Grant Approval Memo

Trust
Alaska Mental Health Trust Authority

Grantee: Rural Alaska Community Action Program, Inc.
Request Amount: $158,674.00
Project Title: Bay Haven Child Advocacy Center (CAC)
Grant Term: 1/1/2027 to 12/31/2027
Trust Staff: Heather Phelps

Staff Analysis:

- What does this project do?
  Trust funds will provide operational support including direct mental health services to the Bay Haven Child Advocacy Center. The grant request addresses a gap in mental health services in a remote region by increasing access for children and youth who are victims of sexual assault or child abuse, their non-offending caregivers, and youth who children of clients served in the Bay Haven shelter. A qualified and locally conscious mental health clinician will be contracted to provide individual counseling, family counseling, and youth healing circles in person and via telehealth. The mental health clinician is already working in the area so recruitment is not an issue.

- Who is receiving the funds?
  RurAL CAP, Inc will administer the funds to use for the Bay Haven Child Advocacy Center mental health expansion. RurAL CAP is a private, statewide nonprofit founded in 1965 to improve the quality of life for low-income Alaskans. Bay Haven Shelter provides safe, accessible, and culturally grounded support to individuals in Hooper Bay, Chevak, and Scammon Bay who are experiencing domestic violence and sexual assault (DV/SA). The tribes requested RurAL CAP to expand Bay Haven services to include a child advocacy center to serve children who have been sexually or physically abused.

- Why is staff recommending this project?
  This project will provide mental health services to children and youth in the Hooper Bay subregion who are either themselves victims of sexual assault, child abuse and/or are the witnesses to domestic violence, as well as their non-offending caregivers. Research shows that youth who have been sexually abused or assaulted have significantly higher rates of mental health conditions than their peers, with many experiencing post-traumatic stress disorder (PTSD), anxiety, and depression within weeks of the event. The goal of this project is to address the severe shortage of mental health services available to children and youth in the region and provide services to close that gap. The services propose aim to lessen the immediate and long-term harms of sexual assault and child abuse.

- Will this be a multi-year project?
  No, this is a one-time funding request. The grant will help the children advocacy center toward a "developing CAC" status (as defined by the National Children's Alliance, an accrediting organization providing comprehensive care through 961 child advocacy centers) resulting in becoming eligible for additional national and state level funding.

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Trust Five Year Funding History

Fiscal Year	Project Title	Amount	Status	Final Expended
2027	Early Childhood Mental Health Consultation	$88,500	Active	Grant ends 6/30/2027
2026	Mental Health Consultation Project	$88,500	Active	$88,500
2025	Mental Health Consultation Project	$55,353	Closed	$43,493
2024	Early Childhood Center-Based Mental Health Consultation for RurAL CAP Child Development Center and Head Start	$88,500	Closed	$30,017

Comp Plan - Area of Focus	Strategic Priority Area
Area of Focus 1: Early Childhood & Youth	Priority 3: Treatment & Recovery

Project Description (from grant application)

Rural Alaska Community Action Program, Inc., (RurAL CAP) proposes new mental health services for its Bay Haven Child Advocacy Center (CAC), in an effort to address the impacts of regionwide mental health services shortages on the youth and families served in Alaska's Hooper Bay subregion. The goal of the proposed project is to improve and expand mental health services for children and youth who are victims of sexual assault or child abuse served by RurAL CAP's Bay Haven CAC, their non-offending caregivers, and also youth who are children of clients served in Bay Haven's Domestic Violence and Sexual Assault (DV/SA) Shelter, who have witnessed the trauma of domestic violence.

RurAL CAP's Bay Haven programs are centered in the Native Village of Hooper Bay (NVHB), a traditional, Alaska Native Yup'ik village located on the Being Sea coastline of Western Alaska in the Yukon-Kuskowkim Delta. The Bay Haven Child Advocacy Center and DV/SA Shelter programs serve the local Hooper Bay subregion, which includes that community, as well as the additional nearby Alaska Native villages of Scammon Bay and Chevak, and the members of the Paimiut tribe living in the region. This subregion is populated by roughly 3,000 people.

The region is geographically isolated, with no road access to surrounding communities and limited transportation available by small aircraft, boats, and snow machines. There are no licensed therapists or treatment centers in Hooper Bay, and regional behavioral health providers are significantly overstretched. When appropriate services are unavailable locally, children and families may need to travel approximately 140 miles by bush plane to Bethel and, when specialized care is unavailable there, another 500 miles to Anchorage. These circumstances create substantial barriers to timely and consistent treatment for children experiencing trauma from sexual assault and/or domestic violence.

In partnership with the Native Village of Hooper Bay, the Bay Haven Shelter provides the communities of Hooper Bay, Chevak, Scammon Bay, and Paimiut with a trauma-informed shelter for individuals who have

experienced DV/SA. The tribes requested RurAL CAP to expand Bay Haven's services with the addition of a Child Advocacy Center to serve children who have been sexually or physically abused. The CAC building has been renovated and equipped, support staff and the Multi-Disciplinary Team (MDT) are in place, community education has begun, and soon the CAC will begin serving clients with forensic interviews, victim advocacy and, if funded, mental health support. All Bay Haven's resources embrace traditional teachings that guide trauma informed service delivery. Each client is assigned an advocate that provides them with legal advocacy and court accompaniment, traditional family wellness education groups, community outreach education, and referrals for wrap-around services. Though located in Hooper Bay, the shelter benefits surrounding regional communities by reducing the distance and expense required to travel and receive timely victim services.

The direct services of this project will largely apply to children and youth (under the age of 18) in the Hooper Bay Subregion. This project would establish the mental health treatment component of the CAC through a qualified and locally conscious Mental Health Clinician, a CAC Coordinator, and the Director/Child Forensic Interviewer. These positions will provide enhanced programmatic coordination capacity and culturally responsive interventions. As part of each child's case plan that receives services from the CAC, they will be offered mental health counseling services. For children of DV/SA clients at Bay Haven, counseling services will be offered at intake. Adults will be involved in this project's direct service provisions during group family sessions, to be undertaken only with non-offending family caregivers.

The project will provide new mental health services to child victims at the CAC and their non-offending caregivers, as well as to children referred by Bay Haven DV/SA Shelter, who have witnessed and been affected by DV/SA. Each child will receive approximately three individual therapy sessions, delivered both through in-person clinician visits and tele-med. Children will also receive approximately two to three group therapy sessions, delivered through in-person facilitation by the clinician. Approximately six hours of family therapy sessions per month will be provided for non-offending caregivers (tele-med). This project will serve Alaskans who experience mental illness, intellectual and developmental disabilities, and substance use disorders. The project will serve secondary Trust beneficiaries, as well as adults and children who have an extremely high likelihood of becoming Trust beneficiaries in their lifetime.

Over the 12-month project period, the mental health clinician will conduct recurring travel to the Hooper Bay subregion to provide trauma-informed group therapy for child victims of abuse and children exposed to domestic violence or sexual assault. The clinician will travel once per quarter to ensure consistent and equitable access to in-person mental health services across the region. The clinician's mental health services will be supported by the CAC Coordinator and the CAC Director positions.

The CAC Coordinator will be responsible for coordinating the mental health component of the project, including connecting eligible children and families with services, coordinating therapy appointments, maintaining service records, tracking participation, organizing clinician travel, and coordinating communication among families, providers, and the CAC multidisciplinary team.

The Director/Child Forensic Interviewer will support integration of mental health services into CAC operations, coordinate with the Mental Health Clinician and multidisciplinary team, provide oversight and

quality assurance, and help ensure that children identified through CAC services are connected with appropriate behavioral health resources.

The project will be implemented in partnership with the Native Village of Paimiut, who brings local Alaska Native cultural knowledge. This partnership will strengthen the project's ability to provide treatment that is appropriate to the communities and families being served. The project will create a practical pathway from identification of a child's mental health needs to assessment, treatment, family support, follow-up, and continued engagement, allowing Bay Haven to incorporate behavioral health services into the coordinated response already being developed through the CAC.

Grantee Proposed Evaluation Measures (from grant application)

The project considers the following its (3) main performance measures; however, we are flexible and open to the Trust's suggestions and input.

1. The number of children and non-offending caregivers serviced by the Bay Haven CAC and DV/SA Shelter that access mental health services, including individual, group, and family therapy sessions.
2. The number and percentage of children and non-offending caregivers who have improved access to mental health services, including individual, group, and family therapy sessions.
3. The percent of children and non-offending caregivers that complete participation in mental health services, including counseling on mental/emotional well-being, communication, and family relationships.

RurAL CAP intends to evaluate the implementation of this project and measure its success and achievement through the following:

To meet performance measure number 1 and measure the quantity of work delivered, RurAL CAP will track the number of hours of total service provision provided by the Mental Health Clinician and Coordinator. This number will include the individual, group, and family therapy sessions, both in-person and virtually.

To meet performance measure number 2 and measure the project success and efficacy, data will be collected from the immediate target recipients of this project’s activities, the Mental Health Clinician and Coordinator, and the general Bay Haven and CAC staff.

To meet datapoint 3 and measure the project’s wider impact in bettering conditions for trust and secondary beneficiaries, RurAL CAP will track the number of children and non-offending caregivers that continue to engage and complete their case plan across the project period. This will track how the project has improved access and engagement to mental health services in the community.

Proposed Project Performance Measures (developed by the Trust)

Performance Measure 1:

How much did you do?

a. Number (#) of unduplicated children and youth served by the Bay Haven CAC and DV/SA shelter that accessed mental health services (including individual, group, and family therapy sessions) during the grant reporting period.
b. Number (#) of unduplicated non-offending caregivers served by the Bay Haven CAC and DV/SA shelter that accessed mental health services (including individual, group, and family therapy sessions) during the grant reporting period.

Performance Measure 2:

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. Be sure to include details regarding the sustainability of the program beyond Trust funding.
b. The number (#) and percentage (%) of children and youth who have improved access to mental health services, including individual, group, and family therapy sessions because of their participation in the program.
c. The number (#) and percentage (%) of non-offending caregivers who have improved access to mental health services, including individual, group, and family therapy sessions because of their participation in the program.

Performance Measure 3:

Is anyone better off?

a. The number (#) and percentage (#) of children and youth who complete participation in mental health services (including counseling on mental/emotional well-being, communication, and family relationships) during the grant reporting period.
b. The number (#) and percentage (#) of non-offending caregivers who complete participation in mental health services (including counseling on mental/emotional well-being, communication, and family relationships) during the grant reporting period.
c. Provide two examples of participants/families and how the program has impacted their quality of life.

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Sustainability (from grant application)

Bay Haven and the Child Advocacy Center are supported by additional funding and will continue to operate after the Trust's funding ends, if funded by the Partnership grant. Funding from the Trust would allow the CAC to further address the impacts on children and youth who experience sexual assault and violence by providing both them and their parents in rural Alaska with important services such as forensic interviewing, victim advocacy, and mental health counseling services under a Multi-Disciplinary Team (MDT).

Most of the services currently available in the region are provided by the Bay Haven and CAC program. Bay Haven's Child Advocacy Center is currently providing community education, outreach and Multi-Disciplinary Team coordination, with forensic interviews anticipated to begin November 1, 2026. In this interim period, the newly developing CAC, under RurAL CAP's leadership, is actively building community readiness and partnerships for a full response to child abuse and neglect cases – the first time these services will be offered locally for the residents of Hooper Bay, Chevak and Scammon Bay. Partner organizations include law enforcement, health professionals, and tribal service providers deeply embedded in the region.

As of now, the CAC is operational but not at full capacity. One-time, intermediary funding from the Trust will progress the CAC toward a "developing CAC" status (as defined by the National Children's Alliance) and therefore become eligible for a multitude of additional national and state level funding. This project would produce valuable data and reports, strengthening the CAC's outcomes for future funding opportunities. RurAL CAP continues to maintain and build strong partnerships with related organizations and funders to support the growth of the CAC in the rural Alaska communities it serves.

The CAC currently receives funding from the Department of Justice. RurAL CAP's Community Development Programs are supported by a 4.0 FTE Grant Development team of experienced grant writers who identify funding opportunities, develop proposals, and secure grant funding. The program will search for and secure additional funds to support the continuation of the CAC accreditation.

Who We Serve (from grant application)

The proposed Bay Haven Child Advocacy Center (CAC) project focuses, among beneficiary groups, on those with substance use disorders including chronic alcoholism, mental illness, and developmental disabilities, as well as on secondary beneficiaries.

This project will provide mental health services to children and youth in the Hooper Bay subregion who are either themselves victims of sexual assault, child abuse and/or are the witnesses to domestic violence, as well as their non-offending caregivers. The goal of this project is to address the severe shortage of mental health services available to the children and youth in the region and provide services to close that gap.

While many of the children, youth, and parents involved with Bay Haven and the CAC have already experienced sexual assault and child abuse, the services proposed aim to lessen immediate and long-term harms of these experiences. The Bay Haven Child Advocacy Center will provide victim-centered services, trauma-informed and family-centered treatments, as well as clinical mental health services. According to the CDC's ACEs Prevention Resource for Action report, evidence-based treatments have been shown to reduce symptoms of PTSD, depression, fear, anxiety, shame, and behavioral problems of those with ACEs.

The Hooper Bay Subregion has a dire lack of access to mental health services for the general population. These shortages and gaps are significantly worse when considering access to specialized services for children in response to sexual assault or domestic violence, both when the children themselves are the victims and when they are the children of victims. This project is designed to address the need and gap in services, as it applies to the population of Trust beneficiaries.

Estimated Numbers of Beneficiaries Served Experiencing (from grant application)

Mental Illness:	41
Developmental Disabilities:	9
Substance Abuse	25
Traumatic Brain Injuries:	1
Secondary Beneficiaries (family members or caregivers providing support to primary beneficiaries):	81

Project Budget (from grant application)

Personnel Services Costs	$114,488.19
Personnel Services Costs (Other Sources)	$112,432.00
Personnel Services Narrative	CAC Coordinator (40% FTE): $29,129.20 – Supports coordination of Child Advocacy Center services, case management, Mental Health case coordination, referrals, family advocacy, data collection, scheduling forensic interviews, and outreach activities. Director/Child Forensic Interviewer (20.75% FTE): $21,971.26 – Supports forensic interviewing of children, Mental Health case coordination, staff supervision, quality assurance, and Child Advocacy Center oversight. Mental Health Clinician: $48,773 – The contracted Mental Health Clinician will provide 323 hours at $151/hour. Services will include up to 81 individual counseling sessions, up to 54 family counseling sessions, four quarterly youth healing circles,

	treatment planning, progress notes, documentation, multidisciplinary team collaboration, and specialized training and continuing education. Services will provide evidence-based, trauma-informed, and culturally responsive behavioral health support for child victims and their caregivers. Fringe Benefits: $14,614.73 – Covers fringe benefits associated with Trust-funded employee personnel, calculated at RurAL CAP's applicable fringe rate of 28.6%. Fringe is applied to the CAC Coordinator and Director/Child Forensic Interviewer salaries and does not apply to the contracted Mental Health Clinician.

Travel Costs	$22,120.00
Travel Costs (Other Sources)	$0.00
Travel Costs Narrative	Director/Child Forensic Interviewer Travel – $15,800 Travel funds will support 10 trips by the Director/Child Forensic Interviewer to Hooper Bay to conduct forensic interviews, participate in multidisciplinary team (MDT) meetings, provide family support, and assist with Child Advocacy Center operations. Airfare: $8,000 (10 trips × $800/trip) Lodging: $5,400 (10 trips × 3 nights × $180/night) Per Diem: $2,400 (10 trips × 4 travel days × $60/day) Total: $15,800 Mental Health Clinician Travel – $6,320 Travel funds will support 4 trips by the contracted Mental Health Clinician to Hooper Bay to provide trauma-informed counseling, family support services, clinical consultation, participation in MDT meetings, and coordination of behavioral health services for child victims and their caregivers. Airfare: $3,200 (4 trips × $800/trip) Lodging: $2,160 (4 trips × 3 nights × $180/night) Per Diem: $960 (4 trips × 4 travel days × $60/day) Total: $6,320

Supplies Costs	$2,500.00
Supplies Costs (Other Sources)	$2,500.00
Supplies Narrative	CAC Educational Materials & Outreach: $2,500 – Educational materials, child-friendly resources, printing, outreach supplies, and prevention materials to support Child Advocacy Center services and community education.

Other Costs	$19,565.43
Other Costs (Other Sources)	$0.00
Other Costs Narrative	Technology & IT Support: $3200 – Supports technology needed for telehealth services, secure communication, case coordination, and Child Advocacy Center operations, including software, internet services, and IT support. $266.66/12 months = 3199.92 Indirect Costs = $16,365.43 Indirect costs are calculated using RurAL CAP's federally negotiated indirect cost rate of 11.5% and support administrative, financial, human resources, accounting, grants management, information technology, and organizational infrastructure necessary to implement and manage the project.

Other Funding Sources (from grant application)

DOJ Office of Victims of Crime – SECURED	$142,419.00
Total Leveraged Funds	**$142,419.00**