

"TO ELEVATE THE LIVES OF THE PEOPLE WE SERVE"



KODIAK AREA NATIVE ASSOCIATION
Annual Report

2014 - 2015





KODIAK AREA NATIVE ASSOCIATION

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KANA BOARD OF DIRECTORS



Loretta Nelson
Chairperson
Native Village of Afognak



Alfred B. Cratty, Jr.
Vice Chairperson
Village of Old Harbor



Arnold Kewan
Secretary
Native Village of Port Lions



Jill Boskofsky
Treasurer
Native Village of Ouzinkie



Phyllis Amodo
Director
Kaguyak Village



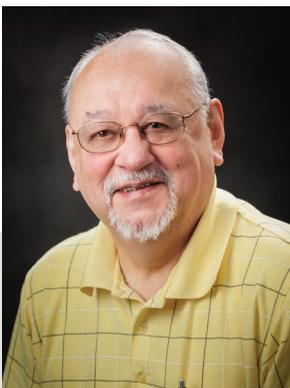
Speridon M. Simeonoff, Sr.
Director
Native Village of Akhiok



Cheryl Christofferson
Director
Gwangkuta Suuget (At-Large)



Gary Watson
Director
Sun'aq Tribe of Kodiak



Alex Panamaroff, Jr.
Director
Native Village of Larsen Bay



Margaret Roberts
Director
Tangirnaq Native Village



PRESIDENT'S LETTER

Cama'i Beneficiaries,



As one of the nearly 150 employees who serve the Beneficiaries of the Kodiak Area Native Association (KANA), I'm proud to provide this 2014-2015 Annual Report describing our activities during the last year.

2015 was a year of growth for KANA as we completed two major construction projects, our Wellness Center and our Mill Bay Health Center. The Wellness Center, located at 3400 Rezanof Drive East, is furnished with state-of-the-art health and exercise equipment. The facility opened its doors in April and supports health education, nutrition education, physical activity education, and exercise.

Our Mill Bay Health Center at 2414 Mill Bay Road welcomed its first patient in August and serves as a second home for our medical, dental, behavioral health, and nutrition services. The Mill Bay Health Center was envisioned and developed to supplement our Alutiiq Enwia Health Center at 3449 Rezanof Drive East through increased access to health services and decreased wait times for appointments.

Also in 2015, KANA was awarded accreditation for providing the highest quality of care as determined by the Accreditation Association for Ambulatory Health Care, Inc. (AAAH). Accreditation by AAAHC means that KANA has proven to meet national health care standards and participates in on-going self-evaluation, peer review, and education to continuously improve our care and services.

As part of our ongoing improvement efforts, KANA was one of five organizations selected to participate in the "Strengthening the Oral Health Safety Net" (SOHSN) Initiative in December 2014. The SOHSN Initiative is designed to increase access to oral health care. An in-depth assessment of organizational finances, operations, and clinical quality is conducted to allow partners to develop an improvement plan that aims to ensure financial viability, operational efficiency, and the ability to expand access to services. The project is a two-year collaboration between KANA and SOHSN Initiative partners.

Our Community Services Department works tirelessly in support of our goal to promote economic and social well-being island-wide. In addition to our established community safety, education, employment, training, and early childhood service programs, KANA recently partnered with the Kodiak Island Borough and Kodiak Island Housing Authority to remove scrap metals from the village communities of Kodiak Island. Our staff is coordinating trainings for village communities and managing the logistics of the removal of the scrap to offsite processing and storage facilities. Local employees from Kodiak Area Tribes and City governments are being trained and utilized to perform much of the work, enhancing the economic impact of the operation on the communities. The trainings and certifications provided to the local workforces for the project have built valuable skills in community members enhancing capacity for future employment and economic opportunities.

In partnership with the Economic Development Administration (EDA), KANA also maintains the rural Comprehensive Economic Development Strategy (CEDS) document for the Kodiak Archipelago. This document identifies the infrastructure, transportation, and service needs of each community to provide for the retention and expansion of jobs and development opportunities. Meetings are held with Tribes, Cities, and private enterprises to develop a comprehensive view of the needs and priorities unique to each community. This information is used to support Capital Improvement Project (CIP) requests to the Alaska State legislature, to develop grant requests for Tribes and Cities, and to provide economic development opportunities for private enterprise. The CEDS document is linked on the KANA website. Comment is always welcome and outreach will occur several times per year in each community.

KANA was incorporated in 1966; 2015 represents our 49th year of service to the region. While much has changed over the past 49 years, our current activities still support a primary purpose described in our original Articles of Incorporation, to promote the physical, economic and social well-being of our Beneficiaries. Working together, we strive to make each year better than the last. In KANA's 50th year, we look forward to developing new and more opportunities for KANA to improve the quality of life of the people we serve.

Quyanaa,

A handwritten signature in blue ink that reads "Andy Teuber". The signature is fluid and cursive, written over a light blue horizontal line.

Andy Teuber
President and CEO

2011 – 2016 STRATEGIC PLAN

OUR MISSION:

To Elevate the Quality of Life of the People We Serve

OUR CORE PRINCIPLES:

Courtesy, Respect, Pride, Caring, Sharing, and the Sugpiaq Alutiiq Values

OUR ENVISIONED FUTURE:

The best quality care is available to all people on Kodiak Island

Customer Service

- A. Enhance KANA's internal capacity and communication
- B. New or improved clinics and specialty clinics
- C. Job training for Beneficiaries

Stewardship

- A. Determine Board composition and election process
- B. Find options for provider housing in villages
- C. Explore options for insurance and health care to non-Beneficiary employees
- D. Focus on a comprehensive financial plan balancing financial resilience and mission
 - 1. Monitor impact of sequestration
 - 2. Build reserve fund
 - 3. Diversify investments
 - 4. Consulting
 - 5. Gold Cache expansion
 - 6. Diversify income/continue to monitor billing income
- E. Determine KANA's role for natural resources management and subsistence
- F. PKIMC partnership to ensure sustainable hospital in Kodiak
- G. Partner as needed for Alutiiq Museum expansion

Quality Improvement

- A. Develop business plans for improved cultural and family wellness programs
 - 1. Day care program with language immersion – continue inquiry and report to Board
 - 2. Gym Expansion
 - 3. Substance Abuse Treatment – develop a plan with options for the Board to review and approve
 - 4. Child Advocacy Center
 - 5. Long-Term Care
- B. Evaluate feasibility of accreditation
- C. Implement accreditation

KANA'S ORGANIZATION



KODIAK AREA NATIVE ASSOCIATION

- Medical
- Dental
- Pharmacy
- Behavioral Health
- Purchased & Referred Care
- Quality Improvement
- Healthy Traditional Healing
- Nutritional Counseling
- Patient & Elder Advocacy
- Child Advocacy Center
- Parenting with Love & Limits

- Human Resources
- Information Services
- Facilities & Maintenance
- Finance
- Billing



- Child Care Assistance
- Higher Education
- Job Placement Training
- Johnson O'Malley Preschools
- Supplemental Youth Employment & Training Program
- Low Income Heating Energy Assistance Program
- Temporary Assistance for Needy Families (TANF)
- Village Public Safety Officer Program

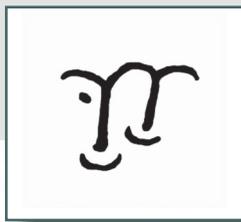
- Women Infants & Children (WIC)
- Infant Learning Program (ILP)
- Cama'i Home Visiting Program
- Employment Training Support Services
- Indian Child Welfare Act (ICWA)
- Tribal Vocational Rehabilitation
- Title VI Elder Meals
- Economic Development

KANA'S CORE PRINCIPLES

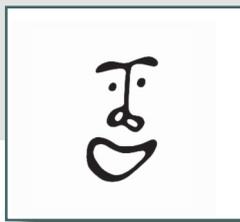
QUYANAASINAO for your support of our mission to elevate the quality of life of the people we serve. We navigate the challenges presented to us with the guidance outlined by our Native Sugpiaq Alutiiq values and move forward towards our envisioned future of creating the best quality of care for all people on Kodiak Island. Awareness of our environment and the events that shape the lives of our people are integral to our success, it is through this understanding that KANA serves as a cornerstone for our wellness and cultural survival. As the descendants of the Sugpiaq Alutiiq, we meet the challenge of life in the 21st century with integrity, honoring the values of our culture:



RESPECT



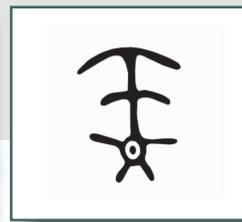
SHARING



CARING



PRIDE



COURTESY



NEW FACILITIES

Wellness Center

**Construction funded by KANA, Rasmuson Foundation, and the Indian Health Service
Sustaining operations will be funded by the Special Diabetes
Program for Indians through the Indian Health Service.**

Services Provided

- Quality Cardio Equipment
- High-Grade Strength Training Equipment
- Personal Training
- Circuit Training
- Group Fitness Classes
- Massage Therapy
- Physical Activity Education
- Nutrition Education
- Fitness Challenges
- Village Support

Hours of Operation

Monday - Friday
5:30am - 8:00pm
Saturday & Sunday
10:00am - 4:00pm

(907) 486-1377
3400 Rezanof Drive East

The beautiful new Wellness Center opened on April 1, 2015. This facility offers the best in quality cardio, strength, and circuit training equipment, personal training and group fitness classes, and interactive nutrition and personal training tools to help keep members motivated and on track with activity goals. The facility also includes Men's and Women's locker rooms with private showers, extended hours before and after work, and a large group activity room.

The Grand Opening Celebration was held on June 5, 2015. A nutritional booth, fitness challenges, special classes, chair massage, facility tours and door prizes greeted those who attended. All participants were signed up for updated registration services and encouraged to commit to health and wellness by signing up for the Nutua'aq Quak Transformation Challenge.

The Nutua'aq Quak Transformation Challenge provides an initial consultation with one of our personal trainers to assess goals for fitness and wellbeing, and create a structured plan to help participants successfully meet those goals. Weekly workouts and monthly check-ins assess progress and provide support during the ongoing challenge.



Mill Bay Health Center

Construction funded by KANA, Rasmuson Foundation, Alaska Mental Health Trust Authority, USDA, and the State of Alaska.

Services Provided

Medical

- Primary Care
- Radiology
- Laboratory Services
- Veterans Assistance
- Diabetes Management

Dental

- Family Dental Care
- Pediatric Specialty Care
- Dental X-Rays

Behavioral Health

- Individual Sessions
- Treatment Planning
- Depression Screening & Treatment
- Substance Abuse Outpatient Treatment

Women, Infants & Children (WIC) & Nutrition Services

- Supplemental Food Vouchers
- Growth & Development Monitoring
- Diet Assessment
- Breastfeeding Services
- Nutrition Education Services
- High Risk Nutrition Counseling



Who We Serve



Native Beneficiaries



Families & Children



Veterans



Our Community

HEALTH SERVICES



grants this

CERTIFICATE OF ACCREDITATION

to

Kodiak Area Native Association

In recognition of its commitment to high quality of care and substantial compliance with the Accreditation Association for Ambulatory Health Care standards for ambulatory health care organizations.

Karen McKellar
KAREN MCKELLAR

Chair of the Board



John E. Burke, Ph.D.
JOHN E. BURKE, PH.D.

President and CEO

*Ambulatory Surgery Foundation • American Academy of Co
American Academy of Facial Plastic and Reconstructive Surgery • American Association of Oral and Maxillofacial Surgeons • American College of Gastroenterology
American College Health Association • American College of Mohs Surgery • American Congress of Obstetricians & Gynecologists • American Dental Association
American Gastroenterological Association • American Society of Anesthesiologists • American Society for Dermatologic Surgery Association
American Society for Gastrointestinal Endoscopy • Association of periOperative Registered Nurses • MGHNA-ACMPE • Society for Ambulatory Anesthesia*

5250 OLD ORCHARD ROAD, SUITE 200 • SKOKIE, IL 60077
PHONE: 847/853.6060 • E-MAIL: INFO@AAAHC.ORG • WEB SITE: WWW.AAAHC.ORG

ACCREDITATION BY THE AAAHC – BOARD STRATEGIC PRIORITY

On April 10, 2015, KANA received notification of its accreditation by the Accreditation Association for Ambulatory Health Care (AAAHC) as well as certification as a Patient-Centered Medical Home. KANA received its three year accreditation in family medicine, dentistry, behavioral health, women’s health, preventive care, OB/GYN, and other specialties.

AAAHC accreditation distinguishes us from many other outpatient facilities by acknowledging that KANA is providing the highest quality of care to its patients as determined by an independent, external process of evaluation. Status as an accredited organization means that we’ve met nationally recognized standards for the provision of quality health care.

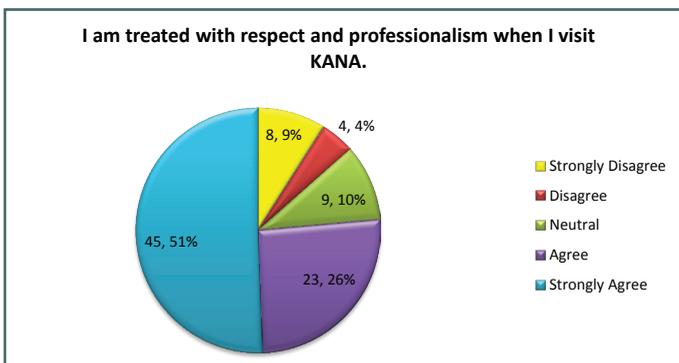
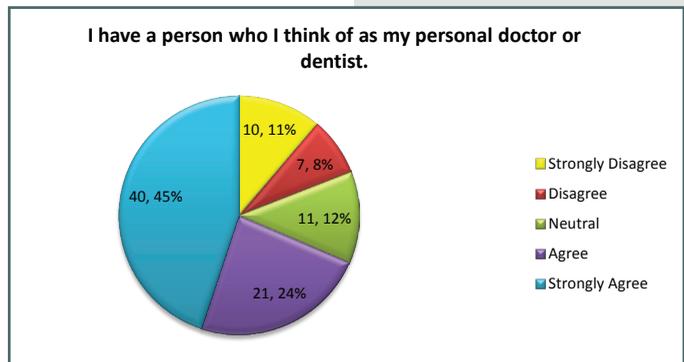
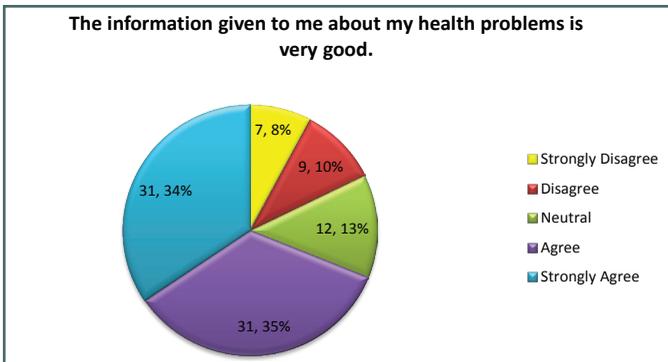
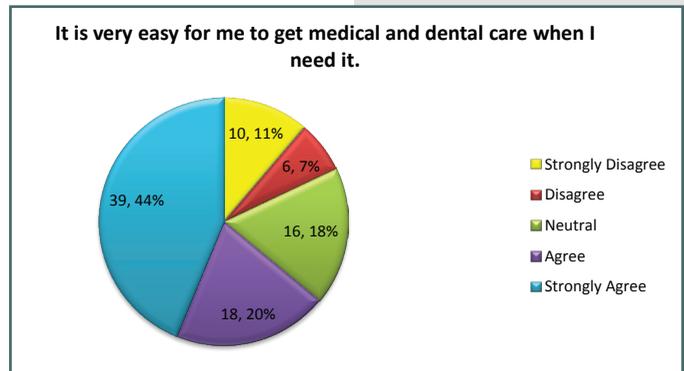
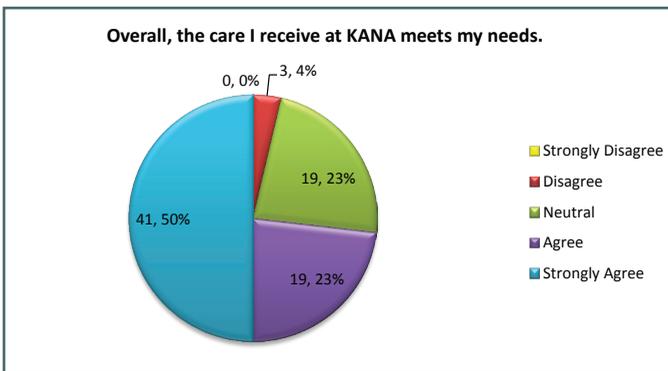
KANA’s certification as a Patient-Centered Medical Home was also awarded by AAAHC for our delivery of health services in a manner which emphasizes patient rights and responsibilities, the patient/care team relationship, the comprehensiveness, continuity, and accessibility of care, the quality and completeness of health records, and the overall quality of care provided.

Through the vision of KANA’s Board of Directors, the prioritization of accreditation and the hard work and dedication of staff, KANA’s patients can be assured that they are receiving healthcare that meets or exceeds national standards within a patient-centered environment.

PATIENT SURVEYS

YEAR-TO-DATE 2015

* Number prior to percentage indicates number of responses





DENTAQUEST

KANA was selected by the Alaska Primary Care Association to receive an assessment of its dental program as part of the "Strengthening the Oral Health Safety Net" Initiative sponsored by the DentaQuest Oral Health Foundation. The assessment was completed in May 2015 by a Safety Net Solutions (SNS) team consisting of Expert Advisor Dr. Jane Gillette, DDS and Project Manager Laura Skaret, RDH. The assessment included an in-depth analysis of dental practice, followed by a site visit. During the site visit, the SNS team met with key leadership and dental staff. Charts were reviewed, data confirmed, and an exit interview conducted.

At the site visit, the SNS team concluded that KANA has all of the key ingredients in place for a successful dental program. We have engaged, experienced, and committed administrative leadership, as well as a well-supported dental clinic infrastructure with a competent and passionate dental clinic staff. SNS found that KANA has the right people in the right places, a fantastic opportunity to grow the practice, and positive teamwork focused environment.

To assist KANA in its mission "to elevate the quality of life of the people we serve", the SNS team provided KANA with recommendations as well as an enhancement plan following the site visit. Thank you to our staff for working with KANA and the SNS team to implement the action steps outlined in the enhancement plan as they pertain to our patients and our organization.

Thus far, KANA has implemented suggested improvements such as dedicating one employee solely to dental scheduling and coordination, as well as providing a phone line only for dental scheduling. We are in the process of revising information for patients and working closely with staff to improve our policies and procedures within the dental department.

We appreciate your time, efforts and patience as we strive to improve the efficiency and quality of our dental services.



ARCTIC CARE

Arctic Care is a military training mission that is carried out in Alaska by the Department of Defense Innovative Readiness Training program (IRT). IRT "Arctic Care" provides real life health care training opportunities for service members, health care providers and military units to prepare them for their wartime missions while supporting the needs of Alaska's underserved communities. In FY15, KANA's application to host its fifth Arctic Care Mission in the spring of 2016 was approved and the planning phase began.

KANA provided transportation for a team of fourteen military personnel and KANA staff to travel to each Kodiak Island village on September 15 -16 to meet with Tribal and community leaders to identify healthcare needs specific to each community and space to carry out the spring, 2016 mission. Additionally, a new application for Arctic Care 2017 was submitted in September.

INTEGRATED CARE & PATIENT-CENTERED MEDICAL HOME MODEL

Board Strategic Priority and Envisioned Future

As part of our recent accreditation by the AAAHC, KANA was also awarded status as a Patient-Centered Medical Home (PCMH). "Patient-centeredness" refers to a system of health care that establishes a strong partnership between practitioners and their patients to ensure that care decisions respect patients' needs and preferences, and that patients have the education and support they need to make informed decisions and participate in their own care. The care provided through the PCMH model creates accessible, comprehensive, integrated, patient-centered, safe, and satisfying care for both our patients and physicians. We are proud to offer this model of care for our community which is reflective of our Sugpiaq Alutiiq values.

A Primary Care Physician (PCP) allows each patient to develop a meaningful, ongoing relationship with their individual provider who has been specially trained to provide continuous and comprehensive care for the patients they serve. The value of a continued relationship provides a higher standard of quality care. When children, adults, and elders have a usual source of care, they are more likely to receive care in nearly every setting, regardless of age or need. This increased access to care made through usual contact, is a core principal of a Patient-Centered Medical Home, and has proven to be extremely influential in the care people receive.

PATIENT-CENTERED Medical Home Model



- YOU are the leader of your care team. You bring a unique understanding of your own personal and health issues.



- Your PCP is the physician who knows you best and is ultimately responsible for your overall care. They discuss and review your care plans with you, prescribe medicine, order screenings and tests, make referrals or any other treatment directives.



- Your PA is a medical professional who works very closely with your provider to diagnose and treat conditions. They can also order prescriptions and tests for your care.



- Your Care Nurse escorts you to or from the waiting room, takes your vital signs and updates your medical record. Nurses can also perform certain tests like drawing blood, administering injections or an EKG.



- Your Care Coordinator secures your health and insurance information, schedules appointments, and may follow up with you regarding specialty appointment or studies that you may need.

Usual care creates a greater likelihood for patients to receive preventative care, but also for patient satisfaction to rise alongside the development of a strong relationship with their PCP. Patients value their relationship with their physician, their physician's enhanced knowledge about them, and an increased ability to build trust and communicate about concerns.

Each of our physicians leads a team of medical professionals, called a Care Team, to ensure the ongoing care of our patients. Each Care Team is led by you as its leader, along with your individual Primary Care Physician, Physician's Assistant, Care Nurse and Care Coordinator. Together, your Care Team provides uniquely tailored

care for each and every health care need. The basic notion is that the combined expertise allows you and your team to negotiate a shared plan and understanding beyond the purely biomedical or even psychosocial issues.

This system of primary care differentiates itself from other models of health care by attending to the whole person, with special attention to the patient's personal and medical history, culture, and life circumstances, rather than focusing on a particular disease, organ, or system. Focusing the quality of care on the PCMH Care Team model helps caregivers make sure that the needs of each patient are being met.

COMMUNITY SERVICES

Tribal Vocational Rehabilitation

The purpose of the Kodiak Area Native Association Tribal Vocational Rehabilitation Program (KANA-TVRP) is to provide culturally relevant vocational rehabilitation (VR) services to Alaska Native / American Indian adults and transition age youth with disabilities who reside in the Koniag Region that leads them to successful employment outcomes. Services are consistent with individual strengths, resources, priorities, concerns, abilities, capabilities, and, most importantly, informed choice. Each client is prepared for and engaged in gainful employment, including self-employment, subsistence, and business ownership.

Cama'i Home Visiting

KANA's Cama'i Home Visiting Program is available for families in the City of Kodiak and surrounding villages to deliver culturally, sensitive and professional services with the Parents as Teachers curriculum. The program empowers parents to be their child(ren)'s primary educator, strengthen the families of the Koniag Region through our in-home services and increase parent knowledge of early childhood development and improve parenting practices. Fun personal sessions provide families with information on, discipline, health, nutrition, safety, sleep transitions, routines and typical child development. Home visitors meet with the families in their own homes monthly, or more often if needed. Home visits are available to KANA beneficiaries that are pregnant women, expectant fathers, and families of children from birth to kindergarten.

ICWA

The Indian Child Welfare Act (ICWA) Specialist at KANA works with the Native Villages of Akhiok, Larsen Bay and Ouzinkie as the tribal representative. ICWA is a federal law that was passed in 1978 in response to the alarmingly high number of Indian children being removed from their homes by both public and private agencies. The intent of Congress under ICWA was to "protect the best interests of Indian children and to promote the stability and security of Indian tribes and families. Our ICWA Specialist is available to work with families in danger of having a Native child taken from the home. The ICWA Specialist provides case management as well as assist in finding resources that the family may need to keep the child within the home. The ICWA Specialist works with the Tribe the child belongs to or is eligible for membership in and acts as a non-attorney representative in all court hearing and other case management proceedings.

Community Services Activities

Community Services organizes hosts or partners in a

number of activities throughout the year. Information can be found on our website, on Facebook, as well as on flyers and invitations to participants. Some of our events include: the Last Chance Christmas Bazaar in December, Women's Wellness retreat in August, weekly employment trainings, Children's Fairs and Health Fairs in the villages and Kodiak, cultural arts and crafts gatherings, violence prevention gatherings, parenting classes and seminars, childcare provider trainings, home safety inspections, weekly and monthly playgroups, and more. If you are interested in any of the programs or activities above, please see the KANA website or call Community Services at 486-9879 to find out more.

Employment, Training, and Support Services

KANA's Employment, Training, and Support Services department (ETSS) provides integrated employment, training, and related services to Alaska Natives and Native Americans in order to reduce joblessness, foster economic development, and serve tribally determined goals consistent with the policies of self-determination and self-governance. Within the City of Kodiak as well as the remote villages, ETSS provides child care assistance, work experience and employment guidance for youth, and employment oriented guidance and counseling, training and education, and supportive and job retention assistance for adults. In addition, as directed to administer by the authorizing resolutions of some of the tribes within the region, KANA's ETSS provides job placement and vocational training services, higher education scholarships, support for preschool programs, and general assistance. In sum, the goals of the program are to provide a multitude of work and family self-sufficiency related services and activities that enable KANA Beneficiaries to prepare for, obtain, and retain employment.

The Community Services building features and Employment and Education Center set aside for Beneficiaries to access computers and the internet to assist with job and education opportunity search, receive job training through online and video training, and provide access to email in order to maintain contact with potential employers and educators.

Temporary Assistance for Needy Families (TANF)

KANA's Temporary Assistance for Needy Families (TANF) is part of ETSS and provides cash assistance for Native families who are unemployed or underemployed. This program mirrors the State of Alaska program and follows the same income and compliance guidelines. Families can only receive a lifetime maximum of sixty months' worth of



benefits, so one of the main goals of the program is to assist families in becoming self-sufficient through assistance with work search and other support services to gain employment.

Energy Assistance

The Low Income Home Energy Assistance Program (LIHEAP)/Alaska Heating Assistance Program (AKHAP) is a federally and state funded program formulated to assist eligible low income households with home energy needs. Currently, KANA is authorized to serve the villages of Akhiok, Old Harbor and Larsen Bay. Heating Assistance applications are accepted October 1 through April 30 of each year. Funds are distributed on a first come, first served basis and preference is given to the elderly and legally disabled.

Infant Learning Program

The KANA Infant Learning Program (ILP) is part of the Alaska Early Intervention Service System. The ILP provides family centered services to ALL families residing in the Kodiak Island Borough with children birth through 36 months of ages who may have developmental or medical difficulties or who are at risk for delays. The ILP provides free screenings and/or evaluations to determine eligibility for services. For those eligible, an Individualized Family Service Plan is developed, and services are identified to meet the child's needs as well as goals and objectives. Services are provided in the child's natural environment by ILP staff and contract therapists. ILP connects families to support and services throughout the community and state. Other services provided include free vision and hearing screenings and the Ages and Stages Questionnaire program.

Women, Infants & Children (WIC) Program

The KANA Women, Infants & Children (WIC) Program provides supplemental food vouchers to eligible families to help purchase nutritious foods. Growth and development monitoring, diet assessment, and nutrition education services are available to all eligible families. High risk nutrition counseling is available through a registered dietitian. Breastfeeding services and support are also an integral component of WIC services. Eligibility determination is based on federal poverty guidelines, residency and nutritional risk. The program is omitted to excellence in health and nutrition promotion.

Title VI Elder Meals

The Title VI program provides an opportunity for village Elders to access well balanced meals that improve

nutritional status and also provides a social outlet for the Elders at communal meal services. The following villages offer congregate (in-house) and home delivered meals at least three days per week and an opportunity to use the exercise equipment and computers located within the local Senior Centers: Larsen Bay, Old Harbor, Ouzinkie, and Port Lions. Elders in Akhiok receive food boxes quarterly to improve nutrition.

Village Public Safety Officer

The Village Public Safety Officer (VPSO) Program began in the late 1970's as a means of providing rural Alaskan communities with needed public safety services as the local level to reduce the loss of life due to fires, drowning, lost persons and the lack of immediate emergency medical assistance in rural communities. The VPSO Program was designed to train and employ individuals residing in the villages as first responders to public safety emergencies such as search and rescue, fire protection, emergency medical assistance, crime prevention, and basic law enforcement. The presence of these officers has had a significant impact on improving the quality of life in participating villages. As a result, the VPSOs are generally the first to respond to many calls for help from community members, hence their motto, "First Responders – Last Frontier."

Economic Development Program

The goal of KANA's Economic Development Program is to continue to update and improve the Comprehensive Economic Development Strategy (CEDS) document that addresses the needs of Kodiak Island, while taking into consideration the unique needs of each village. KANA, with the help of village representatives, has produced a viable CEDS document. As this is a living document, it continues to change and evolve as a result of accomplished projects and newly identified goals. The CEDS document can be used by the entire Koniag region as a valuable tool to advocate for their specific needs.

Family Violence Prevention

The Family Violence Prevention (FVP) program assists with the housing and transportation of victims of violence so that they are able to find a safe shelter. Family Violence Prevention works closely with the Kodiak Women's Resource and Crisis Center (KWRCC) to provide assistance. In addition, FVP assists with training for advocates and community responders and creates opportunities for Women to build relationships and support groups through activities such as the annual Women's Wellness Retreat.

FINANCIAL STATEMENTS

Statement of Financial Position

September 30, 2014 (with comparative totals for 2013)

<i>September 30,</i>	2014	2013
Assets		
Current Assets		
Cash and cash equivalents	\$ 8,595,393	\$ 7,238,356
Investments	1,728,638	1,959,516
Receivables:		
Grants	1,781,242	1,499,671
Patient accounts, net of allowance for contractual of \$101,281 in 2014 and \$74,201 in 2013	552,953	588,065
Other	990,420	756,808
IHS contract support settlement	3,797,610	-
Prepaid expenses	26,698	41,690
Current Assets	17,472,954	12,084,106
Investments in joint ventures	1,077,237	1,064,966
Notes receivable and other long-term assets	945,231	4,002,798
Property and equipment, net of accumulated depreciation	12,355,179	7,682,043
Total Assets	\$ 31,850,601	\$ 24,833,913
Liabilities and Net Assets		
Current Liabilities		
Accounts payable	\$ 1,047,826	\$ 591,952
Accrued compensation and related liabilities	837,241	672,226
Accrued interest payable	11,240	12,188
Deferred revenue	4,169,283	3,251,721
Current portion of long-term note payable	190,846	180,148
Current portion under capital lease	19,669	40,210
Total Current Liabilities	6,276,105	4,748,445
Interest rate swap agreement	162,375	220,786
Note payable, net of current portion	2,520,056	2,710,902
Obligations under capital lease, net of current portion	52,410	31,614
Total Liabilities	9,010,946	7,711,747
Net assets - unrestricted:		
Designated	150,000	-
Undesignated	22,689,655	17,122,166
Total Net Assets	22,839,655	17,122,166
Total Liabilities and Net Assets	\$ 31,850,601	\$ 24,833,913

Statement of Activities

Year Ended September 30, 2014 (with comparative totals for 2013)

Revenues		
Grants and contracts	\$ 17,288,182	\$ 15,463,551
Net patient service revenue	3,204,787	3,265,008
Contracted service revenue	1,002,817	866,254
Investment income	259,313	148,839
Earnings from joint ventures	327,722	330,824
Rental income	197,068	-
Other	12,762	41,718
IHS contract support settlement	3,797,610	-
Total Revenues	26,090,261	20,116,194
Expenses		
Program services:		
Health services	15,176,867	15,056,254
Community services	3,285,348	3,317,551
Realty	222,876	-
Total program services	18,685,091	18,373,805
Supporting services:		
General and administrative, net of indirect cost recovery	1,393,321	1,057,205
Special and restricted general fund projects	294,360	155,412
Total supporting services	1,687,681	1,212,617
Total Expenses	20,372,772	19,586,422
Change in net assets	5,717,489	529,772
Unrestricted Net Assets, beginning of year	17,122,166	16,592,394
Unrestricted Net Assets, end of year	\$ 22,839,655	\$ 17,122,166



Statement of Cash Flow

Year Ended September 30, 2014 (with comparative totals for 2013)

Cash Flows from Operating Activities

Change in net assets	\$ 5,717,489	\$ 529,772
Adjustments to reconcile change in net assets to net cash from operating activities:		
Depreciation	888,097	786,973
Contributed capital from grants	(644,048)	-
Gain on sale of equipment	(5,376)	-
IHS contract support settlement	(3,797,610)	-
Change in fair value of interest rate swap agreement	(58,411)	(84,898)
Earnings on certificates of deposit	(259,313)	(148,839)
Equity in earnings of joint ventures	(327,722)	(330,824)
(Increase) decrease in current assets:		
Patient accounts	35,112	(148,550)
Grants and other receivables	(515,183)	919,588
Prepaid expenses	14,992	74,499
Increase (decrease) in current liabilities:		
Accounts payable	455,874	(198,881)
Accrued compensation and related liabilities	165,015	39,509
Accrued interest payable	(948)	(941)
Deferred revenue	917,562	435,305

Net cash from operating activities	2,585,530	1,872,713
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Cash Flows from Investing Activities

Purchase of property and equipment	(5,569,357)	(1,153,483)
Proceeds from sale of property and equipment	13,500	10,788
Distributions from joint ventures	315,451	272,612
New lending on long-term related debt	-	(650,000)
Proceeds from payments on notes receivable	3,057,567	560,601
Proceeds from sale of certificates of deposit	1,720,191	2,825,348
Purchase of certificates of deposit	(1,230,000)	(2,205,000)

Net cash for investing activities	(1,692,648)	(339,134)
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Cash Flows from Financing Activities

Contributed capital from grants	644,048	-
Principal payments on long-term debt	(179,893)	(200,138)

Net cash from (for) financing activities	464,155	(200,138)
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Net increase in cash and cash equivalents	1,357,037	1,333,441
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Cash and Cash Equivalents, beginning of year	7,238,356	5,904,915
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Cash and Cash Equivalents, end of year	\$ 8,595,393	\$ 7,238,356
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Supplemental disclosure of cash flow information:

Cash paid during the year for interest	\$ 152,057	\$ 161,233
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Supplemental disclosure of non cash flow information:

IHS contract support settlement not yet received	\$ 3,797,610	\$ -
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Combining schedule

Year Ended September 30, 2014 (with comparative totals for 2011, 2012, 2013)

	2011	2012	2013	2014
Salary, wage and fringe	9,177,275	8,977,964	9,655,367	10,037,372
IPA/MOA	763,002	812,182	903,974	850,428
Contractual services	3,011,295	2,788,335	3,447,842	3,250,807
Travel and per diem	1,638,040	1,336,440	1,332,356	1,625,026
Facilities expense	899,770	972,617	889,246	1,166,954
Supplies	1,280,515	1,091,535	1,013,467	997,357
Contributions	415,302	558,261	641,071	486,275
Other expense	1,027,400	1,059,458	916,126	1,070,456
Depreciation	672,899	747,828	786,973	888,097
Total	18,885,498	18,344,620	19,586,422	20,372,772

Ratios

Year Ended September 30, 2014 (with comparative totals for 2011, 2012, 2013)

	2011	2012	2013	2014
Current Ratio	2.12	2.71	2.54	2.78
Days Cash on Hand	140	173	179	193
Personnel Costs Ratio 52.63%	53.37%	53.91%	53.44%	
Operating Expense per day	49,897.53	48,210.39	51,505.34	53,382.67

Current ratio = Current Assets divided by Current Liabilities

This ratio measures the ability to pay back short-term liabilities (debt and payables) with short-term assets (cash, cash equivalents, unrestricted investments). The higher the current ratio, the more capable a company is of paying its obligations. A ratio under 1 suggests that the company would be unable to pay off its obligations if they came due at that point.

Days cash on hand = Cash and cash equivalents/Operating expense per day

Measures how long, in days, an organization could meet operating expenses without receiving new income. Many organizations typically strive to maintain at least 90 days cash on hand.

Personnel costs ratio = Total wages, taxes and benefits divided by total expenses.

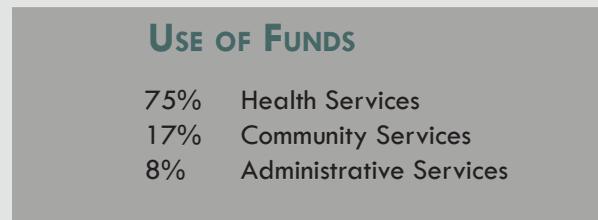
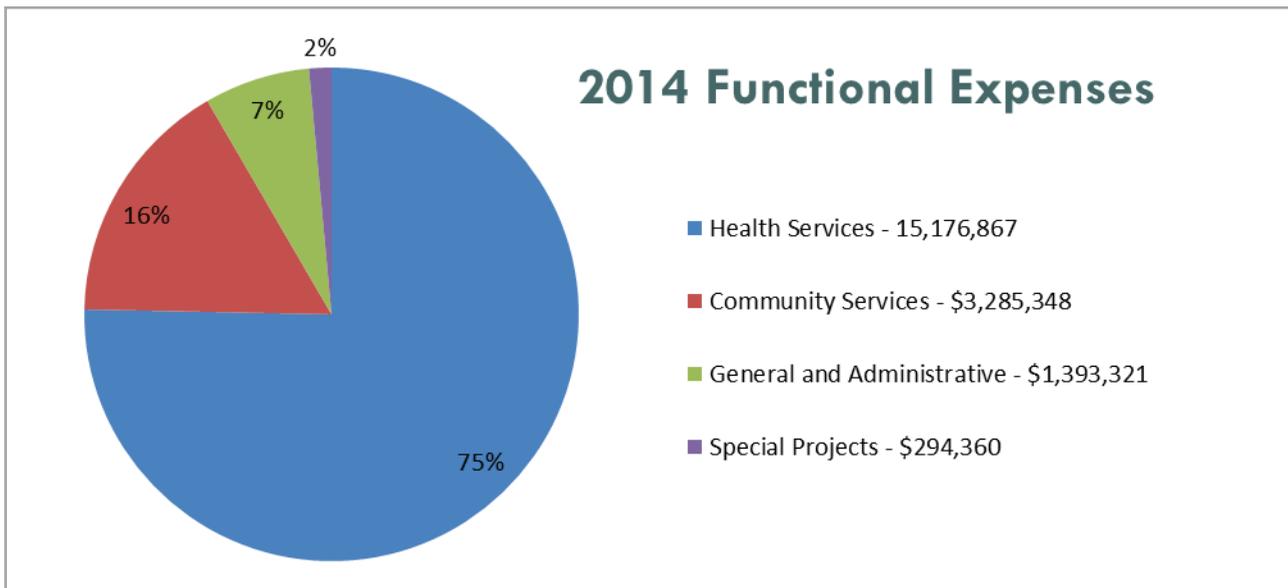
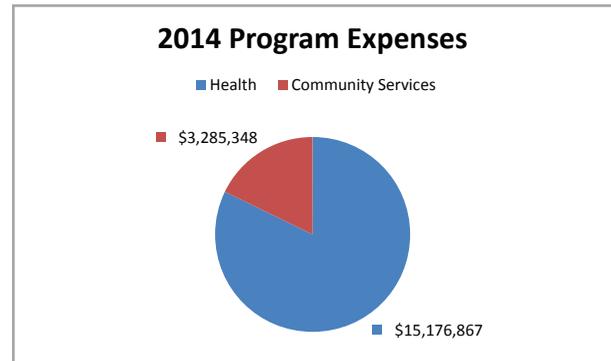
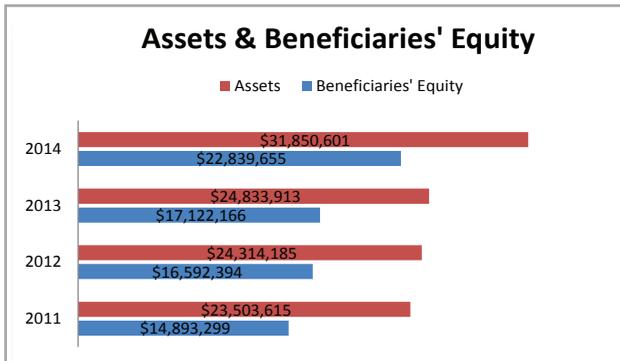
Percentage of costs dedicated towards staffing.

Operating expense per day = Total expenses before depreciation divided by 365

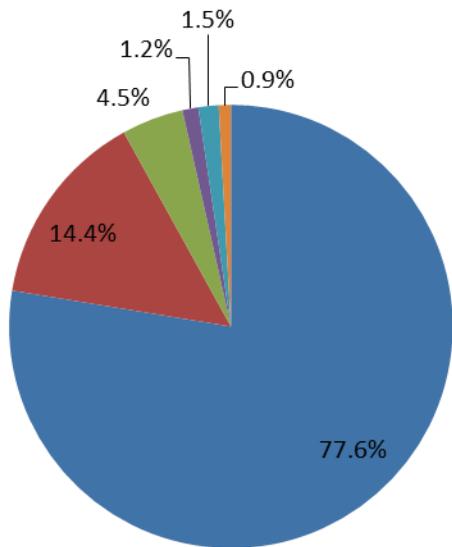
This describes how much an organization spends per day, on average, to conduct activities.

Financial Summary

Year Ended September 30, 2014



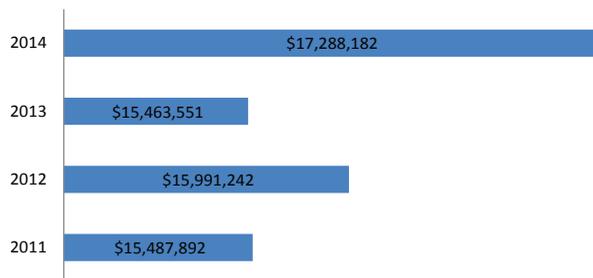
KANA raises funds through investment earnings, joint ventures, patient service revenue, and rental income in order to provide the highest level of services for our beneficiaries.



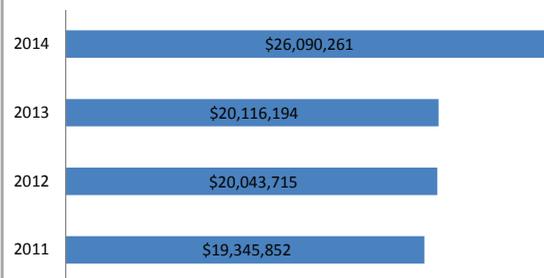
2014 Revenue

- Grants and contracts - 77.6%
- Net patient service revenue - 14.4%
- Contracted service revenue - 4.5%
- Investment income - 1.2%
- Earnings from joint ventures - 1.5%
- Rental income - .9%

Compacts, Grants, and Contracts



Total Revenue



KODIAK CLINICS & OFFICES



KANA Main Office

Phone: (907) 486-9800 or
1 (800) 478-5721

KANA Medical & Dental Patient Services

Phone: (907) 486-9870

KANA Pharmacy

Phone: (907) 486-9860

Mill Bay Health Center

Phone: (907) 486-7300

KANA Community Services Center

Phone: (907) 486-9879

KANA Women, Infants and Children (WIC)

Phone: (907) 486-7312

KANA Infant Learning Program

Phone: (907) 486-1366

KANA Wellness Center

Gym Phone: (907) 486-1377

KANA Child Advocacy Center

Phone: (907) 486-9878

VILLAGE CLINICS

Akhiok Health Clinic

Phone: (907) 836-2230

Karluk Health Clinic

Phone: (907) 241-2212

Larsen Bay Health Clinic

Phone: (907) 847-2208

Old Harbor Health Clinic

Phone: (907) 286-2205 or
(907) 286-2307

Ouzinkie Health Clinic

Phone: (907) 680-2265 or
(907) 680-2262

Port Lions Health Clinic

Phone: (907) 454-2275



"TO ELEVATE THE LIVES OF THE PEOPLE WE SERVE"



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