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Grantee: Alaska Children’s Services, Inc.
Request Amount: \$439,975.00
Project Title: AK Child C.A.R.E.S. - High Fidelity Wraparound Family Services Program
Grant Term: 7/1/2026 to 6/30/2028
Trust Staff: Tina Voelker-Ross

Staff Analysis:

- **What does this project do?**
This project will support Alaska Children’s Services, Inc. (AK Child & Family) in expanding its evidence-based, high-fidelity wraparound family services program, C.A.R.E.S. (Coordination, Advocacy, Resources, Education, and Support). The program integrates behavioral health services, school partnerships, caregiver skill-building, and social supports to stabilize struggling families within the community and prevent escalation into child welfare and juvenile justice systems. The expansion includes hiring two Outreach Coordinators and two Case Managers to increase capacity for early intervention, care navigation, and stabilization services for families experiencing behavioral health challenges, school instability, and significant social determinants of health barriers. Trust funds will be used for personnel costs.
- **Who is receiving the funds?**
Alaska Children’s Services, known as AK Child & Family, is a long-standing Alaska nonprofit originally founded in 1890 as the Jesse Lee Home. The organization provides an array of services including psychiatric residential treatment, therapeutic treatment homes, and community-based behavioral health supports such as the C.A.R.E.S. program. AK Child & Family is accredited by the Joint Commission, reflecting high national standards for safety and quality in behavioral health service delivery.
- **Why is staff recommending this project?**
This expansion addresses a critical gap for children, youth, and families experiencing behavioral health concerns, instability, and barriers to accessing coordinated care. Families served through C.A.R.E.S. often face compounding challenges including financial strain, transportation barriers, housing insecurity, and inconsistent access to behavioral health care. Without early coordinated support, these challenges can escalate into child welfare involvement, school removals, or juvenile justice system contact. Trust funding will allow C.A.R.E.S. to serve families who are uninsured or underinsured and eliminate all out-of-pocket costs for participants, ensuring equitable access to early intervention. The addition of two outreach coordinators and two case managers is expected to increase capacity to serve 40–60 families per year, a significant increase from the current average of 17 families. Anticipated outcomes include improved school engagement, reduced truancy, fewer suspensions or expulsions, reduced involvement with child welfare and juvenile justice, and stronger family stability. This expansion represents a strategic investment in prevention, workplace capacity, and cross system coordination aligned with the Alaska Mental Health Trust’s mission to improve outcomes for Trust beneficiaries.
- **Will this be a multi-year project?**
This proposal is for a two-year (24-month) grant project.

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Trust Five Year Funding History

Fiscal Year	Project Title	Amount	Status	Final Expended
2024	Increase Beneficiary Access of Family Stabilization and Preservation Program Services	\$50,000	Closed	\$50,000

Comp Plan Identification

Area of Focus	Objective	Comments
Area of Focus 1: Early Childhood & Youth	1.3 Improve social determinants of health and strengthen family resiliency through a comprehensive framework to promote consideration of shared protection and risk factors	
Area of Focus 1: Early Childhood & Youth	1.4 Behavioral health services are easily accessible, timely, and include care navigation and wraparound services	
Area of Focus 1: Early Childhood & Youth	1.5 Youth and their caregivers are connected to their communities	

Trust Focus Area Connection

Budget Area	Strategy	Comments
Early Childhood & Youth	Early Childhood - Improve social determinants of health and strengthen family resiliency	

Project Description (from grant application)

Grant Term: Multi-year request to support full implementation and expansion

AK Child & Family's Coordination, Advocacy, Resources, Education, and Support (C.A.R.E.S.) Program is an evidence-based, high-fidelity wraparound model that integrates behavioral health services, educational partnerships, social supports, and caregiver skill-building to stabilize struggling families within the community.

C.A.R.E.S. focuses on early intervention to prevent escalation into higher-intensity systems. The program prioritizes keeping children safely in their homes, maintaining school stability, and reducing involvement with child protective services and juvenile justice systems. Families served by the C.A.R.E.S program often face compounding stressors, including financial instability, transportation barriers, housing insecurity, and inconsistent access to behavioral health care. Without coordinated early support, these challenges frequently escalate into crisis-level interventions.

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Since 2022 C.A.R.E.S. has demonstrated early success serving families in Anchorage, Eagle River, and the Mat-Su region, and leverages telehealth to reach caregivers in Utqiagvik, Bethel, King Salmon, and other rural communities. Telehealth delivery has significantly expanded access to stabilization services, reducing wait times and ensuring that families in remote areas receive timely support that would otherwise be unavailable.

Problem Addressed

Families referred to C.A.R.E.S. frequently experience fragmented or uncoordinated supports across behavioral health, education, and social service systems. Existing reimbursement structures do not adequately support the intensive, hands-on coordination required by families with complex needs. As a result behavioral health providers often have long waitlists, leaving schools to function as de facto first responders for children exhibiting emerging mental health and behavioral concerns. The C.A.R.E.S. Program services aligns with Alaska’s 1115 Behavioral Health Waiver under the Home-Based Family Treatment Level I code, allowing reimbursement for core services such as case management and care coordination. However, many essential stabilization activities—including intensive cross-system coordination and crisis prevention—are not reimbursable. Community Needs Assessment findings confirm that uninsured and underinsured families experience significantly longer delays in accessing care and greater disruptions in service continuity. Financial barriers further isolate families from preventive supports that could mitigate risk and reduce the need for crisis-level interventions.

Target Population & Geographic area served

The C.A.R.E.S. model serves families at risk of entering or re-entering child protective systems by addressing underlying behavioral health, relational, and environmental risk factors. Many families referred to C.A.R.E.S. are not Medicaid-eligible, are underinsured, or experience coverage disruptions, yet continue to present complex needs that benefit from early intervention and coordinated support. Alaska Native families are disproportionately represented in child welfare and juvenile justice systems, highlighting persistent systemic inequities. C.A.R.E.S. provides culturally responsive, proactive stabilization services that address these disparities, strengthen family resilience, and reduce reliance on higher-intensity systems.

The program serves families across Anchorage, Eagle River, and the Mat-Su region, with telehealth services extending to rural communities statewide, including Utqiagvik, Bethel, and King Salmon.

Expected Outcomes

With support from the Alaska Mental Health Trust, AK Child & Family will hire two Outreach Coordinators and two Case Managers to expand the C.A.R.E.S. Program’s capacity to provide family stabilization and behavioral health services to Trust beneficiaries, including children and youth experiencing behavioral health concerns and individuals at risk of involvement with child welfare or juvenile justice systems.

Funding will also allow C.A.R.E.S. to serve families who are not Medicaid-eligible and eliminate out-of-pocket costs for all participants. Removing financial barriers ensures equitable access to early intervention and prevention services, reducing the likelihood of crisis-level system involvement and

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long-term public costs. By strengthening protective factors within families, C.A.R.E.S. promotes sustained behavioral health stability and improved lifelong outcomes.

Building on demonstrated success at Muldoon Elementary School, the program will replicate its school-based model at additional high-need Anchorage School District sites serving students with elevated behavioral health needs, adverse childhood experiences (ACEs), and significant social determinants of health challenges.

Outreach Coordinators will serve as consistent, trauma-informed points of contact, guiding families from referral through sustained engagement. Case Managers will coordinate services across behavioral health, education, and community systems to reduce fragmentation and improve accountability. Expanded staffing will reduce waitlists and improve timely access to supports. Anticipated outcomes include decreased truancy, suspensions, and expulsions; reduced involvement with child protective services and juvenile justice systems; improved behavioral health stability and school engagement; and lower long-term system costs.

This expansion represents a strategic investment in prevention, workforce capacity, and cross-system coordination aligned with the Alaska Mental Health Trust's mission to improve outcomes for Trust beneficiaries statewide.

Community Partnerships

A collaboration with Chapin Hall and Dr. Andrea Lowe, PhD, resulted in a comprehensive community needs assessment that identified key referral barriers, including limited coordination with traditional behavioral health providers and inconsistent cross-system communication. Findings from this assessment directly informed C.A.R.E.S. outreach and partnership development with the Anchorage School District.

Muldoon Elementary School emerged as an early model site, where a C.A.R.E.S. Outreach Coordinator is embedded within the school environment. This integration enables real-time coordination with teachers, administrators, cultural liaisons, and special education teams. Delivering services within a familiar and trusted setting has increased family engagement and reduced barriers to participation. As the model expands, AK Child & Family will prioritize partnerships with schools experiencing high rates of chronic absenteeism, behavioral incidents, and suspensions, as well as schools serving students impacted by social determinants of health, including housing instability and food insecurity.

Key Services Provided (Wraparound Model)

- **Case Management:** Comprehensive assessment of family needs; development and implementation of individualized stabilization plans; coordination with service providers; and ongoing monitoring of progress. Case Managers maintain at least weekly contact with families and regularly communicate with multiple systems to support identified familial goals.
- **Care Team Facilitation:** Structured, family-centered meetings led by Case Managers that engage caregivers, educators, clinicians, and natural supports to align goals, clarify roles, and coordinate interventions. This approach reduces duplication of services and improves accountability across systems.

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- System Navigation: Targeted assistance navigating through complex systems, including Medicaid enrollment, educational processes, disability accommodations, financial assistance programs, and referrals to specialized community services.
- Crisis Outreach: Rapid, responsive support during periods of acute stress, such as housing instability, school-related crises, or disruptions in behavioral health care, to prevent escalation and maintain family stability/
- School-Embedded Support: Outreach Coordinators work directly within school settings to identify emerging concerns, provide early intervention, and support transitions between home, school, and therapeutic environments.
- Telehealth Behavioral Support: Virtual coaching, check-ins, and care coordination meetings to reduce geographic and transportation barriers while maintaining continuity of care, particularly for families in rural and remote communities.

Grantee Proposed Evaluation Measures (from grant application)

Evaluation and Performance Measures

How much did we do?

- Number of children, youth, and families served including uninsured or underinsured families
- Number of school-based service engagements
- Number of referrals from education partners and community providers
- Timeliness from referral to first contact
- Average duration of engagement and service type

How well did we do?

- Percentage of families achieving stabilization goals
- Percentage maintaining engagement for 6 months or more
- Caregiver-reported satisfaction and perceived improvement
- School partner feedback on collaboration quality

Is anyone better off?

- Improvements on validated tools such as the Protective Factors Survey and CANS
- Reduced school disciplinary actions
- Reduced reliance on emergency or crisis services
- Improved caregiver confidence navigating systems

Proposed Project Performance Measures (developed by the Trust)

How much did you do?

- a. Total number (#) of unduplicated family units served during the reporting period.
- b. Number (#) of uninsured or underinsured family units served during the reporting period.
- c. Number (#) of referrals received for program services during the reporting period. Additionally, please list the primary reasons for referral.
- d. Number (#) of crisis outreach hours provided by type of crisis (e.g., housing, school, disruptions in behavioral health care).

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- e. Number (#) of case management hours provided during the reporting period, broken down by categories of needs addressed.
- f. Number (#) of care teams facilitated, and listing of professionals who participate.
- g. Percent (%) of each system navigation type provided for families during the reporting period.
- h. Number (#) of virtual telehealth behavioral support hours provided during the reporting period, aggregated by the family's community of residence.
- i. Number (#) of school-based service engagements during the reporting period, broken down by engagement type.

How well did you do it?

- a. Provide a narrative that describes the timeline, activities, successes, challenges, and any lessons learned during the reporting period.
- b. Average wait time (in days) for services during the reporting period.
- c. Average number (#) of families on the waiting list for services during the reporting period.
- d. Number (#) and percentage (%) of families who maintain engagement in services for six (6) months or more during the reporting period.
- e. Number (#) and percentage (%) of families who achieve stabilization goals as identified on their individualized stabilization plan.
- f. Number (#) and percentage (%) of families who were satisfied with the services received while participating in the program.
- g. Number (#) and percentage (%) of families who engage in services from all referral sources.

Is anyone better off?

- a. Number (#) of family units assisted with securing Medicaid coverage during the reporting period.
- b. Number (#) and percentage (%) of family units who obtained Medicaid coverage during the reporting period.
- c. Number (#) and percentage (%) of families who maintained Medicaid eligibility during the reporting period.
- d. Number (#) and percentage (%) of caregivers who improved their confidence in navigating systems as a result of their participation in the program.
- e. Number (#) and percentage (%) of family units that reduced their reliance on emergency or crisis services while participating in the program.
- f. Provide a brief narrative on participant improvements (pre/post) as gathered through validated tools such as the Protective Factors Survey and CANS.
- g. Four statements from caregivers that describe what impact participating in the program has had on their family's quality of life.

Sustainability (from grant application)

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The C.A.R.E.S. program is fully integrated within AK Child & Family’s existing organizational infrastructure, including supervision, billing systems, and a trained multidisciplinary workforce. Trust funding will address service gaps for families who are not Medicaid-eligible and support essential, non-billable stabilization activities that are critical to program effectiveness.

Long-term sustainability will be achieved through a diversified funding strategy that includes Medicaid reimbursement under the 1115 Waiver, formal partnerships with school districts, continued grant funding, and organizational investment by AK Child & Family. This blended approach ensures the program’s capacity to maintain services while adapting to evolving community needs.

Who We Serve (from grant application)

Problem Statement

Families referred to C.A.R.E.S. frequently experience fragmented or uncoordinated supports across behavioral health, education, and social service systems. Existing reimbursement structures do not adequately support the intensive, hands-on coordination required by families with complex needs. As a result behavioral health providers often have long waitlists, leaving schools to function as de facto first responders for children exhibiting emerging mental health and behavioral concerns.

Recent community needs assessment findings indicate that uninsured and underinsured families experience significantly longer delays in accessing care and greater disruptions in service continuity. Financial barriers further isolate families from preventive supports that could mitigate risk and reduce the need for crisis-level interventions.

Alaska Native families continue to be disproportionately represented in child welfare and juvenile justice systems, highlighting persistent systemic inequities. These disparities underscore the need for culturally responsive, proactive family stabilization models such as C.A.R.E.S., which address underlying drivers of instability early and reduce reliance on higher-intensity systems.

Proposed Solution

Trust funding will expand C.A.R.E.S. program capacity to serve families who are not Medicaid-eligible and support critical stabilization activities that are not reimbursable under existing funding structures. Based on workload analysis and demonstrated outcomes at Muldoon Elementary School, two additional Outreach Coordinator positions are required to replicate this school-based model across other high-need sites within the Anchorage School District.

This expansion will strengthen cross-system coordination by enabling earlier identification of student and family needs within school settings. The Outreach Coordinators serve as consistent points of contact who accompany families through every step: from initial referral, through plan development, to service engagement and follow-through.

Increased staffing capacity will reduce delays associated with waitlists and fragmented service navigation, ensuring timely access to supports. Earlier intervention is expected to decrease truancy,

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suspensions, and expulsions, while also reducing unnecessary involvement with child protective services and other high-intensity systems.

Estimated Numbers of Beneficiaries Served Experiencing (from grant application)

Mental Illness:	150
Developmental Disabilities:	20
Substance Abuse	25
Traumatic Brain Injuries:	5
Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries):	100

Project Budget (from grant application)

Personnel Services Costs	\$439,975.00
Personnel Services Costs (Other Sources)	\$109,993.78
Personnel Services Narrative	2 Outreach Coordinator Positions (salary & benefits) 2 Case manager positions (salary & benefits) 80% Trust funding 20% match Alaska Children's Services

Other Funding Sources (from grant application)

20% Match funding by Alaska Children's Services	\$109,993.78
Total Leveraged Funds	\$109,993.78