding better and make data-driven judgments by combining data and using an analytics system.*





# Utilization & Quality Report

## AKEELA DEMOGRAPHIC REPORT

Akeela collects demographic data such as age, racial/ethnic, gender, and education for all new clients who received services in the Southeastern and Southcentral areas during each quarter for demographic analysis.

**FIGURE ONE: Organizational Demographic Data, 2022**

	Akeela										Statewide	
	Q1		Q2		Q3		Q4		YTD		2020	
Ages	n	%	n	%	n	%	n	%	n	%	n	%
<b>Total</b>	<b>196</b>	<b>100%</b>	<b>188</b>	<b>100%</b>	<b>183</b>	<b>100%</b>	<b>202</b>	<b>100%</b>	<b>769</b>	<b>100%</b>	<b>22,796</b>	<b>100%</b>
0-12	9	5%	5	3%	0	0%	2	1%	16	2%	3,191	14%
13-17	10	5%	11	6%	10	5%	6	3%	37	5%	3,044	13%
18-20	8	4%	5	3%	4	2%	11	5%	28	4%	1,067	5%
21-24	18	9%	19	10%	19	10%	24	12%	80	10%	1,185	5%
25-44	116	59%	117	62%	113	62%	119	59%	465	60%	7,291	32%
45-64	35	18%	31	15%	29	16%	34	17%	129	17%	3,778	17%
65-74	0	0%	0	0%	6	3%	5	2%	11	1%	556	3%
75 and over	0	0%	0	0%	2	1%	1	0%	3	0%	76	0%
Age not avail.											2,608	11%
<b>Gender</b>												
Female	77	39%	76	40%	72	39%	87	43%	312	41%	10,935	48%
Male	119	61%	112	60%	111	61%	115	57%	457	59%	9,196	40%
Gender not avail.											2,665	12%
<b>Race</b>												
Alaska Native/ American Indian	45	23%	46	24%	35	19%	52	26%	178	31%	6,645	29%
White	68	35%	69	37%	88	48%	96	48%	321	57%	8,447	37%
Asian	3	2%	5	3%	2	1%	4	2%	14	2%	258	1%
Pacific Islander	8	4%	4	2%	7	4%	6	3%	25	4%	152	1%
Black	15	8%	10	5%	20	11%	14	7%	59	10%	570	3%
Other/More than one race	17	9%	15	8%	13	7%	2	1%	47	8%	3,019	13%
Race not avail.	40	20%	39	21%	20	11%	28	14%	127	22%	3,702	16%

ALASKA STATEWIDE DEMOGRAPHIC DATA: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, National Survey of Substance Abuse Treatment Services (N-SSATS), 2020.

# Utilization & Quality Report

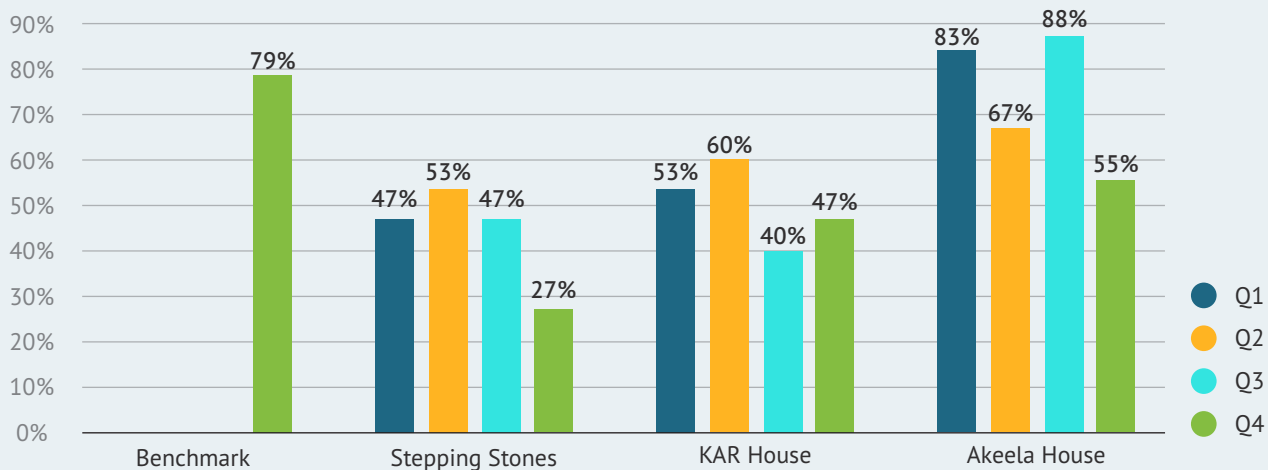
**FIGURE ONE A: Organizational Demographic Data By Region, 2022 YTD**

	Region			
	Anchorage		Ketchikan	
Ages	<i>n</i>	%	<i>n</i>	%
<b>Total</b>	<b>196</b>	<b>100%</b>	<b>254</b>	<b>100%</b>
0-12	9	5%	14	6%
13-17	10	5%	34	13%
18-20	8	4%	14	6%
21-24	18	9%	21	8%
25-44	116	59%	99	39%
45-64	35	18%	62	24%
65-74	0	0%	7	3%
75 and over	0	0%	3	1%
<b>Gender</b>				
Female	200	39%	110	43%
Male	315	61%	144	57%
<b>Race</b>				
Alaska Native/ American Indian	113	22%	62	24%
White	173	34%	148	58%
Asian	10	2%	4	2%
Pacific Islander	24	5%	1	0%
Black	55	11%	4	2%
Other/More than one race	39	8%	11	4%
Race not avail.	101	20%	24	9%

# Utilization & Quality Report

## RESIDENTIAL FACILITY CAPACITY AND UTILIZATION RATES

**FIGURE TWO: Residential Utilization Rates**

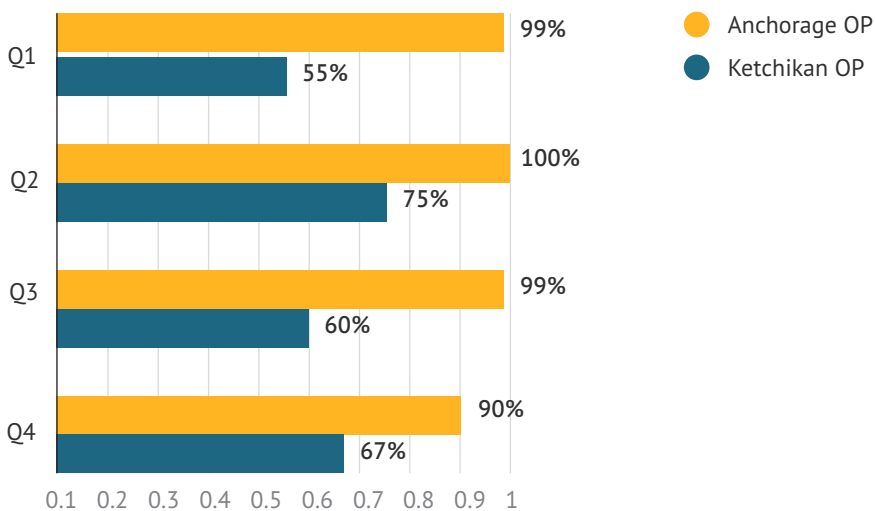


*BENCHMARK SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, National Survey of Substance Abuse Treatment Services (N-SSATS), 2020.*

*NOTE: Akeela House's max capacity has increased to 38 beds on Q4.22.*

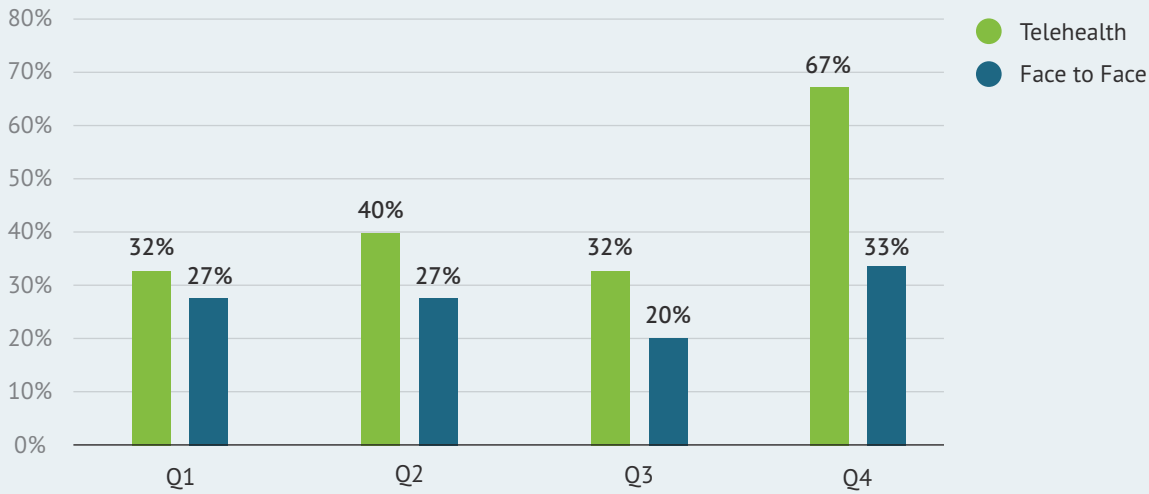
## SERVICE DELIVERY

**FIGURE THREE: Percentage of Telehealth Services**



# Utilization & Quality Report

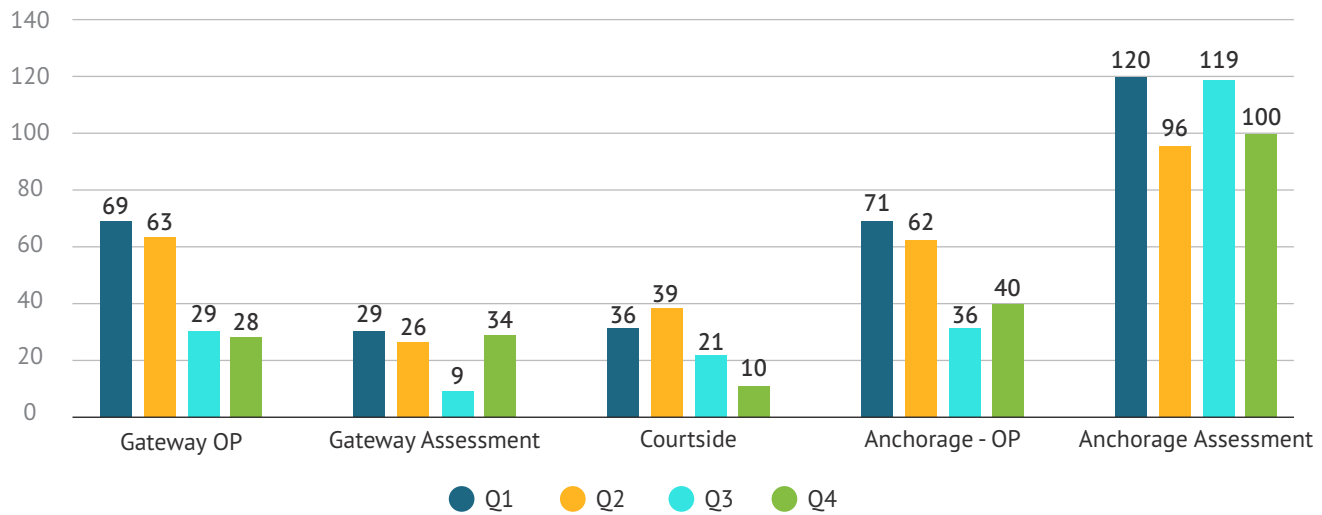
**FIGURE THREE A: Successful Completion of Treatment by Service Delivery**



NOTE: Successful completion based on discharge criteria selected by the clinical end-user at discharge. Data collected from E.H.R.

## INITIATION OF OUTPATIENT TREATMENT SERVICES

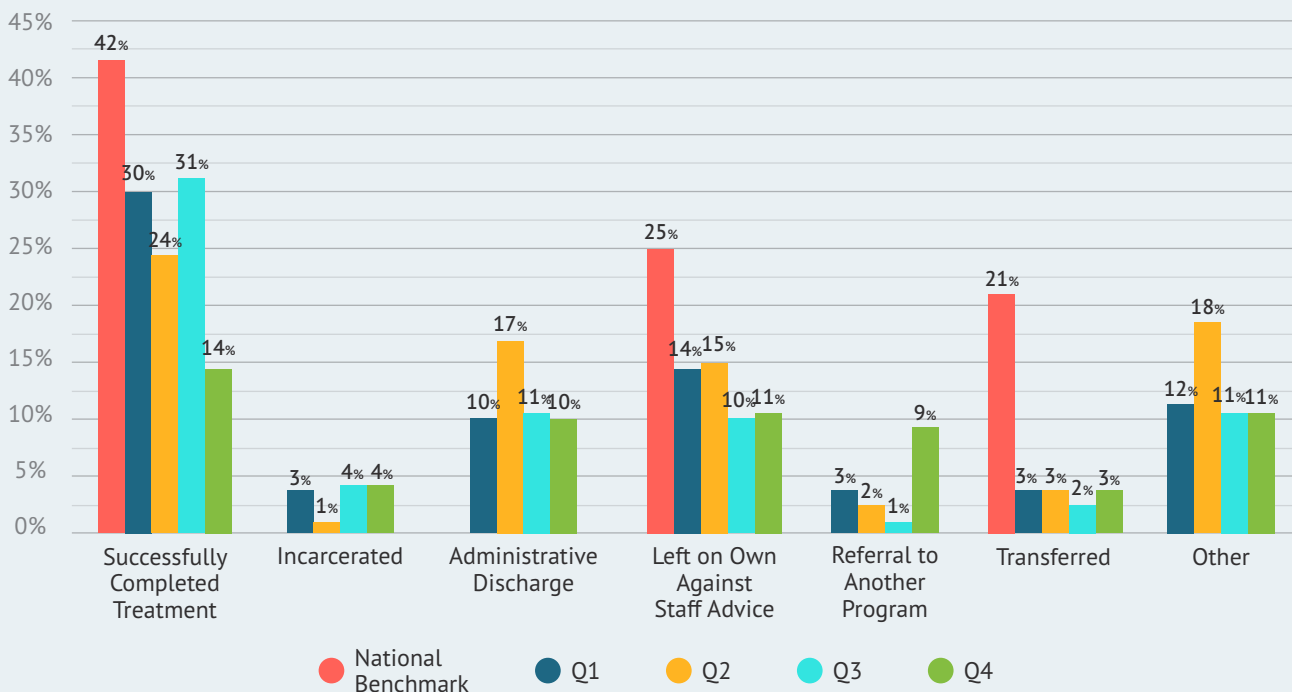
**FIGURE FOUR: Initiation of Treatment Services Provided by Outpatient Programs**



# Utilization & Quality Report

## TREATMENT COMPLETION

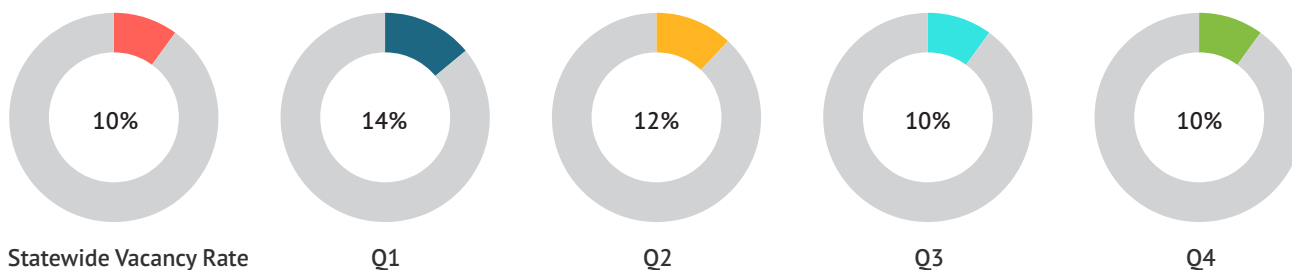
**FIGURE FIVE: Treatment Completion Percentage Rates By Discharge Type**



NATIONAL BENCHMARK from 2020 Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Episode Data Set (TEDS-D)

## CLINICAL VACANCY RATE

**FIGURE SIX: Comparison between statewide and Akeela vacancy rates for each quarter**

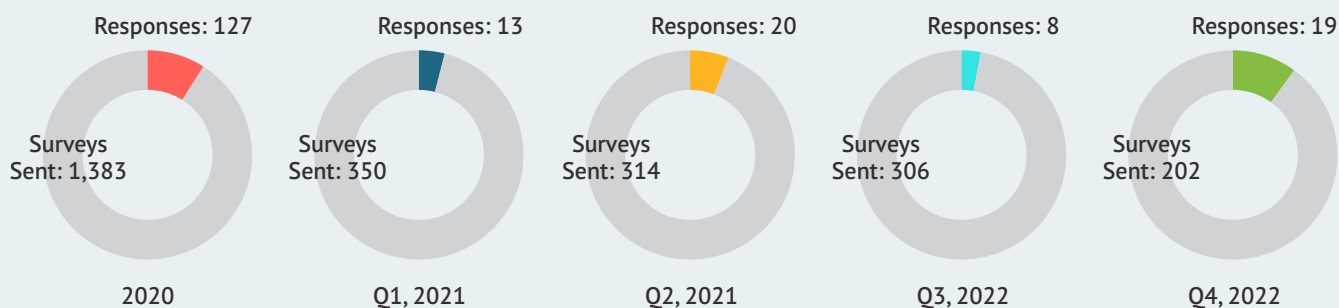


AK VACANCY RATE BENCHMARK: 2012 A.K. Health Workforce Vacancy Study Alaska Center for Rural Health, University of Alaska Anchorage. The vacancy rate is for Behavioral, Mental Health, and Rehabilitation Counselors.

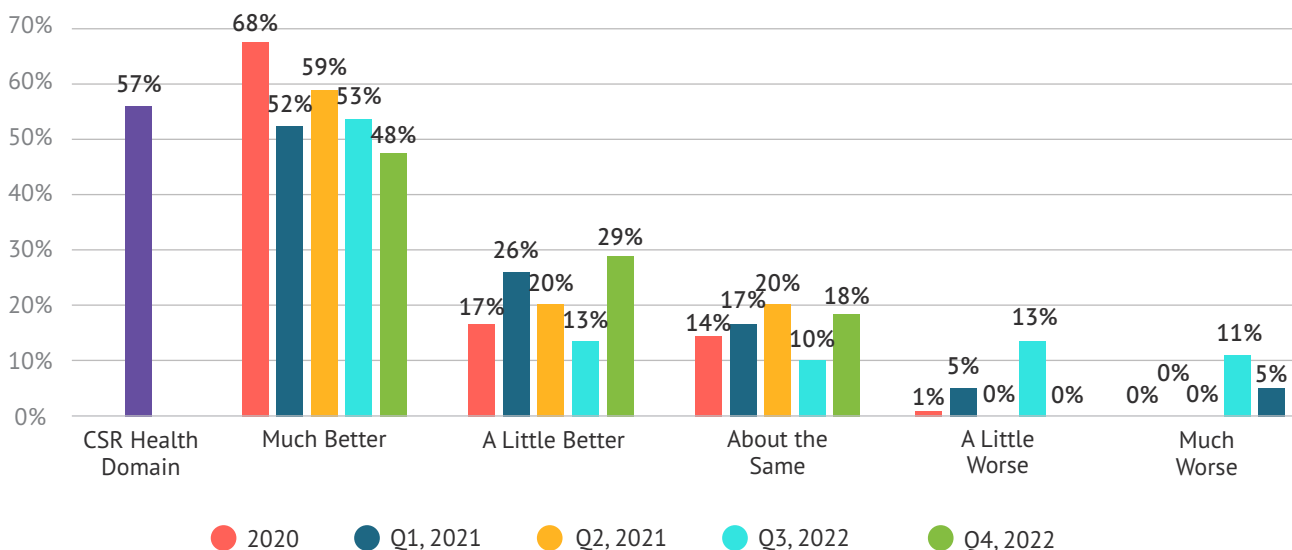
# Utilization & Quality Report

## ADULT EXPERIENCE OF CARE AND HEALTH OUTCOMES (ECHO®) SURVEY 3.0

**FIGURE SEVEN: Echo Survey Response Rate**



**FIGURE EIGHT: Perceived Improvement**

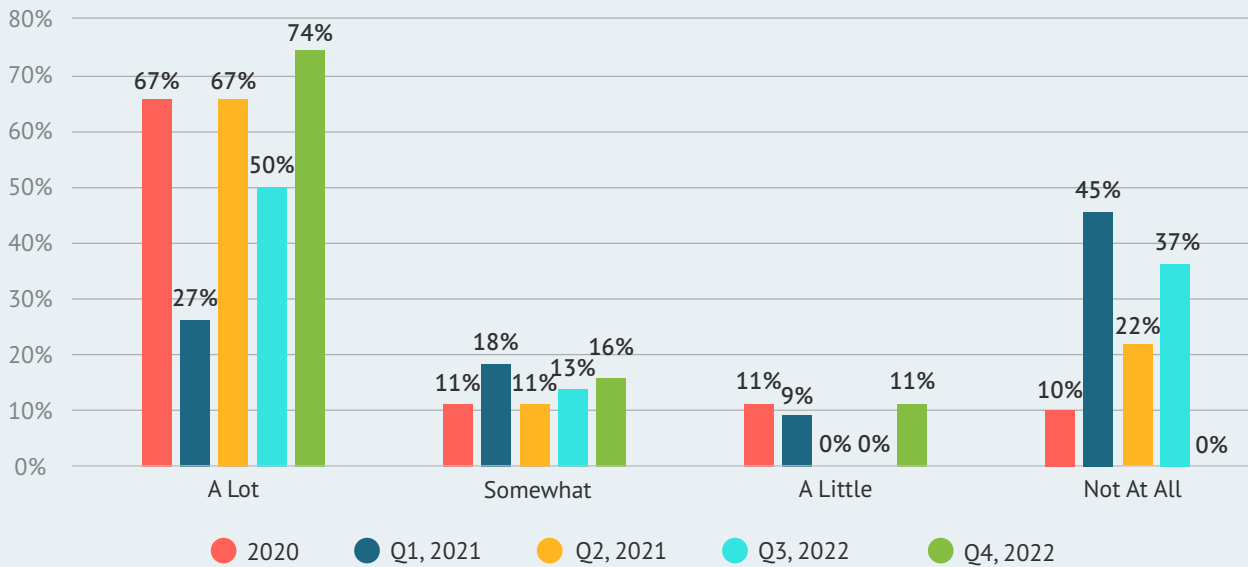


NOTE: Perceived improvement is the average score among the following questions: Q31 compares the ability to deal with daily problems to 1 year ago, Q32 compares the ability to deal with social situations to 1 year ago, Q33 compares the ability to accomplish things to 1 year ago, and Q34, compare the ability to deal with symptoms or problems to 1 year ago.

Client Change Over Time in C.S.R. Health Domains (R.B.A. Measure). This measure looks at the C.S.R. health-related quality of life questions (i.e., the first seven questions of the C.S.R.). For clients who had a follow-up C.S.R. during the reporting period, this measure compares the total number of "bad days" (for all seven questions combined) reported in the initial C.S.R. to the total number of "bad days" reported in the most recent follow-up C.S.R. If the total number of "bad days" decreases, the client is counted as showing improvement in the C.S.R. Health Domains. C.S.R. Results come from the Performing Based Funding Summary from the State of Alaska Department of Health Health and Social Services Division of Behavioral Health.

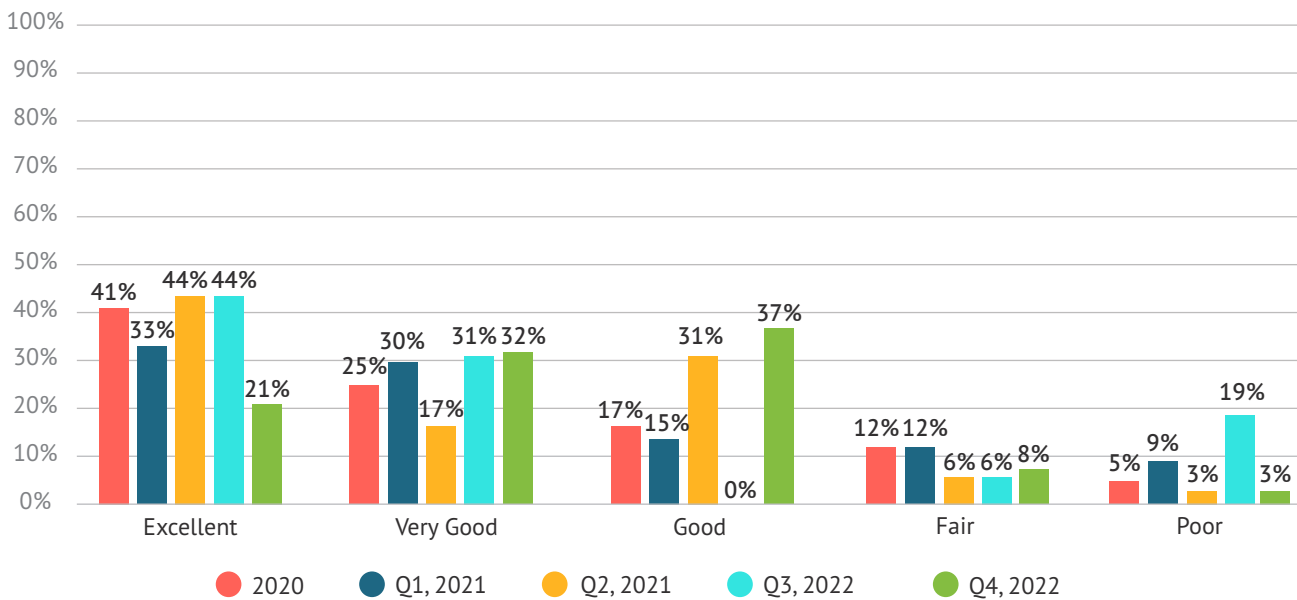
# Utilization & Quality Report

**FIGURE NINE: Amount Treatment Helped**



NOTE: Amount helped is the average score from Q29: amount helped by treatment.

**FIGURE TEN: Overall Health**

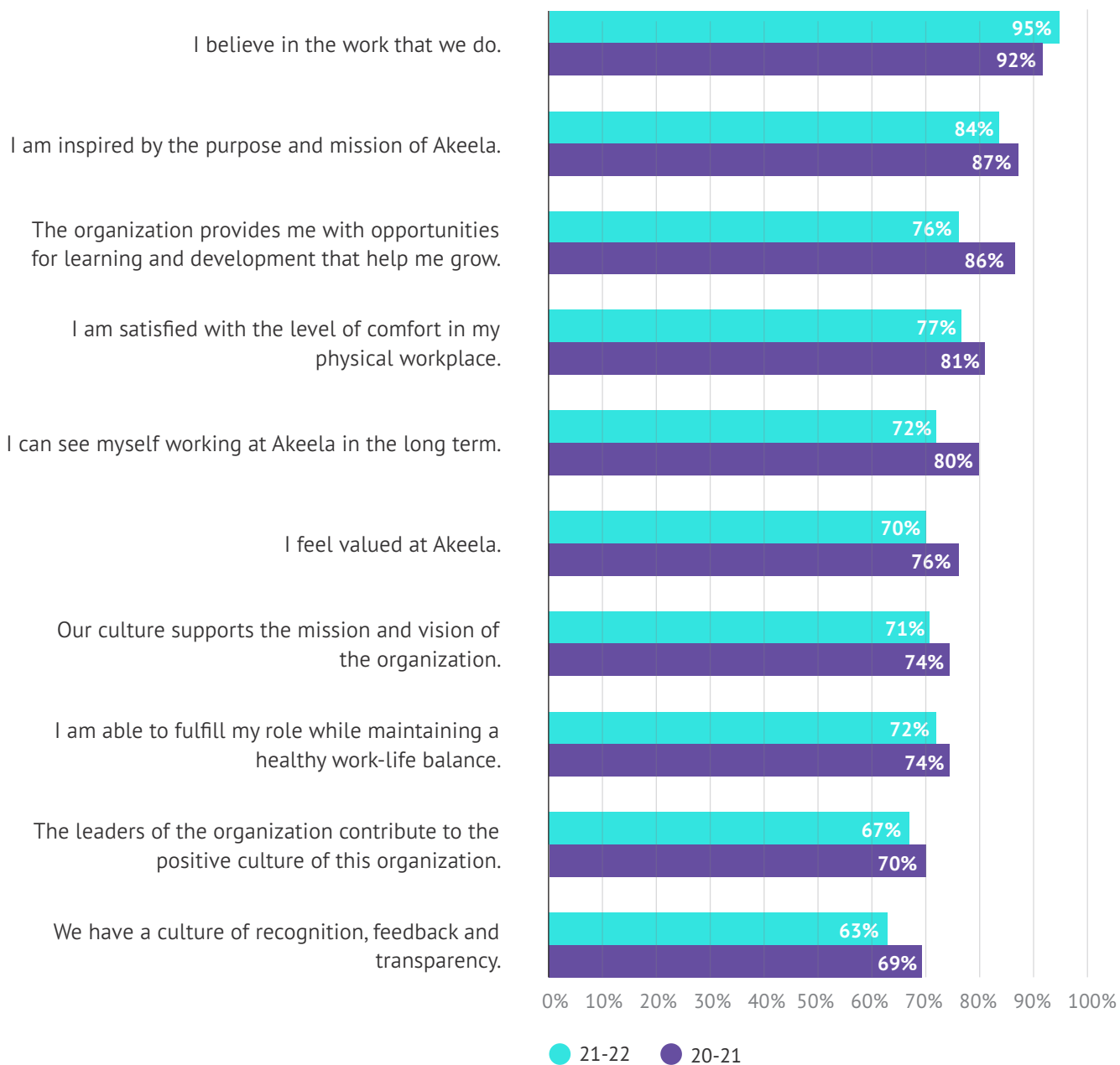


NOTE: Overall Health is the average score from Q30: overall health.

# Utilization & Quality Report

## EMPLOYEE ENGAGEMENT SURVEY

**FIGURE ELEVEN: Employee Engagement Survey**



NOTE: Year 20-21, 68 responses were received and used to complete the report, with a response rate of 66%. This year 21-22, 77 responses were received, and the response rate was 76%.



# CFO Report



**Shannon Greig, MBA**  
*Chief Finance Officer*

I am pleased to announce that Akeela received another clean audit opinion on our fiscal year 2022 financial statements. This success

demonstrates our commitment to excellence in financial reporting and confirms that our financial statements are presented fairly and free of material misstatements.

*As the great resignation continues to impact organizations across the country, we have been fortunate to maintain a strong Finance Department that truly embodies the definition of resiliency, hard work, dedication, and perseverance.*



## FY22 HIGHLIGHTS

- \$20K Schwab Charitable Grant Designated to Akeela Outpatient via a former client
- \$658K reduction in State Grants (\$455K Akeela House)
- \$1.6m reduction in Medicaid

Our Akeela Finance Department is centralized; located in the Administrative Building in Anchorage. We serve and account for all financial transactions for all departments, programs, and projects for both Akeela, Inc. and Akeela Development Corporation.

FY22 began the second year of enduring the global pandemic of COVID-19 and the year in which Akeela felt the impacts that many other organizations had faced early on. Akeela faced many challenges such as staff turnover, program closures, and a reduction in client services. These challenges ultimately impacted our financials, which resulted in an overall reduction in revenue from the previous year. Although our revenue decreased from FY21, all revenue sources remained proportional in our FY22 total revenue.

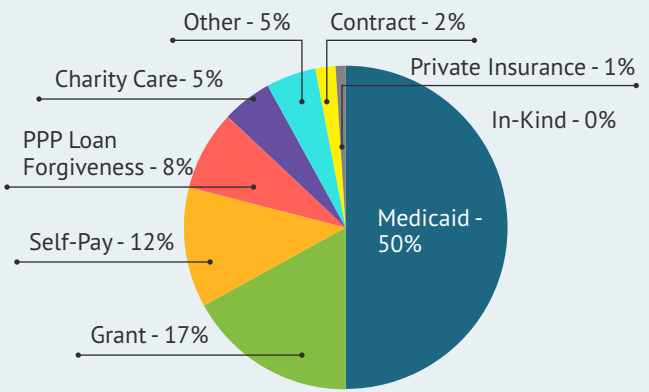
Medicaid continues to be our primary revenue source, making up over 50% of our combined revenue sources. Because of Medicaid expansion, the 1115 Medicaid waiver, and funding assistance from the Alaska Mental Health Trust, we completed the expansion of our flagship program, Akeela House, and did not renew our grant from the State. While Medicaid expansion and the 1115 Medicaid waiver were important steps in the State to expand access and pay providers for all services provided, it also opened the door for more service providers in the residential treatment space. This has led to a drain on workforce resources and options for those seeking treatments, both impacting Medicaid revenue. Additionally, the State continues to pivot from grant-based services to a fee-for-service model which has resulted in a significant reduction in grant revenue over the years.

# CFO Report

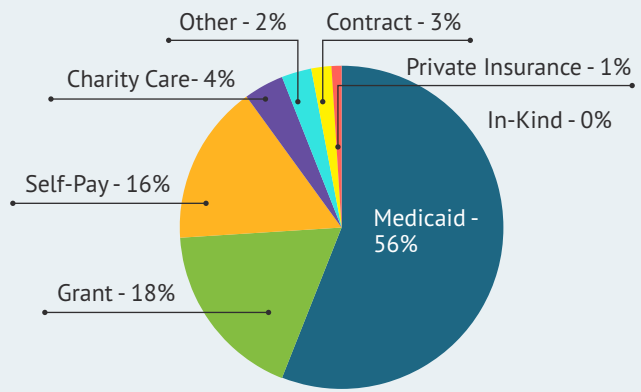
Akeela's primary focus remains providing treatment services throughout the state and accounts for most of our expenses. We did see an increase in overall expenses as we continued to rebuild programs from the impacts of the pandemic.

Fiscal climates are continually changing, and Akeela's adaptive capacity is what has kept us sustainable throughout the years. We have overcome many challenges over the years, and that is a direct representation of our talented and dedicated employees; without them, we would be unable to achieve our mission. We continue to remain optimistic, yet cautious, about the future while we continue to focus on rebuilding a strong organizational foundation.

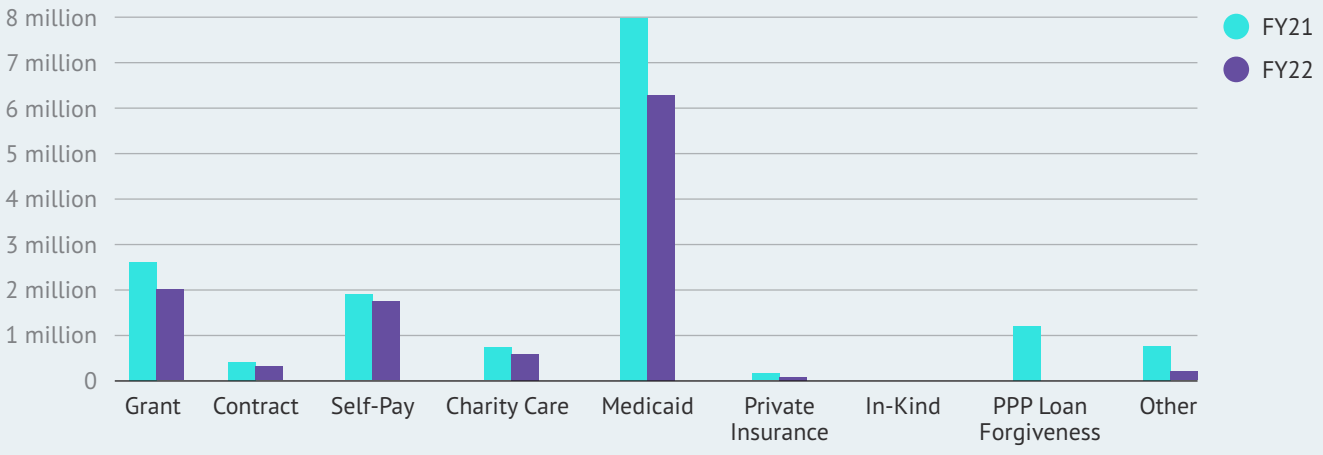
### FY21 REVENUE SOURCES



### FY21 REVENUE SOURCES

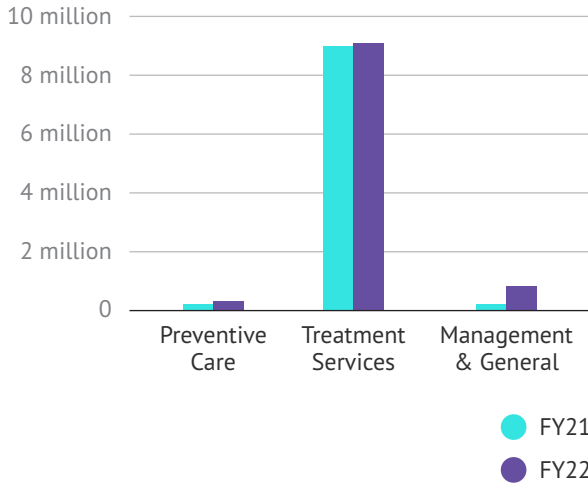


### REVENUE COMPARISON

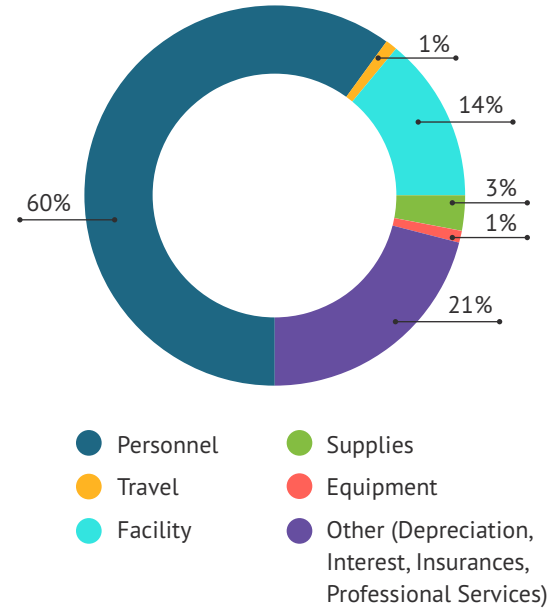


# CFO Report

## TOTAL EXPENSES BY SERVICES



## FY22 EXPENSES



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**AKEELA.ORG**



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