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Agenda  
Alaska Family Services, Inc.  
Annual Meeting  
November 10, 2020

Board Chair Welcome- 6:15

Approval of Annual Meeting Agenda

Introduction of New Board Members

Introduction of Board Officers

CEO Comments- 6:25

Conversation on equity with Elizabeth Ripley, CEO, Mat-Su Health Foundation

Civic Dinner Conversation- 6:40

## Board of Directors 2020-2021

Kenni Linden, Chair

Deborah Retherford, Vice Chair

Nichelle Henry, Secretary/Treasurer

Anthony April, Director

Harry Banks, Director

Imran Chaudhry, Director

Casey Cook, Director

Katie Ellsworth, Director

Jackie Kenshalo, Director

Ryan Lonergan, Director

Lisa Wade, Director

Vanessa White, Director

Board of Director Chairs  
July 1979 thru November 2019

Name	Years Served
Gaye Pulley	1979-1981
Carolyn Covington	1981-1985
Martie Rozkdal	1985-1996
Valerie Mittelstead	1996-2000
Melissa Toffolon Weiss	2000-2001
Susan Parsons Herman	2001-2002
Dr. Susan Lemagie	2002-2005
Patricia Chesbro	2005-2008
Gabriel Layman	2008-2010
Angella Long	2010-2012
Dr. Harry Banks	2012-2017
Kenni Linden	2017-2020
<b>President/CEOs</b>	
Dr. Donn Bennice	2002-2018
Desiré Shepler; MPH	2019*

## President/CEO Letter

Dear Partners and Friends,

This past year was one of significant change for Alaska Family Services. In 2019, AFS hired a new President/CEO. This leadership transition brought changes to the agency's policies and procedures, culture, employee compensation, and organizational mission and values. AFS also experienced programmatic changes in the past year. Our Family Support and Preservation Program both adopted a new program and closed an office. AFS now offers the evidence-based Parents as Teachers program to families with children from the prenatal period to kindergarten. This program expansion is especially exciting as it is the first primary prevention program we've offered families. On the flip side, changes to our Family Contact Services grant resulted in AFS closing our Wasilla Family Contact Center and significantly reduced our capacity to supervise visitation for families with children in OCS' custody.

Perhaps the most significant changes AFS experienced, however, were those associated with COVID-19. Like all essential, direct service organizations AFS made many changes to how we do business over the past few months in response to the pandemic. The detailed information provided in this report is intended to help readers understand our programs and each program's response to COVID-19. I hope it also makes clear the most notable part of AFS' response to the pandemic: the devotion of our staff to serving those who need our services.

Despite the many changes and challenges associated with serving clients during a global pandemic, no AFS program experienced disruption to our services as a result of COVID. In fact, at a time when workers across Alaska and the world were able to weather the COVID-19 stress and unrest while working from home, all of AFS' staff continued to show up to their offices every day to ensure that community members in need of our services were helped.

As I reflect on the last year at AFS it is the commitment of the staff that most stands out to me. It's true it was a year of great changes for our agency, but for a nonprofit many years are years of great change. All leadership transitions create fundamental change within an organization and it's common for changes in funding streams to create programmatic changes. What is uncommon is the exceptional efforts put forth by AFS staff since March; their dedication to the mission of AFS and to those we serve is nothing short of remarkable.

Sincerely,



Desiré Shepler, MPH  
President/CEO  
Alaska Family Services

## Alaska Family Services' Programs and COVID-19 Response

### ASAP

#### *Program Overview*

Mat-Su ASAP provides case management and accountability for DUI and other alcohol or drug related misdemeanor cases. Most clients are assigned to Mat-Su ASAP by the Palmer, Glenallen, Valdez and Cordova Courts; however, Mat-Su ASAP can monitor a court assignment from anywhere in the State if the client prefers to participate in substance abuse treatment in the Mat-Su valley. The ASAP offices provide a neutral link between the Courts and treatment agencies in order to assure that the clients receive the appropriate substance abuse treatment which could range from an education course to long-term residential treatment.

#### *Data*

During FY20, Mat-Su ASAP opened a total of 507 clients.

#### *COVID-19 Response*

Prior to March 2020, clients of ASAP were seen in-person and intakes were done two days a week at set times in a group format. With the advent of COVID-19, the ASAP office closed to seeing clients in-person except for intakes. Intakes were scheduled individually with a Probation Technician and were completed in the entryway of the office suite. All other contact was done telephonically or by email.

The changes have not been modified since they began in March 2020. At this point there is no intention of returning to seeing clients in-person, mainly due to the efficiency that was obtained in changing to one on one intakes.

During the onset of the COVID-19 pandemic, changes were made to adapt to the virus and, in doing so, inefficiencies were identified, and the program is actually operating smoother than in the past. Changes were also implemented following the hiring of a new Program Manager. In order to develop a more productive relationship between ASAP staff and the clients, specific caseloads were identified alphabetically, so that the clients have an identified case manager to help them during the process instead of whoever was available at the time. The Mat-Su ASAP office now operates more as a team to accomplish the goal of assisting the clients to complete their ASAP requirements.

### Behavioral Health Treatment Center

#### *Program Overview*

Alaska Family Services behavioral health programs provide behavioral health services to the community with an emphasis on improving functional outcomes for youth, adults, and families. The Behavioral Health Treatment Center (BHTC) philosophy is that mental health and substance use disorders can be effectively addressed through use of evidence-based treatments, in the least restrictive environment possible, and when services are delivered through collaborative partnership with clients. The BHTC believes this philosophy facilitates clients' ability to achieve goals in an efficient and effective manner that respects and values their autonomy.

#### *Data*

During FY20, the Behavioral Health Treatment Center served 205 clients.

### *COVID-19 Response*

The BHTC transitioned to telehealth-only services within two weeks of the mandate. BHTC was already approved by the Department of Behavioral Health to provide telehealth services, which enabled a quick transition. Clinicians were given the option to work from home or continue in office with increased cleaning requirements. Staff meetings also moved to a telehealth format to further decrease risk of spread.

When the BHTC opened to in-person services on June 6, 2020, the BHTC adapted agency-policies into a client release form and prepared an emergency response plan if clients or clinicians tested positive. Clinicians offered all clients the option to return to in-person services, however few accepted. Clients with severe technical barriers returned to in-person service, opting to continue telehealth using on-site computers. A few clients experienced a decline in progress and returned to in-person appointments.

In mid-April, the BHTC began a technical assistance contract to identify areas for improvement and opportunity. Between the COVID-19 response and technical assistance project, many inefficiencies were identified. The clinical team improved the client experience in the substance use program by separating intensive outpatient and outpatient into separate groups, creating more individualized treatment. Administrative changes in paperwork and hours of operation have also taken place to decrease barriers to treatment. These small changes have had a positive impact on the quality of treatment and team morale. The BHTC has an organized plan and continues to address further changes suggested from the technical assistance report.

## **Child Care Assistance Program - Anchorage**

### *Program Overview*

The Anchorage CCA office provides financial support and services within the Municipality of Anchorage to eligible families based on a sliding scale. Eligibility for families is based off of family size and gross monthly income. For qualifying families, CCA offers two different types of assistance. The first type of assistance is called Parents Achieving Self Sufficiency (PASS II) and issues benefits for families that are leaving the Temporary Assistance Program. Assistance is provided for a 12-month period for families that still need help with child care while attending work, job training, or schooling. The second program, Parents Achieving Self Sufficiency (PASS III), supports families that are working, in job training, or attending schooling that are not leaving the Temporary Assistance program but need assistance affording child care. Many families transition from PASS II to PASS III services after their 12- month period is over and continue receiving benefits.

### *Data*

During FY20, the Anchorage Child Care Assistance (CCA) Office served an average of 1,067 families by providing child care assistance authorizations to approximately 1,643 children.<sup>1</sup> The office also processed an average of 111 applications monthly for new and returning families.<sup>2</sup>

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<sup>1</sup> Family and child data were compiled based on the months of July 2019 through March 2020. This information was received from the State of Alaska, Child Care Assistance Program Office. Averages are presented here, because as of the date of this report state office statistics are current through the month of March 2020 and not reflective of the full fiscal year.

<sup>2</sup> The monthly applications received by the office is tracked internally and a reflective average of the full fiscal year July 2019 through June 2020.

### *COVID-19 Response*

Prior to the start of COVID-19, the Anchorage office accepted walk-ins from clients and child care providers Monday through Friday from 8am-5pm. However, beginning March of 2020, the office closed its doors to in-person services. CCA-Anchorage currently receives all paperwork via an outside drop box, community email system, and fax. Interviews are scheduled and completed over the telephone. CCA has accommodated families during this period by providing all necessary paperwork and information for families on a table outside the front door or by guiding them to the State of Alaska, Child Care Assistance Program Office website where they can print the needed forms at their convenience. Eligibility Technicians and the Administrative Assistant are working closely with families to help guide them through the process of electronically submitting needed documents. The office has been working closely with the Central office and the IT department to have lap tops available for staff, if employees need to work at home due to any unforeseen health or safety challenges that may arise due to COVID-19.

At this time, due to COVID-19 there are no current plans to reopen the lobby to in- person services. The office plans to add some plexi-glass windows in the front lobby to create a safety barrier and safer environment for staff and clients when the lobby reopens.

## **Child Care Assistance Program – Central**

### *Program Overview*

The Central CCAP serves moderate to low-income families in the Mat-Su Borough as well as the Valdez and Cordova census areas. The program assists families with children age 13-years and younger to pay for quality child care services while parents or guardians are participating in an eligible activity (such as working or attending an educational or job training program). Parents must also have a monthly household gross income that does not exceed 85 percent of the State Median Income for their family size. Based on their household size and monthly gross income, families pay a monthly contribution to their child care provider. The family must use a child care provider who has elected to receive payments from CCAP, typically a home or center that has a State issued child care license. Benefits are paid directly to the child care provider.

### *Data*

During FY20, the Central Child Care Assistance Program (CCAP) received 634 family applications at an average rate of 53 each month (highest at 81, lowest at 22).<sup>3</sup> An average of 415 families participated in CCAP each month, receiving benefits for a monthly average of 688 children.<sup>4</sup>

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<sup>3</sup> Multiple applications may be received throughout the year from the same family; however, typically families apply only once every 12 months.

<sup>4</sup> FY20 data from the State of Alaska, DHSS, DPA, and Child Care Program Office has not been timely. As a result, the average number of families and children who were authorized for benefits reflects the time period of July 2019-March 2020. This average includes duplications, as a family authorized for benefits during each of those months would be counted in each month on this report.

### *COVID-19 Response*

Central CCAP closed to in-person services due to the COVID-19 pandemic. As CCAP already serves families in Cordova and Valdez who have never been to the central office in Wasilla, the program staff had established systems to serve families remotely and regular operations were minimally affected. Families can submit applications and documents by email as either scans or pictures, by fax, by mail, or via a secure drop box. Interviews are conducted by phone. When a parent comes to the office to pick up an application or other forms, CCAP signage instructs the parent to call, and a CCAP employee comes to the front and puts needed items through the drop box flap on the outside of the building.

Central CCAP also obtained laptops so that staff may work from home if necessary. The CCAP office developed and tested a distributed team work plan, which proved very successful. In the office, employees adopted a routine of enhanced cleaning and hygiene practices and follows agency policy for wearing face masks in shared spaces.

FY20 ended with CCAP still closed to in-person interactions. At this time there is no plan to re-open, and the CCAP office expects to continue with this model so long as the pandemic continues.

## **Domestic Violence and Sexual Assault Program**

### *Program Overview*

DVSA provides advocacy and support to trauma survivors in various ways. The program operates a 32-bed emergency shelter for women and children. DVSA also offer DV support groups, children's groups, and life skills training. The DVSA legal advocate can assist survivors with requesting protective orders and navigating the court system. Shelter advocates also staff a 24-hour crisis line. Many staff members are trained to be advocates on the Mat Su Sexual Assault Response Team. SART advocates work alongside law enforcement officers or investigators, forensic nurse examiners, and the Palmer District Attorney's office to provide support to victims of sexual assault and/or strangulation.

### *Data*

During FY20, the Domestic Violence and Sexual Assault (DVSA) program provided 8,142 shelter bed nights to approximately 113 women and 50 children (unduplicated). Twelve women returned to the shelter at least once during this time period. SART advocates responded to 37 callouts during FY20. Sixteen of these callouts involved strangulations. Four of the strangulation callouts also involved sexual assault. Only 3 of the sexual assault callouts were anonymous reports.<sup>5</sup> DVSA also supported 33 adults (32 women and 1 man) and 16 children for a total of 424 nights in hotels from March through June due to COVID-19. During FY20, DVSA's legal advocate had 754 contacts with clients either in-person or by phone.

### *COVID-19 Response*

The DVSA program was greatly impacted by the COVID-19 pandemic. Providing emergency shelter to people who are currently experiencing domestic or sexual violence is an essential service. To remain open

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<sup>5</sup> Anonymous reports are when the victim does not want to report the sexual assault to law enforcement, but they do want to complete the examination and evidence collection in case they decide to report in the future.

and ensure the safety and well-being of employees and clients, DVSA has made numerous, significant programmatic adjustments.

All group activities—including DV support groups and community dinners—were suspended. DVSA adopted a minimal staffing schedule where only one staff member (an advocate or a case manager) works in the shelter per shift. Staff limits in-person contact with shelter residents as much as possible. Clients can contact shelter staff by telephone. Staff limit their time in the common areas of the shelter. If they leave the office, employees are required to wear a mask. Residents are encouraged to wear masks as well; however, they are not required.<sup>6</sup>

In order to allow for social distancing, shelter capacity was reduced from 32 residents to approximately 16. DVSA determined that having 2 single women or 1 family per bedroom would allow for proper distancing. Reduced capacity worked well at the start of the pandemic when DVSA had funds to house survivors in a local hotel instead of admitting clients directly into shelter. However, when the hotel funds ran out, DVSA began admitting people directly into shelter again. In order to keep a census close to the reduced number of 16, DVSA staff began screening survivors for lethality and prioritizing admission of individuals experiencing current DV or sexual assault.<sup>7</sup> Even with screening for high lethality, the shelter regularly houses more than 16 people and, as a result, may need to house 3 single women in one room and 2 families together in another room. While not optimal, these adjustments are necessary to keep women and their children safe.

At the beginning of the pandemic, the DVSA legal advocate moved into the administrative building when the courthouse closed to in-person services. The legal advocate's office in the courthouse does not allow for social distancing, and this position will continue to work out of the admin building until COVID-19 precautions are lifted. The court office has placed notices instructing people needing assistance with protective orders to contact AFS. At first, few people were coming to the office for assistance. The legal advocate worked as the DVSA "hotel advocate" for clients in the hotel. Visits to the AFS campus for the legal advocate have increased, though not to pre-COVID levels.

At this point, DVSA has no plans to further modify COVID-19 precautions; and, the program is actively working to minimize impacts on DVSA staff and clients. These modifications are not without their drawbacks, as precautions to prevent the spread of COVID-19 limit DVSA staff's ability to follow trauma-informed best practices. The team is working to figure out how to resume DV support groups and house meetings, but technological limitations in the shelter create a major barrier. These are currently being addressed. DVSA is recruiting for several positions to increase the number of staff available to support clients and one another.

## **Family Support and Preservation Program**

### *Program Overview*

The Family Support & Preservation Program (FSPP) serves parents that currently have children in state custody or are in danger of having their children in out of home/state custody. The two main avenues of FSPP are Supervised Visitation and In Home Support Services. FSPP programs are funded under five grants.

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<sup>6</sup> Requiring masks could prevent an individual from seeking shelter. In some trauma cases, mask wearing can also remind a survivor of a past strangulation or assault.

<sup>7</sup> In the past, when census numbers were low, the shelter could screen in anyone who had a history of DV or SA even if the most recent incident was 10 years ago. The shelter is not able to admit clients in these circumstances currently.

Supervised Visitation includes Family Contact Services and FIT Court services. Funding for Family Contact Services (FCS) [replaced Family Reunification] was reduced from \$350,000 in FY 19 to \$147,500 and is now split between AFS and Knik Tribe. AFS closed the Wasilla Family Contact Center and moved all staff to the Palmer Family Contact Center. While staffing was reduced, all employees were retained by moving individuals to other grant-funded positions. The FIT (Families, Infants, and Toddlers) Court grant supports a “fast track” program to provide families with young infants/toddlers more frequent time and services in order to create/maintain parental bonds before the opportunity of attachment is lost. FIT Court families have more intensive wrap around services and more frequent court dates and treatments. Instead of the customary 24 months for OCS to make a decision on the goal for reunification/termination, FIT Court is mandated to have a decision on a goal in only six to nine months.

In Home Support Services are funded through three grants depending on the age of the child or referral source. Circles of Support (COS) supports clients who are in danger of their child being removed or are on a trial home basis with their children. Parenting Workshops begin every even month for a 6 week course that anyone (even foster parents!) are invited to attend. Family Support (FS) services are for families that are referred by DVSA/Community Partners and children can be up to 18 years. Parents as Teachers (PAT) is a new grant that is still building a client base. PAT provides supports for parents who have children prenatal up to 3 years of age.<sup>8</sup>

### *Data*

In FY20, Supervised Visitation services served 130 families (169 adults and 229 children), and In Home Support Services served 69 families (93 adults and 139 children). Numbers are low compared to previous fiscal years, because the last six months of the fiscal year were spent maintaining quarantine and COVID precautions and resulted in reduced numbers of clients served. Building a client base in this “new normal” has proved difficult except for families referred by the Office of Children’s Services (OCS). OCS referrals are on the rise, as children have returned to school and community partners are able to assess their needs. With limited staffing and because FSPP is currently the only referral location to provide supervised visitations for OCS, FSPP has a lengthy waitlist.

### *COVID-19 Response*

FSPP closed to in-person services following the public health emergency and re-opened to in-person family contact on June 1, 2020. Implemented changes include the requirement that everyone over the age of 2 is required wear face masks. Staff members also wear masks at all times. FSPP staff sanitize the office after each visit and limit the number of toys and activities available to those that are easily cleaned. Clients are not permitted to bring activities or unpackaged snacks, as staff cannot verify any exposure outside the agency. Before each visit, a prescreen call is made in advance to confirm that parents and foster placements answer negatively to the prescreen questions. Once the clients/children arrive for the visit, they must have a temperature of 99.2 or below in order to proceed with the visit. The Parenting Workshop is held in-person; however, social distancing and sanitization procedures are enforced, and the number of students is intentionally kept low. All In Home services are currently virtual and will

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<sup>8</sup> Once training is available, FSPP will serve parents with children up to 5 years of age.

likely remain that way for the foreseeable future as numbers in the state continue to rise. In order to maximize the amount of staff available to support FSPP and create work pod/shifts, In Home Support Services staff moved temporarily to the PFCC.

Since the end of FY20, FSPP has continued to follow in-person COVID-19 procedures and will follow local medical/agency guidance on increasing capacity or any other changes.

## **Family Violence Intervention**

### *Program Overview*

The Family Violence Intervention Program (FVIP) provides community violence intervention programs which include a 36-week Batterers Program for offenders of domestic violence; a 12-week Anger Management program; a program for female offenders called WAVE (Women's Alternatives to Violence Education); and a class for women in the community who are involved in domestic violence situations. FVIP also provides the 36 week Batterers program in the Alaska prison system at the Goose Creek Correctional Center and Point Mackenzie prison farm. The majority of the clients are assigned to AFS FVIP by the Palmer Courts along with the Office of Children Services (OCS), but anyone can participate in the programs.

### *Data*

During FY 20, FVIP provided programming to approximately 174 clients along with monitoring numerous others for compliance who were assigned by the Alaska Court system to attend one of the programs.

### *COVID-19 Response*

Prior to March 2020, clients of FVIP attended classes in-person Monday through Friday, and staff would provide the classes within the prisons. With the advent of COVID-19, the Alaska Department of Corrections stopped allowing outside agencies into the prisons until further notice. The Wasilla office continues to see clients but no longer in a group setting. Currently clients are assigned weekly homework assignments which are then reviewed by staff for completeness. Intakes are scheduled individually with staff in the office.

Changes that were made to adapt to COVID-19 have not been substantially modified since March 2020. At this point there is no planned end to the procedure changes. FVIP intends to return holding classes in group settings when it is safe to do so.

Modifications as a result of the COVID-19 pandemic changes have been difficult, but current staff have done well to continue to provide the services to the best of their abilities. A major void was created with the sudden departure of a long-term staff member. Current staff, along with a new Program Manager, are in the process of evaluating and updating the courses curriculum.

## **Tobacco Prevention Control**

### *Program Overview*

The Tobacco Prevention Control (TPC) Program is a community-based program that promotes the benefits of cessation and smokefree environments, prevents youth initiation, and engages as an educational advocate of policies that directly support outcomes that reduce the burden tobacco on the community.

TPC does community outreach at organized health fairs and gatherings and provides a wide variety of cessation information and resources while promoting awareness of AFS's many programs, overall mission and philosophy. Other activities typically include presentations to middle and high school students, at community meetings and to other agencies. The TPC Coordinator is also embedded in several community coalitions that include agencies who provide services to vulnerable populations throughout the valley. The Coordinator currently Chairs Thrive Mat-Su, a substance abuse prevention coalition, Breathe Free Mat-Su, a coalition of public health advocates for clean air and is President of the Mat Su Agency Partnership, an integrated community of health, education, public safety and social service organizations providing services and resources to the Mat-Su Valley. Additionally, TPC participates in Homeless Connect, an annual Borough wide count in time census. This year TPC will serve as one of the quad chairs for this event, scheduled to be held in January. AFS also continues as a liaison and point of contact for the community for information and other resources related to tobacco prevention and cessation.

### *Data*

In FY20, the TPC program interacted with an estimated 2,335 community members through outreach activities. Internally, TPC assisted two AFS programs to implement tobacco free property policies in FY 20.

### *COVID-19 Response*

TPC has experienced significant changes in programmatic activities since the onset of the pandemic. Coalition and community meetings are held virtually. TPC no longer has community contact with groups larger than ten. To deliver tangible resources, posters or Quit Kits, the TPC Coordinator drops materials off at the door of the requesting agency or send through the mail. Initial changes TPC made to adapt to COVID-19 have not been modified since March 2020.

TPC has remained active in promoting awareness of new cessation and prevention resources to the community through virtual spotlight presentations at community meetings. The Coordinator continues to network with other substance abuse agencies throughout the community promoting webinars and other virtual events designed to assist providers in implementing tobacco prevention, treatment and cessation best practices to those they serve.

## **Women, Infants and Children (WIC)**

### *Program Overview*

The WIC program is the Special Supplemental Nutrition Program for Women, Infants, and Children and provides federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk. AFS WIC has clinics that provide services to the Kenai Peninsula and the Matanuska Susitna Borough located in Palmer, Wasilla, Kenai, and Homer. The WIC Program aims to safeguard the health of low-income women, infants, and children up to age 5 who are at nutrition risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care.

*Data*

AFS WIC averaged 2,460 active clients for each month of FY 20. WIC had an average of 2,883 enrolled<sup>9</sup> clients.

*COVID-19 Response*

AFS WIC closed to in-person clients on March 20. USDA granted states a waiver to the anthropometric requirement for services and will continue to waive the requirement until one month after the COVID-19 national emergency is declared ended. The next assessment of the national emergency will be on January 15, 2021. The USDA has not waived the requirement of quarterly interactive nutrition education, nor certification paperwork that requires clients ID, income, and residency proofs. When the national emergency is declared over, WIC will determine whether to continue with abbreviated in clinic services by completing anthropometrics in clinic, then certifying and delivering nutrition education interactively over the phone.

AFS WIC clinics continue to meet the needs of clients in different methods. The Homer office mostly supports clients through paper applications and phone, while the other offices use a combination of e-mail and phone. WIC staff choose the approach that best for the client.

**Work Services & Job Development***Program Overview*

The Work Services and Job Development (WSJD) helps clients gain employment for their families, keep employment, or progress employment by either promotion or improved status. WSJD serves clients referred by the Department of Public Assistance (DPA). When a family has been on Temporary Assistance (TA) with DPA for 24 months, the family is referred to WSJD for a more intense job search or job development for up to a total of 36 months. WSJD staff complete an intake to get the family history and current living situation and make a Family Self Sufficiency Plan.

*Data*

During FY 20, WSJD served 152 clients.<sup>10</sup> During this same time period, 38 clients closed with earnings and 87 percent (or 33 individuals) did not return. At the end of June 2020, WSJD had 124 active clients.

*COVID-19 Response*

WSJD closed to in-person services in response to the pandemic. The state directed the program suspend all penalties for failure to follow the Family Self-Sufficiency Plan or close cases for any reason. All other aspects of the program remained the same; WSJD maintained contact with the client, conducted intakes for clients referred by DPA, provided Supportive Services and updated all Family Self-Sufficiency Plans. WSJD program was directed, at the end of Q1 FY21, to begin requesting penalties and closures, effective 10/1/2020 based on the family situation. At the close

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<sup>9</sup> Enrolled clients were certified to receive benefits, but did not, either by not wanting them or not completing requirements to receive them.

<sup>10</sup> This count is unique and includes both active and closed cases. This total does not include clients who WSJD monitored Post Temporary Assistance.

of FY20, WSJD had not yet re-opened to in-client services. To date, the program as not yet resumed in-person services.

## Program Contacts

**Administrative Address:      1825 S. Chugach St. Palmer, AK 99645      907-746-4080**

<u>Alcohol Safety Action Program</u>	Steve Brunger	1-907-746-6221
<u>Child Care Assistance Program</u>	Emily Kugel	1-907-373-4451
<u>Child Care Assistance Program-Anchorage</u>	Jennifer Mayfield	1-907-644-5010
<u>Family Support &amp; Preservation</u>	Emily Houk	1-907-745-4928
<u>Work Services Case Management</u>	Colleen Vague	1-907-352-2611
<u>DVSA</u>	Heather Miller	1-907-746-6273
DVSA Emergency Shelter		
Women's Residential		
Reunification & Action Program		
Outreach & Prevention		
<u>Family Violence Intervention</u>	Steve Brunger	1-907-746-6211
<u>Nutritional Services (WIC)</u>	Susan Pougher	1-907-746-6302
Kenai Office		1-907-283-4172
Homer Office		1-907-235-5495
<u>Behavioral Health Treatment Center</u>		
Behavioral Health Administrator	Liz Mau	1-907-376-4000
Clinical Supervisor	Michelle Grimes	
<u>Tobacco Prevention &amp; Control</u>	Noel Crowley-Bell	1-907-746-6131
<u>Development &amp; Sales</u>		
Fundraising	Desiré Shepler	1-907-746-6231
Family First Treasures	Saypana Phoumychith	1-907-746-6200
<u>Administration</u>		
President/CEO	Desiré Shepler	1-907-746-6231
Human Resources Manager	Pam Beachell	1-907-746-6279
CPA Accountant	Teri Namtvedt	1-907-376-3576
Senior Accountant	Heather Jackson	1-907-746-6149
Medical Billing	Marcie Martin	1-907-244-0490
Facilities Coordinator	Colin Marquiss	1-907-354-1300

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*For information concerning tax-free contributors to Alaska Family services, please contact the President/CEO.*

Statement of Financial Position  
As of June 30, 2019

						Jun 30, 20	Jun 30, 19	\$ Change	% Change
<b>ASSETS</b>									
Current Assets									
Checking/Savings									
				Total 1100 · Unrestricted Cash		2,010,297.15	647,434.51	1,362,862.64	210.5%
				Total Checking/Savings		2,010,297.15	647,434.51	1,362,862.64	210.5%
Accounts Receivable									
				1210 · Accounts Receivable		493,439.30	325,993.27	167,446.03	51.37%
				1215 · ASAP-Accounts Receivable		62,845.09	42,685.09	20,160.00	47.23%
				1215.5 · Allownc for Doubtful Accts-ASAP		(30,457.50)	(10,811.85)	(19,645.65)	(181.71%)
				1216 · Reimbursements		(26.00)	(26.00)	0.00	0.0%
				1217 · Accts Rec -Treatment - In-House		66,948.86	105,038.04	(38,089.18)	(36.26%)
				1220 · Grants Receivable		362,708.10	374,414.55	(11,706.45)	(3.13%)
				Total Accounts Receivable		955,457.85	837,293.10	118,164.75	14.11%
Other Current Assets									
				1230 · Accounts Receivable - Treatment					
				1232 · Allowance for Doubtful Accts		(40,000.00)	(40,000.00)	0.00	0.0%
				Total 1230 · Accounts Receivable - Treatment		(40,000.00)	(40,000.00)	0.00	0.0%
				1250 · Deposits		20,950.42	20,950.42	0.00	0.0%
				1260 · Prepaid Insurance		35,151.50	47,458.48	(12,306.98)	(25.93%)
				1270 · Prepaid Expenses		5,506.36	54,644.49	(49,138.13)	(89.92%)
				1290 · Undeposited Funds		0.00	4,217.98	(4,217.98)	(100.0%)
				Total Other Current Assets		21,608.28	87,271.37	(65,663.09)	(75.24%)

	Total Current Assets		2,987,363.28	1,571,998.98	1,415,364.30	90.04%	
	Fixed Assets						
		1310 · Furniture & Fixtures	131,880.41	131,880.41	0.00	0.0%	
		1315 · Acc Deprec - Furn & Fixtures	(131,880.14)	(131,880.41)	0.27	0.0%	
		1320 · Equipment	1,008,948.83	769,997.92	238,950.91	31.03%	
		1325 · Acc Deprec - Equipment	(702,878.80)	(669,309.58)	(33,569.22)	(5.02%)	
		1340 · 403 Building Improvements	891,703.74	891,703.74	0.00	0.0%	
		1345 · Acc Deprec - 403 Bldg. Improv	(582,588.61)	(559,925.51)	(22,663.10)	(4.05%)	
		1350 · Land	433,012.00	433,012.00	0.00	0.0%	
		1352 · Behavioral Hlth Svcs Bldg	2,107,498.01	2,107,498.01	0.00	0.0%	
		1353 · Accum Deprec - Behavioral Hlth	(632,249.40)	(579,561.95)	(52,687.45)	(9.09%)	
		1370 · New Shelter Bldg-Women Shelter	1,031,035.26	1,023,837.36	7,197.90	0.7%	
		1375 · Acc Deprec - New Shelter-Women	(448,224.92)	(423,246.98)	(24,977.94)	(5.9%)	
		1380 · Support Services Building	1,121,735.50	1,121,735.50	0.00	0.0%	
		1385 · Acc Deprec - Support Srv. Bldg.	(395,900.17)	(367,856.90)	(28,043.27)	(7.62%)	
		1386 · Support Serv Bldg Addition	626,013.56	626,013.56	0.00	0.0%	
		1387 · Accum Deprec - Sup Bldg Add	(168,241.14)	(152,591.29)	(15,649.85)	(10.26%)	
		1390 · Tenant Improvements - Westside	38,230.82	38,230.82	0.00	0.0%	
		1395 · Acc Deprec - Westside Improvem	(38,230.82)	(38,230.82)	0.00	0.0%	
	Total Fixed Assets		4,289,864.13	4,221,305.88	68,558.25	1.62%	
	Other Assets						
		1190 · Investments	3,520,617.85	3,375,986.82	144,631.03	4.28%	
	Total Other Assets		3,520,617.85	3,375,986.82	144,631.03	4.28%	
	TOTAL ASSETS		10,797,845.26	9,169,291.68	1,628,553.58	17.76%	
	LIABILITIES & EQUITY						
	Liabilities						
	Current Liabilities						
		Accounts Payable					
		2000 · Accounts Payable	341,905.72	37,732.88	304,172.84	806.12%	



Profit & Loss Budget vs. Actual  
July 2019 through June 2020

						Jul '19 – Jun 20	Budget
					Ordinary Income/Expense		
					Income		
					4100 · Public Support	46,454.03	
					4110 · Grants		
					4110 · Grants	4,410,278.79	4,937,562.70
					4140 · Local Funds - Grant Match	54,000.00	253,333.93
					4180 · Corporate Contributions	15,311.06	34,476.39
					4200 · Earned Income	1,534,640.43	1,735,943.30
					4400 · Program Income	134,504.05	63,161.75
					4500 · Thrift Store	52,698.50	94,591.00
					4540 · Other Income	856,202.75	0.00
					4600 · Fundraising Activities	6,745.28	
					4800 · Restricted Contributions	7,000.00	
					49900 · Uncategorized Income	(360.00)	
					Total Income	7,117,474.89	7,119,069.07
					Gross Profit	7,117,474.89	7,119,069.07
					Expense		
					7100 · Personnel Expense	4,080,469.98	4,947,812.32
					7200 · Travel	21,459.43	27,427.00
					7300 · Facility Expense	838,442.43	854,561.58
					7400 · Commodities/Supplies	175,750.86	132,901.58
					7500 · Equipment Expense	86,085.73	277,480.02

			7600 · Other Expense - Programs	749,342.72	688,990.52
			8000 · Other Expense - Non Program	243,537.36	0.00
			8940 · Refund of Client Fees	1,679.00	
			9500 · Suspense Account	300.00	
			Total Expense	6,197,067.51	6,929,173.02
			Net Ordinary Income	920,407.38	189,896.05
			Other Income/Expense		
			Other Income		
			9050 · In-Kind Match	209,195.35	178,664.91
			Total Other Income	209,195.35	178,664.91
			Other Expense		
			9150 · In-Kind Expenses	209,195.35	178,664.91
			Total Other Expense	209,195.35	178,664.91
			Net Other Income	0.00	0.00
			Net Income	920,407.38	189,896.05