Grant Approval Memo

Trust
Alaska Mental Health Trust Authority

Grantee: Abused Women's Aid In Crisis Inc. (AWAIC)
Request Amount: $260,000.00
Project Title: Healing Pathways Project
Grant Term: 9/1/2026 to 2/28/2028
Trust Staff: Heather Phelps

Staff Analysis:

- What does this project do?
  Trust funds will support a 90-day stay domestic violence shelter pilot enhancement that aims to substantially expand services, prioritize trauma-informed stabilization, deeper case management, and strengthen pathways to permanent safety and housing. Funding will add two dedicated positions—a health-focused case manager and a wellness/education advocate—and provide curriculum and materials for expanded psychoeducational and wellness programming aimed at stabilizing survivors and strengthening transitions to safe housing.

- Who is receiving the funds?
  Abused Women's Aid in Crisis, Inc. (AWAIC) will receive the funds. AWAIC is in Anchorage and is the largest domestic violence safe shelter in Alaska. AWAIC providers safe shelter and supportive services to women, men, and children affected by domestic violence. AWAIC serves about 1,000 individuals annually, and about 500 in the emergency shelter.

- Why is staff recommending this project?
  AWAIC serves Alaska Mental Health Trust beneficiaries in all categories. AWAIC reports that 58% of the survivors receiving services are Trust beneficiaries. Anticipated outcomes of the project are an increasing Trust beneficiary wellness and stabilization, strengthening connections to care, and increasing the likelihood of exiting to safe, stable housing. During the period of funding support, AWAIC will compare baseline data to help inform whether extended stays coupled with robust and specialized supports improve long-term outcomes for survivors of domestic violence.

- Will this be a multi-year project?
  No. This is a one-time pilot request.

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Trust Five Year Funding History

No previous Trust grants during this time period.

Comp Plan - Area of Focus	Strategic Priority Area
Area of Focus 6: Protecting Vulnerable Alaskans	Priority 4: Ongoing Support & Wellbeing

Project Description (from grant application)

Problem Being Addressed:
AWAIC is seeking AMHTA support to strengthen specialized services for survivors of domestic violence while residing in the emergency shelter through:

1. Integrated health-focused case management
2. Wellness and psychoeducational groups and activities

Like most domestic violence shelters across the country, AWAIC has operated as an emergency-based shelter with stays focusing on being 30 days or less for decades. This simply does not line up with what research tells us will be effective, is not trauma informed, and may in fact be inadvertently pushing survivors back home to their abusive partners. With an average length of stay of only 17 days, it can be safely assumed that survivors are often choosing between housing and financial stability and their safety. Survivors of domestic violence often require more time than traditional 30-day shelter models allow to achieve safety, stability, and recovery. This gap contributes to higher rates of re-victimization, ongoing behavioral health challenges, and repeated use of crisis services. Survivors with co-occurring mental health conditions, substance use needs, other beneficiary statuses and limited financial resources face even greater barriers to long-term stability.

AWAIC has recently moved from a 30-emergency stay to a 90-day stay, with 30-day extensions encouraged based on individual needs and case plans. While the physical capacity of the shelter (e.g., 67 beds) allows for safe sheltering and supportive services, prevailing practices and resources align more with short-term stays. This project serves to act as a pilot and aims to substantially expand services, prioritizes trauma-informed stabilization, deeper case management, and stronger pathways to permanent safety and housing. During the period of funding support, AWAIC will compare baseline data to help inform whether extended stays coupled with robust and specialized supports improve long-term outcomes for survivors of domestic violence. As the largest domestic violence safe shelter program in Alaska, the opportunity to make meaningful impact for beneficiaries is substantial. AWAIC serves about 1,000 individuals a year and about 500 in our emergency shelter annually. More data about AWAIC's impact can be reviewed in our annual report which is attached.

Project Activities:
This project enhances AWAIC's 90-day shelter model by strengthening survivor-centered supports during the stabilization period. Key activities include:

1. Hiring an integrated health-focused case manager to help survivors navigate healthcare systems, establish primary care, enroll in Medicaid, access behavioral health and substance use treatment, and develop individualized health plans.

Description: Healthcare systems are increasingly complex especially those with additional needs such as behavioral health support and substance use treatment. Domestic violence survivors often come with long standing health needs that have not been addressed due to trauma, access, or resources being withheld from them by their abusers, This position will focus on helping survivors navigate the Medicaid system for themselves and their children and then developing individualized health plans. This position will coordinate with health care providers with appropriate releases of information to ensure primary care and dental services are established as well as psychological, neuropsychological, and substance use assessments are scheduled if indicated.

2. Hiring a wellness and education advocate to facilitate psychoeducational groups and coordinate wellness activities, including culturally relevant and traditional healing practices that support resilience and recovery.

   Description: There is currently a gap available to domestic violence survivors, particularly when interacting with the court system as the protective parent in child protective service or child custody cases. Judges often require the protective parent to attend parenting classes and domestic violence specific psychoeducational groups. Many survivors have to access services in Wasilla unless they are Alaska Native. This project will allow us to hire a focused advocate to implement a full suite of groups including parenting groups using the Parenting with Love & Logic Curriculum (https://www.loveandlogic.com/pages/parent-curriculum), trauma recovery using the S.E.L.F. Curriculum (https://sandrabloom.com/self-curriculum/) and partnering with another domestic violence service agency to adapt and adopt their curriculum covering core domestic violence psychoeducational and support group topics (https://safeharborhope.org/services/support-groups/).

Target Population and Geographic Area Served:
The target population is survivors of domestic violence, sexual assault, stalking and human trafficking residing in AWAIC's emergency shelter. Many households also include children who have been directly or indirectly exposed to violence, requiring a stabilization approach that supports both caregiver and child well-being. AWAIC serves Alaska Mental Health Trust beneficiaries in all categories but individuals experiencing mental illness and substance use disorders make up the largest proportion of beneficiaries served at AWAIC. Beneficiaries make up about 58% of the survivors as reported or confirmed to us. If we include additional survivors who do not report it but have observable indicators as well as those at risk of becoming beneficiaries, that percentage is closer to 90-95%. Services are primarily delivered in the Municipality of Anchorage, however AWAIC serves as a hub location for many survivors coming from other cities and rural villages of Alaska who travel to access shelter and support.

Expected Outcomes:
This model is designed to:

- Provide longer stabilization and transition time for survivors leaving abusive environments seen through an increase in average length of stay and percentage of survivors who remain in the program 90 days or longer.
- Improved rates of safe exits to permanent housing and reduce the likelihood of program reentry within 12 months.
- Embedded wellness and psychoeducational groups to foster deeper recovery.
- Strengthened connections with external community behavioral health and substance use disorder services and housing programs.

Community Support:
AWAIC maintains strong, active partnerships with a broad network of community providers to ensure comprehensive and coordinated service delivery. Key partnerships include the Anchorage Police Department, Anchorage Fire Department Mobile Crisis Team, Alaska Behavioral Health, Anchorage Neighborhood Health Center, the Anchorage Department of Health, the Anchorage Coalition to End Homelessness, Alaska Native Tribal Health Consortium, Cook Inlet Tribal Council, Forensic Nursing Services of Providence, and Nine Star, among many others. Key partners in this project are Alaska Behavioral Health, the Anchorage Department of Health and the Alaska Native Tribal Health Consortium who are committed to providing onsite services to survivors at AWAIC.

Our funding support comes from a variety of sources including local, state, and federal grants, corporations, private foundations, and individual donors. This approach increases our resiliency as an agency and helps us weather changes in the funding landscape. A current funding goal is to increase the amount of local grants we receive to 30% of our total operating budget. Nearly 20% of our budget is due to the support of individual and corporate donors.

Grantee Proposed Evaluation Measures (from grant application)

Performance measures will include baseline measures and post project measures to indicate effectiveness of the project:

1. Number of beneficiaries served
2. Number of total survivors served
3. Number and percentage of survivors participating in case planning
4. Number and percentage of survivors participating in psychoeducational groups
5. Number and percentage of safe exits from shelter
6. Number and percentage of survivors re-entering shelter within 180 days of exit; with 365 days of exit
7. Number and percentage of survivors gaining independent housing (if indicated in case plan)
8. Number and percentage of survivors connected to mental health services (if indicated in case plan)
9. Number and percentage of survivors connected to substance use disorder services (if indicated in case plan)

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Proposed Project Performance Measures (developed by the Trust)

How much did you do?

a. Total number (#) of all survivors (beneficiaries and non-beneficiaries) served during the grant reporting period.
b. Number (#) of Trust beneficiary survivors served during the grant reporting period.
c. Total number (#) and percentage (%) of all survivors participating in case planning during the grant reporting period. Of those, please indicate the number (#) and percentage (%) who are Trust beneficiaries.
d. Total number (#) and percentage (%) of all survivors participating in psychoeducational groups during the grant reporting period. Of those, please indicate the number (#) and percentage (%) who are Trust beneficiaries.

How well did you do it?

a. Provide a narrative describing the timeline, activities, successes, challenges, and any lessons learned during the Healing Pathways Project. Be sure to include information about the future of the project beyond the pilot phase.
b. Number (#) and percentage (%) of all survivors who safely exited the shelter during the reporting period. Of those, please indicate the number (#) and percentage (%) who are Trust beneficiaries.
c. Number (#) and percentage (%) of all survivors re-entering the shelter within 180 and 365 days of exiting during the reporting period. Of those, please indicate the number (#) and percentage (%) who are Trust beneficiaries.

Is anyone better off?

a. Number (#) and percentage (%) of all survivors gaining independent housing (if indicated in their case plan) during the reporting period. Of those, please indicate the number (#) and percentage (%) who are Trust beneficiaries.
b. Number (#) and percentage (%) of all survivors connected to mental health services (if indicated in their case plan) during the reporting period. Of those, please indicate the number (#) and percentage (%) who are Trust beneficiaries.
c. Number (#) and percentage (%) of all survivors connected to substance use disorder services (if indicated in their case plan) during the reporting period. Of those, please indicate the number (#) and percentage (%) who are Trust beneficiaries.

Sustainability (from grant application)

The project is designed to serve as a pilot to demonstrate improved outcomes, including increased safe shelter transitions, reduced reentry into shelter, and stronger mental health and recovery connections. These outcomes will position the program to compete for and secure ongoing funding. Sustainability will have to be achieved through a diversified funding strategy. AWAIC will pursue a combination of federal and local funding sources aligned with domestic violence and behavioral health services. In addition, AWAIC hopes to gain continued private foundation support and individual philanthropy through demonstrated outcomes,

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Who We Serve (from grant application)

This project directly serves AMHTA beneficiaries by addressing the complex needs and intersectionality of survivors of domestic violence and those experiencing mental illness and/or substance use disorders. Domestic violence survivors are at increased risk of becoming Trust beneficiaries, while individuals who are already beneficiaries are more vulnerable to experiencing domestic violence, creating a compounding, cyclical "Catch-22." Specifically, among Alaskan women identified as potential Mental Health Trust beneficiaries, rates of intimate partner violence and sexual violence were 1.6 times greater over their lifetimes and 2.4 times greater within the past year (2019–2020) (Alaska Justice Information Center, 2021). Additionally, children exposed to violence are served as a secondary group at high risk for becoming a beneficiary in the future without support and intervention.

Survivors often experience depression, anxiety, PTSD, and substance use, compounded by compounding trauma exposure and housing/financial instability. Traditional short-term shelter models are insufficient, frequently leading to premature exits, returns to unsafe environments, and continued reliance on crisis systems. This project implements a 90-day, trauma-informed shelter model with enhanced supports to better align with recovery and long-term stability.

Through health-focused case management, beneficiaries will be connected to primary care, behavioral health, and substance use treatment. Psychoeducational and wellness groups will support trauma recovery, while flexible direct assistance will reduce immediate barriers to stability and service engagement.

As a result, beneficiaries are expected to experience improved stabilization, stronger connections to care, and increased likelihood of exiting to safe, stable housing with the ultimate benefit reducing re-victimization and repeated crisis service use. Children will benefit from safer, more stable environments that support healthier developmental outcomes.

Estimated Numbers of Beneficiaries Served Experiencing (from grant application)

Mental Illness:	150
Developmental Disabilities:	115
Alzheimer's Disease & Related Dementias:	20
Substance Abuse	250
Traumatic Brain Injuries:	100
Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries):	250
Number of people to be trained	25

Project Budget (from grant application)

Personnel Services Costs	$222,540.00
Personnel Services Costs (Other Sources)	$301,452.00

Personnel Services Narrative	Personnel costs will include 1. A health-focused case manager (1 FTE) to help survivors navigate healthcare systems, establish primary care, enroll in Medicaid, access behavioral health and substance use treatment, and develop individualized health plans. 2. A wellness and education advocate (1 FTE) to facilitate psychoeducational groups and coordinate wellness activities, including culturally relevant and traditional healing practices that support resilience and recovery. 3. A percentage of the salary of the Director of Programs (0.1 FTE) who will be overseeing the implementation and data collection for the project. 4. Estimated Fringe benefits including Employer's FICA (7.65%), Worker's Compensation (2.55%), Unemployment Compensation (1.00%), Health Insurance (medical, vision and dental) (20%-30%), Life Insurance (0.07%), Retirement Employer's match (5%). Personnel costs funded by other sources include three additional case managers.

Supplies Costs	$3,547.00
Supplies Costs (Other Sources)	$3,547.00
Supplies Narrative	$612- curriculum purchase and training in the use of the Parenting with Love and & Logic Curriculum $700- curriculum purchase and training in the use of the S.E.L.F. Curriculum $2235- supplies for wellness groups including beading, mask making, cooking supplies, etc.

Other Costs	$33,913.00
Other Costs (Other Sources)	$0.00
Other Costs Narrative	$33,913 - 15% de minimis indirect cost rate which supports essential administrative and operational expenses necessary to implement the project, including financial management, human resources, compliance, and overall organizational infrastructure.

Other Funding Sources (from grant application)

Council on Domestic Violence & Sexual Assault- Secured	$195,804.00
Alaska Housing Finance Corporation-Secured	$105,648.00
Municipality of Anchorage-Secured	$55,000.00
Total Leveraged Funds	**$356,452.00**