



# MHA/O

MENTAL HEALTH & ADDICTION ASSOCIATION OF OREGON

# Annual Report

# 2020

MHA/O is an inclusive peer-run organization dedicated to self-direction honoring the voice of lived experience.

[www.mhaoforegon.org](http://www.mhaoforegon.org)



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# A Word from Janie

From a deadly pandemic to a global movement for racial justice, this year has already experienced its fair share of world-altering events. When we look back on 2020 both individually and collectively we see we have been through unpredictable and unprecedented events that have taken a toll on each one of us in a wide variety of ways. Each person's experience of how this year impacted them personally as well as what they have witnessed in their communities encompasses heart wrenching and heartwarming stories alike.

As a peer-run mental health & addiction recovery community, the pandemic might be as serious as any other previous life experience that led us to this work in the peer recovery field in the first place. The common denominator of COVID19 and our life experiences is that it affects health and lives and there is so much we do not know about it. What we do know is that it put us as a peer workforce and as an organization to the test and MHA AO you have passed this test with flying colors!

The incredible humans that are the Mental Health & Addiction Association of Oregon (MHA AO), our staff, our Board of Directors and those we serve have shown a resiliency and fortitude that is unparalleled. I saw our peer workforce stand up together and quickly and nimbly to keep serving the people of our community AND support each other in innovative, courageous and imaginative ways.

We all are part of history in the making and imagine the stories we will have to share with future generations. MHA AO, you have overcome discouragement, physical illnesses and challenges to you recovery on a daily basis. You have learned Zoom, Go Teams, Google Meets and Recovery Link. You have become school teachers, daycare providers and juggled needy pets and children all while continuing to work tirelessly with a smile on your face. You have also kept it real. When times got tough you reached out and asked for help. You kept reaching out and said what you needed as if your life depended on it...because it did! Thank you, thank you, thank you.

To MHA AO, our community partners and supporters...I am so glad you are here now in this moment and in all the moments yet to come. You are priceless and this work is vital! Let's keep on keeping on together!  
#peersupportstrong

Janie Gullickson, Executive Director of MHA AO



# Organizational Awards ▶

▶ **Janie Gullickson, MHA AO's Executive Director shared how she helps promote a culture of appreciation at MHA AO:**

"Here at MHA AO we have a strong commitment to fostering a culture that supports people's professional development goals. Employee satisfaction and retention is important and a vital part of that satisfaction is to support the career goals and dreams of staff whether that is with MHA AO or somewhere else. We support staff to bring their best selves to their current position at MHA AO while working on their knowledge, skills and abilities that will carry them into a successful future."

▶ **Jessica Carroll, MHA AO's Pathway Home Director, shared how she has watched the organization's commitment to paying a living wage influence other peer-run organizations:**

"I have watched the fiscal policies of MHA AO affect other Peer Support Jobs. When I started working here

back in 2014, we made 15 bucks an hour because we were going to make a living wage and that has been built into every contract, every grant, every program. There are some other peer run organizations who have had to step up and pay their people more because we do. We get the best peers because when you pay well you get better employees."

**Terry Leckron-Myers, EVOLVE Peer Delivered Services Director, shared about how passionate the people are and how the organization is driven by its core values:** ▶

"I love how MHA AO is so intentional, and it feels like everybody I meet here has an actual fire inside their soul to want to see people recover. It's not just a job. The vision of MHA AO is passion-driven and matches and connects with people from all sorts of backgrounds. It's growing fast, but it feels like we are all rowing in the same direction, driven by our core values."



MHA AO WAS HONORED TO RECEIVE THE OREGONIAN'S APPRECIATION AWARD, AND TO BE RANKED 3RD BEST SMALL EMPLOYERS ON THEIR LIST OF TOP WORKPLACES! MHA AO WAS ALSO RANKED 7TH ON OREGON BUSINESS'S 100 BEST NONPROFITS TO WORK FOR LIST FOR MEDIUM-SIZED ORGANIZATIONS. MHA AO RECEIVED THESE ACCOLADES BASED ON EMPLOYEE SURVEYS CONDUCTED BY THIRD PARTIES.

# Diversity, Equity & Inclusion Initiative

**THE PURPOSE OF THE DEI COMMITTEE IS TO ADVISE OUR ORGANIZATION IN THE INTEGRATION OF DIVERSITY, EQUITY, AND INCLUSION INTO ALL ASPECTS OF THE WORK AT MHA AO.**

Through its Diversity, Equity & Inclusion Initiative, MHA AO has continued its important work by hosting a workshop in December 2019 with Equality Works NW. During this workshop, staff have begun the difficult journey of unpacking privilege and becoming an anti-racist organization.

MHA AO was also able to stand up after the death of George Floyd and condemn racism through its Commitment to Change (<https://www.mhaoforegon.org/dei-initiative>).

Additionally, the DEI Committee has met regularly each month and with the help of the Collins Foundation and the National Council for Behavioral Health, we're able to review several policies and procedures with an equity and trauma-informed lens to affect change within the organization.



## **OUR VISION IS THAT MHA AO WILL HAVE AN ATMOSPHERE THAT**

- Lifts the voices of lived experiences at all intersections,
- Mirrors and honors the diversity of the community,
- Fosters a safe work environment,
- Establishes authentic conversations where honesty matters, and
- Educates our community on intersecting identities and a multi-cultural spectrum of abilities



## **COMMITTEE MEMBER RESPONSIBILITIES**

The committee will guide the work of diversity, equity, and inclusion at our organization through the following:

1. Assessing the implementation of the DEI Strategic Plan.
2. Monitoring the development, implementation, and evaluation of standards for cultural responsiveness for staff and the individuals they serve.
3. Focus and provide input on organizational policies and procedures to address diversity, equity, and inclusion issues and make recommendations when appropriate.
4. Evaluating and recommending solutions where organizational inequities exist.
5. Ensuring the maintenance and dissemination of best practices for diversity, equity, and inclusion in organizational policies, teaching, training, hiring, and retention of staff.
6. Serving as a resource for guidance and consultation regarding diversity, equity, and inclusion issues for staff.
7. Disseminating information about ongoing professional development training around diversity equity, and inclusion for staff.
8. Seeking regular feedback from staff and individuals they serve to inform decision-making and understand opportunities for improvement.
9. Sharing the work of the committee with the organization as a whole.



## **DEI COMMITTEE VALUES**

- Trust and Honesty
- Hope
- Empowerment, Voice & Choice
- Safety
- Justice
- Respect & Empathy

# Trauma Informed Care Initiative ▶

Trauma Informed Care (TIC) is a movement that has been sweeping across healthcare and social services since 2011 when The New Yorker wrote an article titled “The Poverty Clinic,” focusing on the work of pediatrician Nadine Burke-Harris. Doctor Burke-Harris, seeing a correlation between Adverse Childhood Experience Scores (ACES) and later poor health outcomes, asked the question why trauma was not being considered a public health concern.



**Kristin Griffey, Trauma Informed Care Specialist**

**"THIS ALL COULD NOT HAVE BEEN CREATED AT A MORE RELEVANT AND NECESSARY TIME."**



Mental Health and Addiction Association of Oregon (MHA AO) has lived experience, over and above, that validates the need for TIC. In November of 2019, MHA AO’s first Trauma Informed Care Specialist position was created and filled. Throughout the past year, we have introduced staff to the concept of TIC, including the holographic steps needed in our Trauma Informed Care, by cultivating trauma awareness, trauma sensitivity, trauma responsiveness and, of course, becoming trauma informed. Each step, while specific, are not necessarily linear.

Along with the four steps, there are six guiding principles: safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment (voice and choice) and cultural, historical and gender issues and we use each of them when vetting policies, holding staff meetings and supervisions.

Within TIC is a concept called “the parallel process” and MHA AO has adopted this phrase as its secret sauce. The parallel process says that “we are only as good and generous and kind and sensitive to those we serve as our agencies are to us. As we are to one another” The parallel process.

MHA AO’s parallel process includes our new concept, which is Peer Support for Peer Support specialists (PS4PSS). This is where we increase compassion satisfaction and battle toxic stress. Every member of staff has an invitation to attend a weekly PS4PSS meeting (and build natural supports) and/or have access to personal peer support.

This does not take the place of counseling or our EAP, it is a space that is held for our peer staff that may want some additional support.

We have administered the Professional Quality of Life (ProQOL) survey to all staff, in order to educate about burnout, compassion fatigue and compassion satisfaction. This gives us the ability to take the pulse of MHA AO and respond accordingly. We will take our pulse again next spring to measure the work we have done to increase moral and decrease toxic stress.

The Parallel Process was our most highly attended workshop at Peerpocalypse 2020 and we are still getting requests to deliver this workshop at various places around Oregon. We are front-runners in this initiative and have piqued much interest in our approach. We also run a group specific to peer support working in hospital settings.



**PS4PSS CAN HELP REDUCE COMPASSION FATIGUE, VICARIOUS TRAUMA, SECONDARY TRAUMATIC STRESS, MORAL DISTRESS, AND BURNOUT.**

**PS4PSS PROVIDES TRAUMA INFORMED SUPPORT THAT IS PERSON-CENTERED, GOAL-ORIENTED, SOLUTION-BASED, AND TIME-LIMITED.**



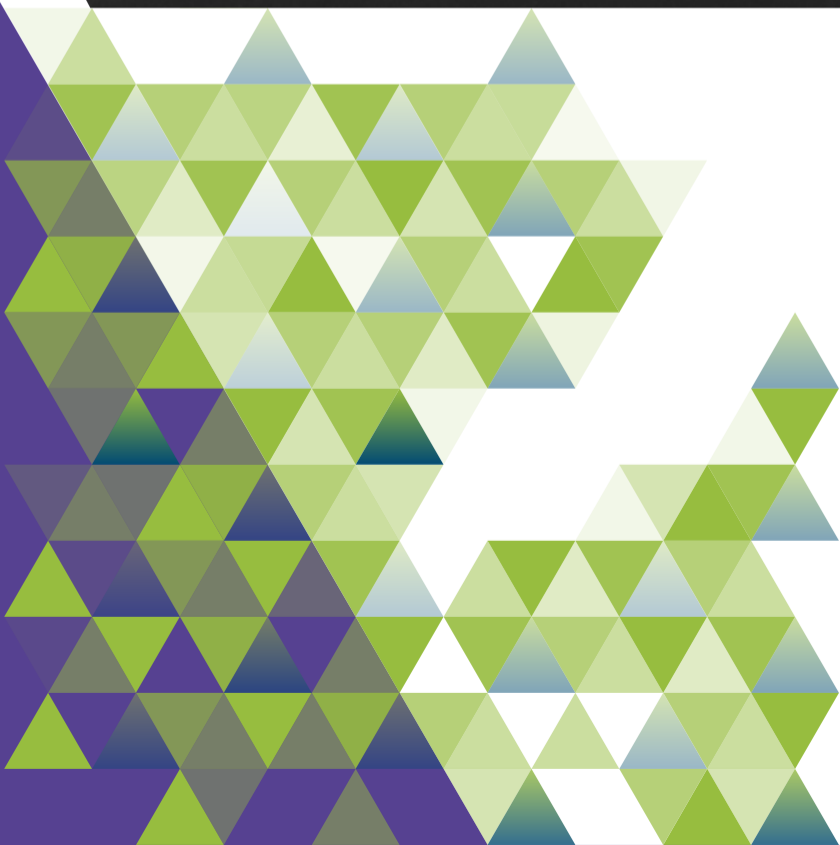
**KATHY OREM, AN ATTENDEE OF OUR VIRTUAL CONFERENCE SHARED ABOUT HER EXPERIENCE PARTICIPATING IN PEERPOCALYPSE 2020:**

*"I WANT YOU FOLKS TO KNOW THAT THIS SERIES OF PRESENTATIONS IS ONE OF THE MOST IMPRESSIVE DISPLAYS OF PEOPLE LOVING AND CARING FOR EACH OTHER I HAVE SEEN, EVER. IT LIFTS ME UP AND INSPIRES ME TO DO MORE AND TO DO IT BETTER. THERE IS HOPE FOR HUMANITY AFTER ALL."*

# Peerpocalypse 2020

**DUE TO COVID-19, PEERPOCALYPSE PIVOTED TO A VIRTUAL CONFERENCE IN SIX WEEKS AND HAD 540 PARTICIPANTS WITH OVER 40 WORKSHOPS!**

Keynotes included Dr. Nadia Richardson, David Oaks, Braunwynn Franklin, and Christina Peirsol. Peerpocalypse was able to provide continuing education credits from the Oregon Health Authority, the Mental Health & Addiction Certification Board of Oregon, Mental Health America National, and NAADAC, the Association for Addiction Professionals. Peerpocalypse also featured the National Coalition for Mental Health Recovery (NCMHR) annual membership meeting, the Oregon Expungement Clinic, Surviving Race: The Intersection of Injustice, Disability, and Human Rights caucus, and the Medicating Normal film.



# Oregon Peer Training & Innovations Center (OPTIC) ▶



## PEERZONE

As the USA Coordinating Center for PeerZone, alongside the international team, we have offered several new virtual workshop trainings for our licensed facilitators, in addition to monthly connection opportunities for facilitators across the USA/UK/CA. A whopping 52 toolkit topics have been released, and include workshops, recovery stories, and practical tools for each of the topics.



## PEERS FOR CHRONIC PAIN AND OPIOIDS: AN INTRODUCTION

"Peers for Chronic Pain and Opioids: An Introduction" with Adrienne Scavera and Michelle Marikos was presented at Peerocalypse 2020 as our first foray into education and awareness around chronic/persistent pain for peers. In 2021, we will be releasing an online training on this important topic.





### OPTIC PEER WELLNESS SPECIALIST TRAINING

Our training team flexed their adaptability muscles and modified our 80-hour in-person Peer Wellness Specialist Training to be delivered online via Zoom! OPTIC's first ever online PWS began in August 2020 and has trained 36 peers across 2 cohorts! The next virtual cohort starts in January 2021.

### THE CHALLENGES AND ADVANTAGES OF VIRTUAL TRAININGS IN 2020

*"Some of the positives [that have come from the virtual training] is that through using breakout rooms on Zoom, people have really been able to connect with each other and build relationships, even though they may live hundreds of miles apart.*

*The virtual opportunity now allows individuals from different areas to not have to travel, which is a huge benefit, especially for individuals that live in rural counties. In this last virtual training, we had people from Lane County. Since our training is approved nationally through Mental Health America National Peer Support Certification, we even had people from out of state attend the training. It really allows an opportunity for individuals to participate and take the training that are far away."*

**- Emily Nelson,  
OPTIC Coordinator & Co-Facilitator**



### OPTIC E-LEARNING HUB

OPTIC launched its eLearning Hub in September with two great courses available for continuing education at your own pace, in your own space.

### A PWS TRAINEE SHARES WHAT HE GOT OUT OF THE VIRTUAL TRAINING

*"It wasn't easy at first going into the PWS training, especially because I knew I was going to be staring at a screen for awhile. My fear was that my mind would wander and start doing other things. That didn't happen though, because the educators were engaging, and the information was entertaining and fun to learn. It wasn't a bunch of words just thrown at me. It was information I was interested in learning, and it was obtained and retained.*

*I also expected it to be extremely impersonal, but there were bonds built with individuals and I still have their contact information. I hopefully will be contacting them while I'm working in the field, to talk and bounce ideas off of."*

**- Thomas Hooks,  
PWS Trainee, October 2020 Cohort**

# Technical Assistance & Outreach ►



Through our work with the Northwest Mental Health Technology Transfer Center, this year 22 community of practices and 2 webinars were provided for peer support specialists and their supervisors across Oregon, Washington, Idaho, and Alaska.

Technical assistance opportunities have been requested from and offered to a variety of groups, including a presentation at the state Vocational Rehabilitation in-service conference. By phone, email, or virtual meeting, we continue to work hard to make sure organizations and systems are informed about the value and power of peer services.

**THROUGH THE STATEWIDE PEER-DELIVERED SERVICES WORKFORCE NEEDS ASSESSMENT PROJECT, EXTENSIVE OUTREACH OCCURRED ACROSS OREGON TO MAKE SURE AS MANY VOICES AS POSSIBLE WERE INCLUDED. DUE TO THOSE TIRELESS EFFORTS, WE RECEIVED INPUT FROM 36 OUT OF 36 COUNTIES!**


# Peer Delivered Services Needs Assessment

The Oregon peer-delivered services workforce needs assessment was conducted by peer-run community-based leader MHA AO and Oregon Peer Delivered Services Coalition (OPDSCo) in collaboration with the Oregon Health Authority's Office of Equity and Inclusion (OEI) and Injury and Violence Prevention Program (IVPP), and Comagine Health from spring 2019 - summer 2020.

Developed alongside members of the peer-delivered services workforce and peer community, this project utilized a community-based participatory research approach with a mixed-methods design. Below are the recommendations developed for consideration by the Oregon Health Authority.

**THE PRIMARY AIMS OF THIS NEEDS ASSESSMENT WERE TO:**

- 1. DESCRIBE THE BARRIERS, CHALLENGES, AND SUCCESSES OF THE PEER-DELIVERED SERVICES WORKFORCE AND ITS EMPLOYERS ACROSS OREGON**
- 2. BETTER UNDERSTAND HOW TO SUPPORT THE WORKFORCE AND ITS EMPLOYERS, AND RECOGNIZE ANY GAPS IN CURRENT SUPPORT STRATEGIES**
- 3. IDENTIFY SUSTAINABILITY STRATEGIES FOR PEER-DELIVERED SERVICES, INCLUDING WAYS IN WHICH REIMBURSEMENT MAY BE IMPROVED**



## Systems Advocacy

Advocate for adequate wages and growth opportunities within the peer workforce.

Encourage ongoing advocacy to increase awareness and understanding of the role and value of peer delivered services.

Strengthen existing guidelines around best practices for contracting with community-based organizations to reduce confusion about peer roles.



## Diversity, Equity & Inclusion

Involve members of the peer-delivered services workforce in the planning, design, and implementation of policies and practices that impact the peer workforce.

Provide funding opportunities to promote diversity, equity, and inclusion of the peer workforce.

Support development of job descriptions that promote peer role fidelity and values.



## Supervision

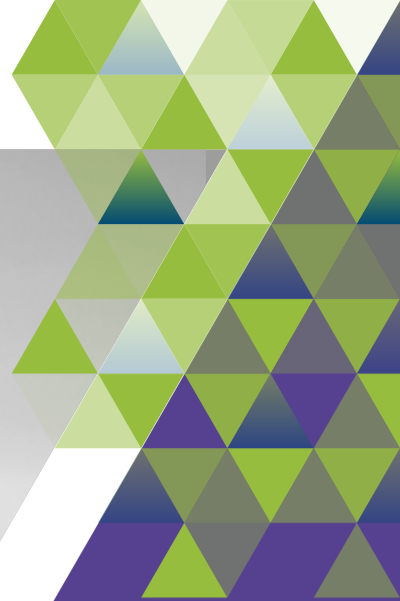
Clarity and support standards around peer-delivered service supervision.

Promote co-supervision as a best practice.

Require organizations to have adequate peer supervision models.

*"I hope that others around the state or even beyond the state borders will read it and be better informed and more aware of what the peer delivered services workforce across the state wants and needs, and what challenges they're experiencing."*

**-Adrienne Scavera, Training and Outreach Director**



## Training & Certification

Support individuals in accessing peer certification through the Oregon Health Authority.

Support certification and training standards.

Support increased access to continuing education for peer-delivered service providers, including development of culturally- and linguistically-specific peer certification trainings and continuing education opportunities.

## Workforce Sustainability

Develop ways to address compassion fatigue, vicarious trauma, and burnout, which lead to high rates of turnover.

Build on current support models within the peer community, such as Peer Support for Peer Support Specialists and the Peerpocalypse Conference organized by MHAHO.

## Funding

Provide technical assistance opportunities on accessing public funding streams.

Increase funding opportunities available for peer-delivered services programs.

Address insufficient funding opportunities for peer-run programs and services.

Address inadequate reimbursement rates and inaccurate coding for peer services to create sustainable funding opportunities that align with services being delivered.

# Reflections on Peerlink ▶

**JESSICA CARROLL, FORMER PEERLINK DIRECTOR FOR MHAHO, SHARED ONE OF HER BIGGEST HIGHLIGHTS FROM HER TIME SPENT WORKING FOR THIS PROGRAM, WHICH SUNSETTED IN SEPTEMBER OF 2020.**

*"Peerlink was a SAMHSA funded grant to provide technical training and technical assistance to regions 9 and 10, which encompass the West Coast and Pacific islands. I worked under the program for a good 4 years. I got to travel. I got to work in Indigenous populations. I'm an enrolled citizen of the Osage nation, and so to me that was the dream job. I got to help tribes set up peer support programs, and I got to go out and learn about other indigenous cultures in the Pacific islands and help share knowledge reciprocally.*

*When I went into that job, and I saw the opportunity that there was the opportunity to introduce tribal and indigenous communities to peer support, I wanted to do it in a way that was thoughtful and respected the fact that I'm not the only one who holds knowledge in this situation. So while I might know about peer support, I don't know what it's like to live on the island of Palau. I don't know what it's like to live on the Pascua Yaqui reservation. Each indigenous culture and tribe has its own history, its own culture, its own medicine, its own song, and to be able to give technical assistance on a more collaborative way where I say, 'I'm not the expert here. We both have some knowledge and you can take what you want and leave what you don't.'*

*It was really one of the greatest honors of my life. It was amazing and it's ended recently and I'm super sad but having that opportunity was super cool.*

*The state of Arizona did not have a tribal, Native American, specific peer support training. So they asked me if I would help them with that, and so I did. And what we did was we put together the bones of the peer support training. I was able to give it to all the tribes and let them take it and make it their own. Each tribe in Arizona has their own story and their own culture.*

*The Pascua Yaqui tribe really took it and ran with it. They didn't have peer support before we worked with them. We kind of helped them understand what that was because they got some funding for it. So one of the people who had worked as a peer there—just their third peer ever—started his own Peer Wellness Center. I got a call from him the day before the grant ended, and he asked me about the training.*

*'Can I use that training? Is that theirs?'*

*I said, 'No, you can have it. Take it. Make it yours.'*

*So now he's going to train peer supports using the training that we developed with the Pascua Yaqui tribe under Peerlink. It was a full-circle moment."*



# EVOLVE Peer Delivered Services ▶

▶ **Sean Mahoney, EVOLVE Program Manager, shared about how the role of peers has shifted in 2020:**

*"I work with a crisis center in Clackamas County who has said that they're taking the volume for suicidal thoughts, ideation, and attempts in the course of a couple months that they used to do for an entire year. So that has been a shift in our world too. We've had to adapt to that by making sure our peers are proficient in suicide prevention. There are these newer things that have just been dialed up because of all of the current circumstances."*

▶ **Geoff Moser, EVOLVE Peer Support Specialist, shared some of the challenges he's faced in providing peer support during the pandemic:**

*"It was really difficult at first during the pandemic because I couldn't meet with people face to face. That connection that you get from being in person and being able to read your peer's body language is where I felt like I did my best work. At first, when I started working remotely, I felt like just another voice at the end of the telephone line. Sean Mahoney, my supervisor, re-framed it for me as a chance to get back to the roots of communication skills and work on active listening, which has been kind of cool. Also, helping peers setup Zoom accounts so they can talk to their friends and family has been a highlight."*

**EVOLVE PEER DELIVERED SERVICES HAS SERVED  
1,231 PEERS IN 2020 (AS OF NOVEMBER 30TH)!**

In response to COVID-19 and the Oregon wildfires, EVOLVE Peer Delivered Services is now offering on-call peer support services to peers in the Tri-County area.

**HAVE YOU BEEN IMPACTED BY COVID-19 OR THE OREGON WILDFIRES? OUR PEER SUPPORT SPECIALISTS ARE HERE TO HELP!**

**WE'RE AVAILABLE MONDAY THROUGH FRIDAY 9AM-5PM.**

**WWW.MHAOF.ORG/EVOLVE**





**Sean Mahoney**  
EVOLVE Manager

*"There has been a 70% increase in overdose deaths since April, and so our world has become more intense. We are now shifting to figure out where are those moments where a peer can help in an intervention and disrupt behavior and maybe change the path for folks. Peers have become almost like first responders. Due to COVID-19, supports that people relied on, are either limited or they have been halted. What happens to the people who needed those things to stay alive? Unfortunately, what's happening is people are dying or relapsing. So peers are being brought in to help intervene in those situations that are high risk."*



**Geoff Moser**  
Peer Support Specialist

*"This situation is awful in so many ways, but especially in the level of discomfort, uncertainty and isolation it has created. While I don't like speaking for people with addiction in general, I will say that I have a hard time being uncomfortable for long periods of time. I have attained a lot of recovery skills over the last five years, and I've had to use all of them at some point during the pandemic. I can imagine the folks out there that don't have recovery skills are suffering greatly right now. This collective trauma that we're experiencing is ongoing. I don't think we'll really know the true scope of the damage of this event until it's over."*



**Amy Brinkley**  
Peer Support Specialist

*"More recently, a highlight for me has been being able to connect with people again in person [while wearing masks and social distancing], and have conversations while walking down the street. It doesn't sound like very much, but for those of us that have been isolated in our houses in fear, it is huge. Slowly but surely, I'm peeling away my own layers of fear, which has given me insight into how it could work for someone else. Again, their peeling of layers may look very different than mine. Sometimes it's just so magical with people and it's a really good thing to just be able to walk down the road in this community."*



**Morgan Simon**  
Peer Support Specialist

*"I've been meeting with peers virtually and running support groups online. I feel that some of the peers who previously had a really hard time connecting have actually been able to open up more during this pandemic."*

*I feel like everyone has been so deprived of socialization that the connection has grown stronger due to the communication between the peer and myself."*



**Grace Jo**  
Peer Support Specialist

*"There's a different rapport that is built when you transport a peer to a resource, like to get their food stamps or to take them to treatment, or to go get coffee or lunch. There's a lot of magic that can happen in the car, and it's not happening right now."*

*Since COVID, the Transition Center closed, which was kind of like a resource building. That's where I met a lot of my referrals. Another place I met them was Health Centers Clinic where peers who are on MAT can go to see counselors and therapists. But now everything is virtual. So we've been having to get creative with resources."*



**Roman Becerra**  
Peer Support Specialist

**Despite everything, peers have shown incredible resilience in 2020, as one of our peer support specialists shared:**

*"One of my peers just moved into an apartment with a section 8 voucher in July of this year and has just had his 2 boys returned to him after 4 years in court! Another one of my peers has been clean and sober for over 200 days, recently graduated outpatient treatment, and will be getting his children returned to him 11/10! Another one of my peers will be graduating college with a BA in Human Resource Management on 12/8!"*

# Hearing from New Staff in 2020

## Q & A

Q

**WHY DID YOU WANT TO BECOME A PART OF THE MHA AO TEAM?**

A

*"To empower people by strengthening individuals and families affected by addiction, mental health, poverty, and homelessness by sharing our experience, strength and hope is a powerful way to give hope to others. Creating pathways to support individuals in their recovery and journey is one of the biggest blessings we get to do in this organization. I am driven by the belief that all people deserve to live their lives with dignity and grace."*

**-Terry Leckron-Myers, EVOLVE Program Director**

Q

**WHAT DREW YOU TO THE PEER MOVEMENT?**

A

*"I began my career in the field wanting to become a drug and alcohol counselor, while on this venture, I came across peer support and immediately felt drawn to the peer movement. I have found that my heart is more in wanting to walk alongside and support people, not "treat" or diagnose them."*

**-Chantelle Volk, EVOLVE Peer Support Specialist for Clackamas County Zero Suicide**

Q

**WHY ARE YOU EXCITED TO BE A PART OF MHA AO?**

A

*"MHA AO is changing the stigma that has kept people that struggle with mental health & addiction oppressed for so long. I am so honored to be a part of it."*

**-Rhiannon Miller, EVOLVE Peer Support Specialist for Kaiser Ambulatory Program**

Q

**WHAT INSPIRED YOU TO BECOME A PEER SUPPORT SPECIALIST?**

A

*"Mental health and addiction are both beasts, and an empathetic person who has had their own rock bottoms is something that can help someone who is struggling in a way that a clinical therapist is not able to. I am excited to share my experience and vulnerable moments so that it can help others in need."*

**-Christine Rodrigues, EVOLVE Peer Support Specialist for Northwest Housing**

Q

**WHAT LED YOU TO APPLY TO MHA AO AND WHAT ARE YOU MOST EXCITED ABOUT?**

A

*"I have heard nothing but positive things about MHA AO from anyone who has had the opportunity to work with or receive services from this organization. From my very first encounter I could tell there is a different vibe here one that is welcoming, understanding and empowering and I am just excited I get to be a part of such an amazing movement."*

*The fact that the world has recognized the need for peer support and we are now being valued in the community in such a major way speaks volumes. Overcoming addiction and mental health challenges is not something to be taken lightly. Being able to check in with my peers and be there for them during the most vulnerable times of their lives is invaluable. If my story can instill hope and inspire others to not give up and to see that a better life is possible, then I feel blessed to be able to share it."*

**-Anthony Jarrard, EVOLVE Peer Support Specialist for Prime Plus**

Q

**WHAT ARE YOU PASSIONATE ABOUT IN YOUR NEW ROLE AS A PEER SUPPORT SPECIALIST?**

A

*"I'm so passionate about harm reduction services and being able to meet people where they are at, whatever that looks like. There's a stigma about harm reduction services and it's literally killing people. I want to be apart of the change and show people the benefits of harm reduction and how the connection with a peer combined, can save someone's life."*

**-LaRae Miller, Peer Support Specialist for Kaiser COVID**



# Audited Financials for FY2019

## STATEMENT OF ACTIVITIES

For the Year Ended September 30, 2019  
(With Comparative Totals for the Year Ended September, 30, 2018)

	Without Donor Restrictions	With Donor Restrictions	2019	2018
<b>Revenues and other support</b>				
Government and foundation grants and contracts	\$ 2,436,460	\$ 45,000	\$ 2,481,460	\$ 1,796,320
Conference registrations	98,385	-	98,385	74,269
Contributions	13,366	-	13,366	136,708
Training fees and other	128,006	-	128,006	76,125
Sponsorships	39,420	-	39,420	23,400
	<u>2,715,637</u>	<u>45,000</u>	<u>2,760,637</u>	<u>2,106,822</u>
Net assets released from restrictions	14,071	(14,071)	-	-
<b>Total revenues and other support</b>	<b><u>2,729,708</u></b>	<b><u>30,929</u></b>	<b><u>2,760,637</u></b>	<b><u>2,106,822</u></b>
<b>Expenses</b>				
Program services	2,342,747	-	2,342,747	1,764,698
Management and general	474,511	-	474,511	285,576
	<u>2,817,258</u>	<u>-</u>	<u>2,817,258</u>	<u>2,050,274</u>
<b>Total expenses</b>	<b><u>2,817,258</u></b>	<b><u>-</u></b>	<b><u>2,817,258</u></b>	<b><u>2,050,274</u></b>
<b>Change in net assets</b>	<b>(87,550)</b>	<b>30,929</b>	<b>(56,621)</b>	<b>56,548</b>
Net assets, beginning of year	169,521	-	169,521	112,973
<b>Net assets, end of year</b>	<b><u>\$ 81,971</u></b>	<b><u>\$ 30,929</u></b>	<b><u>\$ 112,900</u></b>	<b><u>\$ 169,521</u></b>

## STATEMENT OF FUNCTIONAL EXPENSES

Year Ended September 30, 2019  
(With Comparative Totals for the Year Ended September, 30, 2018)

	PROGRAM SERVICES				Total	
	Peer Delivered Services	Training & Development	Total Program	Management and General	2019	2018
<b>Personnel expense</b>						
Salaries	\$ 1,067,127	\$ 296,596	\$ 1,363,723	\$ 226,612	\$ 1,590,335	\$ 1,226,285
Payroll taxes and benefits	244,495	57,553	302,048	45,282	347,330	262,585
<b>Total personnel expense</b>	<b><u>1,311,622</u></b>	<b><u>354,149</u></b>	<b><u>1,665,771</u></b>	<b><u>271,894</u></b>	<b><u>1,937,665</u></b>	<b><u>1,488,870</u></b>
<b>Direct grant expense</b>						
Conference and training expense	18,150	13,109	31,259	2,539	33,798	50,412
<b>Total direct grant expense</b>	<b><u>18,150</u></b>	<b><u>13,109</u></b>	<b><u>31,259</u></b>	<b><u>2,539</u></b>	<b><u>33,798</u></b>	<b><u>50,412</u></b>
<b>Other expense</b>						
Rent and utilities	64,594	71,918	136,512	13,783	150,295	83,931
Telephone and computer services	37,264	13,294	50,558	4,827	55,385	20,092
Equipment and furniture	5,178	6,722	11,900	1,637	13,537	7,989
Printing and postage	1,961	13,542	15,503	1,920	17,423	10,166
Licenses, fees, dues and subscriptions	9,224	8,773	17,997	12,838	30,835	37,565
Insurance	11,824	3,850	15,674	2,612	18,286	17,694
Professional services	2,684	111,247	113,931	135,530	249,461	56,091
Travel and conference fees	111,404	131,736	243,140	8,899	252,039	194,827
Supplies	20,022	20,480	40,502	18,032	58,534	82,637
<b>Total other expense</b>	<b><u>264,155</u></b>	<b><u>381,562</u></b>	<b><u>645,717</u></b>	<b><u>200,078</u></b>	<b><u>845,795</u></b>	<b><u>510,992</u></b>
<b>Total expenses</b>	<b><u>\$ 1,593,927</u></b>	<b><u>\$ 748,820</u></b>	<b><u>\$ 2,342,747</u></b>	<b><u>\$ 474,511</u></b>	<b><u>\$ 2,817,258</u></b>	<b><u>\$ 2,050,274</u></b>



No matter how you choose to give, your support translates into impact.

**DONATE NOW**

Make a one-time gift and help MHA/O provide critical peer services to those seeking recovery from mental health and addiction challenges. YOU can make a difference in a peer's life.

**BECOME A PEER PARTNER!**

Join a special group of monthly donors who serve as the backbone of support we rely upon to serve our peers. Support us in our mission to spread the message that recovery is possible for everyone.

**BRUNOLD RELIEF FUND**

Contribute to our emergency peer relief fund and make a direct impact on a peer's life. 100% of gifts go directly to peers impacted by COVID-19.



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